Public Health Emergency (PHE) Unwinding

» **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**

» **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.

» **How you can help:**
- Become a **DHCS Coverage Ambassador**
- Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
- [Join the DHCS Coverage Ambassador mailing list](#)to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

» **Phase One: Encourage Beneficiaries to Update Contact Information**

- Launch immediately
- Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
- Flyers in provider/clinic offices, social media, call scripts, website banners

» **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**

- **Launch 60 days prior to COVID-19 PHE termination.**
- Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

ECM and Community Supports Data Guidance Survey

DHCS is requesting that <u>all MCPs and launched ECM and Community Supports Providers</u> complete <u>this survey</u> on ECM and Community Supports data transactions, and where persistent data exchange barriers may benefit from expanded or refined data guidance. <u>DUE OCTOBER 7th</u>

» Before the launch of ECM and Community Supports, **DHCS developed guidance to standardize information exchange, increase efficiency and reduce administrative burden between the state, MCPs and ECM and Community Supports Providers** (e.g., ECM Member Information File, ECM/Community Supports Billing and Invoicing Guidance, NPI application instructions).

» The survey is an opportunity for stakeholders to **provide feedback on early implementation and crucial input for DHCS** to ensure the long-term adoption and success of the ECM benefit and Community Supports.

ECM and Community Supports Data Guidance Survey
The survey must be completed by all MCPs and their contracted ECM and Community Supports providers by <u>OCTOBER 14th</u>.

Please reach out to the CalAIM ECM and Community Supports Mailbox with any questions.

More information can be found at the CalAIM Enhanced Care Management, Community Supports, and Incentive Payment Program Initiatives webpage.

Today's Session

» Overview of Homelessness & Statewide Housing Programs and Resources

» DHCS Programs Addressing Housing and Homelessness

  » Community Supports

  » Enhanced Care Management (ECM)

  » Building Community Supports and ECM Provider Capacity through PATH, IPP

  » Building Housing Services Capacity through Housing and Homelessness Incentive Program (HHIP), Behavioral Health Bridge Housing (BHBH)

» Spotlight: L.A. Care

» Q&A

Homelessness & Housing Resources in California
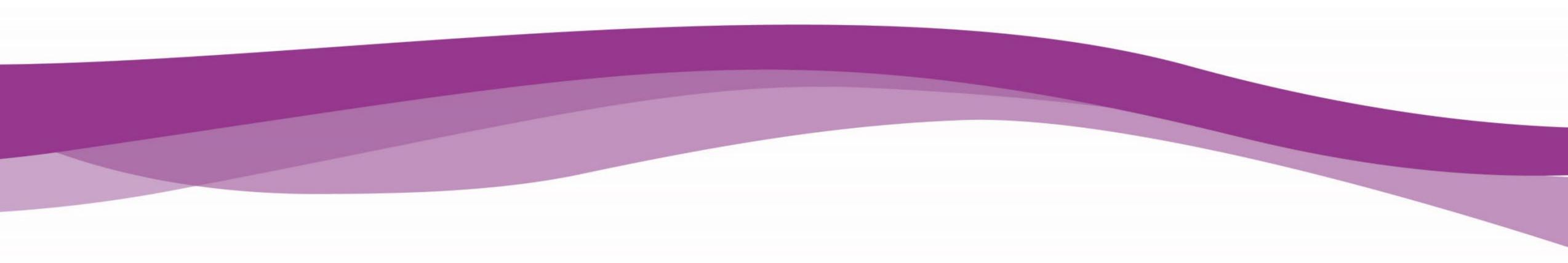
Homelessness in California

California accounts for more than half off all unsheltered people in the U.S., with more than 161,000 Californians facing homelessness each night.

Who is Experiencing Homelessness in California

51,785 are individuals experiencing chronic homelessness (Jan 2020)[1]

44% are individuals experiencing chronic substance abuse (2019)[2]

42% are individuals experiencing untreated mental health conditions (2019)[2]

Common Characteristics of People Experiencing Homelessness in the U.S.

Compared with the general population, unsheltered individuals:

Have higher rates of **hypertension**, **diabetes**, and **HIV**[3]

Have 4 to 10 times higher **mortality rates**[3]

Experience more frequent and longer **hospital stays**, and are three times more likely to be readmitted[3]

Housing Organizations in California Are Organized Through Continuums of Care

A Continuum of Care (CoC) is a group of organizations and agencies – including community-based organizations and local government agencies – that collectively coordinate homeless assistance activities and resources in a community.

- » CoCs were established by the U.S. Department of Housing and Urban Development (HUD) in 1995
- » There are currently 44 CoCs in California; most cover a single county, but a few cover a single city or two or more adjacent counties
- » HUD awards homeless assistance grant funds to CoCs annually
- » Many state-funded housing related programs award funding to counties, cities, and CoCs
- » State programs are often administered through CoCs

For more information, see the HUD Continuum of Care website.

State and County Housing-Related Programs

California has invested billions of dollars and undertaken a multi-agency effort to address housing and homelessness across the state.

California State Agency	Housing-Related Programs
Business, Consumer Services and Housing Agency (BCSH)	Homeless Housing Assistance and Prevention (HHAP)
Department of Housing and Community Development (HCD)	Homekey, Housing for a Healthy CA, No Place like Home Program, Veterans Housing
Department of Social Services (CDSS)	CalWORKS Housing Support Program, Housing and Disability Advocacy Program, Home Safe
Department of Health Care Services (DHCS)	CalAIM ECM & Community Supports, HHIP, BHBH

DHCS Programs Addressing Housing and Homelessness

How DHCS Programs Build Capacity for Housing Services, Connect Medi-Cal Members to Housing

CalAIM and other DHCS programs address housing and homelessness across California in several ways.

CalAIM Programs Provide Members With Housing Services, Care Management

Community Supports: Housing Transition Navigation Services, Deposits, Tenancy and Sustaining Services; Short-Term Post-Hospitalization Housing and Recuperative Care

Enhanced Care Management (ECM)

CalAIM Programs Build Capacity For Providers, Including Housing Services

Incentive Payment Program (IPP)

Providing Access & Transforming Health (PATH)

DHCS Programs Build Housing Capacity In Communities

Housing and Homelessness Incentive Program (HHIP)

Behavioral Health Bridge Housing (BHBH)

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CalAIM include:

Implement a whole-person care approach and address social drivers of health.

Improve quality outcomes, reduce health disparities, and drive delivery system transformation.

Create a consistent, efficient, and seamless Medi-Cal system.

How DHCS Programs Build Capacity for Housing Services, Connect Medi-Cal Members to Housing

CalAIM and other DHCS programs address housing and homelessness across California in several ways.

CalAIM Programs Provide Members With Housing Services, Care Management

Community Supports include Housing Transition Navigation Services, Deposits, and Tenancy/Sustaining Services, as well as Short-Term Post-Hospitalization Housing and Recuperative Care.

Enhanced Care Management (ECM)

CalAIM Programs Build Capacity For Providers, Including Housing Services

Incentive Payment Program (IPP)

Providing Access & Transforming Health (PATH)

DHCS Programs Build Housing Capacity In Communities

Housing and Homelessness Incentive Program (HHIP)

Behavioral Health Bridge Housing (BHBH)

What are Community Supports?

Community Supports are services that Medi-Cal managed care plans (MCPs) are <u>strongly encouraged but not required</u> to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

» There are 14 pre-approved Community Supports that MCPs may offer to members

» Different MCPs offer different combinations of Community Supports; a list of elections by MCP and County can be found on DHCS website

» MCPs must follow the DHCS standard Community Supports service definitions in the policy guide, but they may make their own decisions about when it is cost effective and medically appropriate

» Following the restrictions set in the Community Supports policy guide, rates and maximums for Community Supports are established in contracts between MCPs and Community Supports providers

See [Community Supports Policy Guide](#) (Aug 2022); [Community Supports Elections Grid](#) (June 2022)

Housing Community Supports

Of the 14 pre-approved Community Supports, several are designed to provide support for housing.

Support to Reach Long-Term Housing	Housing Transition Navigation Services
	Housing Deposits
	Housing Tenancy and Sustaining Services

| Recovery-Focused Housing | Recuperative Care (Medical Respite) |
| | Short-Term Post-Hospitalization Housing |

For more details, see Community Supports Policy Guide (Aug 2022).

Housing Community Supports

Of the 14 Pre-Approved Community Supports, several are designed to provide support for housing.

Support to Reach Long-Term Housing	**Housing Transition Navigation Services**	Support for finding housing
	Housing Deposits	Once housing is found, support for identifying, coordinating, securing, or funding one-time services and modifications necessary to establish a basic household
	Housing Tenancy and Sustaining Services	Once housing is secured, assists members with maintaining safe and stable tenancy
Recovery-Focused Housing	**Recuperative Care (Medical Respite)**	
	Short-Term Post-Hospitalization Housing	

For more details, see Community Supports Policy Guide (Aug 2022).

Community Supports
Housing Transition Navigation Services: Service Definition

Assists Members With Obtaining Housing

» Are based on individualized assessment of needs
» Must be identified as reasonable and necessary in a housing support plan

Included Services (**+**)

+ Tenant screening/housing assessment and creating a housing support plan
+ Searching for housing and assistance with securing housing (e.g., completion of housing applications, securing of required documentation)
+ Benefits advocacy and securing resources to subsidize rent and cover expenses
+ Landlord education, engagement, and communication on member's behalf
+ Assistance with requests for reasonable accommodation, ensuring a safe, move-in ready living environment, and coordinating accommodations for accessibility
+ Assistance with moving arrangements and with transportation to ensure access during transition and move
+ Establishing procedures for retaining housing (including crisis plan)

Excluded Services (**−**)

- Provision of room and board
- Payment of rental costs

For more details, see [Community Supports Policy Guide](#) *(Aug 2022).*

Community Supports
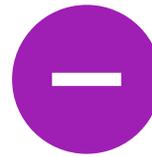## Housing Deposits: Service Definition

Once Housing Is Found, Assists Members With Identifying, Coordinating, Securing, Or Funding One-Time Services And Modifications Necessary To Establish A Basic Household

» Must be provided in conjunction with the Housing Transition/Navigation Community Support
» Must be identified as necessary in the member's housing support plan
» Are available once in the member's lifetime, with the possibility of a second approval with documentation as to what conditions have changed to increase success

Included Services

+ Security deposits required to obtain a lease
+ Set-up fees/deposits for utilities or service access
+ First month coverage of utilities
+ First and last month's rent as required for occupancy
+ Services necessary for health and safety (e.g., pest eradication or cleaning)
+ Goods such as an air conditioner, heater, or other medically necessary adaptive aids and services designed to preserve health and safety at home

Excluded Services

- Provision of room and board
- Ongoing rental costs (beyond first/last month's coverage)

Community Supports
## Housing Tenancy and Sustaining Services: Service Definition

Once Housing Is Secured, Assists Members With Maintaining Safe And Stable Tenancy

» Should be provided in conjunction with the Housing Transition/Navigation Community Support
» Must be identified as necessary to maintaining longer-term housing and included the housing support plan
» Are available once in the member's lifetime, with the possibility of a second approval with documentation as to what conditions have changed to increase success

+ **Included Services**

+ Early identification/intervention for behaviors that may jeopardize housing
+ Education on tenant and landlord rights/responsibilities and coaching on maintaining relationships with landlords/property managers
+ Working with landlord/case manager to address issues that could impact housing
+ Assistance to resolve landlord/neighbor disputes to reduce eviction risk
+ Assistance with benefits, housing recertification, and resources to prevent eviction
+ Working with Member to review/update/modify housing support and crisis plan
+ Health and safety visits, and providing independent living and life skills training
+ Continuing assistance with lease compliance
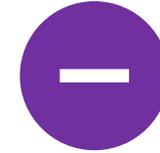
− **Excluded Services**

- Provision of room and board
- Payment for ongoing rental costs

For more details, see Community Supports Policy Guide (Aug 2022).

Community Supports
Long-Term Housing Supports: Eligibility & Providers

Eligible Members

Eligible members for Transition Navigation Services, Deposits, Tenancy and Sustaining Services include members who:

1 Are prioritized for a permanent supportive housing unit/subsidy through the local Coordinated Entry System or similar system

OR

2 Meet the HUD definition of homelessness or of being at risk of homelessness
and have 1+ serious chronic condition/SMI or are at risk of institutionalization or overdose or are requiring residential services because of SUD or are receiving ECM

See policy guide for additional eligibility details by Community Support.

Eligible Providers

Providers must have experience and expertise with providing these unique services in a culturally and linguistically appropriate manner

May include (but not limited to):
- » Vocational service agencies
- » Providers of services for individuals experiencing homelessness
- » Life skills training providers
- » County agencies
- » Supportive housing providers
- » FQHC

For more details, see Community Supports Policy Guide (Aug 2022).

Housing Community Supports

Of the 14 pre-approved Community Supports, several are designed to provide support for housing.

Support to Reach Long-Term Housing	**Housing Transition Navigation Services**
	Housing Deposits
	Housing Tenancy and Sustaining Services

Recovery-Focused Housing	**Recuperative Care (Medical Respite)**	Provides short-term residential care to members who no longer require hospitalization but still need support to heal from an injury or illness
	Short-Term Post-Hospitalization Housing	Provides short-term housing to members who do not have a residence and who have high medical or behavioral health needs with continuing their medical/psychiatric/SUD recovery

For more details, see Community Supports Policy Guide (Aug 2022).

Community Supports
Recuperative Care (Medical Respite): Service Definition

Provides Short-Term Residential Care To Members Who No Longer Require Hospitalization But Still Need Support to Heal From An Injury Or Illness

» For individuals who are experiencing homelessness or unstable living conditions who are too ill or frail to recover from a physical or behavioral health illness or injury in their usual living environment

Service Parameters

At a minimum:
+ Interim housing with a bed and meals
+ Ongoing monitoring of the individual's medical or behavioral health

Services may also include:
+ Limited or short-term assistance with the Activities of Daily Living
+ Coordination of transportation to post-discharge appointments
+ Connection to any other on-going services an individual may require including mental health and SUD Services
+ Support in accessing benefits and housing and gaining stability with case management relationships and programs

Service Limitations

- Services of more than 90 days in continuous duration
- May not include funding for building modification or building rehabilitation

For more details, see [Community Supports Policy Guide](#) *(Aug 2022).*

Community Supports
Short-Term Post-Hospitalization Housing: Service Definition

Provides Short-Term Housing To Members Who Do Not Have A Residence And Who Have High Medical Or Behavioral Health Needs With Continuing Their Medical/Psychiatric/SUD Recovery

» These services may be received in an individual or shared interim housing setting
» Members must be offered Housing Transition Navigation supports during the period of Short-Term Post-Hospitalization housing to prepare them for transition from this setting

Service Parameters

+ The Short-Term Post-Hospitalization Housing setting must provide ongoing supports necessary for recuperation and recovery such as:

+ Gaining (or regaining) the ability to perform activities of daily living
+ Receiving necessary care, case management
+ Accessing other housing support services (including Housing Transition Navigation)

Service Limitations

–
- Services are available once in an individual's lifetime
- Services are not to exceed a duration of six months

For more details, see [Community Supports Policy Guide](#) (Aug 2022).

Community Supports
Short-Term Housing Supports: Eligibility & Providers

Eligible Members

RECUPERATIVE CARE

Recuperative Care is allowable for members if the support is necessary to achieve or maintain medical stability and prevent hospital admission or readmission.

In addition, members must meet specific eligibility criteria outlined in the Community Supports Policy Guide.

STPHH

Members must have medical/behavioral health needs such that experiencing homelessness upon discharge would likely result in hospitalization, rehospitalization, or institutional readmission

In addition, members must meet specific eligibility criteria outlined in the Community Supports Policy Guide. Members exiting recuperative care may be eligible for this Community Support.

Eligible Providers

Providers must have experience/expertise with providing these unique services

May include (but are not limited to):
- » Interim housing facilities with additional on-site support
- » Shelter beds with additional on-site support
- » Converted homes with additional on-site support
- » County directly operated or contracted recuperative care facilities

For more details, see Community Supports Policy Guide (Aug 2022).

How DHCS Programs Build Capacity for Housing Services, Connect Medi-Cal Members to Housing

DHCS programs address housing and homelessness across California in several ways.

CalAIM Programs Provide Members With Housing Services, Care Management	CalAIM Programs Build Capacity For Providers, Including Housing Services	DHCS Programs Build Housing Capacity In Communities
Community Supports	Incentive Payment Program (IPP)	Housing and Homelessness Incentive Program (HHIP)
Enhanced Care Management (ECM) addresses clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management	Providing Access & Transforming Health (PATH)	Behavioral Health Bridge Housing (BHBH)

What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).

» ECM is designed to address both the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home

» ECM is part of broader CalAIM Population Health Management system design through which MCPs will offer care management interventions at different levels of intensity based on member need, with ECM as the highest intensity level

Seven ECM Core Services

- **Outreach and Engagement**
- **Member and Family Supports**
- **Comprehensive Assessment and Care Management Plan**
- **Health Promotion**
- **Enhanced Coordination of Care**
- **Comprehensive Transitional Care**
- **Coordination of and Referral to Community and Social Support Services**

For more details, see ECM Policy Guide (May 2022).

Launch and Expansion of ECM

Counties in pink began implementing ECM in July 2022, making ECM statewide
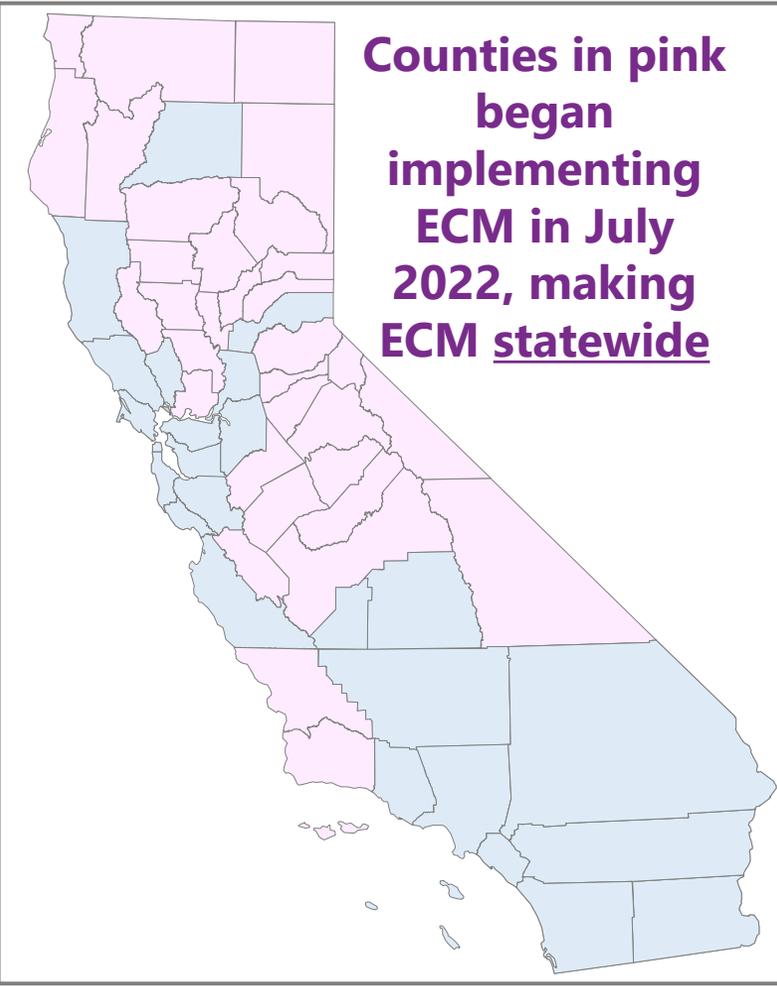
ECM Populations of Focus	Launch
• Adults and their Families Experiencing Homelessness • Adult At Risk of Avoidable Hospital/ED Utilization • Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD) • Transitioning from Incarceration (some WPC counties)	**January 2022** (WPC / HH counties) **July 2022** (all other counties)
• At Risk for Institutionalization and Eligible for Long Term Care • Nursing Facility Residents Transitioning to the Community	**January 2023**
• Children / Youth Populations of Focus • Transitioning from Incarceration (statewide)	**July 2023**

Intersection of ECM and Housing Community Supports

» Members in ECM receive comprehensive care management – including coordinating primary, specialty, and behavioral health care, as well as social services – from their ECM Provider

» Members in ECM should be referred to specific Community Supports based on their needs, including housing supports

» Members' ECM Providers should help coordinate services provided to ECM enrollees by Community Supports providers

How DHCS Programs Build Capacity for Housing Services, Connect Medi-Cal Members to Housing

DHCS programs address housing and homelessness across California in several ways.

CalAIM Programs Provide Members With Housing Services, Care Management

Community Supports

Enhanced Care Management (ECM)

CalAIM Programs Build Capacity For Providers, Including Housing Services

Incentive Payment Program (IPP) provides funding to MCPs to build capacity to deliver CalAIM, including building ECM and Community Supports provider capacity

Providing Access & Transforming Health (PATH) provides funding to ECM and Community Supports providers to build capacity

DHCS Programs Build Housing Capacity In Communities

Housing and Homelessness Incentive Program (HHIP)

Behavioral Health Bridge Housing (BHBH)

How PATH & IPP Build Capacity for ECM/Community Supports

Enhanced Care Management (ECM) / Community Supports (CS)

Providing Access & Transforming Health (PATH)

- PATH is a five-year, $1.85 billion initiative included in the **CalAIM 1115 waiver**.
- PATH provides resources for community providers to **build capacity and infrastructure** to successfully **deliver ECM and Community Supports**.

PATH and IPP funding will complement and not duplicate one another.

Incentive Payment Program (IPP)

- IPP is a **voluntary incentive program** intended to support the **implementation and expansion of ECM and Community Supports** by incentivizing managed care plans (MCPs), in accordance with 42 CFR Section 438.6(b).

How DHCS Programs Build Capacity for Housing Services, Connect Medi-Cal Members to Housing

DHCS programs address housing and homelessness across California in several ways.

CalAIM Programs Provide Members With Housing Services, Care Management

Community Supports: Housing Transition Navigation Services, Deposits, Tenancy and Sustaining Services; Short-Term Post-Hospitalization Housing and Recuperative Care

Enhanced Care Management (ECM)

CalAIM Programs Build Capacity For Providers, Including Housing Services

Incentive Payment Program (IPP)

Providing Access & Transforming Health (PATH)

DHCS Programs Build Housing Capacity In Communities

The ***Housing and Homelessness Incentive Program (HHIP)*** provides $1.288B in funding to MCPs to develop housing partner capacity and build partnerships to connect MCP Members to housing services.
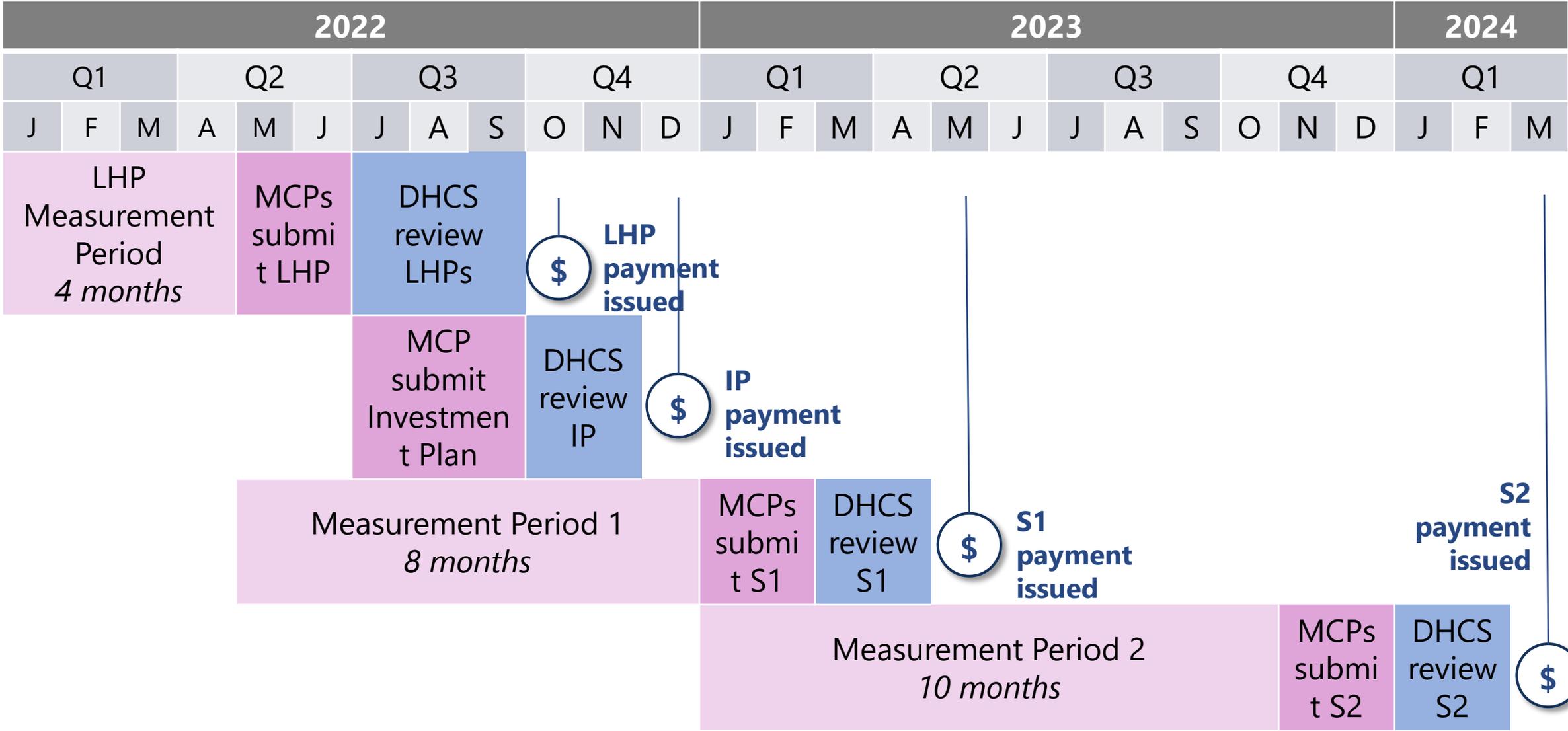
Behavioral Health Bridge Housing (BHBH)

Housing and Homelessness Incentive Program

DHCS's Housing and Homelessness Incentive Program (HHIP) is a voluntary incentive program that enables Medi-Cal managed care plans (MCPs) to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health.

» HHIP is intended to:
  » Reward MCPs for developing the necessary capacity and partnerships to connect their Members to needed housing services; and
  » Incentivize MCPs to take an active role in reducing and preventing homelessness.

» To participate, MCPs -- in partnership with their local homeless Continuum of Care local public health jurisdictions, county behavioral health, Public Hospitals, county social services, and local housing departments -- must submit a Local Homelessness Plan (LHP) to DHCS.
  » LHP must outline how HHIP services and supports would be integrated into the homeless system
  » LHP should build on existing local HUD or other homeless plans and be designed to address unmet needs

» In counties with more than one managed care plan, plans would need to work together to submit one LHP per county.

Source: Housing and Homelessness Incentive Program (DHCS)

HHIP Timeline

$1.288 billion in funds will be dispersed across four payments. Each MCP payment will be based on the successful completion and achievement of program measures, LHP components, and the Investment Plan.

2022				2023				2024
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1

J F M | A M J | J A S | O N D | J F M | A M J | J A S | O N D | J F M

LHP Measurement Period
4 months

MCPs submit LHP

DHCS review LHPs

$ **LHP payment issued**

MCP submit Investment Plan

DHCS review IP

$ **IP payment issued**

Measurement Period 1
8 months

MCPs submit S1

DHCS review S1

$ **S1 payment issued**

Measurement Period 2
10 months

MCPs submit S2

DHCS review S2

$ **S2 payment issued**

How DHCS Programs Build Capacity for Housing Services, Connect Medi-Cal Members to Housing

DHCS programs address housing and homelessness across California in several ways.

CalAIM Programs Provide Members With Housing Services, Care Management

Community Supports: Housing Transition Navigation Services, Deposits, Tenancy and Sustaining Services; Short-Term Post-Hospitalization Housing and Recuperative Care

Enhanced Care Management (ECM)

CalAIM Programs Build Capacity For Providers of Housing and Other Services

Incentive Payment Program (IPP)

Providing Access & Transforming Health (PATH)

DHCS Programs Build Housing Capacity In Communities

Housing and Homelessness Incentive Program (HHIP)

The **Behavioral Health Bridge Housing (BHBH)** program will invest $1.5B in bridge housing for individuals with serious behavioral health conditions.

Behavioral Health Bridge Housing

The 2022-2023 California Budget included a $1.5B investment in the Behavioral Health Bridge Housing (BHBH) program to fund clinically enhanced bridge housing settings.

» Will address the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions (mental health and/or substance use disorders).
» One-time grant funding administered by DHCS
  » The goal of BHBH is to pay for housing and housing-related services that are not covered by Medi-Cal (including by Community Supports)
  » BHBH will not pay for specialty mental health and SUD services provided by counties
  » This is a critical need, and the focus is on immediate and sustainable solutions
  » There will be collaboration to complement ongoing state, county, and tribal efforts to address homelessness
  » Qualified entities will be counties and tribal entities

How DHCS Programs Build Capacity for Housing Services, Connect Medi-Cal Members to Housing

DHCS programs address housing and homelessness across California in several ways.

CalAIM Programs Provide Members With Housing Services, Care Management

Community Supports include Housing Transition Navigation Services, Deposits, Tenancy and Sustaining Services, as well as Short-Term Post-Hospitalization Housing and Recuperative Care.

Enhanced Care Management addresses clinical and non-clinical needs through comprehensive care management.

CalAIM Programs Build Capacity For Providers, Including Housing Services

Incentive Payment Program (IPP) provides funding to MCPs to build capacity to deliver CalAIM, including building ECM and Community Supports provider capacity.

Providing Access & Transforming Health (PATH) provides funding to ECM and Community Supports providers to build capacity.

DHCS Programs Build Housing Capacity In Communities

The ***Housing and Homelessness Incentive Program (HHIP)*** provides $1.288B in funding to MCPs to develop housing partner capacity and build partnerships to connect MCP Members to housing services.

The ***Behavioral Health Bridge Housing (BHBH)*** program will invest $1.5B in bridge housing for individuals with BH conditions.
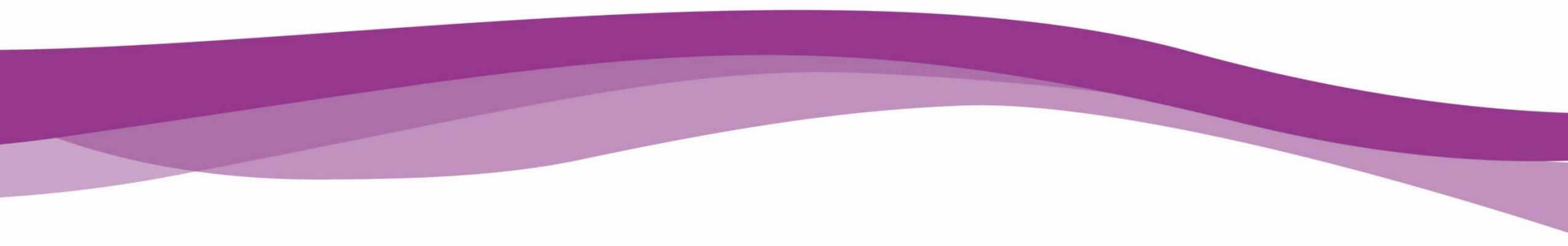
Spotlight: L.A. Care

L.A. Care's Housing-Related CalAIM Services

Karl Calhoun, Director, Safety Net Programs & Partnerships

Alison Klurfeld, Klurfeld Consulting

October 2022

About L.A. Care

L.A. Care Health Plan serves more than 2.7 million members in Los Angeles County, making it the largest publicly operated health plan in the country. L.A. Care offers four health coverage plans including [Medi-Cal](#), [L.A. Care Covered™](#), [L.A. Care Cal MediConnect Plan](#) and the [PASC-SEIU Homecare Workers Health Care Plan](#), all dedicated to being accountable and responsive to members.

As a public entity, L.A. Care's mission is to provide access to quality health care for L.A. County's low-income communities, and to support the safety net required to achieve that purpose. L.A. Care prioritizes quality, access and inclusion, elevating health care for all of L.A. County.

L.A. Care Framework for People Experiencing Homelessness

Clinical Services
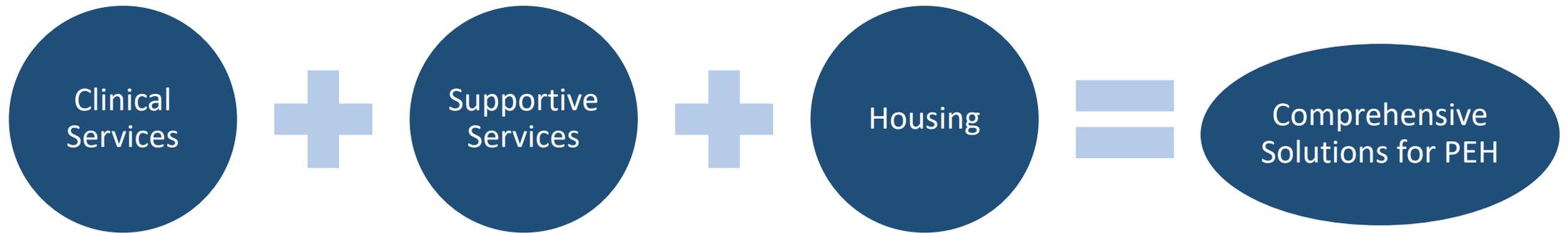
Physical health, mental health, and substance use disorder services that are accessible, trauma-informed, and culturally competent

+

Supportive Services

Case management that addresses the member's housing, health, and social needs, coupled with enabling services

+

Housing

Financial resources and housing placement options where the member can maintain successful long-term tenancy

=

Comprehensive Solutions for PEH

Local L.A. Programs and Services for People Experiencing Homelessness

	Unsheltered Homelessness ➡	Housed in Interim Housing ➡	Housed in Permanent Housing
Clinical Services	• Street Medicine (APL forthcoming) • Health Care for the Homeless Providers • PCPs / Clinics / Specialty Care	• Street Medicine (co-location) • Health Care for the Homeless Providers • PCPs / Clinics / Specialty Care	• PCPs / Clinics / Specialty Care
Supportive Services	⭐ Enhanced Care Management (ECM) ⭐ Housing Navigation Community Support (CS)	⭐ ECM ⭐ Housing Navigation CS • Local & State-funded Housing Navigation	⭐ ECM ⭐ Tenancy Services CS ⭐ *Day Habilitation CS (other plans)* ⭐ Personal Care Assistance CS ⭐ *Nursing Facility Transition to Assisted Living CS (future)* • Local & State-funded Housing Case Management
Housing	⭐ = CalAIM	⭐ Recuperative Care CS ⭐ *Short-term Post-Hospitalization Housing CS (future)* • HUD, local, & State-funded Interim Housing • Project Roomkey	⭐ Housing Deposits CS ⭐ *Home Modifications CS (future)* • Tenant-Based Vouchers • Rapid Rehousing • Permanent Supportive Housing • ARF/RCFE Placements • Project Homekey

L.A. Care's ECM Program
(Direct only; not Plan Partners)

Members enrolled in ECM: 16,278

Members enrolled with homeless POF: 8,710

4 Active Populations of Focus (Homeless, SMI/SUD, High Utilizer, & Justice-Involved)

Large Grandfathered Populations from Whole Person Care & Health Homes Programs

L.A. Care's Housing-Related Community Supports

(Direct only; not Plan Partners)

Homeless & Housing Support Services (Housing Navigation & Tenancy Services CS)
- Launched 1/1/2022
- ~7,800 grandfathered from Whole Person Care & Health Homes Program
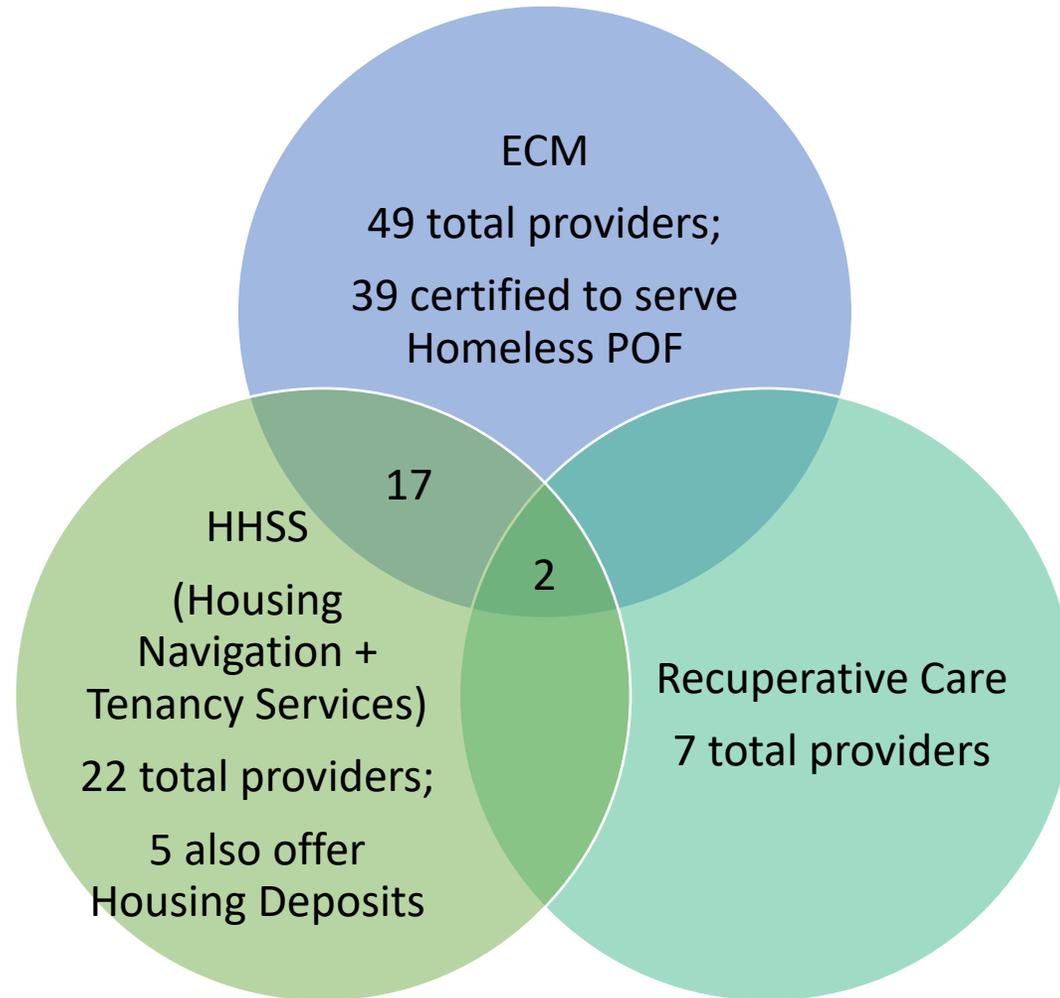- ~11,800 ever enrolled, ~10,300 currently enrolled

Housing Deposits CS
- Launched 7/1/2022
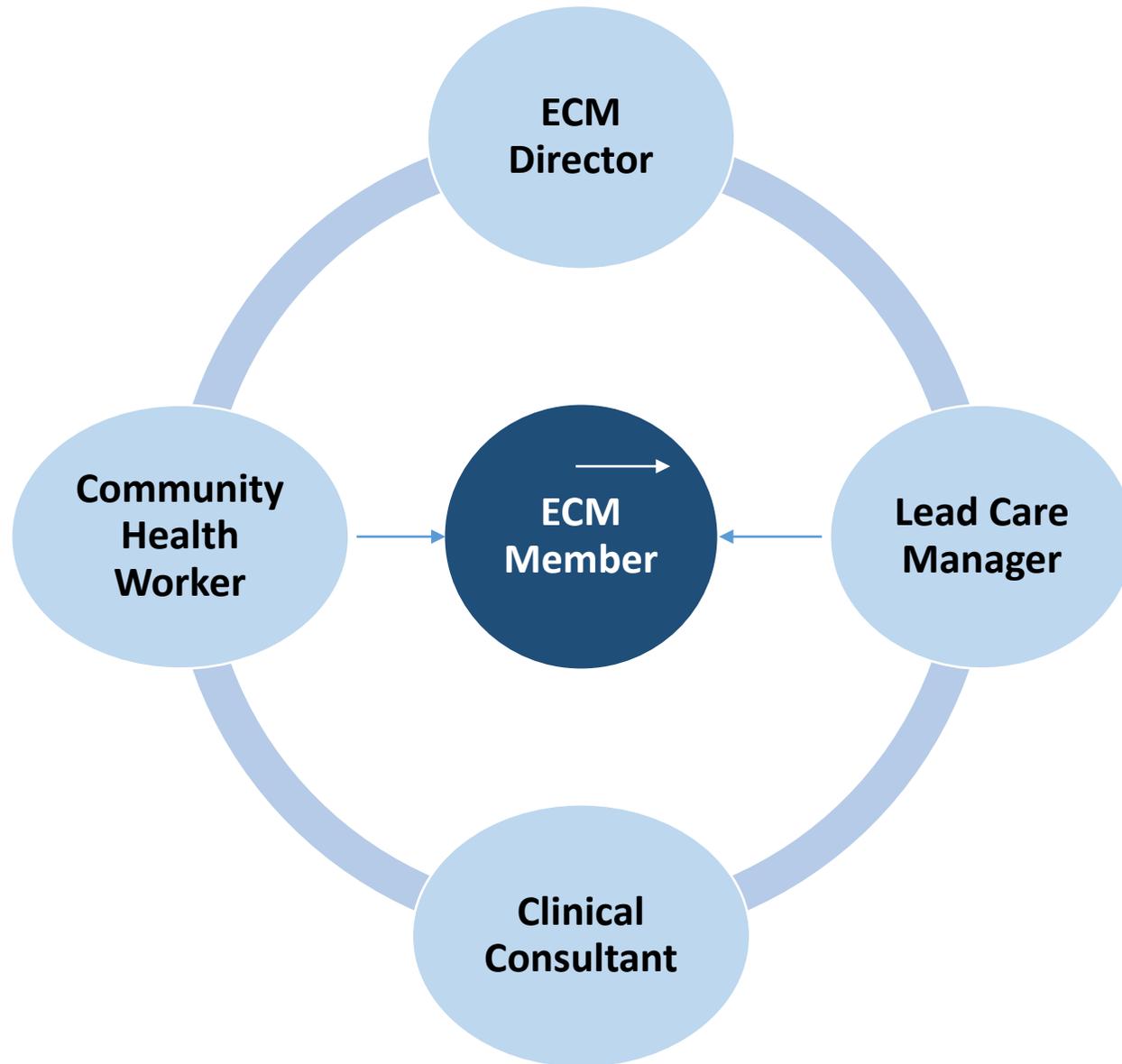- Integrated w/HHSS (HD providers serve their own HHSS members)

Recuperative Care CS
- Launched 1/1/2022
- Grandfathered members from Whole Person Care
- ~600 served Jan-Aug 2022

L.A. Care's ECM and CS Networks

ECM

49 total providers;

39 certified to serve Homeless POF

17

HHSS

(Housing Navigation + Tenancy Services)

22 total providers;

5 also offer Housing Deposits

2

Recuperative Care

7 total providers

ECM Care Team Structure

- **Some ECM teams coordinate w/HHSS teams at the same organization**

- **Some ECM teams incorporate CHWs and other staff w/lived experience of homelessness and/or housing instability**

- **All offer field-based outreach & engagement**

HHSS: Housing Navigation Eligibility

L.A. Care Medi-Cal or Cal Medi-Connect member

OR

Homeless Criteria

- HUD Homeless; or
- Exiting an institution after 90+ days and was HUD homeless prior / would be come homeless; or
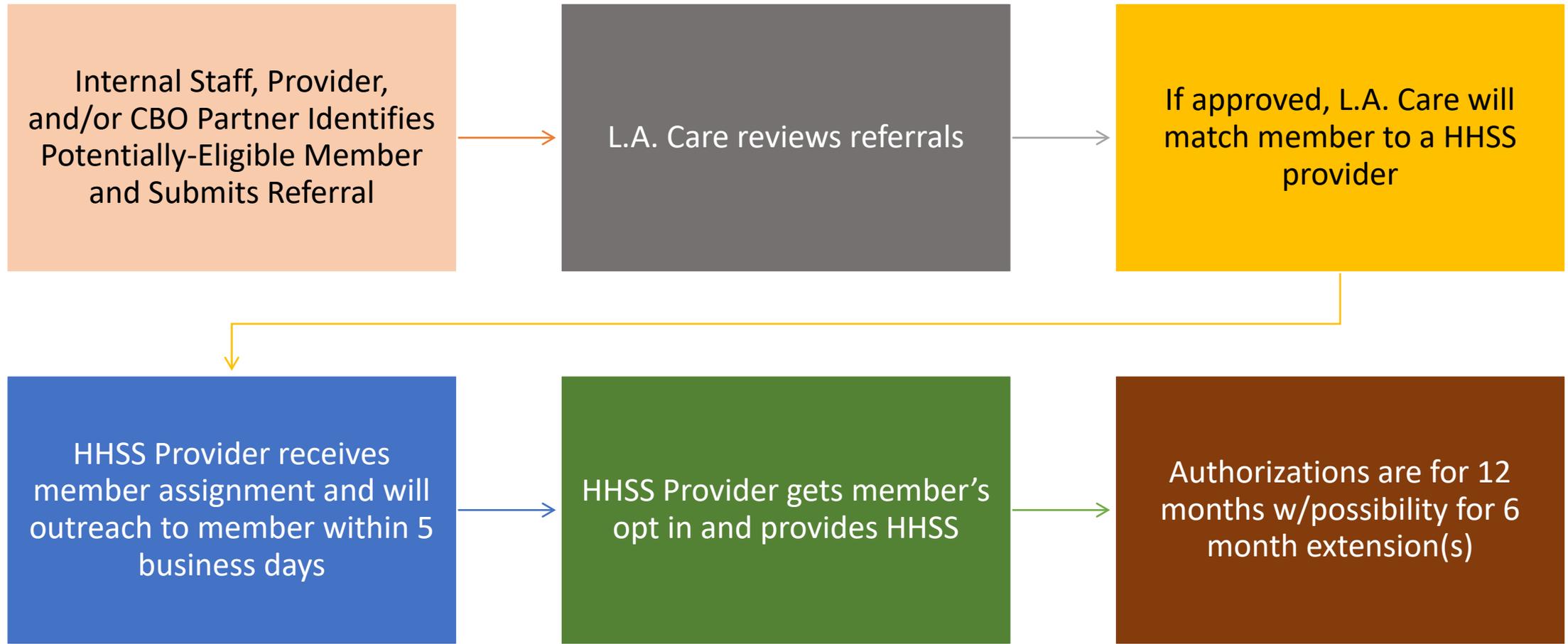- HUD Chronically homeless.

AND

High Utilizer/High Acuity Criteria

- ECM homeless POF; or
- 2+ chronic conditions; or
- High utilizer, defined as:
  - 7+ ED visits in last year; or
  - 2+ IP &/or SNF in last year; or
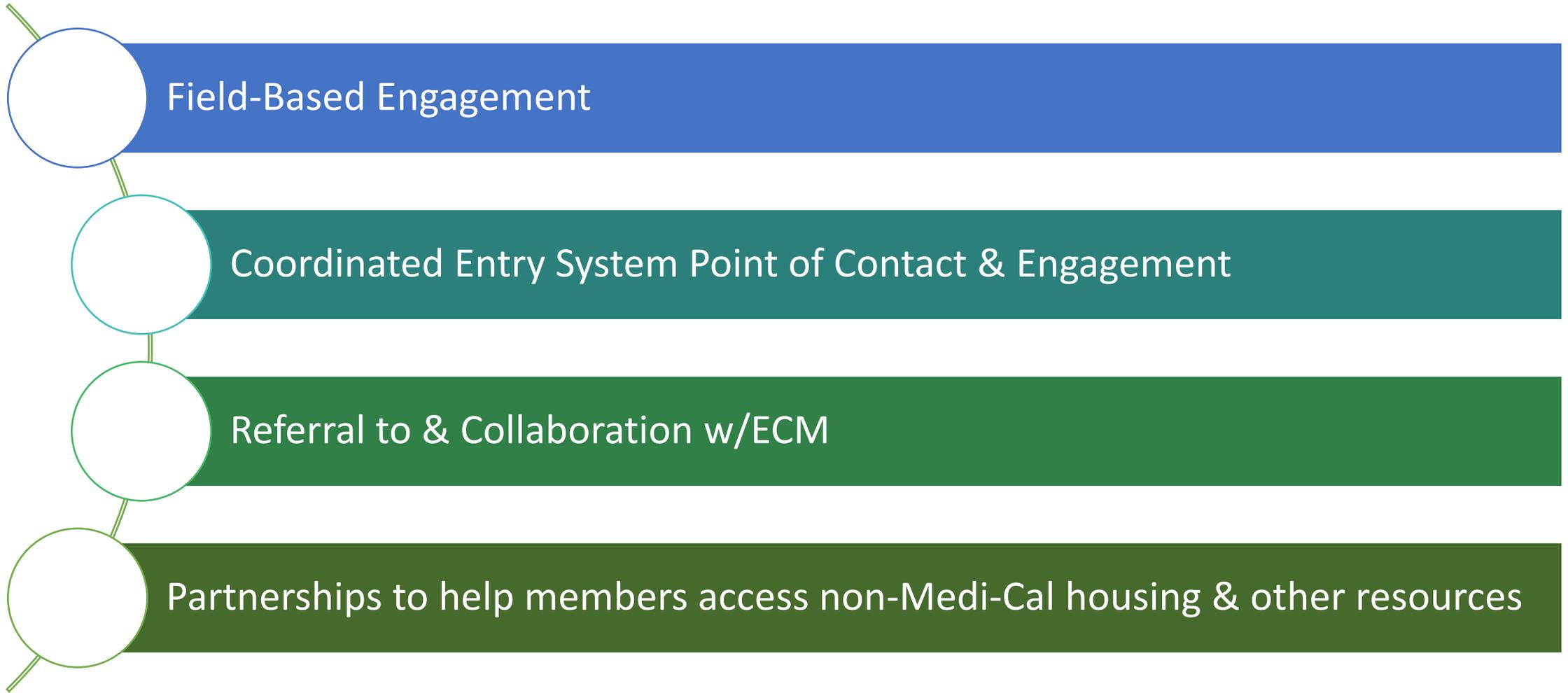 - Total costs of at least $50,000 in prior year

Member is matched to a publicly funded permanent supportive housing resource or program in Los Angeles County.

Eligible for Housing Navigation

HHSS Reference Guide

HHSS Referral Pathway

Internal Staff, Provider, and/or CBO Partner Identifies Potentially-Eligible Member and Submits Referral

L.A. Care reviews referrals

If approved, L.A. Care will match member to a HHSS provider

HHSS Provider receives member assignment and will outreach to member within 5 business days

HHSS Provider gets member's opt in and provides HHSS

Authorizations are for 12 months w/possibility for 6 month extension(s)

HHSS Best Practices

Field-Based Engagement

Coordinated Entry System Point of Contact & Engagement

Referral to & Collaboration w/ECM

Partnerships to help members access non-Medi-Cal housing & other resources

L.A. Care Framework for People Experiencing Homelessness
Where CalAIM, DHCS Programs Supplement Services

Clinical Services + **Supportive Services** + **Housing** = **Comprehensive Solutions for PEH**
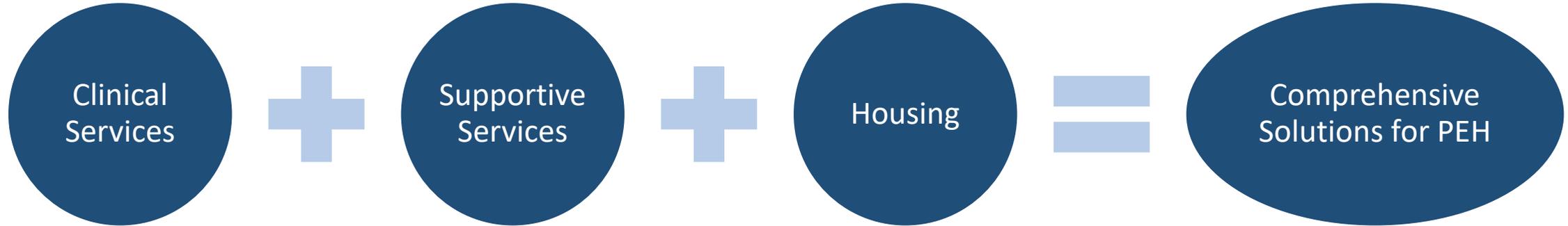
No new ongoing sources of clinical funding. One-time Housing and Homelessness Incentive Payment Program (HHIP) funds can help.

CalAIM adds lots of new programs & funding here.

CalAIM adds a few transitional programs here.

BUT this is the biggest gap in our system.

A *balanced homeless services system that would make homelessness rare, brief and one-time would require* **five** *housing exits for every one shelter bed. In Los Angeles County, the homeless services system only has about* **one** *exit for every one shelter bed.*

Federal Limitations

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland   21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

"Federal financial participation is not available to state Medicaid programs for room and board (except in certain medical institutions)."

SHO# 21-001
RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH)

Funding Braiding Example: Hospital Discharge to Permanent Housing

= CalAIM
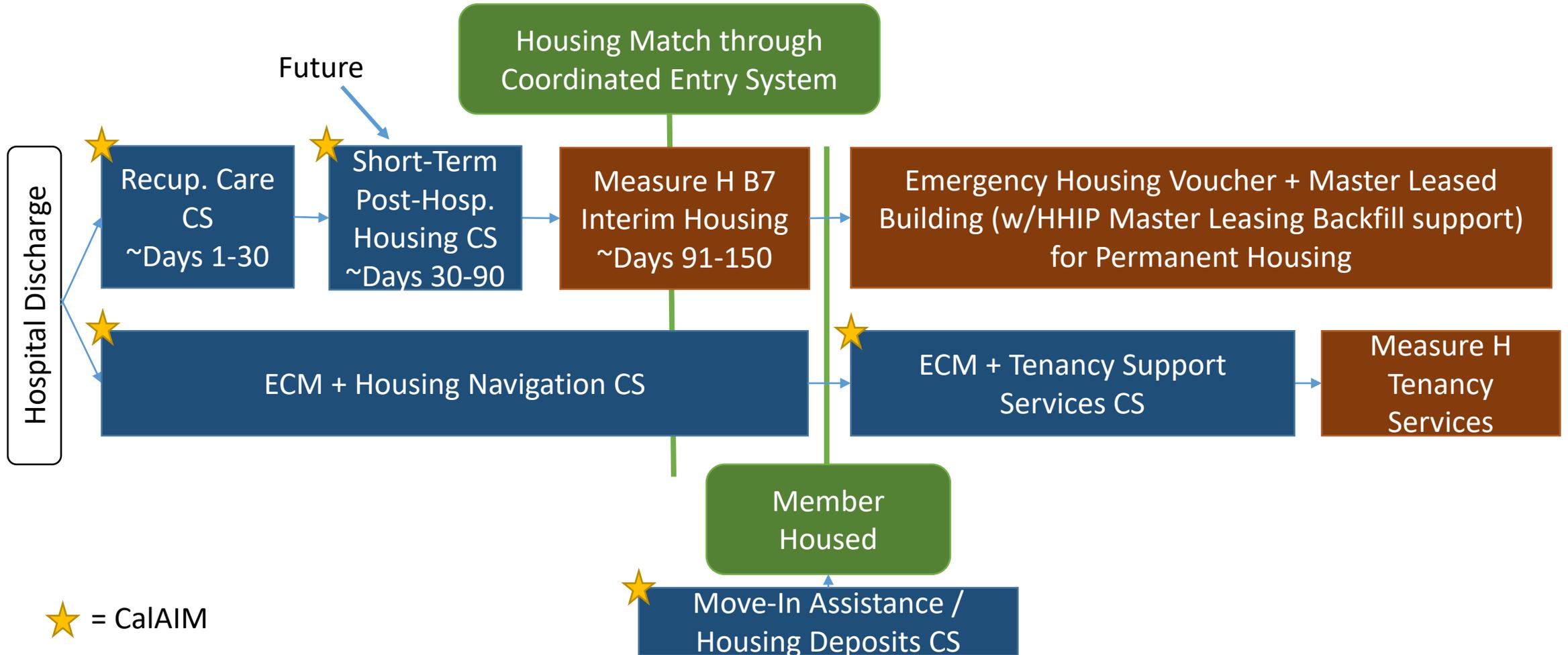
HHIP Top Priorities for Investment

Infrastructure	Street Medicine	Programs to Get & Keep People Housed	Unit Acquisition	Housing Accessibility for PEH w/ADL Needs
• Data exchange between HMIS and health plans. • Data exchange w/other partners • Workforce development, especially for housing navigation and tenancy services	• Funding for services and capacity-building • Potential inclusion of behavioral health and public health partners • Potential Health Information Exchange (HIE) project	• Expanding utilization of housing-related Community Supports (CS) • Increasing enrollment in Enhanced Care Management (ECM) for people experiencing homelessness	• Master lease buildings • Partner with COCs and County to increase utilization of tenant-based vouchers • Cover long term costs of "slots" in order to unlock funding for master leasing and new development	• Field-based team to assess individual needs • Access to interim housing for people w/ADL needs • Enhanced services funding to get members placed in Adult Residential Facilities (ARFs) and/or Residential Care Facilities for the Elderly (RCFEs)

Developed w/input from: Stakeholder meetings with Continuums of Care (COCs), Enhanced Care Management and Community Supports providers, County Agencies, CBOs, Clinics, local stakeholders, Lived Experience Advisory Board

CalAIM Housing Opportunities and Challenges

OPPORTUNITIES

- Incorporate housing-related activities directly into our day-to-day work

- Expand housing-related pilots, and include them in the medical cost basis for future rates

- Maintain continuity for members receiving Whole Person Care and Health Homes

- Build contractual working relationships with housing and homeless services providers (not just grants)

- Build program partnerships with housing and homeless services system partners (e.g. County agencies, Continuums of Care)

- Improve housing stability and access to housing for members

CHALLENGES

- Making headway despite housing shortage and inability to fund room & board

- Provider capacity – having enough providers, and administrative capabilities of smaller CBOs to scale

- Medi-Cal funding for housing-related services means new requirements to do Medi-Cal contracting, billing, reporting, etc.

- Bandwidth; can we really do everything, everywhere, all at once?

- Shifting State requirements

- Aligning Medi-Cal housing initiatives with other state efforts

- Need to focus Community Supports on highest-cost members to meet cost-effectiveness; hard to move upstream to reach all / most members experiencing homelessness or housing instability

Contact Info

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L.A. Care Enhanced Care Management Info

L.A. Care Community Supports Info

Upcoming Housing Webinars

Two additional sessions this month will focus on housing supports in CalAIM.

Community Supports Spotlight

Housing Navigation, Deposits, and Tenancy
Thursday, October 20th
1:00 – 2:30 PM PT
Registration link

Office Hours

Housing Supports via ECM and Community Supports
Thursday, October 27th
2:00 – 3:00 PM PT
Registration link

Here are the slides from the August 19th Community Supports Spotlight webinar on Recuperative Care and Short-Term Post-Hospitalization Housing.

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Additional CalAIM Webinars in 2022

ECM and Community Supports: Data Sharing Webinar November 10th
1:30-3:00 pm PT
Registration Link

ECM and Community Supports: Office Hours for New Counties November 17th
2:00-3:00 pm PT
Registration Link

ECM and Community Supports: Data Sharing Office Hours December 1st
2:00-3:00 pm PT
Registration Link

ECM and Community Supports: 2022 in Review Webinar December 15th
1:30-3:00 pm PT
Registration Link

Review DHCS Resources & Materials for Providers

» Learn more about ECM & Community Supports:
- Policy Guides: ECM & Community Supports
- FAQs
- Fact Sheets: ECM & Community Supports
- ECM Key Design Implementation Decisions

» Review ECM & Community Supports guidance documents:
- Billing & Invoicing Guide
- Coding Options
- Community Supports Pricing Guide (Non-Binding)
- Data Guidance for Member-Level Information Sharing
- Contract Template Provisions
- Standard Provider Terms & Conditions

Thank You