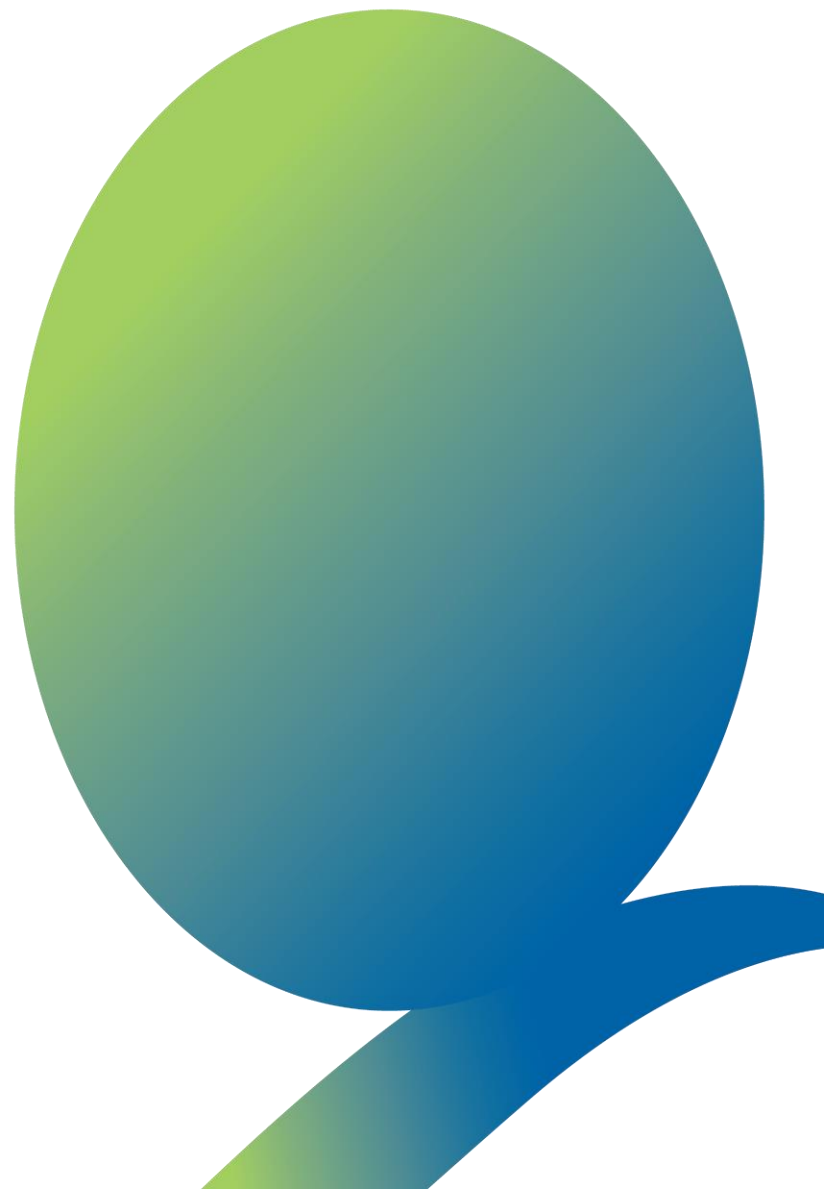




ENHANCED CARE MANAGEMENT (ECM) AND COMMUNITY SUPPORT SERVICES (CSS) BI-MONTHLY MEETING

September 11, 2025
8:30 am – 9:30 am



Meeting Agenda

| Topics | Facilitator |
|---|-------------------|
| Introductions | Provider Services |
| Provider Services | Susana Medina |
| CalAIM Program Updates | Niyati Reddy |
| ECM Updates <ul style="list-style-type: none">• Authorization Reminders• Disenrollment Forms• Overview of Care Planning | Samantha Hansen |
| CSS Updates <ul style="list-style-type: none">• Member Consent• Housing Deposits | Cyndi Robinson |
| <ul style="list-style-type: none">• Q&A• Open Forum | All |





PROVIDER SERVICES

Susana Medina

Provider Services Representative II



ECM and CSS Provider Network Contact List

Website Navigation:

Health Plan Website - [Welcome to HPSJ/MVHP](#)

Providers > CalAIM - [CalAIM - HPSJ/MVHP](#)

Available Contact Lists:

- HPSJ/MVHP Enhanced Care Management Provider Network Contact List

[HPSJ-MVHP-ECM-Provider-Contact-List.pdf](#)

- HPSJ/MVHP Community Supports Provider Network Contact List

[HPSJ-MVHP-CS-Provider-Contact-List.pdf](#)

For any questions, please contact Provider Services providerservices@hpsj.com





CalAIM PROGRAM UPDATES

Niyati Reddy

Director, Special Projects Operations CalAIM



Department of Health Care Services (DHCS) UPDATES

Community Health Workers

- Community Health Workers (CHW) FAQs, Billing, and Provider Requirements have been updated by DHCS
 - Effective for dates of service on or after April 1, 2025, HPCS codes G0019 and G0022 may be used for all CHW services listed in the Medi-Cal Provider Manual: Community Health Worker Preventive Services, including health education, health navigation, screening and assessment, and advocacy.

REMINDER: DHCS has updated the Community Support Policy Guide (2 volumes)

- DHCS - Community Supports Policy Guide Volume 1
 - Contains the updated service definitions for 8 of the 15 CS that address Members' health-related social needs
- DHCS - Community Supports Policy Guide Volume 2
 - Contains service definitions for the 7 CSs that address the needs of Members experiencing or at risk of homelessness, inclusive of Transitional Rent
- The policy guide reflects a definition change for Housing Deposits:
 - First month's and last month's rent as required by landlord for occupancy was removed from the service definition as of April 2025
 - Security deposits required to obtain a lease on an apartment or home is included



Transitional Rent Overview

- First mandatory Community Support service under California Advancing and Innovating Medi-Cal (CalAIM) that will be provided through the Medi-Cal Managed Care Delivery System
- **HPSJ/MVHP will be going live 01/01/26 for BH POF 1 only**
- Covers up to 6 months of transitional rent for transitioning members experiencing homelessness and meet certain additional eligibility criteria
 - This benefit is available for **up to 6 months per household per demonstration period**
- To be eligible, members must:
 - Meet clinical risk factors
 - Experience or at risk of homelessness
 - Specified transitioning populations (e.g., transitioning out of correctional facility setting, homeless shelter, short-term post hospitalization)
- Members authorized for Transitional Rent will automatically be eligible for Enhanced Case Management (ECM) and Housing-Trio specific Community Supports (Housing Deposits, Housing Tenancy and Sustaining Services, Housing Navigation)
- Working closely with El Dorado HHSA and Inyo County HHS for Alpine County
- Received DHCS Transitional Rent final guidance along with draft rates; awaiting final rates



Justice-Involved Information

- Justice-Involved (JI) contracted providers must be Medi-Cal enrolled and approved via Provider Application and Validation for Enrollment (PAVE)
- For the JI POF, all JI ECM providers must either:
 - Enroll through the PAVE system in order to provide FFS Medi-Cal services;
 - Establish contracts with correctional facilities in the counties in which they operate to serve as a contracted embedded care manager, which includes being able to bill under the Correctional Facility NPI
- Medi-Cal Managed Care Plans (MCPs) are required to establish JI ECM provider network overlap across MCPs in each county to ensure continuity of care
- DHCS requires Correctional Facilities to become Medi-Cal enrolled providers and to follow billing and claims processes that match current FFS processes in order to track the delivery of pre-release services and to reimburse facilities for providing those services
- Willing to accept direct referrals from California Department of Corrections and Rehabilitation (CDCR) and to be listed as a referral source
- Justice-Involved (JI) Reentry Initiative Q&As



Jl Go-Live Timelines and County Landscape

| | San Joaquin | Stanislaus | El Dorado | Alpine (*) |
|-----------------|---|--------------------|--|---------------------|
| # of Facilities | Two (2) facilities | Six (6) facilities | Two (2) facilities | No jails/facilities |
| Go-Live Date | Adult Jail: 1/31/25 Youth Probation: 9/30/26 | 1/2026 | Adult Jail: 10/2026 Youth Probation: 7/2026 | N/A |



Provider Network

| San Joaquin County | Stanislaus County | El Dorado County | Alpine County |
|--|--------------------------------------|------------------|---------------|
| Turning Point Community Programs | Turning Point Community Programs | Serene Health | Serene Health |
| San Joaquin Health Services Agency – Whole Person Care | Sierra Vista Child & Family Services | | |
| Serene Health | La Familia | | |
| | Serene Health | | |

JI provider eligibility:

- Must be contracted with all managed care plans in the covered county
- Must be Medi-Cal enrolled with the State





ENHANCED CARE MANAGEMENT (ECM) UPDATES

Samantha Hansen

Supervisor, Case Management



ECM Authorization Reminders

- Authorization type: **Prior Authorization**
- Request Priority: **Standard**

| | |
|--------------------|---------------------|
| Request Type * | Prior Authorization |
| Request Priority * | Standard |
| Time Request | 5 Business Days |

- Authorization period is for 12 MONTHS (initial) and 6 MONTHS (continuation).

| | |
|---------------|------|
| Requested # * | 12/6 |
|---------------|------|



Reminders Con't

- Start Date and End Dates:
 - Start date must match the date of submission. For example: you're submitting your authorization on 9/5/2025 for 12-month initial request, the dates should read:

| | |
|--------------|------------|
| Start Date * | 09/05/2025 |
| End Date * | 09/04/2026 |

- OR, for example, September was your 30-day presumptive month and you're requesting from 10/01/2025, you can submit your request anytime **before** that date with the start date in the future.

| | |
|--------------|------------|
| Start Date * | 10/01/2025 |
| End Date * | 09/30/2026 |



Reminders Con't

- For continuation of services (beyond the initial 12 months), authorizations can be submitted 2 weeks before the original authorization expires: For example: Original auth will expire on 10/10/2025, you can submit on 9/26/2025 with the following dates:

| | |
|--------------|------------|
| Start Date * | 10/11/2025 |
| End Date * | 04/10/2026 |

- Retrospective Authorizations:
 - Start date that is **prior** to the submission date: Authorization request submitted on 9/5/25 with start date of 9/1/25:

| | |
|--------------|------------|
| Start Date * | 09/01/2025 |
| End Date * | 08/31/2026 |

****If the request does not meet the Retrospective policy parameters, the request will be denied****



Disenrollment Form

- Members who either “graduate”, opt out, are unable to locate, expire, wish to change their ECM provider or are downgrading to a lower level of Case Management need to have a Disenrollment Form completed and faxed to HPSJ/MVHP.
- Form can be found on the HPSJ website under Providers → CalAim → ECM + ECM Disenrollment Form **OR** in DRE.
- Once completed, please fax to CM Department fax number: 209-762-4720.
- If the member is wanting to **CHANGE** their ECM provider, the current provider must submit the ECM Disenrollment Form before the secondary provider can be approved.
 - This avoids duplication of services and unnecessary cancellation of authorization requests.



Care Plans

- Every actively enrolled member in ECM needs to have a care plan.
- Care plans identify clear problems, goals and interventions related to individual person with measurable outcomes.
- Problems, Goals and Interventions should always be related to the reasons **why** the member was enrolled in ECM.
- For Example:

PROBLEM: Member is Homeless & Living in his car

GOAL: Member to be housed by 8/31/2025

INTERVENTIONS: Gather identifying documents (DL, SS card, etc)

Apply for Section 8

Secure documentation of finances

ETC.....



Care Plans Con't

- Please reach out to me via your Provider Services Rep if you'd like to set up a 1:1 meeting to review care planning in more detail.





COMMUNITY SUPPORT SERVICES (CSS) UPDATES

Cyndi Robinson

Manager, Outpatient, Utilization Management



Updates

Member Consent

- 2025 DHCS Contract requires that consent be obtained from members by the community supports provider to receive services
 - Consent may be written or verbal
 - Include consent with supporting documentation at the time of authorization request

Housing Deposits

- Services that assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household. The services and goods provided to a Member must be based on an individualized assessment of needs and documented in the Member's housing support plan.
- Include the following:
 - Security deposits required to obtain a lease on an apartment or home
 - Set-up fees/deposits for utilities or service access and payment in utility arrears
 - First month coverage of utilities
 - Services necessary for health and safety
- Housing support plan must be in place

NOTE: First months and last month' rent as required by landlord for occupancy was removed from the service description



Housing Support Plan

The Housing Support Plan Must:

- Identify the permanent housing strategy and solution for the member, including payment sources and mechanisms, that will support the member in maintaining housing after the room and board services covered under Medi-cal are exhausted.
- Identify full range of permanent housing supports that will support the member in sustaining tenancy.
- Be informed by member preferences and needs and reviewed and revised as needed based on changes in the member circumstances.
- Be based on a housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the members' approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal may be required to meet the goal.
- Be developed in a way that is culturally appropriate, and trauma informed.



Next Meeting

- ❑ November 13, 2025
- ❑ 8:30 am– 9:30am



THANK YOU!



www.hpsj-mvhp-org | 1-888-936-PLAN
(7526)



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Modesto, CA 95354



El Dorado

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Placerville, CA 95667