CalAIM Office Hours: Housing Supports via Enhanced Care Management (ECM) and Community Supports

October 27, 2022

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VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Julian – 00:00:25	Hello and welcome. My name is Julian, and I'll be in the background answering any Zoom technical questions. If you experience difficulties during this session, please type your question into the Q&A field, which is located on the bottom Zoom panel at the bottom of your screen. We encourage you to submit written questions at any time using the Q&A. The chat panel will also be available for comment, and feedback. Finally, during today's event, closed captioning will be available in English, and Spanish. You can find the link in the chat field. With that, I'd like to introduce Juliette Mullin, senior manager at Manatt. Juliette, you now have the floor.
Slide 1	Juliette Mullin – 00:01:06	Thank you Julian, and welcome everyone to our CalAIM Enhanced Care Management and Community Supports office hours session today on housing supports. We're very excited to have a great conversation today about the housing supports available in CalAIM. Before we dive in, we do have a few housekeeping announcements that we would like to share with you. So, I will introduce Dana Durham with the Department of Healthcare Services to share those announcements. Dana?
Slide 2	Dana Durham – 00:01:36	Thanks so much. Well, we are continuing to look forward to the public health emergency unwinding. I do want to note the public health emergency has been extended through mid-October, but we've been told we'll be given 60 days' notice, and we've not gotten that notice yet, so just to kind of alert you to that. But as we unwind the public health emergency, we are anxious to make sure that Medi-Cal beneficiaries don't lose their coverage and we want you to help. So we would encourage you to become a DHCS coverage ambassador, and if all of you joined, I'll stop saying that. So just go ahead and join. Become an ambassador. You can download the outreach kit, and join the mailing list, and we'd really appreciate it. Next slide please.

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Slide 3	Dana Durham – 00:02:30	Phase one, which is now is really that we want to let people know that when the emergency ends, that contact information needs to be updated. And we also want flyers, when possible, in areas that people gather, and some of those are like offices on social medias, and call scripts, put it on your website and then what will come up as we head towards 60 days prior to the termination, we do want you to remind the beneficiaries with whom you come into contact to watch for their renewal packets. And just want to make sure they know to have updated information because some people have moved, and as beneficiaries were used to updating their contact info information, and going through the annual renewal process, they haven't done that. So we need to reintroduce them to that and make sure that they're aware that they that's coming up. So next slide please.
Slide 4	Juliette Mullin – 00:03:33	Great, thank you Dana. So, as I noted at the beginning of our session today, you are in an office hours session. If this is your first time joining a DHCS office hours, you may be wondering what that entails. This is going to be a Q&A discussion with DHCS leaders, and stakeholders who are implementing CalAIM focused on a specific implementation topic. So in this case today we're going to focus on the housing supports within CalAIM. We're going to start with some introductions. I'll introduce all of our panelists. I'm then going to walk everyone through how you can participate in today's session. We're going to have multiple different modalities through which participants here today can participate. And then we'll just dive right into that Q&A. We'll talk about community support, we'll talk about Enhanced Care Management, and within both of those like housing supports there. We'll talk a little bit about how PATH and IPP can be leveraged to build capacity for providers in community supports and ECM including housing focused providers in community supports in ECM.

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Slides 4-5	Juliette Mullin – 00:04:37	And we'll also talk a little bit about the Housing and Homelessness Incentive Program, and Behavioral Health Bridge Housing. So, those are the core topics for today. With that, if we can go to the next slide. And I'm thrilled to introduce a wonderful set of panelists that we have today. On the DHCS team, we have a number of different leaders here representing all the programs I just spoke to on the previous slide. With the Managed Care Quality, and Monitoring Division we have Dana Durham, who you've just met. As well as Neha Shergill, Michelle Wong, Tyler Brennan, and Francis Harvill. They're going to be here today talking to us about community supports, about HHIP, and a number of other programs. With the Quality and Population Health Management Division, we have Aita Romain, who's going to be able to speak with us a little bit about the ECM program, and with the Community Services Division we have Ilana Rub who's going to be able to speak a little bit about Behavioral Health Bridge Housing.
Slide 5	Juliette Mullin – 00:05:31	So, very excited about this great panel of DHCS leaders. We also have with us three organizations who are implementing CalAIM, who are here to talk about their experience implementing housing focused community supports, and ECM. With LA Care today we have Alison Klurfeld, a consultant with LA Care who's going to share a little bit about their work implementing CalAIM housing support. With Inland Empire Health Plan, we have Tracee Roque, the community supports manager for IHP. And with Shasta County Health & Human Services Agency we have Sarah Brown, the community development coordinator, and Josette McKrola, the senior staff services analyst, here to talk about their work implementing housing supports in Shasta County. So, with this in mind, if you go to the next slide, you're probably wondering how you can participate today. So, the key ways to participate today are really going to be using the meeting chat.

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Slide 6	Juliette Mullin – 00:06:30	So, participants can use the meeting chat today to ask questions of the panelists to share your own experiences. We will do our best to respond to questions in the chat as we see them. And then what we'll do is we'll actually just ask some... I'll be asking some of those questions out loud as I see them come in. There are a good number of participants today so we may not be able to get to all of the questions, but we will do our best. The other way that you can participate today, it's actually by raising your hand, and getting in line to ask a question. So if you go to the next slide, I'm going to invite my colleague Emma to explain a little bit how you can participate by asking verbal questions today. Emma?
Slide 7	Emma Petievich – 00:07:14	If you logged on by a phone only today, press star nine on your phone to raise your hand. Listen for your phone number to be called, and if selected to share your comment, please ensure you are unmuted on your phone by pressing star six. If you logged in via Zoom today, press raise hand in the reactions area, and if selected to share your comment, you'll receive a request to unmute. Please ensure you accept before speaking.
Slide 8	Juliette Mullin – 00:07:41	Great, thank you, Emma. Before we dive into the Q&A section of our discussion today, we are going to do a little bit of overview, and background setting. So I'm going to invite Dana back to give us a recap of the DHCS programs addressing housing and homelessness. Dana?

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Slide 9	Dana Durham – 00:07:55	Great, thank you so much, Juliette. Well, we are doing some exciting things in the housing related area, and we've invested billions of dollars, and really are undertaking a multi-agency effort to address housing, and homelessness across the state. So, agency, our agency overall has housing related programs, and our business consumer services, and housing agency has the Homeless Housing Assistance and Prevention Program. The Department of Housing and Community, oh I can't speak today, sorry about that. Development has our Homekey, Housing for Healthy California, No Place like Home, and Veterans Housing programs. The Department of Social Services has CalWORKs Housing Support Program, Housing and Disability Advocacy Program, and Home Safe. And then what we'll be talking about today are some of the programs that DHCS has, which are CalAIM, which includes ECM, and community supports. Our Housing and Homelessness Incentive Program, and our Behavioral Health Bridge Program.
Slide 10	Dana Durham – 00:09:16	And we're really excited about these programs. I'm going to ask you to turn to the next slide, if that's okay? And then just let you know a little bit about what we're doing, and other people will give much more information. But just kind of to introduce you to the programs at DHCS, our CalAIM programs really they're intended to provide members with housing services and care management. And so that includes our Enhanced Care Management, which an individual who is receiving that service does have some assistance with housing overall, and Aita will go over that. And then our community supports which are elected services that a managed care plan can choose to offer. And those include our housing transition navigation services, the deposits can be something that is offered our tenancy and sustaining services, short-term post-hospitalization housing, and recuperative care. And I'm excited because Neha Shergill's going to go over that a little bit.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 10-11	Dana Durham – 00:10:21	Then we have CalAIM programs that build capacity for providers including housing services, and those are our incentive payment program, and I'll go over that a little bit with us, and our other Providing Access and Transforming Health. It's called PATH, you probably heard PATH, but that's what it's called. And then we have a couple programs that really do build housing capacity, and communities and one of those is our Housing and Homeless Incentive Program, which Francis will go over. And then we have our Behavior Health Bridge Housing, which we will go over that as well. And next slide please. CalAIM, or California Advancing and Innovating Medi-Cal, really is a long term commitment to transform, and strengthen Medi-Cal, offering a more equitable, coordinated, and person centered approach to managing health in life in general. And the concept is that let's assist people in getting preventive care so that they don't have to respond to an illness, but we're proactive in the way that we work on health, because health isn't is something that should be considered every day.
Slide 11	Dana Durham – 00:11:45	And so as you think about health, think about who the whole person is, and that includes addressing the social drivers of health. And social drivers of health are things that make us prone to not being as healthy. And housing is one of those things we consider a social driver of health. We want to improve quality outcomes as well as reduce disparities, and really change the way we deliver care is what I was talking about, being proactive, and offering care instead of reactive. And so that really is an aim of CalAIM overall. I used the word aim twice. And then we want to create a consistent, effective and seamless Medi-Cal system. So if you're in one part of California, it's going to be very similar to what you experience in another part of California. Because we really feel like Medi-Cal can make a difference, and help people get a little bit more empowered to control their health, and that's the goal of what we're doing overall. Next slide. I think... Am I turning this one over, or is it the next one? I'm getting a little confused.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 12	Neha Shergill – 00:12:56	I'll take this one, Dana.
Slide 12	Dana Durham – 00:12:57	Okay, thanks, Neha. Sorry about that.
Slide 12	Neha Shergill – 00:12:59	No worries. Just want to start by saying thank you.
Slide 12	Dana Durham – 00:13:03	This is Neha Shergill, and she is one of our section chiefs who does community supports and other things.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 12-14	Neha Shergill – 00:13:10	Perfect, thank you. So, we'll start with community supports, which includes several supports specific to supporting individuals experiencing homelessness. Next slide please. So, getting into what our community supports. So, community supports are services that Medi-Cal managed care plans are strongly encouraged but not required to provide as medically appropriate, and cost effective alternatives to utilization of other services or settings. And this would be such as hospital, or skilled nursing facility admissions. So these community supports are really designed to address social drivers of health. And addressing these social drivers of health is really key to advancing health equity, and helping people with high healthcare, and social needs. So we have 14 pre-approved community supports that MCPs may offer to members, and if our team can add a link to the community supports policy guide in the chat? And this includes a list of those supports. And different MCPs offer different combinations of community supports. And so we have a list of elections by MCP, and county, and that could be found on our DHCS website, and our team if they could also drop a link of that in the chat. So MCPs must follow the DHCS standard Community Support Service definitions in the policy guide, but they may make their own decisions about when it is cost effective, and medically appropriate. Following the restrictions set in the community supports policy guide, rates and maximums for community supports are established in contracts between MCPs, and community support providers. And we can go to the next slide please. And as I mentioned before, of the 14 pre-approved community supports, several are designed to provide support for housing. And these include housing transition navigation services, housing deposits, housing tenancy, and sustaining services, recuperative care, or medical respite, and short-term post-hospitalizations housing. And with that I'll hand it over to my colleague Aita Romain, quality and population health management section chief to explain how Enhanced Care Management supports individuals experiencing homelessness. Thank you.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 15-16	Aita Romain – 00:15:18	Thanks Neha. Next slide please. So, Enhanced Care Management is a new Medi-Cal benefit. Next slide please. Designed to address both the clinical, and nonclinical needs of the highest need, and enrollees, through intensive coordination of health and health related services meeting in enrollees where they are, and that is the central tenant of our program. Enhanced Care Management is part of a broader CalAIM population health management system design, through which managed care plans will offer care management, interventions at different levels of intensity based on member need, with Enhanced Care Management as the highest intensity level. The seven core services that come together to make Enhanced Care Management more robust than other care management options are in front of you there. Outreach, and engagement, comprehensive assessment, and care management plan, enhanced coordination of care, member and family supports, health promotion, comprehensive transitional care, and coordination of, and referral to community and social services. Next slide please.
Slide 17	Aita Romain – 00:16:35	The launch, and expansion of Enhanced Care Management has been happening in multiple phases. Beginning in January, 2022, it was kicked off by our Health Homes Program and Whole Person Care counties, and the following Enhanced Care Management populations of focus were engaged, which include adults, and their families experiencing homelessness. Starting in July, 2023, the children, and youth populations of focus experiencing homelessness will also be targeted as one of our key populations of focus. You can see more details in our Enhanced Care Management policy guide on the Enhanced Care Management and Community Supports website. Next slide please. And I will hand it over to Dana to talk a little bit about IPP, PATH, and some other programs.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 18	Dana Durham – 00:17:37	Thanks, Aita. If you haven't worked with Aita yet, she's doing a lot, and not just Enhanced Care Management but population help. So you will see her around. Next slide please. Oh, I guess I'll talk through this slide. Sorry, I just got confused. So our IPP program really is something that is done by the managed care plans, and it's to build capacity, and offer CalAIM support, and infrastructure as we try to create that infrastructure. So managed care plans offer these incentives to providers, and others within the community, and it can be things such as helping build the data infrastructure so that data can go back and forth, or to actually help a provider as they're getting up, and going. So those are just some examples of things that are assisted with as well as connecting to an HMIS, which is the homeless information database.
Slide 18	Dana Durham – 00:18:43	Our PATH is, PATH, or Providing Access and Transforming Health. That is really an initiative that is geared not towards the managed care plans, but towards providers overall. Who did the offering community support, or ECM? And really it serves a similar function, so if the incentive payment program doesn't meet the needs of the entity, for whatever reason, another venue by which those needs can be met is that PATH Program. So, there can be incentives for building that infrastructure, or there can be payments for building that infrastructure, or if you need some help as you're getting your staff up, and going, that is a possible venue. There are collaboratives which we would love you to take advantage of that really help us to really talk about what's going on in each community. And finally, there's also a TA marketplace not quite set up yet, but the TA marketplace will offer specialized training.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 18	Dana Durham – 00:19:52	So, if you've never documented things in a chart before and you really need to know how to use some of those codes, that's where you can get that assistance in using those codes, or need to understand how to work with the managed care plan, because you've never done it before. That's the goal of that is to have you really be at the point where you can get that help that you need in some of those... In the ability to actually understand and work with those codes. That's just an introduction to some of what's available but there's quite a bit more available. But I probably better go on, because I could go on forever about that. Some of the programs that build capacity, as I said, are Housing and Homeless Incentive Program, and that's 1.288 billion in funding to manage care programs to develop housing partner capacity, and build partnerships to connect managed care members to housing services.
Slide 18	Dana Durham – 00:20:52	So, the managed care plans are working with the continuums of care overall. So each community has a continuum of care, and the managed care plans take the project that is built by that community of care, and they, on top of that, build a local homeless program that really compliments, and works with the continue of care in the community to really see what we can do to increase capacity, overall. And then finally the Behavioral Health Bridge Program, and that really invests 1.5 billion in bridge housing for those who need it, and are having behavioral health issues. And with that I will ask us to go to the next slide. And then I'll turn it back over to Juliette.
Slide 19	Juliette Mullin – 00:21:47	Fantastic, thank you, Dana, for that overview and to the full DHCS team for that overview. I think, with that, we will go ahead and dive in. We're going to start with some questions around community supports. So, I'll move into some questions on ECM and then we'll touch on HHIP, and the Behavioral Health Bridge Housing Program. So, the questions I'm going to go through here, many of them were submitted by participants, or people who registered for today's session. So, thank you in advance for anyone who's sent us questions ahead of the session.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Juliette Mullin – 00:22:19	I've also got my eye on the chat, and I will ask questions as we get to those sections based on what I'm seeing in the chat. So, please feel free to drop your questions in the chat as we go, and we'll kind of track those, and ask those as we get to those topics. So starting with community support, we've received a few questions about really the ability to do multiple at a time. So, can there be overlap in members receiving community support? For example, can a member receive both recuperative care, and medically tailored meals, for example? And Tyler, I'm wondering if you could jump in here.
Slide 19	Tyler Brennan – 00:22:53	I'm going to jump in there... I'm going to jump in there to confirm that, yes, members can receive both, or, and multiple community support simultaneously, so long as those community supports have been authorized by their MCP. And many of the services complement one another. So, we, as DHCS, encourage MCPs to consider the benefit in providing multiple complimentary services to members so long as they meet eligibility criteria.
Slide 19	Juliette Mullin – 00:23:18	Thanks, Tyler. One of the questions we receive a lot is about the once in a lifetime limit on community supports. Michelle, I'm wondering if you could walk us through for the housing supports that Neha just reviewed, those five supports, which ones of those have once in a lifetime limitations around them, and how does that work?
Slide 19	Michelle Wong – 00:23:37	Yeah, I can definitely talk through this one. So housing deposits, housing tenancy, and sustaining services, and the short-term post-hospitalization housing, those are all limited to a single duration in the member's lifetime. However, they can also be approved one additional time with documentation as to what conditions may have changed to demonstrate why the provision of services would actually be more successful on the second attempt. And neither the housing transition navigation services nor the recuperative care, also known as medical respite, housing supports have the same once in a lifetime limit, and those can actually be used multiple times if MCPs is determined it would be cost effective to do so.

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Slide 19	Juliette Mullin – 00:24:23	Great, thank you, Michelle. This is a question for Neha. We received this question, actually, I think we just got it in the chat a little bit earlier as well, but we received it before today as well. Do members need to receive the housing transition, and navigation services in order to be eligible for the housing deposits community support?
Slide 19	Neha Shergill – 00:24:45	Sure. So, I can take that one. So, the individuals who receive housing deposits must also receive, or have received housing transition navigation services, and at a minimum the associated tenant screening, housing assessment, and individualized housing support plan.
Slide 19	Juliette Mullin – 00:25:04	Great, thank you. This question focuses on kind of the recovery focused community supports. Tyler, I'm wondering if you could walk us through the difference between recuperative care, medical respite, and the short-term post-hospitalization housing community support?
Slide 19	Tyler Brennan – 00:25:22	Sure, happy to. So, the key distinction between these two services is that recuperative care is for members who are no longer require hospitalization, but still need to care to heal from an injury, or an illness including behavioral health conditions. Whereas short-term post-hospitalization housing is for members with high medical, or behavioral health needs who do not have a residence where they can recover immediately after exiting a care setting. Just a reminder that members exiting recuperative care may be eligible for short-term post-hospitalization housing.
Slide 19	Juliette Mullin – 00:25:53	Great, thank you. We received a question ahead today about relating to the housing deposit would... I'm losing my train of thought, and my ability to speak today, too.
Slide 19	Dana Durham – 00:26:16	I'm just glad it's just not me, Juliette, so.
Slide 19	Juliette Mullin – 00:26:16	So, under housing deposits, do managed care plans pay security deposits, and the first, and last month rent, or is it an or? And I'd love it, Neha, if you could maybe help us answer that question.
Slide 19	Neha Shergill – 00:26:28	Yeah, so MCPs can choose whether to cover both costs through their housing deposits, community support if they determine its medically appropriate, and cost effective to do so.

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Slide 19	Juliette Mullin – 00:26:39	Great, thank you. We received some questions around braided funding, and whether, or not community supports can only be used once you've exhausted other sources of funding. So this is going to be a question for Tyler. Does the community supports provider have to exhaust other available funding sources before being reimbursed for community support services by a managed care plan?
Slide 19	Tyler Brennan – 00:27:04	Sure. That's a good question. The short answer is no. State and federal medical health funds have been authorized as the ongoing sustainable source of funding for community supports. While a provider may have other sources of funds that could be used for similar services, managed care plans may not require providers to exhaust, or to seek reimbursement from other sources of funding before the MCP is authorized for community supports.
Slide 19	Juliette Mullin – 00:27:27	Great, thank you. This is a question for Michelle. As a managed care plan is looking at how it determines reasonable housing. What kind of guidance do we have for them on how they should determine what's reasonable housing for someone, and is it the housing navigator who should be going about doing that?
Slide 19	Michelle Wong – 00:27:50	Yeah, so DHCS really encourages managed care plans to leverage the expertise of their CBO partners with the experience in this space to help establish those processes for determining reasonable housing options for their members.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Juliette Mullin – 00:28:08	Thank you, Michelle. Our next question is about how DHCS is thinking about the cost effectiveness component of community supports, as it looks at kind of the long term picture here. So, this is a question we received before today's session. I'll go ahead, and read it. So, community supports are intended to be cost effective alternatives to more costly medical services. However, it may take time for the benefits of some community supports for some members to be realized. For example, a member may receive housing navigation for a prolonged period of time due to a lack of housing stock. What is DHCS's vision for balancing the measurement of cost effectiveness with the understanding that some of the community supports for some individuals may require support for a longer period of time. Dana, I'm wondering if you could help us out here?
Slide 19	Dana Durham – 00:28:59	Sure, I'm glad I kind of got to look at this one a little bit before because it is kind of a complicated question, and we're looking at it through that lens of that it's complicated, and then it will take longer to really understand what that looks like over that period of time. So, we're going to look at healthcare utilization for enrollees who receive those community supports at that aggregate level. So, not individually but as a group, and we'll assess whether the community support reduced utilization of the services that it's meant to be instead of, or as we say in lieu of. Really more importantly we're not really assessing at the individual level whether, or not it was cost effective in every case because there'll be times that it might miss the mark. But we also want to note that it's going to take a few years to determine the cost effectiveness of community supports because they really are that kind of long term look not a short term look. But I'm glad I had this one ahead of time because it's a little bit harder.

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Slide 19	Juliette Mullin – 00:30:05	Thanks, Dana. There are a couple questions in the chat that I'm seeing about community support that I think we could maybe touch on before we move into ECM. I'm seeing a question about who can be a community supports provider. So the question is do you need to be a Medi-Cal provider billing directly to Medi-Cal, or do you need to contract with a managed care plan? So, I'm wondering if maybe Michelle, or Tyler on the MCQMD team could help us with this one?
Slide 19	Tyler Brennan – 00:30:37	Sure. Yeah. So, I don't have the language in front of me, but our policy guys lays this out very clearly. The community supports are, it's a new program and as such there's a lot of non-traditional to Medi-Cal providers that are entering the system. Providers must contract with managed care health plans directly, and managed care health plans are responsible for ensuring that if that provider has a PATH to enrollment, that they follow that PATH to enrollment. But if not that they are vetting the provider according to their own policies, and procedures to ensure that the provider can deliver services in an adequate fashion. Hope that it helps to answer that.
Slide 19	Juliette Mullin – 00:31:14	Yeah, absolutely. Thanks, Tyler. All right. I think with that we can move into a few questions we've received ahead of today's session for our panelists. So, we have a number of panels here today who are implementing community supports. I'd love to start with the team at Shasta County, and we'd love to just kick it off by having you share with us a little bit about your housing program in Shasta County, and what are the community supports that you offer for housing specifically?
Slide 19	Josette McKrola – 00:31:47	Can you hear me? This is Josette.
Slide 19	Juliette Mullin – 00:31:48	I can hear you, Josette.

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Slide 19	Josette McKrola – 00:31:52	I'm Josette McKrola. I'm a senior analyst with Shasta County Housing Department for at least another day, then I'm moving onto a new job. But I've been with this from Whole Person Care through the beginning of CalAIM. For us, what we offer is transitional navigation services. We offer housing deposit, tenancy support, and personal care homemaker services. And those are the four category of services that we offer, because we are strictly housing, and we provide housing support. The other community support services are more medically oriented, and are provided by other providers in the community that are contracted with partnership, which is our managed care. So, under that header we have a group of social workers, case managers, who are assigned, we get a referral from our partnership to let us know that there's someone that might be interested in this program. We go out, do some outreach, wine and dine, and if it's a good feel, a good match, then we submit a TAR.
Slide 19	Josette McKrola – 00:33:15	So, they have us do a treatment authorization request because for, I don't know about the other managed cares, but our managed care is a medical model, and so their billing system is based on a medical model which requires a treatment authorization request. And it's been an interesting deal with trying to cram social services into a medical model, which has been interesting to say the least. But, yeah, so we do that, and we do the treatment authorization request, and then once we get authorized, we're up, and running. And in as much time as we have, try to find them housing, and support them in moving into the either apartment housing shelter, and try to keep them stabilized.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Josette McKrola – 00:34:08	The only problem is, quite frankly, and I'm sure you've heard it before, the very limited amount of time that we have to provide these services. 90 days is really short, especially in housing, and social services setting, and in the current climate of there is no housing, and no apartments and that sort of thing. And it's a little concerned because we're just now getting into the renewal of the TARs, and we're getting into TARs ending, okay now what? What's the next step, internally, that we can offer these folks that CalAIM can no longer provide because we're still looking for housing? Does that make sense?
Slide 19	Juliette Mullin – 00:34:57	It does. And I'm actually wondering, I know you, and I, Josette, had a chance to connect a couple weeks ago and you shared a little bit about the experience of providing housing support generally in Shasta County. I'm wondering if you could share a little bit about some of the unique challenges you see in providing housing support in a rural community, and some of the challenges you see there?
Slide 19	Josette McKrola – 00:35:18	We are, well as comes with the definition of rural, we have less inventory, we have less providers, we have less industry. And so that's all combined to make it a difficult job to do, to be able to get somebody set up in that sort of thing. Having been part of Whole Person Care, we were kind of lucky, because we have had a great Whole Person Care team, and we partnered with our managed care, and with a couple of medical FQHCs, and we are trying to keep those lines of communication open, so that somebody who is receiving the medical side of CS, or ECM is also getting services from us, and we're all still communicating. Because what we found in Whole Person Care was that, that collaborative coordinating of services was essential, but being a rural area, there's not a lot of inventory to work with, so you try to keep your network working on it. I don't know if Sarah had anything to add to that?

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Sarah Brown – 00:36:50	So I think that that was really well said. I also think that there are a lot of upsides to doing community supports in a rural area as well. Being a smaller community also means that we get to build those integrated relationships, and it's easier to build models that share information, and to keep our information...teams wrapping the service. So, while a rural community, we have a 1.8 percentage of available units right now. So, it is a struggle, but there are wonderful things about it as well.
Slide 19	Juliette Mullin – 00:37:35	Thank you for sharing that.
Slide 19	Josette McKrola – 00:37:37	I second that wholeheartedly. We've got great providers, and great people all over the community.
Slide 19	Juliette Mullin – 00:37:48	That's great. I would love to ask a question I'm seeing in the chat about referrals. So, we received kind of a general question about how do members get referred into a housing community support. Could you share a little bit about what that looks like in Shasta County?
Slide 19	Sarah Brown – 00:38:11	So can you ask that again?
Slide 19	Juliette Mullin – 00:38:16	Could you share what the referral process looks like for someone in Shasta County to be referred into one of the housing community supports that you offer? How does that happen?
Slide 19	Sarah Brown – 00:38:25	Yeah, of course. Okay. So, there are a few different ways. Anybody that's interesting in housing community support can contact their managed care plan. For us, it's partnership, and they will shoot me all of that person's information, and then we take it from there. We also are currently taking referrals from any county agency, and from the federally qualified health clinics. Beyond receiving the referral, what we do is we assign them out to a social worker, we go do a meet, and greet, and we allow the client to decide if the program is a good fit for them, and we decide if it's a good fit for us. Our referral process is very simple, we keep it very easy.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Juliette Mullin – 00:39:24	Great, thank you Sarah. With that, I will transition, because I do have my eye on the time. I will transition over to Tracee, and would love it. Tracee, if you could share with us a little bit about the housing community supports programs that IEHP offers. What are the community supports you offer, and what does that program look like?
Slide 19	Tracee Roque – 00:39:45	Of course. Thank you. Hi everyone, I'm Tracee Roque from Inland Empire Health Plan. Effective January 1st, we did roll out with 11 of the pre-approved community support services, and those included the suite of housing services, so deposits, transition navigation, tenancy sustaining. We also offer recuperative care, and short-term post-hospitalization as well as medically tailored meals, home modifications, all but the three pending services, which are respite, and personal care and homemaker services. We are planning on hopefully rolling those out next year. We do have more than one provider contracted for each of those housing services. I do have to agree with the others, though, it's difficult for those members that do not have income obviously, and attempting to find resources for income.
Slide 19	Tracee Roque – 00:40:41	However, I think we finally have kind of streamlined our process. We try to contract with each provider for all three services since they kind of go hand in hand. Our providers were struggling a bit understanding what do I do under transition navigation, versus what do I do under tenancy sustaining, especially because I think so much of it overlaps. But we're starting to see a bit more of an understanding from them. So, so far so good. Definitely the largest volume of referrals we see are for housing, and definitely the largest number of approved authorizations is for housing as well.
Slide 19	Juliette Mullin – 00:41:25	Great, thank you for sharing that. I'm actually wondering if I could ask you the same question I just asked Shasta County, which is could you walk us through what the referral process looks like for someone to receive community support or an IEHP member to receive community support, specifically the housing community support? You may be on mute.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Tracee Roque – 00:42:01	I'm so sorry. For some reason I thought you had asked somebody else to respond to the referral process for us. It can be done in a number of ways. So there are a number of avenues for referrals to come in. We have members that can obviously self-refer. So whether that means they're calling member services, or calling into UM, or whatever it may be. We also have our internal care team. So we have internal care teams like our regional team that kind of works and case manages members with certain conditions. And then we have our other internal care teams that may be working with member from an ECM point of view, or perspective.
Slide 19	Tracee Roque – 00:42:45	And what they do is they have a way in which they would send over a program referral to one of our internal teams. The team that reviews the actual referral, they will then decision the authorization, and then provider, and member obviously get that letter which states you were approved for such, and such service under the community supports umbrella. And then of course we have our PCPs, our specialist, our behavioral health providers, they all have access to our provider portal, and they have the ability to refer our members for CS services via that route as well.
Slide 19	Juliette Mullin – 00:43:24	Great, thank you. Could you tell us a little bit about who provides the housing community supports in your program? What does your team look like, and how do you go about recruiting people to provide housing community support?

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Tracee Roque – 00:43:41	Yeah, of course. So, some of these providers we had already previously worked with, or built relationships with. So we were lucky enough to kind of already have those contacts. So, for example, Inland Housing Solutions, or Illumination Foundation, those are some key players across the board for community supports. Our internal team here at Inland Empire Health Plan, I mean it consists of my team, which kind of sees the overall operations of community supports, and we do the majority of the recruiting ourselves. And so what we've done is we've kind of marketed it online. So if you join IEHP.com or .org, I'm sorry, you can actually visit our page that states how to join the team. So, for those that are interested in community supports, they'll submit over an assessment to us. They will tell us what it is they're interested in, what are they looking for, and then of course, we evaluate, meet with the provider, and determine if they would be a good addition to the network.
Slide 19	Tracee Roque – 00:44:44	We also of course use communication, and collaboration with other MCPs. So, we work very closely with our other managed care plans that are local to us, and discuss maybe we are planning on, for example, the three services in 2023. Some of those are already being offered by other MCPs. So kind of leaning on one another to say you should use this person, they've been great, or you should use this person but beware they might struggle with claims, this sort of thing. So, really, we haven't had to actively go out and pursue. We've been lucky enough for providers to really outreach to us, and, or have already made those connections prior to CS. And so now it's just a matter of getting that contract in place.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Juliette Mullin – 00:45:35	Great, thank you, Tracee. And before we wrap up our section on community supports here, I'd love to ask a question of our LA care team. Alison, we spoke a little bit about this two weeks ago in our housing webinar where you really shared a lot about the work that LA Care has been doing in the housing space. Could you tell us a little bit about how LA Care works to build a network of CBOs, and how you work with new CBOs in the housing space to sort support them in coming into the LA Care world of CalAIM, and community supports?
Slide 19	Alison Klurfeld – 00:46:13	Sure thing. So, I think the first thing I'll say is we were really lucky in LA County to have a really strong Health Homes Program, and a really strong Whole Person Care Program. So, to be honest, the bulk of the network for the housing navigation tenancy services programs under community supports the bulk of the ECM network working with people experiencing homelessness are people who were already connected to the plan, or to the county for one of those two programs. So we really started from our existing provider relationships. And one thing I'll note is that in LA County, LA County DHS has a program called Housing for Health, DHS, Department Health Services. And they already had a network of about 75 different homeless services providers working with them in Whole Person Care for housing navigation and tendencies supportive services. So they continue to maintain that kind of intermediary role.
Slide 19	Alison Klurfeld – 00:47:07	And there's real advantages to that model if there's kind of existing infrastructure in a county because DHS is able to breed different funding streams including community supports, and not community supports, and help in terms of some of the kind of bigger picture IT infrastructure things. The one thing that can be more challenging then though is that from the plan side, in terms of direct relationships, the plan does not have the direct relationship with that contractor. We're really kind of going through DHS, so sometimes you lose things in translation, but it seems like a lot of the benefits are kind of outweighed there. In terms of the really just the administrative infrastructure.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Alison Klurfeld – 00:47:51	For new agencies, we've had a lot of interest from certainly community clinics, FQHCs especially, that are wanting to branch out to offer different types of services and a few hospitals, I'll say actually a lot of our traditional homeless services CBOs have said we're going to pause on joining community supports, and that's something that we understand as a plan, but I know LA Care wants to work with them more because a lot of community, a lot of homeless services organizations in LA County are saying, hey, this administrative burden, even with IPP funds, even with PATH funds, the ability for us to get our staff, and our administration up to be able to do claims, to be able to do authorizations, to be able to take payment on a per member per month basis instead of taking payment in a lump sum grant that lets you hire in staff up at the beginning of the year, that's actually really hard for them.
Slide 19	Alison Klurfeld – 00:48:48	And because in LA County there's a rich source of local funding through Measure H, I think housing navigation, and tenancy services where homeless services providers want to expand through those programs, they have, to be honest, local funds that do not have other requirements of community supports. It's administratively simpler for them. So we've actually seen folks hanging back. We are trying to continue conversations, opening up relationships, and we hope through HHIP to do more of that, but that's actually an area where we'd like to grow in the future.
Slide 19	Juliette Mullin – 00:49:20	Thank you, Alison. And that's actually a great transition. I'd love to move into a couple questions on the HHIP program itself. So we have Francis with us here today from the Department of Healthcare Services, and I'm wondering Frances, Dana gave us a little bit of an overview of what HHIP is at the beginning of our conversation today. And an important aspect of HHIP is that managed care plans are engaging with housing organizations in their counties to develop their proposals for HHIP. Can you tell us a little bit about what that partnership and collaboration entails?

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VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Frances Harvill – 00:50:00	Sure. So, the intent for that is to develop partnerships between the two to working towards the program goals. The partnership will help us get insight on best strategies from a county standpoint to implement these housing services in intent to prevent homelessness overall. So, they really encourage them to work together to get strategies, and get services implemented.
Slide 19	Juliette Mullin – 00:50:26	Great, thank you Francis. And a question we get a lot and I've seen it a couple times in the chat as well, is could you give us a little bit of a sense of when the HHIP funding is going to start going out, and when that's going to be available?
Slide 19	Frances Harvill – 00:50:40	So funding is available now. DHCS is approved 64.4 million in incentive payments for the managed care plans for the local homelessness submissions. So, those should be issued or scheduled to be issued the end of October. So, we're assuming this week, and then additional payments for other components of the program, like the investment plan, specifically, is scheduled for the end of December.
Slide 19	Juliette Mullin – 00:51:08	Great. And how, if organizations want to stay up to date about what's happening with HHIP, what's the best way for them to do that?
Slide 19	Frances Harvill – 00:51:15	Sure. We have updated information on the HHIP website on the DHCS website. We also have the all plan letter 2207, on that website as well. We have upcoming events, and materials, and we also have an inbox where you can submit any inquiries, or any questions you may have. I will put those links in the chat, or I will ask that those get put in the chat. But the inbox is DHCSHHIP@DHCS.ca.gov.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 20	Juliette Mullin – 00:51:48	Great, thank you, Francis. I'm going to ask one last question and then I'm going to invite people to raise their hands. So, if I could actually ask Julian to pull back up our slide that explains how to raise your hand if you're here in person, or here in the Zoom, or on the phone. So if folks would like to ask a question, and would like to raise their hand at this time while I'm asking my last question, please do so, and then we'll start to call on people on the line. My last question is about behavioral health bridge housing, and this is a question for Ilana. I'm wondering, Ilana, if you could just give us kind of an update on where we are with the Behavioral Health Bridge Housing Program, and what people should expect from the timeline for that program.
Slide 20	Ilana Rub – 00:52:30	Sure, thank you. So, the Behavioral Health Bridge Housing Program, so it was signed into law just this past budget cycle and the program will provide 1.5 billion in total funding through June 30th, 2027 to address the immediate housing, and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions. So, along with the sustainability of those ongoing support supports. So the program language identifies DHCS to determine the methodology for distributing the allocated funding to eligible grantees, which are counties, and tribal entities. And the program will be implemented in alignment with the CARE Court, which prioritizes CARE Court participants for funding. So, we are looking at the timeline that you just mentioned, we're going to be looking at the stakeholder engagement process, which we are really launching right now. And then we will be looking to post the first RFA for counties in January of 2023, at the moment.
Slide 20	Juliette Mullin – 00:53:50	Great, thank you for that. So, I think with that, we will go to our line and take our first question from the line. So, I see we have a few people lined up here.
Slide 20	Emma Petievich – 00:54:02	Jonathan O, you should be able to unmute. Jonathan, we're not hearing anything. If you are trying to unmute, I can come back to you. Miriam V, you should be able to unmute.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 20	Miriam Voskanyan – 00:54:44	Hi, can you hear me?
Slide 20	Emma Petievich – 00:54:45	Yes, we can.
Slide 20	Miriam Voskanyan – 00:54:46	Hi, my name is Miriam. Thank you for taking my hand, I guess. My name is Miriam, and I'm from LA County. There's a lot of congregate living health. There's actually 265 congregate living health facilities in all of California, and a lot of them are concentrated here in LA County. I would say more than 50% are concentrated here in LA County. And my question is, I know we've been talking a lot about community based organizations, and community supports, and we talk a lot about recuperative cares and other community organizations that are going to be part of ECM, but we don't talk a lot about CLHFs at all actually. We haven't heard CLHFs at all being represented. So is there more information about Congregate Living Health Facilities, and where they fall into in ECM?
Slide 20	Juliette Mullin – 00:55:40	Thank you for your question, Miriam. I see Dana, and you've come off mute so maybe we'll start there.
Slide 20	Dana Durham – 00:55:48	Yeah, I mean I can start to answer that question. When we list organizations, our list certainly is not comprehensive, and so the congregate living facilities certainly are an option in many of our programs, and we're starting to have some of those conversations, and we'll continue to. But just want to note that we think that's an important part of CalAIM, and just thank you for asking that question, because we'll continue to update the way we look at things, and information. So thank you.
Slide 20	Juliette Mullin – 00:56:23	Thank you, Dana.
Slide 20	Emma Petievich – 00:56:26	Jonathan O, I'm going to go ahead and give you another chance here to come off mute. Okay, going to Mendy Kaye. You should be able to unmute.
Slide 20	Mendy Kaye – 00:56:41	Hi everybody. Thank you-
Slide 20	Juliette Mullin – 00:56:42	May have just accidentally re-muted yourself?

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 20	Mendy Kaye – 00:56:50	Sorry, guys. So, first of all, thanks everyone for your work to try to get social determinant of health finally paid for. I think that this has been an ongoing effort for so many years, so thanks so much. We all know the importance of this endeavor. I'm calling from a FQHC, my name is Mendy, I'm chief operating officer here. And I understand that for the health centers we're more of the ECM, we're more of helping the handholding type of a part. And then I was told that the community supports is more like, I guess, existing homeless shelters, things of that nature. But I'm a bit confused about, I was hoping you could help me, because everyone's asking us, "Are you a ECM? Are you a community support?" And then we're hearing you guys do housing deposits, and stuff. So is it that the health plan is the community support? So, if I have a patient and they need a housing deposit, do I send them to the health plan? Or is it kind of random organizations in our community that are willing to give out free housing deposits? I'm just a bit confused about that.
Slide 20	Dana Durham – 00:57:54	Thanks, Mendy. That's a good question, and it is a little confusing, and we're seeing what we can do to make it a little bit less confusing. So thanks for pointing that out. The health plans are the ones who choose to either do, or not take up a community support, but often they will contract with CBOs, and other entities in the community. So, we do have listed our community supports for each plan in each county on our website. And I'm hoping someone can put that in the chat. And so if you have someone who... A help plan that offers that community support, and you have someone who is in that help plan, and is interested in receiving it, they certainly can reach out to the help plan, but it's often delivered by different CBOs within a community. But you can contact the help plan to see how to access that community support. And thank you Carly, put the information in the chat. And welcome anyone who'd like to add to that answer. But that's my initial answer, Mindy.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 20	Juliette Mullin – 00:59:13	That's great. Thank you, Dana. And I also just dropped a link to one of our earlier webinars in the year that does a kind of higher level pullback on all of ECMs community supports as well, if that's helpful.
Slide 20	Emma Petievich – 00:59:28	Great. Charis B, you should be able to unmute.
Slide 20	Charis Baz – 00:59:32	Hi, my name is Charis, and I'm from Marin County, and I have a question about braided funding. So, as some of the comments and questions have indicated, the rate for the housing navigation, and the housing sustaining services aren't quite to the level to allow the level of care that we normally provide. And what I'm wondering is now that HHIP has the managed care plan so closely aligning with coordinated entry, is it allowed to layer multiple funding sources? So, in other words, perform that community support, and receive that funding, but in addition, additional funding through coordinated entry so that the service can be higher touch, more frequent, more in depth. Is that allowed?
Slide 20	Dana Durham – 01:00:18	So, I mean, it's a good question. You would have to work on what is done by each funding source. So, we can't duplicate funding, but you can work the funding together to offer a service, but the service can't be the exact same service.
Slide 20	Emma Petievich – 01:00:41	Julie J, you should be able to unmute.
Slide 20	Julie Jones – 01:00:49	Hi. Now I kind of forgot my question. I know what my main question is. My main question is I want a confirmation that community supports housing sustainability is at a max of two times only. And so a total of six months maximum for sustainability. Is that what I heard correctly?
Slide 20	Tyler Brennan – 01:01:20	Just jumping in here. That six month limitation is only on the short-term post-hospitalization housing. It is not on the housing tenancy, and sustaining services. The policy guide clarifies that the tenancy, and sustaining services can be provided for as long as necessary.
Slide 20	Julie Jones – 01:01:35	Okay.
Slide 20	Josette McKrola – 01:01:35	Whoa, where did you find that?

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VISUAL	SPEAKER – TIME	AUDIO
Slide 20	Dana Durham – 01:01:37	Well, let me also say it has to be cost effective. So, kind of one of the things, each health plan will have their own rules for how they really look at that cost effectiveness. So, it really somewhat is working with your health plan to understand how they really are looking at cost effectiveness for that housing sustainability. And I think that you would have to talk to, and look at your health plan to really understand that.
Slide 20	Josette McKrola – 01:02:15	So the health plan can unilaterally shorten the time or per case?
Slide 20	Dana Durham – 01:02:24	Well, I don't think the time is specified. And Tyler, please correct me if I'm wrong, I think that's what he was indicated, that the time isn't really specified, but it does have to be medically appropriate and cost effective. But Tyler, feel free to chime in.
Slide 20	Tyler Brennan – 01:02:40	I almost couldn't say it better than just that. DHCS does not specify any service limitations, or service duration limitations for the service, but managed care plans have to fall within those limits.
Slide 20	Josette McKrola – 01:02:51	Oh, interesting.
Slide 20	Julie Jones – 01:02:52	Okay. Thank you so very much because I feel like sustainability is, ironically, I would like to really put a lot into housing sustainability with a 1% vacancy rate here in Shasta County. So that was a major one for me. Thank you so much, I appreciate it.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 20-21	Juliette Mullin – 01:03:11	Thank you Julie. And thank you to all of our DHCS teams, to LA Care, to Shasta County, to IEHP for joining us today for answering everyone's questions. I know we received a lot of questions we didn't have a chance to get to today, so thank you all for joining. Thank you for your engagement, and your questions. We just flashed up briefly here, the additional webinars that we're offering through the end of the year. Can we just go back one slide? So, we invite you to join these webinars now through the end of the year. We'll continue to provide webinars on data sharing. We'll be hosting an office hours session that's really tailored to providers in counties that didn't have Whole Person Care, and HHP, and the work that they've done to build that infrastructure, and capacity as they launched ECM, and community supports this year. So, with that, we want to thank you all for joining today. Have a wonderful rest of your day, and thank you.
Slide 23	Julian – 01:04:12	Thank you for joining. You may now disconnect.