Community Supports

at Alameda Alliance for Health

ALAMEDA Alliance FOR HEALTH

What are Community Supports?

- Part of the CalAIM initiative by the Department of Health Care Services (DHCS) to **improve the quality of life and health outcomes of Medi-Cal beneficiaries** by implementing broad delivery system, programmatic, and payment system reforms.

- Community Supports are services or settings that managed care plans (Alameda Alliance for Health) may offer in place of services or settings covered under the California Medicaid State Plan that are:
    - medically appropriate
    - cost effective alternatives

Source: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

Community Supports offered by AAH

Community Supports	Provider	Active
Housing Transition Navigation Services	HCSA	X
Housing Deposits	HCSA	X
Housing Tenancy and Sustaining Services	HCSA	X
Recuperative Care (Medical Respite)	Cardea Health BACS Lifelong Adeline	X
(Caregiver) Respite Services	24 Hour Home Care	X
Nursing Facility Transition/Diversion to Assisted Living Facility (ALF)	East Bay Innovations (EBI)	January 1, 2024
Community Transition Services/Nursing Facility Transition to a Home	East Bay Innovations (EBI)	January 1, 2024
Personal Care and Homemaker Services	24 Hour Home Care	X
Environmental Accessibility Adaptations (Home Modifications)	East Bay Innovations (EBI)	X
Medically Tailored Meals/Medically Supportive Food	Project Open Hand Recipe 4 Health	X
Sobering Centers	TBD	January 1, 2024
Asthma Remediation (<19 years old)	Asthma Start – HCSA	Children – X Adults – January 1, 2024
Short-Term Post-Hospitalization Housing	TBD	TBD
Day Habilitation Programs	TBD	TBD

How to Refer to Community Supports

Community Supports	How to Refer
Housing Transition Navigation Services	Call 211 or walk into a Housing Resource Center
Housing Deposits	Call 211 or walk into a Housing Resource Center
Housing Tenancy and Sustaining Services	Call 211 or walk into a Housing Resource Center
Recuperative Care (Medical Respite)	Outreach to Medical Respite Providers
(Caregiver) Respite Services	Complete Request Form and send to CSDept@alamedaalliance.org
Nursing Facility Transition/Diversion to Assisted Living Facility (ALF)	Please refer to East Bay Innovations (EBI) for further evaluation
Community Transition Services/Nursing Facility Transition to a Home	Please refer to East Bay Innovations (EBI) for further evaluation
Personal Care and Homemaker Services	Complete Request Form and send to CSDept@alamedaalliance.org
Environmental Accessibility Adaptations (Home Modifications)	Please refer to East Bay Innovations (EBI) for further evaluation
Medically Tailored Meals/Medically Supportive Food	Complete Request Form and send to CSDept@alamedaalliance.org
Sobering Centers	TBD
Asthma Remediation (<19 years old)	Please refer to Asthma Start Program through HCSA
Short-Term Post-Hospitalization Housing	TBD
Day Habilitation Programs	TBD

Authorization Process of Community Supports

Community Supports (CS) Providers submit authorization request to AAH CS department

AAH CS team reviews authorization request and corresponding justification/documentation

Determination is made

Notification is sent:

Member	Referring provider	Rendering provider	PCP

Enhanced Care Management (ECM)

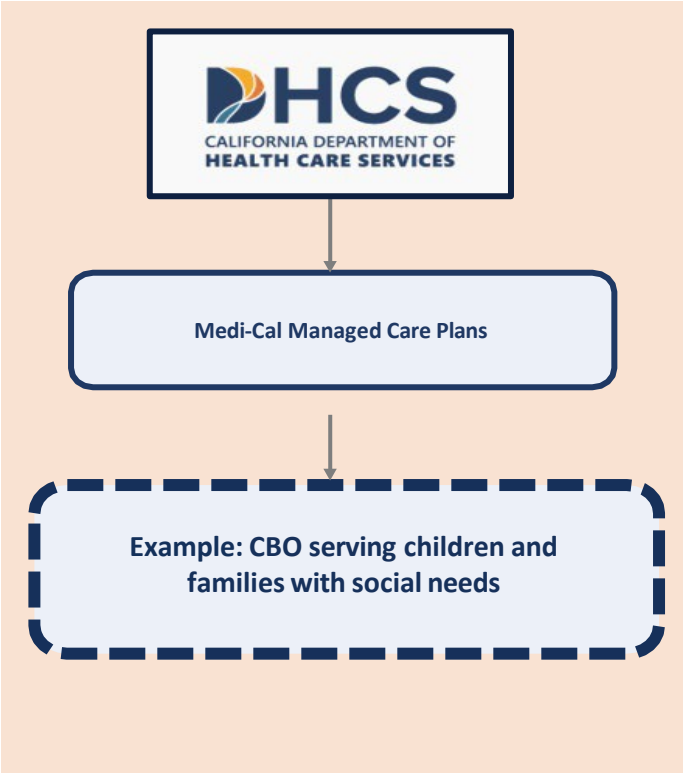
at Alameda Alliance for Health

ALAMEDA Alliance FOR HEALTH

What is Enhanced Care Management (ECM)?

- ECM is a **statewide Medi-Cal Managed Care Plan (MCP) benefit** to support comprehensive care management for members with complex needs
- ECM is part of a broader Population Health Management (PHM) program within CalAIM in which MCPs systematically risk-stratify their enrolled populations and offer a menu of care management interventions at different levels of intensity with **ECM at the highest intensity level**
- ECM and Community Supports represents an opportunity for MCPs to work with providers, counties, and community-based organizations to deliver a strong set of integrated supports for those who need them most

How is ECM Provided?



ECM Providers must:

- Be **community-based entities**.
- Have **experience** providing care to members of the specific POFs they serve, in addition to clinic-based providers who serve a generalist role.
- Have **expertise** providing culturally appropriate, intensive, in-person, timely care management services.
- Agree to **contract with Medi-Cal MCPs** as ECM Providers and negotiate rates. DHCS does not set ECM Provider Rates.
- Must be able to **either submit claims to MCPs or use a DHCS invoicing template** to bill MCPs if unable to submit claims and **must have a documentation system for care management.**
- Have appropriate staffing in place to meet responsibilities in delivering care to each assigned member

Source: DHCS; Launching ECM for Children and Youth Webinar

ECM Populations of Focus

ECM Populations of Focus		Adults	Children & Youth
1a	Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experience Homelessness	✓	
1b	Individuals Experience Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	Go-Live January 1, 2024	
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	Go-Live January 1, 2024	

ECM Implementation To-Date

Go-Live Date	ECM Populations of Focus
Jan 1, 2022 (WPC / HHP counties) **Jul 1, 2022 (all other counties)**	• Adults and Their Families Experiencing Homelessness • Adults At Risk of Avoidable Hospital or ED Utilization • Adults with Serious Mental Health and/or SUD Needs • Individuals Transitioning from Incarceration (some WPC counties)
Jan 1, 2023	• Adults Living in the Community and At Risk for LTC Institutionalization • Adult Nursing Facility Residents Transitioning to the Community
Jul 1, 2023	• Children & Youth Populations of Focus
Jan 1, 2024	• Birth Equity Population of Focus • Individuals Transitioning from Incarceration (statewide)

Source: DHCS; ECM and CS Data Guidance Webinar

For more information see ECM Policy Guide (July 2023).

Referral and Authorization Process for ECM

Completed ECM referral form is submitted to AAH ECM department

AAH ECM team reviews referral for authorization (confirm member is/not present on member information file)

Determination is made

Member is assigned to ECM Provider

Notification is sent to:

Member	Referring provider	Rendering provider	PCP