Frequently Asked Questions for CalAIM Providers Contracted with DHS or LA County Managed Care Plans (MCPs)

Addressing Enhanced Care Management (ECM), Housing Transition Navigation Services (HN) and Tenancy Sustaining Services (TSS), and Los Angeles County Department of Health Services (DHS) Housing for Health (HFH) and Office of Diversion and Reentry (ODR) ICMS

Version Dated: 4/1/2022

These FAQs are intended to be a resource for Los Angeles (LA) County providers serving as an Enhanced Care Management (ECM), Housing Transition Navigation Services (HN) and Tenancy Sustaining Services (TSS) Community Supports, LA County Department of Health Services (DHS) Housing for Health (HFH) program, and/or DHS-Office of Diversion and Reentry (ODR) contracted provider(s) or agency/agencies. This resource was developed in collaboration with all six LA County Managed Care Plans (MCPs) – L.A. Care Health Plan, Anthem Blue Cross, Blue Shield Promise of California, Kaiser Permanente, Health Net, and Molina Healthcare – and the LA County DHS-HFH and ODR programs. Given the similarities of the benefits and/or programs intended to target the most vulnerable members in our community, this resource has been developed to help stakeholders better understand their roles and responsibilities as it relates to their members and clients they are serving across ECM, HNTSS, DHS-HFH, and DHS-ODR benefits and/or programs. Please note a glossary of terms is included below.

California Advancing and Innovating Medi-Cal, or CalAIM, is a five-year state waiver program to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximize their health and life trajectory. Two components within CalAIM are Enhanced Care Management (ECM) and Community Supports (CS). CalAIM ECM and HNTSS replaces the Health Homes Program that was administered by the MCPs, and Whole Person Care, an 1115 Medi-Cal waiver program that was administered by DHS in LA County. The goals and outcome measures are similar, but CalAIM is administered by the MCPs.

What is Enhanced Care Management (ECM)?

ECM is a Medi-Cal benefit available to individuals who meet specific eligibility criteria and fall within an ECM Population of Focus (PoF). ECM is an opt-in or voluntary benefit. Each enrolled ECM member is assigned a Lead Care Manager from an ECM provider to coordinate and deliver their ECM services. ECM providers include various safety net providers including Federally Qualified Health Centers (FQHCs), community clinics, hospitals, behavioral health providers, substance use disorder providers, and community-based organizations. A Medi-Cal beneficiary can be enrolled in both ECM and DHS-HFH or DHS-ODR intensive case management services (ICMS). A Medi-Cal beneficiary can be enrolled in both ECM and DHS-HFH or DHS-ODR intensive case management services (ICMS).

What are Community Supports (CS)?

CS are specific community-based services and supports that address complex and challenging social needs impacting the health outcomes of our Medi-Cal members. Medi-Cal MCPs offer some of these services to their members to improve health outcomes by preventing unnecessary hospital care, nursing facility care, visits to the emergency department or other costly services. For members receiving ECM, CS are an important part of the care plan and provide opportunities for members to get care and be served in their community. A DHS-HFH or DHS-ODR client with an ICMS provider can receive community supports other than housing navigation and tenancy sustaining services through another provided contracted with an MCP.

What is Housing Transition Navigation Services (HN) and Tenancy Sustaining Services (TSS)?

Housing Transition Navigation Services (HN) and Tenancy Sustaining Services (TSS) are two types of CS.

- Housing Transition Navigation Services (HN) assist individuals with obtaining housing.
- Housing Tenancy and Sustaining Services (TSS) aim to help individuals maintain safe and stable tenancy once housing is secured.

All LA County MCPs are offering HNTSS. The L.A. Care Health Plan calls their HNTSS program the Homeless and Housing Support Services (HHSS) program.

A Medi-Cal beneficiary cannot be enrolled in both HN or TSS and DHS-HFH or DHS-ODR ICMS as the services are duplicative. By providing ICMS services to an HFH or ODR client ICMS providers are already providing HN or TSS services through their contract with DHS.

Enrollment and Eligibility: ECM, HNTSS, ICMS

- Member can enroll in both ECM **and** HNTSS.
- Member can enroll in both ECM **and** DHS ICMS.
- Member **cannot** enroll in HNTSS and ICMS together. HNTSS and DHS ICMS are duplicative.
- Providers may serve as an ECM provider directly contracted with MCPs, an HNTSS provider directly contracted with MCPs, and a DHS ICMS provider.

Frequently Asked Questions and Answers

	ECM Provider Directly Contracted with MCPs to Deliver ECM Services	HNTSS Provider Directly Contracted with MCPs to Deliver HNTSS (Two of the CS Programs)	ICMS Provider Directly Contracted with DHS
1. Can a member or client be enrolled in multiple programs?	Members or clients can be enrolled in ECM and in HNTSS. Members or clients can be enrolled in ECM and in DHS ICMS.	Members cannot be enrolled in HNTSS and in a duplicative housing navigation and tenancy services program at the same time. HFH and ODR ICMS programs are considered duplicative programs. Members can be in both HNTSS and ECM.	DHS HFH and ODR clients may not be enrolled separately in HNTSS through a MCP contract. Eligible DHS clients who opt-in to HN and /or TSS via their ICMS will be enrolled and billed by DHS. A DHS HFH or ODR client may also be enrolled in ECM. If your agency is also contracted as a CalAIM HNTSS provider directly through a MCP (i.e. LA Care, Health Net, Molina, Kaiser, Blue Shield, or Anthem), your contract with DHS and your HNTSS contract may not have overlapping clients. If a client is enrolled in DHS ICMS, you may not bill both funding sources for the same client for the same services (i.e., HNTSS).
2. How do I know if my member or client is enrolled in ECM?	All ECM Providers are to engage ECM grandfathered members. If they are unable to successfully reach the member they may reach out to the WPC agency. Best practice is that a warm handoff occurs so the ECM	For L.A. Care HHSS providers, providers will have access to SyntraNet Portal where you can view if your member is eligible for or enrolled in ECM.	An ECM provider might contact you and/or your client might report they spoke with an ECM provider. Future data sharing might mean DHS can tell you which of your clients also have an ECM. DHS will

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	provider may reach out to the WPC provider to arrange a warm handoff.	For Anthem providers please view this information via Anthem's provider portal. For Blue Shield of California Promise providers please contact lacommunitysupports@blueshieldca.com For Kaiser Permanente HNTSS providers, the KP Regional Care Management will provide this information. You may reach them at 1-866-551-9619 Monday-Friday from 8:00a.m. to 5:30p.m or via email at RegCareCoordCaseMgmt@kp.org. For Molina providers, the name of the ECM Provider will be noted on the authorization. The weekly report will also contain this information as well. We are pending information on who to send it to you. If there are any questions, please contact MHC_CS@molinahealthcare.com. For Health Net providers, Health Net is exploring future enhancements to provide all providers with access to this information. Currently, Health	update our ICMS providers as more information becomes available.

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		Net's ECM providers can look up their ECM members.	
3. How would I coordinate or work with other providers (such as ECM provider, HNTSS provider directly contracted with an MCP, and DHS ICMS provider agency) that are also serving my member or client?	ECM provider Lead Case Managers are required to coordinate care with different case managers or housing navigators working with ECM enrolled members. If an ECM enrolled member is also enrolled and receiving HNTSS services, ECM Lead Care Managers must work collaboratively with HNTSS Housing Navigators on behalf of the member/client. If an ECM enrolled member is also enrolled and receiving DHS ICMS services, ECM Lead Care Managers must work collaboratively with ICMS Case Managers on behalf of the member/client.	HNTSS providers should co-manage shared members with ECM providers.	If your client is also receiving ECM services, it is important to coordinate services with the ECM provider. See the chart below for more details on roles and responsibilities. More detailed policies and procedures will be released by DHS to ICMS soon, but broadly, ECM providers are more clinically focused while ICMS providers are more housing focused. There are areas of overlap which is why it is crucial to coordinate care for your client. NOTE: If an immediate client need arises while the client is with either provider (i.e., assistance with food, clothing, applying for benefits, support with life skills, etc.), the provider with the client at that time should work to meet that need.
4. Can a member or client decline	Yes, a member/client can decline participating in ECM.	Yes, HNTSS is a voluntary service.	Yes, a client may refuse DHS-HFH/ODR or CalAIM services.

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ECM, HNTSS, or DHS?			DHS clients enrolled in HNTSS may opt out later if they choose.
5. Can a member or client without insurance participate in ECM, HNTSS, or DHS ICMS?	No, in order for a member/client to participate in ECM they must have active Medi-Cal managed care. Members/clients must also meet ECM eligibility criteria in order to qualify. ECM is a Medi-Cal benefit for certain high-risk populations. DHS clients who are not actively enrolled in Medi-Cal would not be eligible for ECM.	No, in order for a member/client to participate in HNTSS they must have active Medi-Cal managed care. Members/clients must also meet HNTSS eligibility criteria in order to qualify.	Yes. DHS serves eligible clients within L.A. County regardless of health insurance status. If a client is enrolled in a managed care plan in LA County, they are eligible to have aspects their ICMS covered by CalAIM.
6. What are the exclusionary criteria associated with each benefit or program? (e.g., if my member or client is participating in different programs, which ones will exclude them)?	If members are participating in any of the programs listed below, they are not eligible to participate in ECM: • Non-active Medi-Cal • Fee-for-Service Medi-Cal • Cal Medi-Connect • Hospice • Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) • Program for All Inclusive Care for the Elderly (PACE) If members are participating in any of the programs listed below, they must choose ECM or the program below: • 1915 Waiver Programs	HNTSS/HHSS Exclusion Criteria is detailed in: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf and listed below. Restrictions are if: 1. Member is participating in a duplicative state funded program. 2. Member is enrolled in a duplicative housing navigation or tenancy services program. 3. Services do not include the provision of room and board or payment of rental costs. 4. Member is unable to live independently in housing and/or	A DHS HFH or ODR client is not eligible to receive HNTSS services through another provider. These services are included in DHS ICMS services already. A DHS HFH or ODR client may be enrolled in ECM.

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	• Multipurpose Senior Services Program (MSSP) • Assisted Living Waiver (ALW) • Home and Community-Based Alternatives (HCBA) Waiver • HIV/AIDS Waiver • HCBS Waiver for Individuals with Developmental Disabilities (DD) • Self-Determination Program for Individuals for Individuals with I/DD • Managed Care Basic Case Management • Managed Care Complex Case Management • California Community Transitions (CCT)	needs higher level care, such as skilled nursing. 5. Member declines services. 6. Member has previously received Tenancy Services CS (limit of a single duration in the individual's lifetime; services may be approved one additional time with documentation as to what conditions have changed to demonstrate why services would be more successful on the second attempt).	
7. How can members or clients enroll in ECM, HNTSS, and DHS HFH or ODR?	ECM providers receive an ECM member assigned list on a monthly basis called a Member Information File (MIF) or depending on the MCP, the list may be called by another name. ECM providers conduct outreach and provide ECM services to these members. If any provider or organization identifies members who may be eligible for ECM and could benefit	For ECM: • Submit the ECM Referral Form to the appropriate MCP via method indicated on the form For HNTSS: • Submit the HNTSS Referral Form to the appropriate MCP via method indicated on the form	Homeless individuals in L.A. County are matched to HFH permanent supportive housing (PSH) through the coordinated entry system (CES). Homeless individuals in LA. County are referred to HFH interim housing (stabilization and recuperative care) via hospitals, homeless service providers, and outreach teams.

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	from participating in ECM, they may complete an ECM member referral and submit it to the MCPs. MCPs will review all ECM member referrals and authorize ECM for eligible members. DHS ICMS may refer clients to ECM.		ODR receives referrals via jail-based diversion, community referrals, and collaborating partners within the justice system. When a client is matched to a DHS housing program resource DHS will determine if the client is eligible for HNTSS and will automatically enroll the client, if so.
8. Who are "grand fathered" beneficiaries in ECM and HNTSS?	N/A	Members/clients who were previously enrolled in specific Whole Person Care funded programs and Health Homes Program are considered "grandfathered" beneficiaries in HNTSS. This means that these members automatically receive HNTSS and do not have to provide additional consent to participate. If a WPC member was previously enrolled in HFH ICMS and ODR ICMS before 1/1/22, the member will be grandfathered into HNTSS and receive HNTSS from their existing provider via DHS subcontract. If a member was enrolled in HHP, the member will be grandfathered into HNTSS. If current HHP CB-CME	Clients who were enrolled in WPC December 31, 2021, don't need to refer for ECM. They are automatically enrolled in ECM through the appropriate MCP. As of January 1, 2022, DHS clients actively enrolled in Whole Person Care who are also enrolled with a MCP in LA County and are still an active DHS client are grandfathered in to CalAIM. Clients who were unhoused on January 1, 2022, are grandfathered into HN. Clients who were housed January 1, 2022, are grandfathered into TSS.

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		(provider) becomes a HNTSS provider, these members will continue to receive HNTSS from the same provider; if not, these members will be reassigned to a new HNTSS provider.	
9. What if I cannot locate a client who is enrolled in HFH/homeless?	Check HMIS for information on the member/client, including their current point(s) of contact, last known location(s), etc. If an agency also has CHAMP access (DHS' client system), they should search for client information there, as well. Additional sources providers should check when attempting to locate clients include, but are not limited to, local hospitals and the LASD Inmate Locator (LASD Inmate Information Center - Inmate Search).		ICMS providers should follow their usual protocol to locate clients matched to ICMS slots. Contact your DHS program manager with any questions.

ECM and HNTSS Provider Roles and Responsibilities

Note: Table does not represent all ECM and CS services. The focus is on areas where potential duplication of services could occur.

Service	ECM Provider Responsibility	HNTSS Provider Responsibility
Coordination of Transportation to Appointments: • Medical (i.e. appointments, pharmacy) • Social Services (i.e. DPSS) • Housing	X (Medical)	X (Housing)
Appointment Accompaniment: • Medical (i.e. appointments, pharmacy) • Social Services (i.e. DPSS) • Housing	X	Social Services + Housing
Establishing Income/Medi-Cal Benefits & Assistance with Completing Benefits/Medi-Cal Forms	X (if with patient)	X (if with patient)
Assistance with Food/Clothing/Basic Needs	X (if with patient)	X (if with patient)

Medication Management	X	
Linkage to Mental Health & Substance Use Services	X	Coordinate w/ ECM (unless emergency)
Assistance with Employment/Education Opportunities		X
Assistance with Budgeting/Money Management		X
Assistance with Legal Issues/Legal Referrals	X (if with patient)	X (if with patient)
Support with Life Skills/ADLs, Family Reunification & Crisis Intervention	X (if with patient)	X (if with patient)
Health Education to Manage Chronic Conditions	X	
Transitions of Care Post-Hospitalization	X	

Glossary of Terms

- **California Advancing and Innovating Medi-Cal (CalAIM)**
  CalAIM is a five-year state waiver program to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. CalAIM shifts Medi-Cal to a population health approach – first included in the Medi-Cal 2020 Section 1115 demonstration – to a statewide level that prioritizes prevention and addresses social drivers of health. Collectively, the CalAIM Section 1115 demonstration and CalAIM Section 1915(b) waiver, along with related contractual and Medi-Cal State Plan Amendments, will enable California to fully execute CalAIM initiatives, providing person-centered care to integrate care coordination across physical health, behavioral health, and local service providers.

- **Department of Health Care Services (DHCS)**
  The California DHCS is a department within the California Health and Human Services Agency that finances and administers a number of individual health care service delivery programs, including Medi-Cal, which provides health care services to low-income people

- **Managed Care Plan(s) (MCP(s))**
  MCPs are health plans contracted with DHCS to provide health care services. L.A. County MCPs include: L.A. Care Health Plan, Anthem Blue Cross, Blue Shield Promise of California, Kaiser Permanente, Health Net, and Molina Healthcare.

- **Department of Health Services (DHS)**
  The L.A. County DHS is the second largest municipal health system in the county and manages County hospitals and clinics. Housing for Health (HFH) and the Office of Diversion and Reentry (ODR) are programs within DHS' Community Programs. Both programs focus on preventing and ending homelessness within specific populations: HFH provides services and housing on homeless individuals with complex physical and/or behavioral health needs; ODR focuses on providing services and housing to individuals at high risk of becoming homeless post jail release. Both programs provide additional services to additional populations outside of this scope, however this is the most relevant definition as it relates to CalAIM.

- **Intensive Case Management Services (ICMS)**
  ICMS are case managers from community-based agencies who contract with DHS HFH and/or ODR. Each ICMS provider has a specific scope of work (SOW) within their contract that defines DHS case management standards and includes: unitizing a Housing First model, utilizing harm reduction and trauma informed practices, and other specific services related to finding a client housing, keeping a client housed, and improving a client's health.

- **Enhanced Care Management (ECM)**
  ECM is a Medi-Cal benefit that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal members through systematic coordination of services and comprehensive care management. ECM is part of a broader population health system design within CalAIM, under which MCPs will 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 Population of Focus (PoF)**
  PoFs identify the cohorts of individuals that are eligible to receive the ECM benefit. The PoFs seek to improve the health outcomes of a group by monitoring and identifying members within that group. ECM providers can serve one or more PoF(s). PoFs include: individuals and families who are experiencing homelessness, adult high utilizers, adults with serious mental illness (SMI) or substance use disorder (SUD), individuals who are transitioning from incarceration, individuals at risk for institutionalization and eligible for long-term services[1], nursing facility residents who want to transition to the community, and children and youth.

[1] In Los Angeles County, individuals at risk for institutionalization and eligible for long-term services and nursing facility residents who want to transition to the community are eligible for ECM on January 1, 2023. Children and youth are eligible for ECM on July 1, 2023.

- **ECM Lead Care Manager(s) (LCM(s))**
  An ECM Lead Care Manager is a member's designated care manager for ECM who operates as part of the member's multi-disciplinary care team and is responsible for coordinating all aspects of ECM and coordination with a CS Provider, as applicable. To the extent a member has other care managers, the Lead Care Manager is considered to be the primary care manager for the member and will be responsible for coordinating with those individuals and/or entities to ensure a seamless experience for the member and non-duplication of services. ECM Providers must have protocols in place outlining how clinical supervision is provided to non-licensed (i.e., paraprofessional) staff members serving as a Lead Care Manager to ensure continued guidance, training, and clinical support to appropriately oversee an ECM member's care plan and care coordination.

- **Community Support(s) (CS)**
  CS are certain community-based services and supports that address health-related social needs. Medi-Cal MCPs may offer these alternative services to their members to avoid hospital care, nursing facility care, visits to the emergency department, or other costly services. CS are services that are not usually covered by Medi-Cal. Some members who are eligible for Community Supports may also be eligible for ECM. CS can be an important part of care for members receiving ECM because they provide opportunities for members with high needs to get care and be better served in their community.

- **Housing Navigation and Tenancy Support Services (HNTSS)**
  HNTSS are two types of CS. Housing Transition Navigation Services, which assist individuals with obtaining housing. Housing Tenancy and Sustaining Services, which aim to help individuals maintain safe and stable tenancy once housing is secured. All L.A. County MCPs are offering Housing Navigation and Tenancy Support Services (HNTSS). L.A. Care Health Plan calls their HNTSS program the Homeless and Housing Support Services (HHSS) program.

Resources

Resource	Location
DHCS ECM Provider Toolkit	https://www.aurrerahealth.com/wp-content/uploads/2021/12/Provider-Toolkit_FINAL.pdf
DHCS ECM Member Toolkit	https://www.aurrerahealth.com/wp-content/uploads/2022/01/ECM-Member-Toolkit_FINAL.pdf
DHCS ECM Fact Sheet	https://www.dhcs.ca.gov/Documents/MCQMD/Fact-Sheet-ECM_final_4-14-2021_a11y.pdf
DHCS ECM Flyer	https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf
DHCS CS Flyer	https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-CS-a11y.pdf
DHCS CS Explainer	https://www.aurrerahealth.com/wp-content/uploads/2021/12/Community-Supports-Explainer_FINAL.pdf

DHS HFH Website	https://dhs.lacounty.gov/office-of-diversion-and-reentry/our-services/office-of-diversion-and-reentry/
DHS ODR Website	https://dhs.lacounty.gov/housing-for-health/our-services/housing-for-health/
DHS Whole Person Care Ending FAQ	https://dhs.lacounty.gov/whole-person-care/wpc-ending-faqs/

Contact Information

Providers can contact the following with any questions.

Managed Care Plan	Email Address for ECM	Email Address for CS
Anthem Blue Cross	CalAIM@anthem.com	CalAIM@anthem.com
Blue Shield Promise	ECM@blueshieldca.com	lacommunitysupports@blueshieldca.com
Health Net	ECM_ILOS@healthnet.com *Please note underscores in email address.*	ECM_ILOS@healthnet.com *Please note underscores in email address.*
Kaiser Permanente	Medi-Cal-State-Program@kp.org	Medi-Cal-State-Program@kp.org
L.A. Care Health Plan	ECM@lacare.org	ILOS@lacare.org
Molina Healthcare of California	MHC_ECM@MolinaHealthCare.Com *Please note underscores in email address.*	MHC_CS@molinahealthcare.com *Please note underscores in email address.*
DHS HFH and ODR	ICMS, please contact your program manager with any questions. Other providers should contact the MCP with which they are contracted with any questions or concerns related to DHS.	