Care Transition Updates and CalAIM

May 22, 2024

Meeting Agenda

Topics	Facilitator
Introductions	
Effective Care Transition Protocols and Outcomes	Andrea Smith
Share Discharge Planning Practices	Andrea Smith
Transportation	Mike Shook
CalAIM: Community Support Services (CSS)	Mike Shook
CalAIM: Enhanced Care Management (ECM) Social and Clinical Aspects on ECM	Tapinder Dhillon
Community Health Worker (CHW)	Niyati Reddy
Q&A / RoundTable Discussion	

Transition Care Services

Andrea Smith, Manager
Transition of Care
May 22, 2024

What are Transitional Care Services (TCS)?

- Healthcare transitions occur when members move from one care setting to another, such as from the hospital to home or to a different facility.
- Focused on ensuring that members receive appropriate assistance and support during healthcare transitions and focuses on assisting members to manage their health and remain safe in their preferred environment
- Can help to ensure members are appropriately connected to their providers, benefits, and community resources

Some Key Features of TCS:

- Comprehensive Needs Assessment
- Appointment Coordination
- Communication Facilitation
- Information and Support

DHCS places an emphasis on collaboration throughout the transition and discharge process. This includes collaboration with the discharging facility on any discharge planning.

Key TCS Components

For high-risk members experiencing a care transition, the following must occur:

- **The Discharging Facility** shares with HPSJ:
  - Any discharge planning document the facility creates and gives to the member
  - The discharge summary for the member's stay at the facility

- **The HPSJ Care Manager** will provide care coordination for:
  - Follow-up appointments
  - Transportation
  - Connection to other benefits/needed services
  - Providing adherence support and referral to appropriate services

- **TCS duration** – At least 30 days from discharge, and the member has been connected to all needed services, including those identified through discharge risk assessment

Low-Risk Members

Transitional Care Services for **low-risk** members include:

- Discharge risk assessment and planning by facility discharge planners
- Emphasizing a PCP or ambulatory follow up within 30 days
- Access to an HPSJ care coordination team that is available to the member for 30 days post transition
  - TOC Phoneline: 1-888-929-6010, Mon.-Fri. 8am-5pm

DHCS expects that facilities and health plans will collaborate to support each member through discharge and the transition period following hospitalization.

TCS Collaboration

Discuss current facility-based care coordination efforts for member transitions

- What discharge care coordination activities are currently part of the hospital standard workflow? What additional efforts could be considered?
  - DC follow-up visit scheduling
  - Coordination of benefits
  - Referrals to other needed services

Optimize sharing of information on transitions

- Contact preferences – ex: phone call vs. secure email
- Creation of templates for information exchange
- Establish regular opportunities to meet and discuss TCS

Provide information and resources

- The HPSJ TCS team is available for discussion and support in implementing or communicating TCS components
- The HPSJ TCS team can serve as subject matter experts on TCS components and assist in problem solving

Resources/References

HPSJ Contacts:

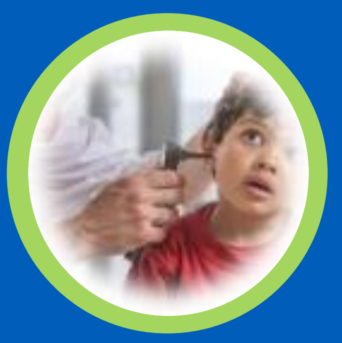
- Transition Of Care: Andrea Smith, Manager Transition of Care: asmith@hpsj.com or transitionofcare@hpsj.com
- TOC Phoneline: **1-888-929-6010**
  - Reach a live TOC team member Mon.-Fri. 8am-5pm
- General: Customer Service: 8am-5pm: (888) 936-Plan (7526)

References:
CalAIM Population Health Management (PHM) Policy Guide Location: https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx

Transportation

Mike Shook, Director of Care and Utilization Management

Tapinder Dhillon, Manager Case Management



Transportation Services

Medi-Cal offers transportation to and from appointments for covered services.

This includes transportation to medical, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies.

There are two types of transportation for appointments:

- **Non-Medical Transportation**
- **Non-Emergency Medical Transportation**

Learn more: Transportation Services - Health Plan of San Joaquin (hpsj.com) (For Members)

Prior Auth Form for Providers: Microsoft Word - Auth_Form_1_13_2014 (hpsj.com)

Physician Certification Statement (PCS): HPSJ-MVHP_NEMT-PCS-Form_12152023.pdf

Non-Emergency Medical Transportation (NEMT)

- Services are regulated by DHCS and must meet all NEMT requirements.
- Member must have a medical and/or physical condition that does not allow them to use private or public transportation.
  - Members who cannot reasonably ambulate or are unable to stand or walk without assistance, including those using a walker or crutches
- Transportation is needed to obtain medically necessary covered services and pharmacy prescriptions.
- Must be prescribed by treating Physician, Physician Assistant or Certified Midwife
- Members who cannot reasonably ambulate or are unable to stand or walk without assistance, including those using a walker or crutches.
- Ensure door-to-door assistance is being provided for all members receiving NEMT services.
- Member's medical and physical condition requires any of the following, then the member requires NEMT:
  - Supine or prone position.
  - Member incapable of sitting in a private vehicle, taxicab, or other form of public transportation for the time necessary to transport to and from their appointment.
  - The member needs to be transported in a wheelchair or assisted to and from their residence, a vehicle, and a place of treatment because of disabling physical or mental limitation.
- If a member's medical and physical condition does not require any of the above, then the member requires Non-Medical Transportation (NMT)

Authorization Requirements

No authorization required:

- Emergency transportation
- Transportation from facility to facility:
  - ED to inpatient facility
  - Hospital discharge to SNF, ICF or inpatient psych facility (fee standing or acute inpatient psych facility)

Authorization required for all other NEMT services

- Prior Authorization request form
- Completed DHCS approved PCS form signed by a physician, dentist, podiatrist, mental health provider, substance use disorder provider or physician extender
- Documentation justifying the need for the service
- Authorization up to 12 months for those members with recurring appointments

PCS Form

- Must be DHCS approved form authorizing care by the provider
- Cannot use ambulance PCR form
- Identify appropriate level of service/transport for member:
  - Ambulance (BLS) services
  - Wheel chair van services
  - Air only when members condition warrants and ground transport is not feasible
- Functional limitation justification – what limitations (physical or mental) preclude member's ability to reasonably ambulate without assist or use of public/private vehicles
- Start and end dates of transportation needed (not to exceed 12 months)
- Mode of transportation needed
- Prescribing physicians certification statement indicating medical necessity used to determine type of transport
- Signed by a physician, or physician extender only
  - Dentist, podiatrist, mental health provider, or substance use disorder provider
- Cannot be modified by the NEMT provider

References

DHCS APL 22-008: Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses APL 22-008

APL 22-008 FAQ: APL 22-008 FAQ

Authorization Request Form: HPSJ Authorization Form

Physician Certification Statement (PCS): PCS Form

CalAIM ECM/CSS Updates

Niyati Reddy, Director of Special Projects Operations

Mike Shook, Director of Care and Utilization Management

Tapinder Dhillon, Manager of Care Management

Enhanced Care Management (ECM)

Enhanced care management is a Medi-Cal managed care benefit for members with highest risk with complex medical and social needs, who are in special populations, called populations of focus. The program is designed to provide the member with long term help, including the following services:

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

ECM Populations of Focus

- Adults Experiencing Homelessness
- Youth and Families Experiencing Homelessness
- Adult High Utilizers
- Youth High Utilizers
- Adult Serious Mental Illness (SMI)/ SUD
- Children/Youth with Serious Mental Health and/or SUD
- Children/Youth Involved in Child Welfare
- Adults, Children/Youth with Intellectual or Developmental Disabilities
- Individuals Transitioning from Incarceration
- Individuals at risk for institutionalization and Eligible for Long-Term Care Services
- Nursing Facility Residents Who want to transition to the community
- Children Enrolled with CCS with Additional Needs
- Adults or Youth Birth Equity

Members can be enrolled in both ECM and other programs. However, there are some restrictions.

For more information about eligibility and restrictions, visit:

CalAIM - Health Plan of San Joaquin (hpsj.com)

OVERVIEW OF THE ECM PROCESS

REFERRALS

Step 1
Outreach & Screening

- Referrals can come from a number of sources, including the HPSJ pursuit list (all ECM providers receive monthly), HPSJ Clinical staff, Self Referral, CBO's, Doctors, Clinics, and Community Support Providers.
- HPSJ staff reviews the screening questions on ECM referral form. If member meets the eligibility criteria, a referral is sent to appropriate ECM provider.

AUTHORIZATIONS

Step 2
Auth Submission

- ECM provider submits the initial request using an authorization request, Eligibility Verification Form (EVF) & Supporting Documents
- Case Management team reviews the authorization, verifies the information shared by ECM provider
- Case Management communicates decision:
  - Approved for 12 months if member meets the criteria
  - Denial if does not meet
  - Deferral for additional information

ENROLLMENT

Step 3
Approval or Denial

- If member meets the eligibility criteria, an approval notification is faxed to the ECM provider and PCP.
- If member does not meet the eligibility criteria, a denial notification is faxed and mailed to ECM provider and mailed to the member.

AUTHORIZATION TIMELINES

Authorization Type	Processing Time	Approval Time Period	Forms & Documents
Initial Authorization	Standard: 5 days Urgent: 72 Hours	12 Months	Authorization Request + ECM Eligibility Verification Form
Continuation	Standard: 5 days	6 Months	Authorization Request + care plan

Community Support Services

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/ Diversion to Assisted Living Facilities
- Community Transition Services/ Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically-Supportive Food/Meals/ Medically-Tailored Meals
- Sobering Centers
- Asthma Remediation

Community Supports Referral Process

Either a member or a provider can initiate the referral process for Community Supports services.

PROVIDER REFERRALS

Providers can submit referrals directly to the Community Support provider using the CS Referral Fax Form and including any relevant supporting documents. The CS provider reviews the referral and qualifies the member.

- The CS provider will follow up with the member to collect their consent and all supporting documents needed for authorization from the member's provider.
- The HPSJ UM Team will be available to assist when the CS provider encounters challenges in receiving complete referral information.

MEMBERS REFERRALS

Member (or Caregiver/Family) can call Customer Service at 1.888.936.7526 to initiate a Community Support referral. HPSJ staff[1] will assist the member in gathering the necessary documents and making a referral using the CS Referral Fax Form.

REFERRAL FORMS

The Community Supports Referral Form is available for providers to initiate a referral directly to the CS provider. The form is accompanied by a list of HPSJ contracted CS providers and descriptions of each service. An electronic copy of the form can be received from:

- HPSJ website (HPSJ.com/providers/calaim/)
- Your assigned HPSJ Provider Representatives

Community Supports Referral Process

HPSJ will review the CS authorization request based on the Medi-Cal Community Supports Policy Guide outlined by the Department of Health Care Services (DHCS).

- **Routine or Standard Request:** Decisions will be processed within 5 business days.
- **Urgent Requests:** decisions will be processed within 72 hours. (Requests where the standard timeframes could seriously jeopardize the Member's life or health or ability to attain, maintain or regain maximum function.)

The authorization request can be submitted via the Provider Portal.

- The Provider Portal is accessible to providers who have a contract with HPSJ.
- Providers who need access assistance should contact their assigned HPSJ Provider Representative.
- Providers can also choose to complete the Medical Authorization Request Form to submit to HPSJ via facsimile.
- A copy of the form is available from the HPSJ website.

Submitting Referrals for ECM and CSS

Questions:

MVHP Case Management Department

209-942-6532

Or download the forms:

https://www.hpsj.com/providers/calaim/

Case Management Programs

Disease Management
Asthma, CHF, COPD, CKD, Diabetes

Case Management

Social Services

Complex Case Management

Enhanced Case Management

- Referrals may be made by contacting MVHP at 1-888-318-7526.

Tapinder Dhillon, RN, BSN, CMCN Manager **209-461-2269** tdhillon@hpsj.com
Pam Lee, RN Director **209-663-1108** plee@hpsj.com
Tracy Hitzeman, RN, Executive Director **209-942-2547** thitzeman@hpsj.com

HPSJ-MVHP Resources

HPSJ-MVHP Resources

CALAIM WEBPAGE

Referral forms and more information is available on our website under the CalAIM section.

REFERRALS

Download Adult ECM Referral Form

Download Child ECM Referral Form

CS-Referral-Form.pdf (hpsj.com)

AUTHORIZATIONS

To submit an authorization request, visit our online portal. Authorization form also available at Forms & Documents for HPSJ Providers

QUESTIONS

Questions? Contact HPSJ/MVHP Case Management Dept. @ 209-942-6352

Community Health Worker (CHW)

Niyati Reddy, Director of Special Projects Operations

Community Health Workers (CHWs)

1. What is a Community Health Worker (CHW)?
   a. non-licensed frontline worker who is a trusted member of a community
   b. Lived experience that aligns with and provides a connection between the CHW and the community or population being served
   c. Examples: Promotores, Navigators, Community Health Representatives

2. CHW services may assist with a variety of concerns impacting members such as:
   a. Prevention of chronic conditions or infectious diseases
   b. Behavioral Health concerns
   c. Need for preventive services

Community Health Workers (CHWs)

1. CHWs must have lived experience to provide a connection with the member or population being served. Examples include:
   - Experience related to incarceration
   - Pregnancy & birth
   - Disability
   - Foster care system
   - MH or SUD
   - Shared race, ethnicity, sexual orientation, gender identity, language, or cultural background
2. Extremely helpful if the CHW's and the supervising organization have experience serving the communities in the local geography
3. Minimum Qualifications required for CHWs
   - CHW Certificate- a valid certificate of completion a curriculum of demonstrated skills and or practical training
   - Violence Prevention Professional Certificate
   - Work Experience Pathway- at least 2000 hours working as a CHW in a paid or volunteer position over the last 3 years (need to earn a certificate of completion within 18 months of first CHW visit)

Community Health Workers (CHW)

Supervising Providers

- The organization employing or otherwise overseeing the CHWs
- Supervising provider must be a licensed provider, a hospital, a clinic or a local health jurisdiction or a CBO
- Supervising Organization must be contracted with HPSJ-MVHP
- Must be Medi-Cal enrolled or in process of Medi-Cal enrollment
- Does not need to be the same entity as the provider who made the referral for CHW services
- Management & day-to-day supervision may be delegated
- Must provide direct or indirect oversight to CHWs
- Do not need to be physically present at the location when CHWs provide services
- Supervising providers must maintain evidence of qualifications of the CHWs
- CHWs must demonstrate, and supervising providers must maintain evidence of, minimum qualifications

Cont'd Community Health Workers (CHW)

HPSJ's Vision for CHW Services

Improve members knowledge of their health, access to care & services and address SDOH

- Health Literacy for vaccinations / immunizations focused on targeted areas
- Referral for developmentally disabled
- Increase access to children to receive preventive care
- Increase access to disengaged members

Approach

- Not a contracted entity, please reach out to HPSJ Contracting Team
- If already contracted and want to provide CHW services, please reach out to HPSJ Contracting or Providers Services Team to discuss requirements and retrieve the HPSJ-MVHP CHW Attestation Form
- Complete HPSJ's CHW Attestation Form for each CHW and submit documentation
- CHWs to perform outreach
- Track and report based upon agreed to format

Community Health Worker (CHW): DHCS Monitoring

Department of Health Care Services (DHCS) is closely monitoring and actively inquiring about CHW utilization.

It is important that FQHCs bill for CHW services to assure timely receipt of encounter data for reporting to DHCS.

The following CPT codes (plus U2 modifier) maybe used for all CHW services when submitting encounters:

- 98960
- 98961
- 98962

Online Resources

MVHP Website:
www.hpsj-mvhp.org

Find A Provider:
Find a Provider (hpsj.com)

Important Forms:
Forms & Documents for HPSJ Providers

HPSJ-MVHP Contacts

Department Contacts

Customer Services Department Jessica Silva Manager, Customer Service 209-469-8307 jsilva@hpsj.com Toll Free Customer Service: 1-888-936-7526 Automated Eligibility Verification: 209-942-6302	Customer Service Department Dale Standfill Director, Customer Service 209-469-8368 vstandfill@hpsj.com
Contracting Department Contractingdepartment@hpsj.com Join our Network: Provider Contract Request - Health Plan of San Joaquin (hpsj.com)	Provider Services Department 209-942-6340
Case Management Department 209-942-6352	

Questions

Thank you!