Overview

In July 2023, the Department of Health Care Services (DHCS) released a series of policy refinements and areas of reinforcement for Community Supports. DHCS has prioritized these updates based on stakeholder feedback and data from the first year of implementation to promote more standardization and reduce administrative burden for Medi-Cal Managed Care Plans (MCPs) and Community Supports Providers. The ultimate goal of these updates is to increase the total number of Members who appropriately receive Community Supports services in 2023 and beyond to address their health-related social needs. Detailed information on these policy updates is included in the Community Supports Policy Guide published July 2023.

DHCS is also releasing this corresponding attestation form for MCPs to complete. By submitting this form, the MCP confirms it has made or is in the process of making all necessary changes to its policies and procedures and has taken proactive measures to implement the updated/reinforced policies into its operations, including by updating policies and procedures with Subcontractors/Network Providers, contracted Community Supports Providers and any other entity that may have a role in delivering or referring members to Community Supports. The **MCP is not required to submit its updated policies and procedures for Community Supports to DHCS at this time**; however, the MCP must be ready to provide updated policies and procedures to DHCS upon request. As part of the ongoing monitoring approach for Community Supports, DHCS will use implementation data submitted by the MCP to assess MCP compliance.

Directions

Complete the below attestations to confirm that the MCP understands and has either implemented, or is in the process of implementing, each updated and reinforced Community Supports policy. The MCP must submit one form and responses must account for all Community Supports Providers and all counties in which the MCP operates as of the submission date. Responses must be current as of the submission date. Note that MCPs that will begin operating in new counties as of January 2024 must

comply with all Community Supports policies, including those specified in this attestation form, upon market entry.

Please indicate the MCP's response to each attestation statement in the section below. Completed attestation forms must be submitted by email to CalAIMECMILOS@dhcs.ca.gov no later than **COB on Friday, September 15, 2023.** Questions may be submitted to the same email address.

Managed Care Plan Name	Name of Individual Submitting Response	Title of Individual Submitting Response

Attestations

Please attest to the following statements (if the MCP cannot attest to the statement leave it blank or check the box that it does not apply). By signing your name in each location below, you are attesting that to the best of your knowledge and belief the statement is true.

1. The MCP understands that DHCS has determined the preapproved menu of Community Supports to be cost-effective and medically appropriate substitutes for covered Medi-Cal services or settings. The MCP attests that it has updated its policies and procedures to adhere with the full DHCS-established Community Supports service definitions by January 1, 2024 and will remove any previously approved modifications and/or restrictions to the Community Supports service definitions. (*Reference: Community Supports Policy Guide, section I. Introduction to Community Supports, subsections Overview of Community Supports, Adherence to Full Community Supports Service Definitions. Please see Policy Guide for full details.*)

   Signature _____ Date_____   Not Applicable   ☐

2. The MCP attests that it will provide all necessary training to its contracted network of Community Supports Providers and will make any necessary updates to its website and external communications to reflect changes it made to adhere to full Community Supports service definitions found in Section II of the Policy Guide. (*Reference: Community Supports Policy Guide, section I. Introduction to*

Community Supports, subsection Enhanced Care Management (ECM) and Community Supports Website Requirements. Please see Policy Guide for full details.)

Signature _____ Date_____   Not Applicable   ☐

3. The MCP attests that it has evaluated all services it currently provides to address Members' social drivers of health needs (outside of Community Supports) for appropriateness to transition such services into the Community Supports program. For any services the MCP has determined feasible to transition, the MCP attests that it is actively preparing or has already transitioned them into Community Supports. (*Reference: Community Supports Policy Guide, section I. Introduction to Community Supports, subsection Adding & Discontinuing Community Supports. Please see Policy Guide for full details.)*

Signature _____ Date_____   Not Applicable   ☐

4. The MCP attests that it has evaluated its existing network of Community Supports Providers and is in the process of prioritizing contracting with organizations that have experience delivering those Community Supports services with an existing footprint in the communities served by the MCP and a track record of working with the populations who are eligible to receive Community Supports offered by the MCP. (*Reference: Community Supports Policy Guide, section V. Provider Contracting, Enrollment, Credentialing, and Vetting Requirements, subsection Contracting with Local Community Supports Providers with Specialized Skills or Expertise. Please see Policy Guide for full details)*

Signature _____ Date_____   Not Applicable   ☐

5. The MCP attests that it is taking proactive measures to source the majority of referrals for Community Supports from the community – i.e., from the MCP's network of providers (inclusive of PCPs and other clinical Providers, ECM Providers, and Community Supports Providers) and other community-based referral sources – whether they are Community Supports Providers themselves or not. *(Reference: Community Supports Policy Guide, section I. Introduction to Community Supports, subsection Community Supports Referral Sources. Please see Policy Guide for full details.)*

Signature _____ Date_____   Not Applicable   ☐

6. The MCP attests that it is establishing strong referral relationships with Community Supports Providers and a wide range of organizations in the community, including developing a process for receiving and responding to referral requests from a wide range of sources. *(Reference: Community Supports Policy Guide, section I. Introduction to Community Supports, subsection Community Supports Referral Sources. Please see Policy Guide for full details.)*

   Signature _____ Date_____   Not Applicable   ☐

7. The MCP attests that it has provided, or is in the process of providing, information and training to its entire provider network (inclusive of Community Supports Providers, ECM Providers, and other Network Providers) about the MCPs' Community Supports offerings, and what the process is for submitting referrals to the MCP. *(Reference: Community Supports Policy Guide, section I. Introduction to Community Supports, subsection Community Supports Referral Sources. Please see Policy Guide for full details.)*

   Signature _____ Date_____   Not Applicable   ☐

8. The MCP attests that it has provided, or is in the process of providing, training for its call centers about how to manage referrals for Community Supports. *(Reference: Community Supports Policy Guide, section I. Introduction to Community Supports, subsection Community Supports Referral Sources. Please see Policy Guide for full details.)*

   Signature _____ Date_____   Not Applicable   ☐

9. The MCP attests that it is ensuring that all public-facing websites, Member Handbooks, and Provider Directories include the most up-to-date information about the Community Supports services and service definition criteria. If the MCP is currently offering a modified/restricted Community Support, the MCP attests that it is committed to making any necessary updates to reflect the full DHCS-established Community Supports service definitions by January 1, 2024. *(Reference: Community Supports Policy Guide, section I. Introduction to Community Supports, subsection Enhanced Care Management (ECM) and Community Supports Website Requirements. Please see Policy Guide for full details.)*

   Signature _____ Date_____   Not Applicable   ☐

10. The MCP attests that it has or will establish and define a process and appropriate circumstances for presumptive authorization of Community Supports for Members in need of Recuperative Care and Short-Term Post-Hospitalization Housing. *(Reference: Community Supports Policy Guide, section IV. Engaging Members in Community Supports, subsection Requirement for Expedited Authorization Timeframes. Please see Policy Guide for full details.)*

    Signature _____ Date_____   Not Applicable ☐

11. The MCP attests that for each Community Support commonly offered across its network and by its Subcontractor(s), the MCP will ensure alignment of all standards and Policies and Procedures related to authorizations. *(Reference: Community Supports Policy Guide, section IV. Engaging Members in Community Supports, subsection Prime & Subcontracted MCP Authorization Alignment. Please see Policy Guide for full details.)*

    Signature _____ Date_____   Not Applicable ☐

12. The MCP attests that it understands that payments to Community Supports Providers for the delivery of Community Supports services are subject to the same standard reimbursement timelines as other Medi-Cal services[1]. Further, the MCP attests that it understands that these reimbursement timeframes pertain to both invoices and claims submitted by Community Supports Providers. *(Reference: Community Supports Policy Guide, section VII. Billing & Payment, subsection Community Supports Billing and Invoicing Guidance. Please see Policy Guide for full details.)*

    Signature _____ Date_____   Not Applicable ☐

13. The MCP attests that it has provided, or is in the process of providing, training for its contracted network of Community Supports Providers on how to submit a clean claim. *(Reference: Community Supports Policy Guide, section VII. Billing & Payments, subsection Community Supports Billing and Invoicing Guidance. Please see Policy Guide for full details.)*

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[1] As specified in the Medi-Cal Managed Care Boilerplate Contract and California Health and Safety Code Section 1371

Signature _____ Date_____   Not Applicable   ☐

14. The MCP attests that it has personnel available for Community Supports Providers to troubleshoot billing issues. *(Reference: Community Supports Policy Guide, section VII. Billing & Payment, subsection Community Supports Billing and Invoicing Guidance. Please see Policy Guide for full details.)*

Signature _____ Date_____   Not Applicable   ☐

15. The MCP attests that it is not requiring Community Supports Providers to use an MCP-specific portal for day-to-day documentation of services. (*Reference: Community Supports Policy Guide, section VI. Data Systems and Data Sharing, subsection Data System Requirements. Please see Policy Guide for full details)*

Signature _____ Date_____   Not Applicable   ☐

Optional: Please provide any additional detail or explanation of attestation responses above, specifying the numbered item your response pertains to. Responses should be limited to two pages in total length.