Health Plan of San Joaquin
Mountain Valley Health Plan

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

January 8, 2026
8:30 am – 9:30 am

Meeting Agenda

Topics	Facilitator
Introductions	Provider Services
Provider Services	Christina Villar
Transitional Rent	Mike/Niyati
ECM/CS Reporting Templates Update	Niyati Reddy
California Integrated Care Management (CICM) Requirements	Pamela Lee
ECM and Health Plan Quality Collaboration	Nicole Branning
Q&A/Open Forum	All

Health Plan of San Joaquin

Mountain Valley Health Plan

PROVIDER SERVICES

Christina Villar

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

Q4 Reporting Reminder

- **Q4 2025** – October – December, 2025
    - Provider Due Date: January 15, 2026
- **Q1 2026** – January – March, 2026
    - Provider Due Date: April 15, 2026
- Beginning April 2026, reports will be due monthly instead of quarterly. More information to come.

Health Plan of San Joaquin

Mountain Valley Health Plan

TRANSITIONAL RENT

Mike Shook

Director, Care & Utilization Management

Overview

Six months of rental assistance in interim and permanent settings

*DHCS defines "**permanent**" settings as those with a **renewable lease** agreement with a term of **at least one month**. A setting that can be permanent or interim (as indicated by an asterisk in the below list) is considered permanent if the Member has a renewable lease agreement. Where there is **no lease agreement**, or the lease term is **not renewable**, the setting is considered **interim**.

Permanent Settings	Interim Settings

• Single-family and multi-family homes (e.g., duplexes)
• Apartments
• Housing in mobile home communities
• Accessory dwelling units (ADUs)
• Shared housing—where two or more people live in one rental unit
• Project-based or scattered site permanent supportive housing
• Single room occupancy (SRO) units*
• Tiny homes*
• Recovery housing*
• License-exempt room and board*
	• Single room occupancy (SRO) units*
	• Tiny homes*
	• Hotels/motels when serving as the Member's primary residence
	• Interim settings with a small number of individuals per room (not large dormitory sleeping halls)
	• Transitional and recovery housing* with no lease agreement, including:
	  • Bridge, site-based, population-specific, and community living programs that may or may not offer supportive services and programming
	  • License-exempt room and board
	  • Peer respite

Transitional rent helps members experiencing or at risk of homelessness realize the significant improvements in health that have been shown to result from stable housing

Eligibility

Members qualify under the behavioral health population of focus on 1/1/2026

Clinical Risk Factors		Social Risk Factor		Transitioning Population
Meet access criteria for: 1. Medi-Cal Specialty Mental Health Services (SMHS); or 2. Drug Medi-Cal (DMC); or 3. Drug Medi-Cal Organized Delivery System (DMC-ODS)	**AND**	Experiencing or at risk of homelessness.	**AND**	Be included in one of the following transitioning populations. 1. Transitioning out of an institutional or congregate residential setting. 2. Transitioning out of a carceral setting. 3. Transitioning out of interim housing. 4. Transitioning out of recuperative care or short-term post-hospitalization housing. 5. Transitioning out of foster care.
Note: definitions for clinical and social risk factors can be found in the Appendix C and D, respectively, of the DHCS Community Supports Policy Guide Volume 2 resource linked below in this document				**OR** Experiencing unsheltered homelessness. **OR** Eligible for Full-Service Partnership (FSP).

Member households are eligible for 6-months of transitional rent through 12/31/2029

- Subject to global utilization limit with other community supports services (short-term post-hospitalization housing and recuperative care)

Provider Network

County	Model	Contracted TR Provider	Downstream Provider
San Joaquin	Flex pool	**Flex Pool Lead Entity:** San Joaquin County Behavioral Health Services* **seeking to contract for Housing Deposits*	**Flex Pool Operator:** Central Valley Low Income Housing (CVLICH) Corp* **already contracted for ECM and Housing Trio*
Alpine	Flex pool	**Flex Pool Lead Entity:** Inyo County Behavioral Health Services* (regional model) **seeking to contract for Housing Deposits*	**Flex Pool Operator:** Eastern Sierra Community Housing
El Dorado	Flex pool	**Flex Pool Lead Entity / Operator:** El Dorado County Health and Human Services	N/A

County	Model	Contracted TR Provider
Stanislaus	Non-flex pool	Tracy Community Connections Center*; Turning Point Community Programs* **already contracted for Housing Trio*

Referrals

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

Provider Referrals
Providers can submit referrals directly to the CS 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.

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

Referral Forms
The CS 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 retrieved from:

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

Authorization

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

- **Routine or Standard Request:** Decisions will be processed withing 5 business days.
- **Urgent Requests:** Decisions will be processes 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 if need to fax the request.

Referral/Authorization Provider Responsibilities

1. Receive complete referrals for Transitional Rent (TR) from the community and other providers
2. Determine the member meets the requirements for Transitional Rent by working with the member or referral source and/or County Behavioral Health
3. Once confirmed, submit authorization request with supporting documentation and upload through the provider portal **or** by faxing the request to 209-942-6302
4. Health Plan will confirm eligibility and process the request for authorization
5. A determination will be made within 5 business days of receipt of necessary documentation for the authorization request
6. Member and TR provider will receive notification of determination (Provider Fax 24 hours of decision, Member letter 2 business days of decision)
7. Health Plan will also auto authorize ECM and Housing Trio Services (Housing Transition Navigation Services (HTNS), Housing Deposits, and Housing Tenancy and Sustaining Services (HTSS)) with authorization of Transitional Rent
8. TR provider to collaborate to ensure services are delivered seamlessly to the member

Authorization Request Requirements

- Housing Support Plan
- Evidence that the member meets the TR requirements for the Behavioral Health Population of Focus

Clinical Risk Factors		Social Risk Factor		Transitioning Population
Meet access criteria for: 1. Medi-Cal Specialty Mental Health Services (SMHS); or 2. Drug Medi-Cal (DMC); or 3. Drug Medi-Cal Organized Delivery System (DMC-ODS)	**AND**	Experiencing or at risk of homelessness.	**AND**	Be included in one of the following transitioning populations. 1. Transitioning out of an institutional or congregate residential setting. 2. Transitioning out of a carceral setting. 3. Transitioning out of interim housing. 4. Transitioning out of recuperative care or short-term post-hospitalization housing. 5. Transitioning out of foster care.
Note: definitions for clinical and social risk factors can be found in the Appendix C and D, respectively, of the DHCS Community Supports Policy Guide Volume 2 resource linked below in this document				**OR** Experiencing unsheltered homelessness. **OR** Eligible for Full-Service Partnership (FSP).

Housing Support Plan

Required DHCS Elements

1. Identify the permanent housing strategy and solution for the Member, including the payment sources and mechanisms, that will support the Member in maintaining housing after the Room and Board services covered under the Medi-Cal managed care delivery system are exhausted (e.g., the Member's income, BHSA Housing Interventions, or other long-term subsidies).
2. Identify the full range of permanent housing supports that will support the Member in sustaining tenancy (e.g., tenancy sustaining service, utilities).
3. Be informed by Member preferences and needs, and reviewed and revised as needed based on changes in Member circumstances.
4. Be based on a housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the Member's 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.
5. Be developed in a way that is culturally appropriate and trauma-informed.

Recommendation: include member household information (suggested values below)

- Single adult; adult and family; minor and family; single minor; adult with partner/spouse (no children); adult member with non-family; minor member with non-family

Health Plan of San Joaquin

Mountain Valley Health Plan

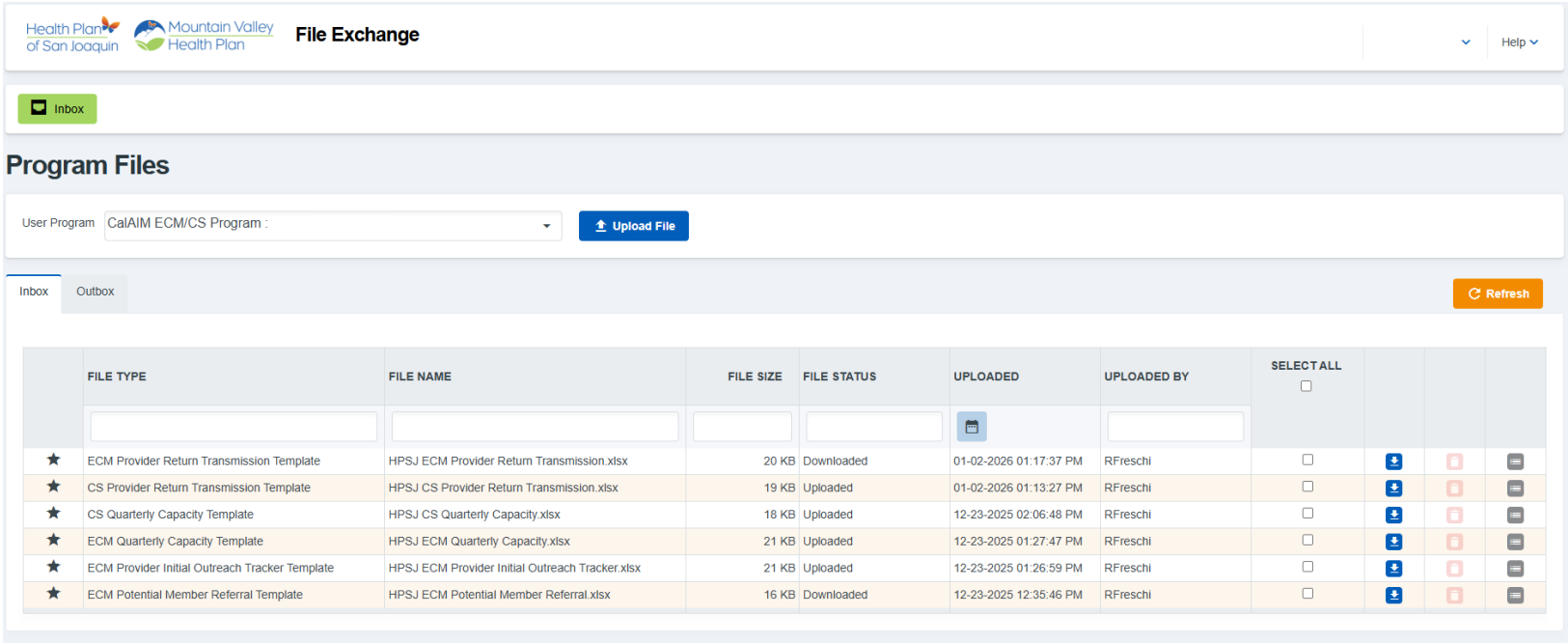
ECM/CS REPORTING TEMPLATES UPDATE

Niyati Reddy

Director, Special Projects Operations

Updated Templates

- Email sent from Provider Services (mtran@hpsj.com) on 1/2/2026 with updated templates attached
- Updated templates were also posted on File Exchange
- Please begin using the updated templates for **Q4 2025 reporting** to avoid errors uploading to File Exchange



Summary of Report Template Changes

- Reports are currently due the 15th of the month following quarter end
- **Beginning April 2026**, reports will be due **monthly** instead of quarterly per the Closed Loop DHCS requirements
- Under the Provider Capacity tab, ECM Providers must indicate whether they **can serve** members within each ECM Population of Focus, regardless of whether services were provided during the most recent quarter
- Updated **"Provider Type"** drop down options on Capacity Reports
- Added three new **Closed Loop Referral (CLR) fields** on Provider Return Transmission Files which are optional at this time. Training on CLR fields coming soon.
- Added **Transitional Rent** fields on CS reports - **begin reporting with Q1 2026 data**

Friendly Reminders

- Include all counties you serve [San Joaquin, Stanislaus, El Dorado, or Alpine]
- Include the appropriate quarter number (**YYYY Q#**) for the reporting period
- Provide capacity counts for **all community supports you offer**, based on your contract with Health Plan
- Total provider capacity count reported must be **equal or greater than** the total number of members currently served
- **Complete all four (4) ECM Reports and/or two (2) CS Reports**, even if you did not provide services to any of our members

Health Plan of San Joaquin

Mountain Valley Health Plan

CALIFORNIA INTEGRATED CARE MANAGEMENT (CICM) REQUIREMENTS

Pamela Lee

Director, Case Management

Medicare D-SNP updates

- CICM is the Department of Health Care Services' (DHCS) Medicare version of intensive case management modeled like ECM.
- ECM providers: please call us if you:
  - have an actively involved member that is enrolled in Health Plan D-SNP to coordinate their care
  - receive a referral for a new Health Plan member that has Medicare D-SNP
  - If you have any questions or are not sure!

Our Direct D-SNP Care Management Line is: 800-822-6226

Health Plan of San Joaquin

Mountain Valley Health Plan

ECM AND HEALTH PLAN QUALITY COLLABORATION

CONNECTING MEMBERS TO NEEDED CARE

Nicole Branning

Manager, Accreditation, HEDIS & NCQA

Gap in Care (GIC) Lists

Gap in Care Lists

Where: sFTP sites

File Name: "[Org Name] ECM_Open Gaps_August 2025 Data"

Frequency: Monthly

Information in Files:

Member: ID, Name, DOB, ENC ID, Cert Dates, Population of Focus

Provider: ECM Provider, PCP

Measure: Number of gaps, Acronyms

Final columns

#Gaps	Gaps List
3	Gaps: BCS, CBP, CCS
3	Gaps: BCS, CCS, GSD
3	Gaps: BCS, CBP, GSD
3	Gaps: BCS, CBP, CCS
3	Gaps: BCS, CBP, CCS
3	Gaps: BCS, CCS, GSD
2	Gaps: BCS, CBP
2	Gaps: BCS, CCS

Gap List: Services that members still need by the end of the calendar year

- AMR: Asthma Medication Ratio
- BCS: Breast Cancer Screening
- CBP: Controlling Blood Pressure
- CHL: Chlamydia Screening
- CCS: Cervical Cancer Screening
- DEV: Developmental Screening
- GSD: Glycemic Status Assessment for Patients with Diabetes
- WCV: Well Child Visit

MCAS Pocket Guide

MCAS Measures 2025 Pocket Guide

Where: sFTP sites & email

What: Dictionary of all measures for easy reference and direction on how to improve

Frequency: Annual

Table of Contents

Information in Guide:

- Measure Definition
- How to Improve
- Codes

Glycemic Status Assessment for Patients with Diabetes (>9%) (GSD)

Patients between the ages of 18-75 years with diabetes (types 1 and 2) must have at least one HbA1c screening or glucose management indicator (GMI) screening during the measurement year resulting a level <9%.

How to Improve GSD Scores

- CPT-II codes must be coded for GSD; confirm codes are properly mapped in the EHR to be included in the claim.
- Quarterly monitoring of HbA1c allows for greater visibility into medication/lifestyle habits.
- Review Gap lists and prioritize outreach to patients who do not have any HbA1c results on file for the year.
- If the patient has HbA1c tests ordered by another provider, request a copy of the results, and include the historical results on claim during next visit, along with the CPT-II codes that correspond with the results.
- Members receiving hospice or palliative care are excluded from this measure. Notify the health plan if this exclusion applies to any members on the GIC list.

Common GSD Codes

CPT-II: 3044F (if HbA1c<7%), 3046F (if HbA1c>9%),
3051F (if HbA1c >=7.0% and <8.0%),
3052F (if HbA1c level >=8.0% =<9.0%)

Example Case

Member population of focus: High Utilizer

Gap in care: Diabetic A1c Poor Control (GSD)

Action(s):

Conversation about connecting with their treating provider to see if their medication could be adjusted so they feel better.

Support with appointment scheduling and attendance.

Next Meeting

- March 12, 2026
- 8:30 AM – 9:30 AM

THANK YOU!

Health Plan of San Joaquin

Mountain Valley Health Plan

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

San Joaquin

HPSJ/MVHP Headquarters
7751 South Manthey Road
French Camp, CA 95231

Stanislaus

1025 J Street
Modesto, CA 95354

El Dorado

4237 Golden Circle Drive
Placerville, CA 95667