CalAIM Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

November 30, 2023

How to Add Your Organization to Your Zoom Name

- Click on the “Participants” icon at the bottom of the window.
- Hover over your name in the “Participants” list on the right side of the Zoom window and click “More.”
- Select “Rename” from the drop-down menu.
- Enter your name and add your organization as you would like it to appear.
  - For example: Mary Russell – Aurrera Health Group

Agenda

- Welcome and Introductions
- Reminders: 2024 Transitions and Noticing Impacting Dual Eligible Members and Stakeholder Q&A
- Medicare Enrollment Data for Dual Eligible Members
- Reminders: Dual Eligible Special Needs Plan (D-SNP) Policies
- Update: Medi-Medi Plan Outreach
- CalAIM Community Supports Spotlight: Recuperative Care (Medical Respite) and Stakeholder Q&A
- Continuous Coverage Unwinding and Stakeholder Q&A
- Next Steps and Closing

Workgroup Purpose and Structure

- Serve as stakeholder collaboration hub for CalAIM MLTSS and integrated care for dual eligible beneficiaries. Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes for Medicare and Medi-Cal.
- Open to the public. Charter posted on the Department of Health Care Services (DHCS) website.
- ***We value our partnership with plans, providers, advocates, beneficiaries, caregivers, and the Centers for Medicare & Medicaid Services (CMS) in developing and implementing this work.***

CalAIM MLTSS & Duals Workgroup: 2023 Topics

- Discuss implementation, data, results, opportunities and challenges of CalAIM initiatives for MLTSS, for all Medi-Cal members
- Discuss implementation, data, results, opportunities and challenges of CalAIM initiatives for integrated care for dual eligible beneficiaries (both Medicare Advantage and Original Medicare)
- Flag related DHCS efforts for Medi-Cal members who are older adults or people with disabilities

2024 Transitions and Noticing Impacting Duals

DHCS

Update: Medi-Cal Matching Plan Policy

Update: Medi-Cal Matching Plan Policy

- 2023: In 12 counties, dual eligible beneficiaries who are enrolled in a MA plan must be enrolled in the matching Medi-Cal managed care plan **if a matching plan is available**.
  - Medicare is the lead plan.
  - The 12 "Medi-Cal Matching Plan" counties are: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Stanislaus.
- **2024: DHCS is updating the Medi-Cal Matching Plan County logic to add Kings, Madera, Orange, San Mateo and Tulare counties.**

Medi-Cal Managed Care Plan Transition

2024 Managed Care Plan (MCP) Transition

Beginning in 2024, Medi-Cal MCPs will have new requirements to advance quality, access, accountability, and transparency.

- Some Medi-Cal members in **21 counties** may need to transition to a new MCP on January 1, 2024. **The member transition is NOT happening in all counties.**
- The 2024 Medi-Cal MCP transition **does not affect members' Medi-Cal coverage or benefits.**

2024 MCP Transition Communications Resources

- Members who have to change health plans will receive transition notices in October, November and December 2023
- DHCS developed resources to support members, providers and other stakeholders with the transition, available on the DHCS website:
  - County look-up tool with information about MCP changes in each county
  - Member FAQs with information about the transition
  - Continuity of Care FAQs with information about how members can potentially keep their providers if their health plan is changing
  - Notices members will receive from Medi-Cal about the transition
  - Notice of Additional Information (NOAI) is accessible from a QR code on the notices or by request. The NOAI is translated into all threshold languages and is available as downloadable PDFs.
  - Contact Us page for members to learn more about health plans and provider choices

January 2024 Medi-Cal Transitions Noticing Timeline

January 2024 Medi-Cal Transitions

Medi-Cal Managed Care Plan Transitions

- **Statewide**: Impacts beneficiaries currently or newly enrolling in certain Medi-Cal MCPs

Select Medi-Medi Plans

- **San Diego, San Bernardino, and Riverside Counties:** Impacts beneficiaries in some health plans in these counties which will no longer offer Medi-Medi Plans in 2024

Intermediate Care Facility Carve-In/ Subacute Care

- **Statewide**: Impacts beneficiaries in ICFs
- **Statewide**: Impacts beneficiaries in Subacute Care Facilities

Combined Transition Noticing Timeline

Medicare Annual Enrollment: Opens October 15 and closes December 7

September 2023

Medi-Medi Plans Exiting in San Diego, San Bernardino, and Riverside Counties **Annual Notice of Change (ANOC) and Cover Letter (sent by 9/30)**

COMPLETE

October 2023

Medi-Cal MCP Transition **90 Day Notice**

COMPLETE

November 2023

LTC ICF/DD and Subacute Care Carve-In **60 Day Notice**

COMPLETE

Medi-Cal MCP Transition **60 Day Notice & Choice Packet, when appropriate**

COMPLETE

December 2023

LTC ICF/DD and Subacute Care Carve-In **30 Day Notice**

Medi-Cal MCP Transition **30 Day Notice**

*Notices will be mailed to members and authorized representatives. There are four versions of the Enrollment Notices that differ depending on the county the member lives in and whether the member is a part of the Medi-Cal matching plan policy.

Questions?

DHCS

Medicare Enrollment Data for Dual Eligible Members

DHCS

Reminder: Medicare Delivery Systems for Dual Eligible Beneficiaries

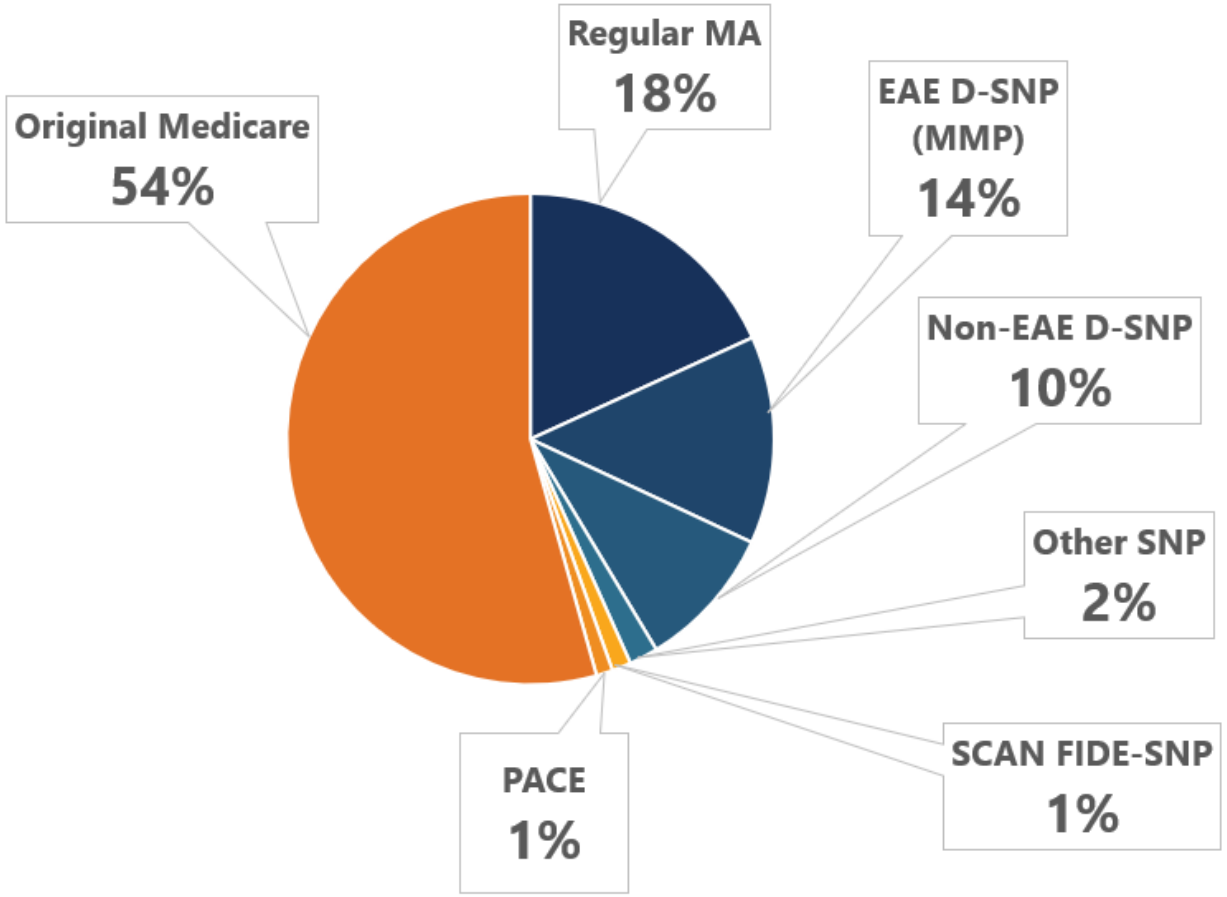
- **Original Medicare (Fee-for-Service):** The original system where Medicare pays providers for each service rendered.
- **Regular Medicare Advantage (MA):** Plans serve both dual eligible and Medicare-only members and are not required to have written agreements with DHCS for benefit and care coordination.
- **Dual Eligible Special Needs Plans (D-SNPs):** Medicare Advantage plans that provide specialized care and wrap around services to members that are dually eligible for both Medicaid and Medicare. D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
  - **Medicare Medi-Cal Plans (Medi-Medi Plans aka EAE D-SNPs):** These plans meet integrated D-SNP care coordination requirements with integrated member materials, integrated appeals & grievances, and membership is limited to dual eligible members who are also enrolled in the Medi-Cal MCP affiliated with the D-SNP.
  - **Non-EAE D-SNPs:** These plans either have an affiliated Medi-Cal MCP but are not in counties that offer Medi-Medi Plans yet or are do not have an affiliated Medi-Cal MCP.

Medicare Delivery Systems for Dual Eligible Beneficiaries (cont.)

» Other Integrated Care Options

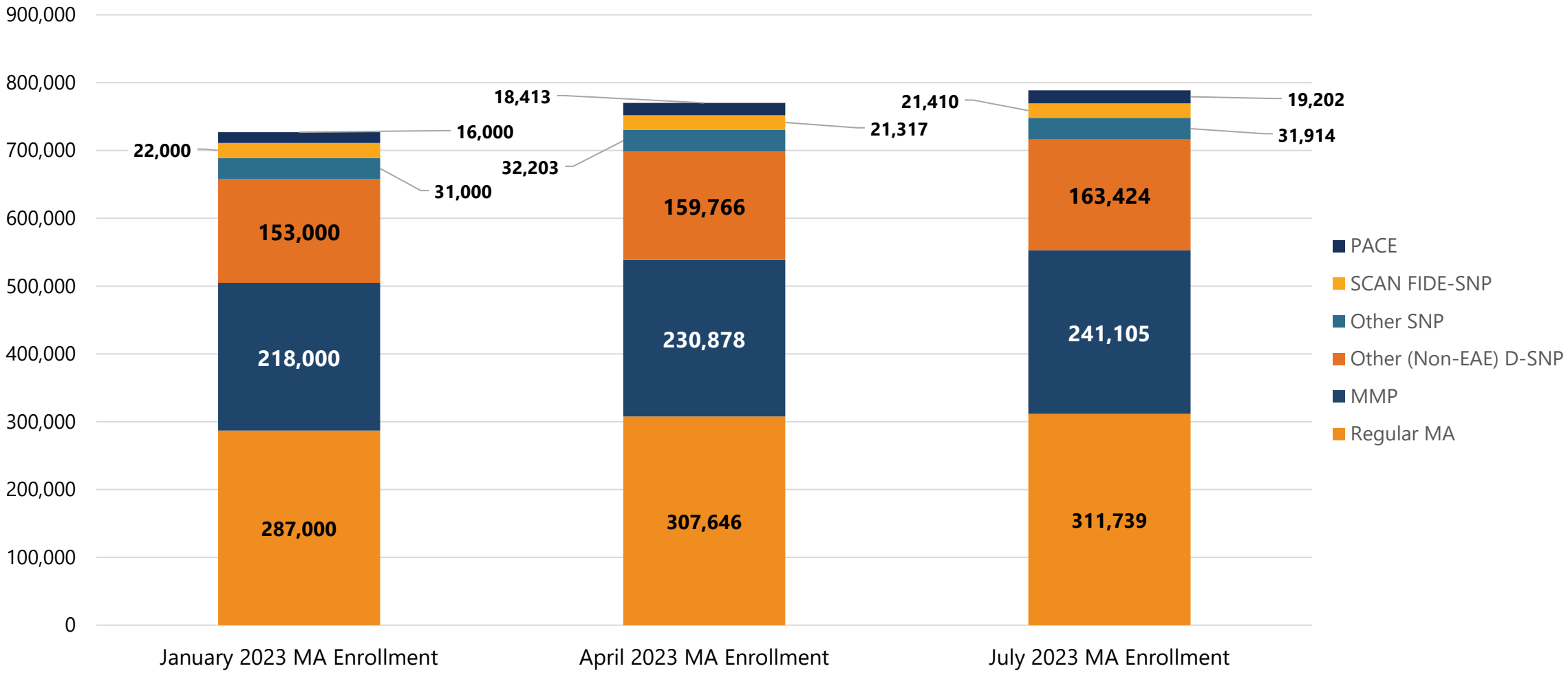
- **Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP):** California has one FIDE SNP operated by SCAN that provides integrated Medicare and Medi-Cal benefits to dually eligible members.
- **Program of All-Inclusive Care for the Elderly (PACE):** PACE is an integrated care model that provides medical and long-term services and supports to individuals aged 55 and older who meet the criteria for a nursing facility level of care, most of whom are dually eligible. California has a number of PACE organizations.
- **Other Special Needs Plans (SNPs):** Examples include Chronic Conditions Special Needs Plans (C-SNPs) and Institutional Special Needs Plans (I-SNPs).

Medicare Delivery System Enrollment for 1.7 million Dual Eligibles in California (July 2023)



- Original Medicare – 54%
- Regular MA – 18%
- EAE D-SNP (MMP) – 14%
- Non-EAE D-SNP – 10%
- Other SNP – 2%
- SCAN FIDE-SNP – 1%
- PACE – 1%

Point-In-Time Medicare Advantage Delivery System Enrollment



Reminders: D-SNP Policies

Medi-Medi Plans

- Medicare Medi-Cal Plans (Medi-Medi Plans) are a type of Medicare Advantage plan in California that are only available to dual eligible members. Medi-Medi Plans are required to coordinate all Medicare and Medi-Cal benefits for their members.
  - Medi-Medi Plans is the California-specific name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs).
- As of January 1, 2023, Medi-Medi plans are available in the following counties:
  - Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara
- Starting January 1, 2024, Medi-Medi Plans will be newly available for voluntary enrollment in five additional counties:
  - Fresno, Kings, Madera, Sacramento, and Tulare
- To enroll, a beneficiary can contact their Medi-Cal plan or 1-800-MEDICARE.
  - Medi-Medi Plans in the expansion counties can be selected starting in the fall during Medicare Open Enrollment (October 15 – December 7, 2023).

Proposed 2024 D-SNP Policy Guide Chapters

DHCS intends to release chapters on a rolling basis.

- Care Coordination (released January 2023)
- Integrated Materials (released June 2023)
- Dental Benefits (released July 2023)
- Network Guidance (released November 2023)
- Medicare Continuity of Care
- Quality Metrics and Reporting Requirements
- Medicare Encounter Data
- The D-SNP Policy Guide is available on the DHCS website: https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx

2023 v. 2024 D-SNP Policy Guide Chapters

Section	2023		Proposed 2024	
	EAE	Non-EAE	EAE	Non-EAE
Care Coordination	✓		✓	✓
Information Sharing	✓	✓	SMAC	
Aligned Network Guidance	✓		✓	✓
Enrollment and Disenrollment	✓		N/A	
Medicare Continuity of Care	✓	✓	✓	✓
Quality and Reporting Requirements	✓	✓	✓	✓
Integrated Materials	✓		✓	
Integrated Appeals and Grievances	✓		SMAC	N/A
Medicare Encounter Data Submission	Pending	Pending	✓	✓
Dental Benefits	N/A		✓	✓

DHCS Medi-Medi Plan Outreach

Outreach and Collateral Materials

- DHCS has been working on creating and revising outreach and collateral materials around D-SNP policies and the Medi-Medi Plan expansion.
- DHCS is developing a fact sheet on hearing benefits. Future fact sheet topics may include transportation.
- Once final, the fact sheets can be found on the DHCS Medi-Medi Plan Webpage under **Additional Resources**.

New Fact Sheets and Collateral Materials

- **Fact Sheets:**
  - Dental Benefits Fact Sheet for Dental Providers
  - Landscape of D-SNPs in California
  - Beneficiary Fact Sheet:
    - English
    - Spanish
    - Hmong
    - Vietnamese
    - Traditional Chinese/Cantonese
    - Russian
    - Khmer/Cambodian
- **Stakeholder Video:**
  - DHCS published a short video on the DHCS YouTube Channel to inform stakeholders, including advocates, agents and brokers, case managers, and caregivers among others, about Medi-Medi Plans.

CalAIM Community Supports Spotlight

Recuperative Care (Medical Respite)

DHCS

CalAIM Community Supports: Recuperative Care/Medical Respite DHCS Guidance

Dual Eligible Beneficiaries Receiving Community Supports (2022-Current)

Cumulative numbers of Dual-Eligible members who received CS:

- Q1 (2022) – 3,139
- Q2 (2022) – 4,510
- Q3 (2022) – 5,856
- Q4 (2022) – 7,863
- Q1 (2023) – 7,187
- Q2 (2023) – 13,182
- Q3 (2023) – TBD (December 2023)
- Q4 (2023) – TBD (March 2024)

Dual eligible beneficiaries represent **just over 25%** of the total members who received CS in Q2 2023.

Duals Receiving CS in Q2 2023

- Utilization Highlights for Dual Eligible Beneficiaries Receiving Community Supports in Q2 2023:

Housing Transition Navigation Services:
2,755 dually eligible members (about **16%** of the total population using the service)

Housing Tenancy and Sustaining Services:
2,995 dually eligible members (about **24%** of the total population using the service)

Recuperative Care (Medical Respite):
241 dually eligible members (about **17%** of the total population using the service)

Nursing Facility Transition/Diversion to Assisted Living Facilities:
197 dually eligible members (about **81%** of the total population using the service)

Community Transition Services/Nursing Facility Transition Home:
101 dually eligible members (about **79%** of the total population using the service)

Medically Tailored Meals/Medically-Supportive Food:
6,952 dually eligible members (about **34%** of the total population using the service)

Duals Receiving Community Supports by Demographics (Q2 2023)

- Hispanic – 20.6%
- White – 25.8%
- Black/African American – 15.5%
- Other – 6.9%
- Asian/Pacific Islander – 21.7%
- Unknown – 10.5%
- American Indian/Alaska Native – <1%

- Approximately 44% of duals receiving Community Supports were Male and 56% were Female.
- About 70% of duals receiving Community Supports were age 65 and older; 29.6% were ages 18-64.
- Duals represent about 25% of the total population receiving Community Supports.

What is Recuperative Care?

- Short-term residential care for individuals who no longer require hospitalization, but still need to heal.
- Addresses housing instability and promotes recovery after acute care.
- Allows patients to continue accessing care and social services.

Please see the DHCS Community Supports Policy Guidance for more information.

Recuperative Care in Context

- Bridge program between hospital and emergency departments and homeless shelters that do not offer medical care.
- Part of the continuum of care for homeless services[1].
- Broad program diversity.
- Over 130 recuperative care programs in the United States[2].
- 41 recuperative care programs in California.

Recuperative Care Service Offerings

Minimum Offerings

Interim housing

Meals

Medical and behavioral health monitoring

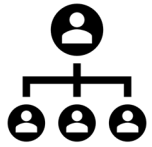
Additional Services

Short-term assistance with Activites of Daily Living

Transportation coordination for post-discharge appointments

Connection to ongoing services

Housing and benefits support



Case management stabilization

Outlined by the [DHCS Community Supports Policy Guidance]

Program Benefits

- 28% average reduction in hospital days for chronically homeless individuals (4.24 vs. 5.88)[3].
- Reduction in health care costs of $62,504 per person per year, versus $25,925 (a difference of $36,579)[3].
- Estimated savings of $18,000 to $48,000 per patient stay[4].

Recuperative Care: Eligible Populations

- Individuals who are at risk of hospitalization or are post-hospitalization.
- Individuals who live alone with no formal supports.
- Individuals who face housing insecurity or have housing that would jeopardize their health and safety without modification.
- Individuals who meet the HUD definitions of "homeless" or "at risk of homelessness" and who are receiving ECM or who have one or more serious chronic condition(s) and/or serious mental illness and/or is at risk of institutionalization because of a substance use disorder.

Outlined by the DHCS Community Supports Policy Guidance

Service Limitations

- Must be necessary to achieve or maintain medical stability and prevent hospital admission or re-admission.
- 90-day limitation on continuous duration.
- Must not include funding for building modification or building rehabilitation.
- Recuperative care has been determined inherently time sensitive and is subject to expedited authorization.

Allowable Providers

- Interim housing facilities with additional on-site support.
- Shelter beds with additional on-site support.
- Converted homes with additional on-site support.
- County directly operated or contracted recuperative care facilities.

Citations

1. NIMRC Defining Characteristics of Medical Respite
2. NIMRC State of Medical Respite Care
3. A Pilot Study of the Impact of Housing First–Supported Housing for Intensive Users of Medical Hospitalization and Sobering Services
4. Program evaluation of a recuperative care pilot project

Questions?

CalAIM Community Supports: Recuperative Care/Medical Respite Health Plan Perspective

Behavioral Health & Care Management Department:

Community Supports

Recuperative Care Success Stories

Agenda

01 Welcome

02 IEHP Fun Facts

03 Community Supports Overview

04 What is Recuperative Care?

05 Recuperative Care Success Stories

06 Recuperative Care Impact

Welcome to Inland Empire Health Plan

Inland Empire Health Plan (IEHP) is a top 10 largest Medicaid health plan and the largest not-for-profit Medicare-Medicaid plan in the country.

Membership

1.6M Members
7K+ Providers
3K+ Team Members

Mission

We heal and inspire the human spirit**.**

Vision

We will not rest until our communities enjoy optimal care and vibrant health.

Values

We do the right thing by:

- Placing our Members at the center of our universe.
- Unleashing our creativity and courage to improve health & well-being.
- Bringing focus and accountability to our work.
- Never wavering in our commitment to our Members, Providers, Partners, and each other.

Community Supports

The Departments of Health Care Services (DHCS) encourages Managed Care Plans (MCPs) such as IEHP to offer a robust menu of 14 Community Supports Services (preapproved by DHCS) to comprehensively address the needs of Members – Including those with the most complex challenges affecting health outcomes such as:

- Homelessness
- Unstable and unsafe housing
- Food insecurity
- Other social needs

- A key goal of Community Supports is to allow Members to obtain care in the least restrictive setting possible and to keep them in the community as medically appropriate.
- Community Supports are optional but STRONGLY encouraged.
- Members are not required to use Community Supports.
- Members must have an APPROVED authorization in order to obtain these services.
- IEHP offer all 14 Community Supports Services.

1 Recuperative Care (Medical Respite)

Recuperative Care is short-term residential care for individuals who no longer require hospitalization but still need to heal from an injury or illness & whose condition would get worse in an unstable living environment.

At a minimum, the service would include:

- Interim housing with a bed
- Meals
- Ongoing monitoring of the individuals ongoing medical or behavioral health condition.

Eligibility Requirements:

- Members who are at risk of hospitalization or are post-hospitalization, and
- Members who live alone with no formal supports; or
- Members who face housing insecurity or have housing that would jeopardize their health and safety without modification.

Recuperative Care Success Stories

Quote from a staff member at Helping Hearts Recuperative Care:

“I truly believe that Recuperative care is very helpful in getting homeless/unhoused members get back on their feet whether it’s taking medications, finding jobs, re-unification with families, replacing missing necessary documents (ID, SSC, Birth Certificate) needed for housing. We helped them with their sobriety and recovery care after hospital discharge as well.”

Success Story #1

Member was homeless and needed a place to stay. Member was diagnosed with Bipolar Disorder. Our Recuperative Care connected member through their Psych mobile and member started taking his medications. They assisted the member on utilizing their computer to look for a job. As a result, member found a job at California Conservation Corps. in Stockton, Ca. His employer provided the member with a bus pass to get to work.

Success Story #2

Member came from Jackson House in Temecula. Our Recuperative Care accepted the member and got him connected with a Psychiatrist and started taking his medications. They helped him get his ID which he needed to apply for a job. Member found a job and was hired at Major Drilling America in Utah. The employer had sent member a plane ticket which was verified by Recuperative Care Manager. Staff dropped off member to the airport, and member made it safely to his new job and home in Utah.

Success Story # 3

Member was with our Recuperative Care program twice. The member was originally discharged to his family. Member reached out to us asking for help. Since he left our facility, the member stopped taking all his Psych medications. We accepted the member back and connected him to Psych Mobile. Member started taking medications again and is now stable. Member found a job at Landscape Maintenance of America as a lead driver and are helping other homeless in the encampment. He comes to visit us 3-4 times a month just to let us know he's doing great and telling others who need help to reach out to us. Since then, he had recommended 2 people which he met in the encampment to join our Recuperative Care program.

Success Story #4

Member was with our Recuperative Care before and had completed the program and was discharged. Our Recuperative Care accepted the member back and helped him get all the necessary documents needed for his housing. The member finally got his voucher for an apartment and was able to purchase a car.

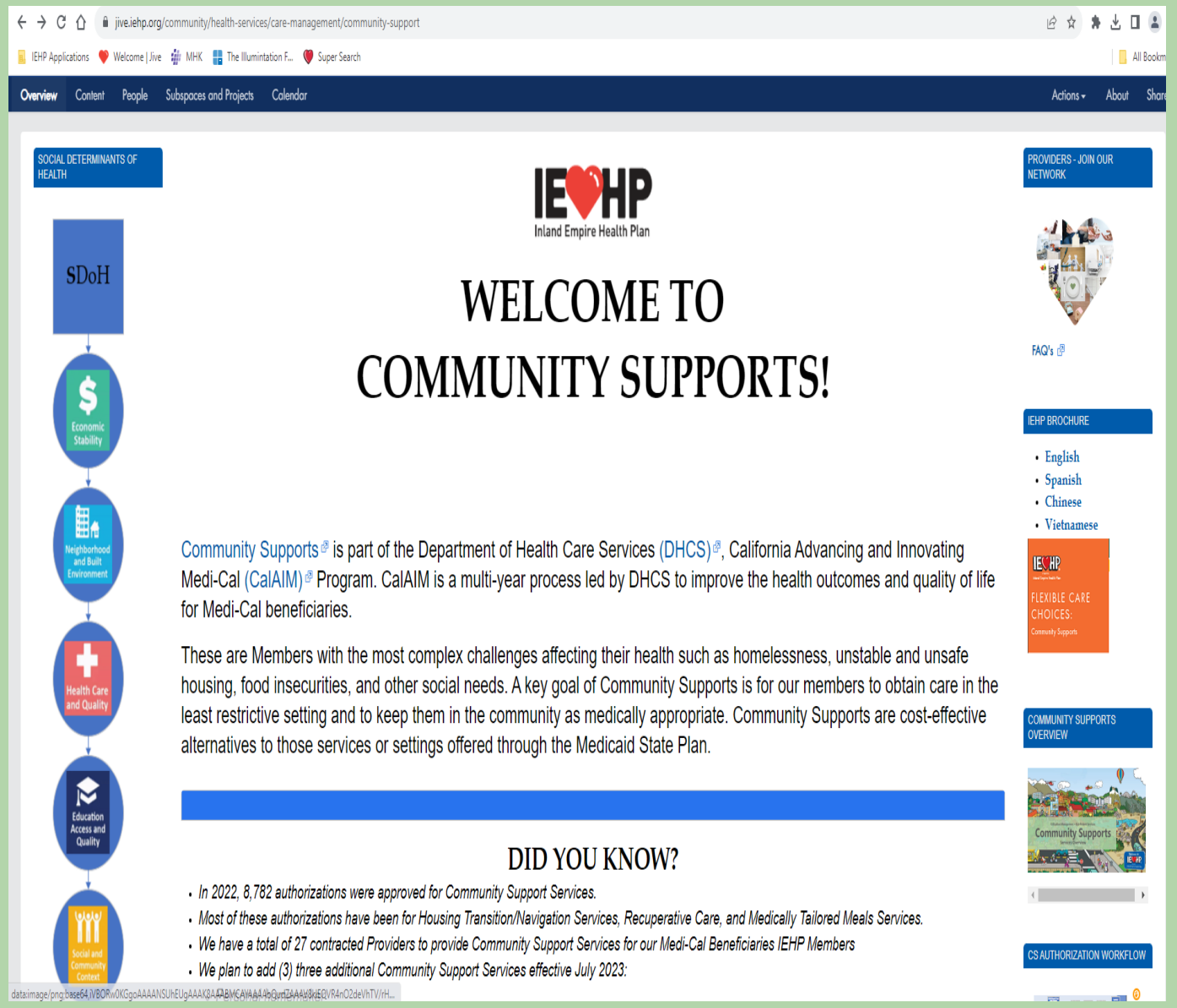
Recuperative Care Impact

These are just a few of our members' success stories. Since IEHP started offering Recuperative Care Services in January 2022, 301 authorizations have been approved for Recuperative Care and we have helped 204 members recover and get back on their feet. Numerous members have found jobs and maintain their sobriety. We also have members that's been reunited with families and are currently staying with them. Thanks to the hard work of our Recuperative Care providers, these members are living better, more productive lives.

Thank You!

For any questions regarding please email:
DG Community Support Team
dgcommunitysupportteam@iehp.org

For more information, please visit our IEHP page at https://www.iehp.org/en/providers/special-programs?target=CSS



CalAIM Community Supports: Recuperative Care/Medical Respite Provider Perspective

ILLUMINATION FOUNDATION

DISRUPTING THE CYCLE OF HOMELESSNESS

PRESENTED BY

Jordan Hoiberg
Director of Housing, Illumination Foundation

ILLUMINATION FOUNDATION

DISRUPTING THE CYCLE OF HOMELESSNESS

Recuperative Care/Medical Respite

- Short-term residential care for individuals who no longer require hospitalization but still need to heal from an injury or illness and whose condition would be exacerbated by an unstable living environment
- Continue recovery and post-discharge treatment with access to primary care, behavioral health services, case management, other supportive services
- 90 day length of stay

Recuperative Care and Primary Care

ILLUMINATION FOUNDATION
DISRUPTING THE CYCLE OF HOMELESSNESS

IFMG
ILLUMINATION FOUNDATION MEDICAL GROUP

Medical Respite/Recuperative Care

- 150-bed facility
- ADA accessible
- Room and board
- Case management
- Substance use counseling
- Connection to social services
- Housing navigation
- Day habilitation
- Dental care

Primary Care Clinic

- Primary care services
- Staff includes: M.D., psychiatrist, nurse practitioner, and behavioral health counselors
- Preventive care services
- Medical screenings
- Illness and injury management
- Chronic disease management
- Behavioral health counseling
- Medication assisted treatment
- Referral to specialty care

Case Management

- Address social determinants of health and stabilize client social and material needs
- Assess clients to determine appropriate service connections
- Develop income plans with clients including SSDI for MediCare connection when eligible
- Obtain vital documents needed for benefits and housing eligibility
- Coordinate substance use and behavioral health connections
- Assist clients in addressing legal barriers

Medical Coordination

- Recuperative Care clinical staff includes medical assistants and LVN's supervised by a registered nurse
- Medical staff review clinical documentation received during intake and assess clients to determine medical needs
- Staff assess client vital signs and complete facility rounds at regular intervals
- Staff collect and dispense client medications

Medical Coordination

- Medical staff coordinate medical care including PCP and specialist appointments, wound care, home health, occupational and physical therapy, etc.
- When needed Fullerton Recuperative Care works with discharging hospital to provide palliative/hospice care to clients
- Medical staff educate clients how to manage chronic health conditions when they are no longer under Illumination Foundation's care
- Medical staff work with case managers to coordinate transitions to higher level of care such as ALF's, memory care, SNF's, or board and care as needed

ILLUMINATION FOUNDATION

DISRUPTING THE CYCLE OF HOMELESSNESS

Housing Community Supports

- Assist with finding a securing safe and stable housing
- Assist with securing one-time services, including first and last month's rent payments, enable member to establish a basic household
- Support in maintaining safe and stable tenancy once housing is secured
- Connect to additional community supports to promote stability including medically tailored meals, environmental accessibility adaptations, and homemaker services

ILLUMINATION FOUNDATION

DISRUPTING THE CYCLE OF HOMELESSNESS

Substance Use Counseling

- Illumination Foundation programs utilize a harm reduction model
- SUD counselors assess clients upon intake to determine their service needs and interest
- SUD counselors provide regular 1:1 counseling services to clients
- SUD counselors refer to medical detox, inpatient and outpatient programming, and sober livings
- SUD counselors work with clients to resolve outstanding legal cases related to substance use. SUD counselors can complete urinalysis and attend court with clients as needed

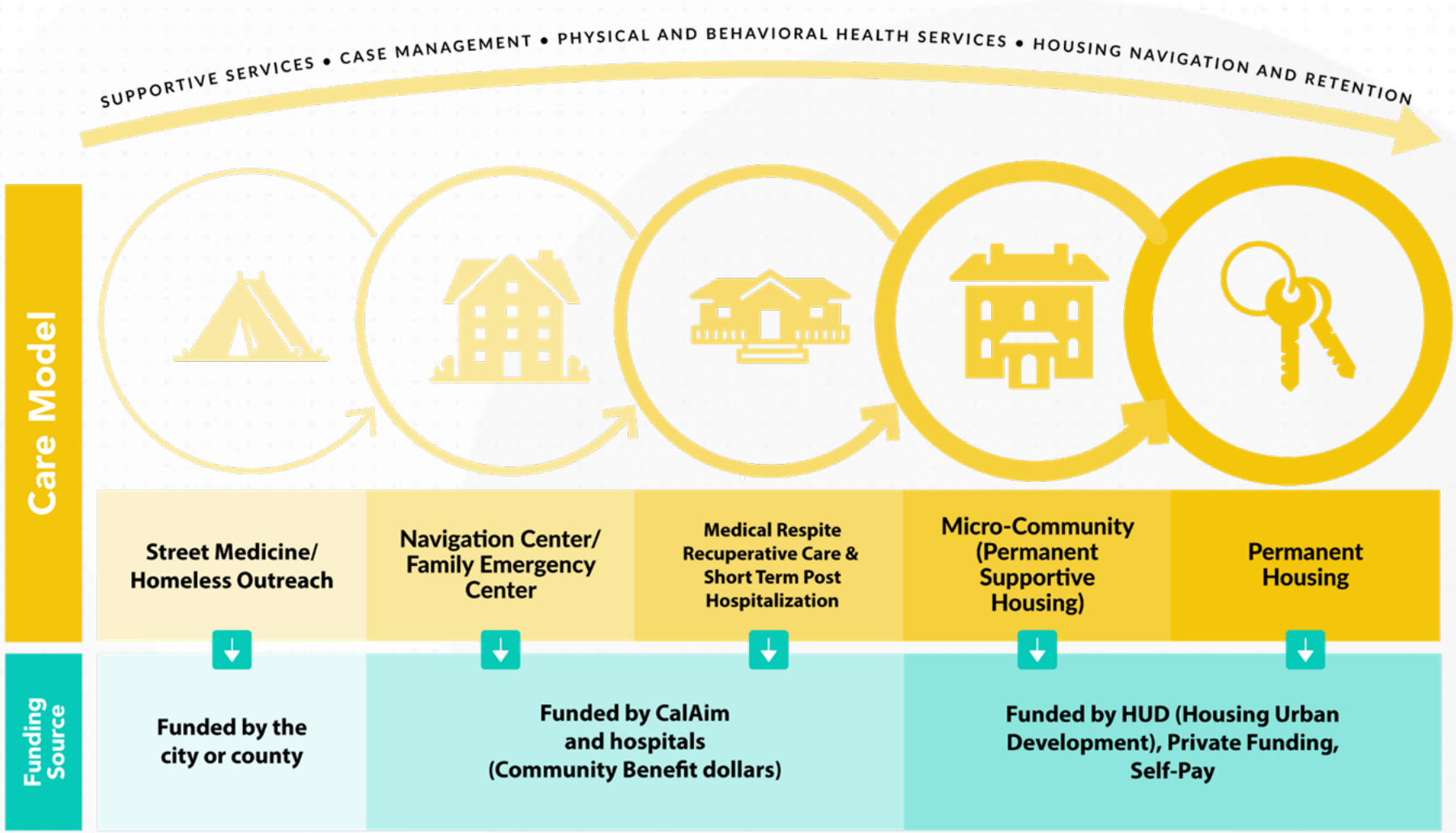
Day Habilitation/Life Skills

- Independent living skills programming is integrated into recuperative care at Orange County facilities
- ILS programming is offered in a group setting with 1:1 office hours available
- Programming is designed to cover as wide an array of skills as possible
- Programming ranges from budgeting skills and credit recovery to stress management and effective communication to emergency medical planning and cleaning/organizational skills when living alone
- Graduates receive a certificate and gift card

ILLUMINATION FOUNDATION

DISRUPTING THE CYCLE OF HOMELESSNESS

Street 2 Home System of Care



Community Supports Capabilities

Services Offered
Housing Transition Navigation Services
Housing Deposits
Housing Tenancy and Sustaining Services
Recuperative Care (Medical Respite)
Short-Term Post-Hospitalization
Day Habilitation

Dual Enrolled Client Challenges and Opportunities

- Dual Medicare/MediCal recipients tend to be older and more medically frail than MediCal recipients. This is likely due to eligibility criteria related to age, disability that prevents substantial gainful activity, and/or chronic renal disease
- Multiple studies have demonstrated that people experiencing homelessness also experience premature aging. Thus, Medicare recipients, already usually over 65, often present with the medical age of geriatric people.
- Dual eligibility does not affect recuperative care reimbursement rates
- Some dual eligible clients have MediCal spendowns that can pose a costly barrier to services
- Medicare reimbursement rates for IFMG primary care are higher than MediCal reimbursement rates, helping to sustain their work with a high acuity population
- Medi-Medi recipients are easier to transition to high levels of care when needed

Unity House

- Unity House is a 20 bed recuperative care for women located on the St. Jude hospital campus in Fullerton
- All staff are women
- Women experiencing homelessness experience gendered violence including sexual assault at disproprtionate rates
- Unity House provides a trauma informed space for women experiencing homelessness

Partnerships for Action: California Health Care & Homelessness Learning Collaborative

Katelyn Taubman, Illumination Foundation staff member with lived experience, was an Collaborative Advisor for the Center for Health Care Strategies review panel.

Partnerships for Action Goals

The goal of the Partnership for Action is successfully house 20 people who are high utilizers of emergency medical services each program year and ensure high rates of housing retention after one year in housing.

- High utilizers of emergency medical services are defined as having:
  - 5 or more emergency department visits in the past 6 months
  - 3 or more inpatient stays in the past 6 months

Senior Microcommunities

- Senior Microcommunities are single family residential homes master leased by Illumination Foundation. Private rooms are sublet to seniors 55+ experiencing homelessness
- Rents are between $500-$750 depending on the property compared to $1,000 for most private room rentals in OC. This makes the rent more affordable for seniors on fixed incomes that are usually between $1,000-$2,000/mo
- Residents receive case management services and nursing students from a local college visit to assist
- The shared living model mediated through services can help address social isolation

Referring Members to Recup and STPH

- Our normative referral department is used in processing both Recuperative Care and STPH members
  - 888-505-0855
- Assessment against recuperative care criteria or STPH criteria
- Unclear cases can be taken and evaluated amongst 2-week presumptive period (barring clearly ineligible cases)
- ED referrals are acceptable under 2-week presumptive period

Connect With Us

Visit Us Online: www.ifhomeless.org
Follow us on Social Media: @IFHOMELESS

Thank You!

Discussion Questions – Panel

- What is the referral process for dual eligible members to be included in the medical respite/recuperative care community support?
- What strategies are used to help dual eligible beneficiaries enroll in the medical respite/recuperative care community support?
- What are the challenges of enrolling dual eligible members in the medical respite/recuperative care community support, and how can members learn more about the options available through their plan?

DHCS Medi-Cal Continuous Coverage Unwinding

DHCS

Recently Approved Federal Flexibilities

Waiver or Flexibility and Description	Authority	Letter
Medical Support Enforcement Waivr: Waiving the requirement for a Medi-Cal applicants to apply within 90 days of pproval of benefits for medical support (if available and at no cost) from a non-ustodial parent that is not in the home.	1902(e)(14)(A)	MEDIL I 23-44
Unconditionally Available Income Requirement Waiver: Waiving the requirement for a Medi-Cal applicants to apply for income within 90 days of approval of benefits that is available to the applicant if applied for at no cost (also referenced as 'unconditionally available income'), such as unemployment or Veteran's benefits.	1902(e)(14)(A)	MEDIL I 23-42
Stable Income Waiver: Waiving income verification requirements for individuals that have stable income that is not subject to change, such as Social Security or pension income.	1902(e)(14)(A)	MEDIL I 23-42
Ex Parte without Returned Renewal Packet Flexibility: Allows counties to complete the annual redetermination via ex parte (if successful), even after a renewal packet is sent to a Medi-Cal member.	MAGI Verification Plan	MEDIL I 23-49E
Self-Attestation of Income Waiver: Streamlines processing when the renewal packet is required to complete the eligibility determination and received with new self-attested income information without income verification or a reasonable explanation.	MAGI Verification Plan	MEDIL I 23-49E

Medi-Cal Continuous Coverage Unwinding

- MEDIL I 23-47: Automation of 100% FPL, Zero Income, and Stable Income Waivers
- After addressing the outstanding renewals, DHCS will focus on actions counties will need to take to resume normal business operations once the Unwinding is complete.

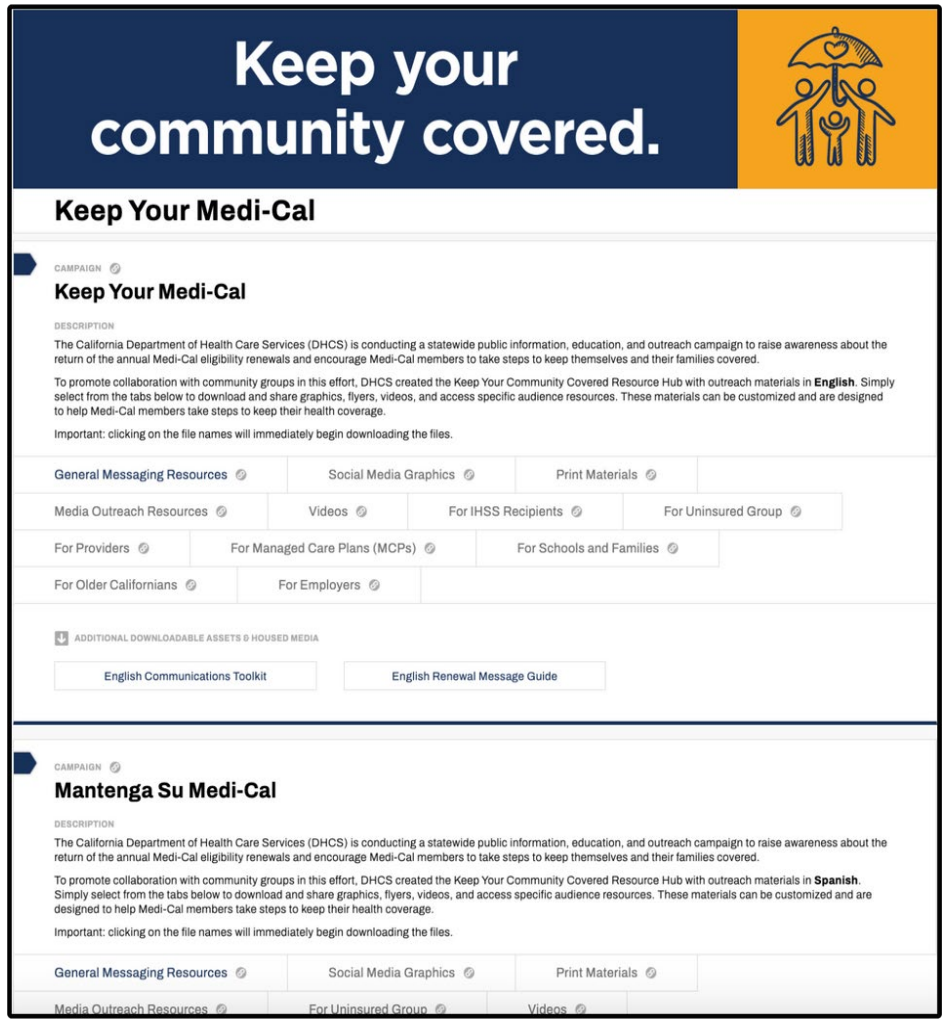
Outreach Materials Resource Hub

Become a Coverage Ambassador

- Check the stakeholder resource page for up-to-date content and resources
- Become a DHCS Coverage Ambassador (in English and Spanish)
  - Currently, we have 4000+ DHCS Coverage Ambassadors signed up to help DHCS spread the word on the Continuous Coverage Unwinding Efforts
  - Sign up here

Keep Your Community Covered Resources Hub

- DHCS launched the Keep Your Community Covered Resources Hub to support collaboration in this effort.
- Download and share resources in all **19 threshold languages.**

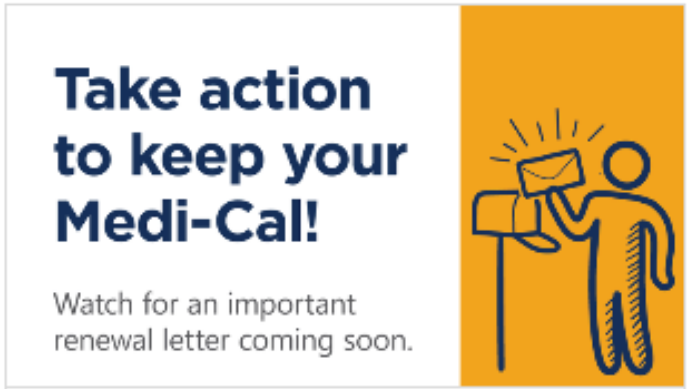


Social Media Graphics

Got Medi-Cal Tweet

Medi-Cal renewals are starting! If your contact info has changed in the last three years, log into your Medi-Cal account to update it. Then look for renewal info in the mail and respond right away to keep your coverage. Find where to update your info at KeepMediCalCoverage.org

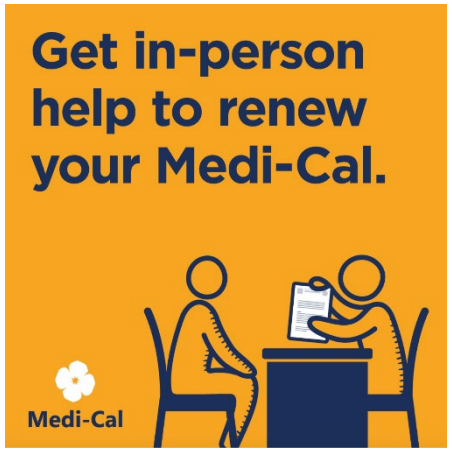
Post



Take Action FB Post Copy

Make sure Medi-Cal can reach you. Visit KeepMediCalCoverage.org to learn how to log in and check that Medi-Cal has your current contact information – and update it if you need to.

Post to timeline



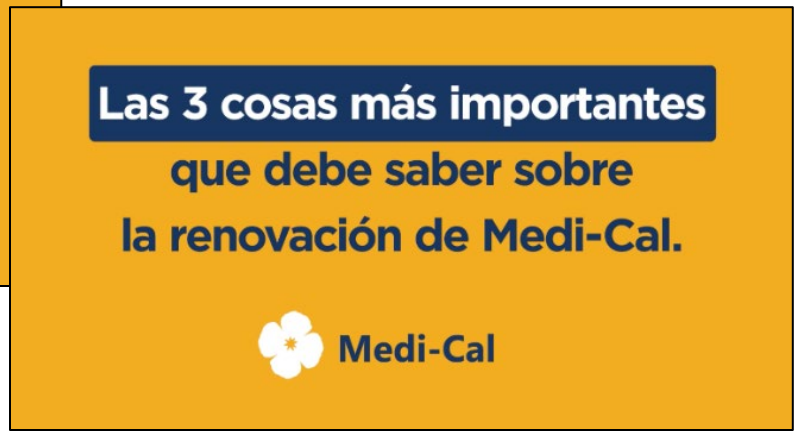
不要失去您的保险。

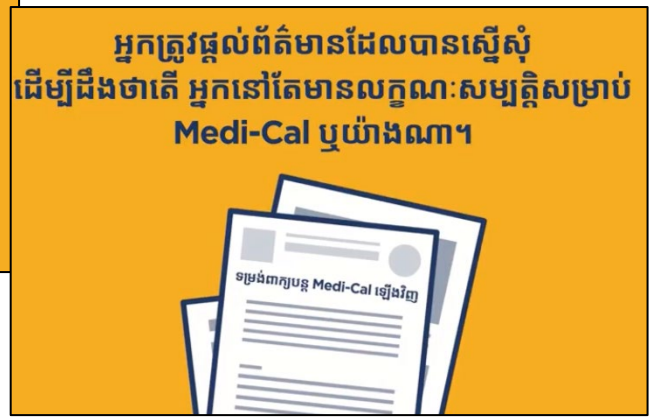
Print Materials

- Customizable flyers, poster, and palm card are available in 19 threshold languages.
- You can add a logo and contact information using free Adobe Reader.
- To add your organization's logo, click on the grey mountain icon and upload your logo.
- There is also a text box to add contact information.

Videos

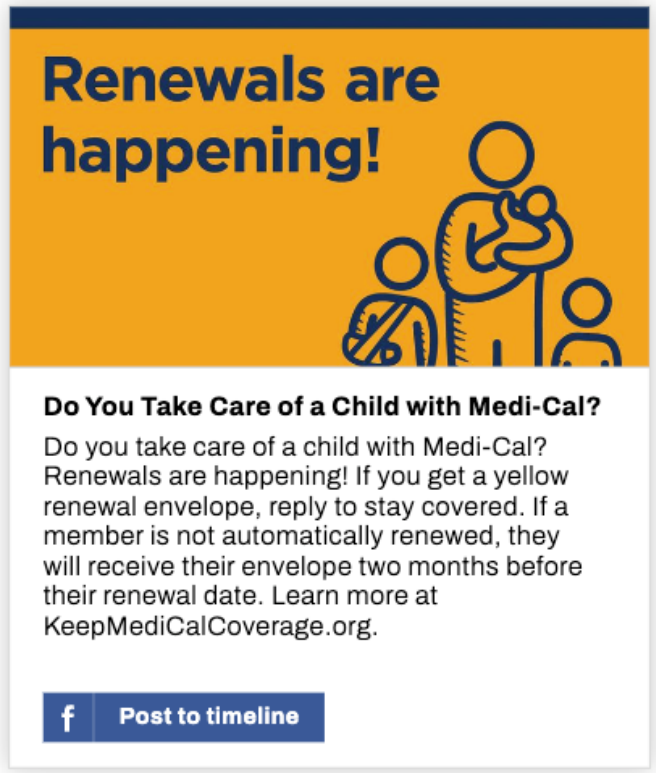
- Detailed How-To explaining the step-by-step renewal process. This is perfect for lobbies and waiting rooms.
- Short videos made for social media and advertising, including “Take Care” and “Stay Covered”.

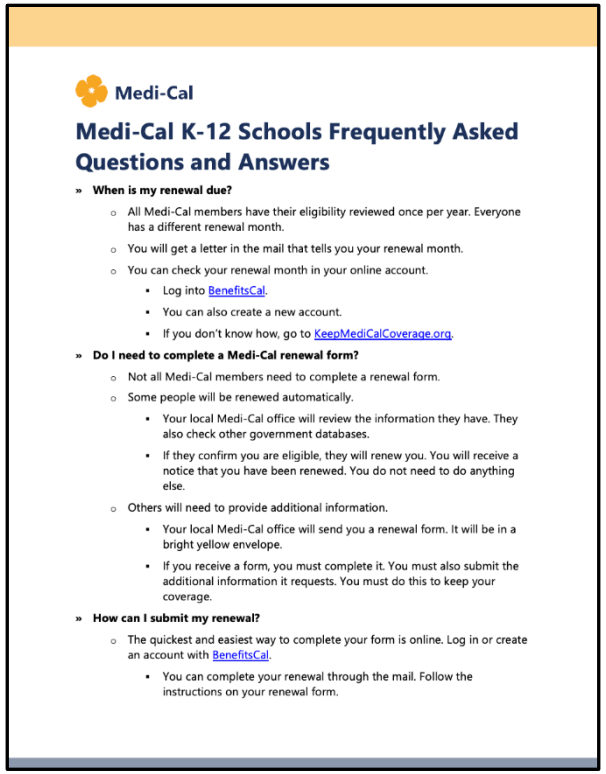


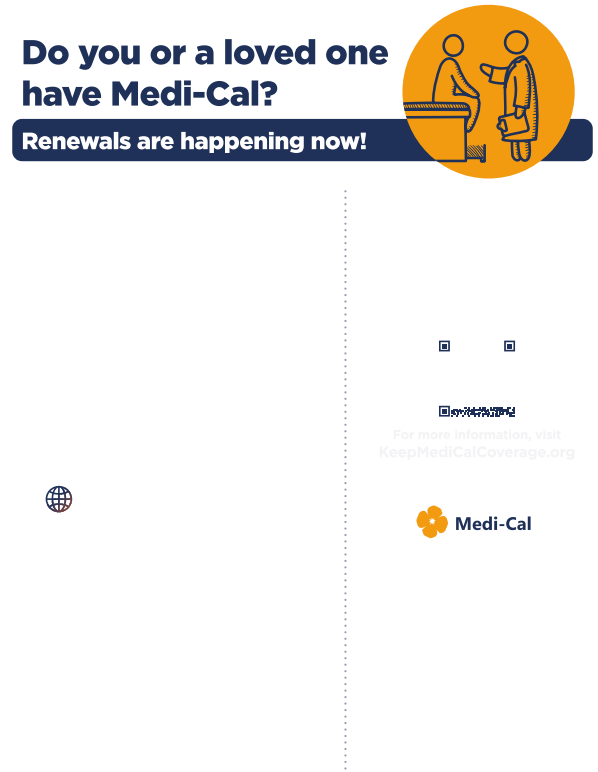


Tailored Audience Resources

- Tailored resources for specific audiences and outreach partners, including In-Home Supportive Services (IHSS), Managed Care Plans (MCP), Providers, Schools and Families, and older Californians.







Pages to Bookmark

Resources:

Keeping Your Community Covered

Keep Your Community Covered Resource Hub

Medi-Cal member-facing pages:

Keep Your Medi-Cal Coverage - English member landing page

Mantenga Su Medi-Cal - Spanish member landing page

Questions?

MCED.COVID@dhcs.ca.gov

DHCS

Next Steps

- Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, February 22, 2024, at 10 AM.**