

California Department of Health Care Services




Street Medicine

Glenn Tsang, Policy Advisor for Homelessness and Housing

Dana Durham, Division Chief
Managed Care, Quality, and Monitoring Division

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CalAIM include:

-  A whole-person care approach and address social drivers of health.
-  Improve quality outcomes, reduce health disparities, and drive delivery system transformation.
-  A consistent, efficient, and seamless Medi-Cal system.

California Advancing and Innovating Medi-Cal (CalAIM) 1 of 2

Medi-Cal (Medicaid) is currently undergoing a transformation called CalAIM to provide members with more equitable, comprehensive, and person-centered care.

There are two major CalAIM programs underway:

Enhanced Care Management (ECM)

- ECM is a comprehensive care management benefit to address clinical and non-clinical needs for the highest-need members enrolled in Medi-Cal managed care plans (MCPs).
- ECM is provided to certain populations of focus, one of which is Individuals Experiencing Homelessness.

California Advancing and Innovating Medi-Cal (CalAIM) 2 of 2

Community Supports

- Community Supports are fourteen services that address members' social drivers of health and help them avoid higher, costlier levels of care.
- Of the fourteen Community Supports services, there are six that are housing-related: *Housing transition navigation services, housing deposits, housing tenancy and sustaining services, day habilitation, recuperative care, and short-term post-hospitalization housing.*

Key PATH Program Initiatives 1 of 2

PATH Initiative Name	High-Level Description
Collaborative Planning and Implementation Initiative	Support for collaborative planning and implementation groups to promote readiness for ECM and Community Supports. Application process is ongoing, and funding anticipated to begin in December 2022.
Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative	Grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide ECM and Community Supports. Application process is ongoing, and funding anticipated to be distributed in first quarter 2023.

Key PATH Program Initiatives 2 of 2

PATH Initiative Name	High-Level Description
Technical Assistance Marketplace Initiative	Technical assistance to providers, community-based organizations, county agencies, public hospitals, tribal partners, and others. TA Vendor application process will be launched in 2023.
Justice Involved Capacity Building	Funding to support collaborative planning as well as infrastructure and capacity needed to maintain and build pre-release enrollment and suspension processes and implement pre-release services to support implementation of the full suite of statewide CalAIM justice-involved (JI) initiatives in 2023. Application process and funding is ongoing.

PATH CITED TIMELINE

Applicants can apply for PATH CITED funding during open window periods.
 Application window dates may be posted to the PATH CITED website at:
[PATH | TPA \(ca-path.com\)](https://www.ca-path.com)

Round	DSHP Funded Base Allocation	2022					2023						2024						2025								
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
1	\$250 Million*	Open	Open	Review	Review	Review	Awards	Review	Awards																		
2	\$150 Million						Open	Open	Open	Open	Review	Review	Review	Review	Awards												
3	\$100 Million													Open	Open	Open	Open	Open	Review	Review	Review	Review	Awards				
4	\$80 Million																		Open	Open	Open	Open	Review	Review	Review	Review	Awards

	Open application period
	Application review and contract development
	Awards announced

Incentive Payment Program 1 of 3

IPP is a three-year, \$1.5 billion incentive program designed to support continued expansion of ECM, Community Supports and other CalAIM goals by incentivizing the use of sustainable infrastructure and capacity, member engagement, service quality, and equity.

- » The IPP vision is to support implementation and expansion of ECM, Community Supports, and other CalAIM goals through incentives focused on capacity building, infrastructure, equity and quality.
- » Incentive funding for MCPs to support capacity and infrastructure building for ECM and Community Support providers

Incentive Payment Program 2 of 3

» Design principles:

- Strive for simplicity by identifying key priorities and finalizing program design
- Identify opportunities for alignment with other DHCS programs and measure sets
- Apply an equity lens to program measures and milestones

Incentive Payment Program 3 of 3

» Goals

- Engagement and Service Delivery/Utilization – Meet member engagement targets and identify and obtain usable information for DHCS to assess member engagement and service delivery
- Sustainable Infrastructure and Capacity – Advance Health information technology capabilities, workforce capacity, and MCP provider networks
- Quality – Promote utilization of services to further the goals and requirement of the Population Health Management program and measure its impact
- Equity, Access and Support for Populations of Focus – Continue to advance equitable access and establish new IPP components to support access for new populations of focus (e.g., children and youth, justice involved)

Incentive Payment Program Timeline

IPP assesses performance in 6-month increments across three distinct Program Years (PY). MCPs submit reports documenting progress against program measures following each measurement period. DHCS will make five IPP payments in total, with dollar amounts earned based on MCP submission scores.

Program Year 1 (2022)												Program Year 2 (2023)												Program Year 3 (1H2024)											
Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4		
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Submission 2-A Measurement Period						Submission 2-B Measurement Period						Submission 3 Measurement Period						Submission 4 Measurement Period						Submission 5 Measurement Period											
	S1 Review	\$				S2-A Submission	S2-A Review				S2-B Submission	S2-B Review	\$			S3 Submission	S3 Review	\$			S4 Submission	S4 Review	\$			S5 Submission	S5 Review	\$							
S1 Submission	<i>Interim Payment 1 (not earned until June 2023)</i>										Payment 2			Payment 3			Payment 4			Payment 5															

HHIP Program Vision, Goals & Strategic Approach 1 of 2

Drawing on the HCBS Spending Plan and the DHCS Quality Strategy, DHCS established HHIP guided by a defined program vision, goals, and strategic approach.

VISION: Improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social determinant of health for the Medi-Cal population

GOALS

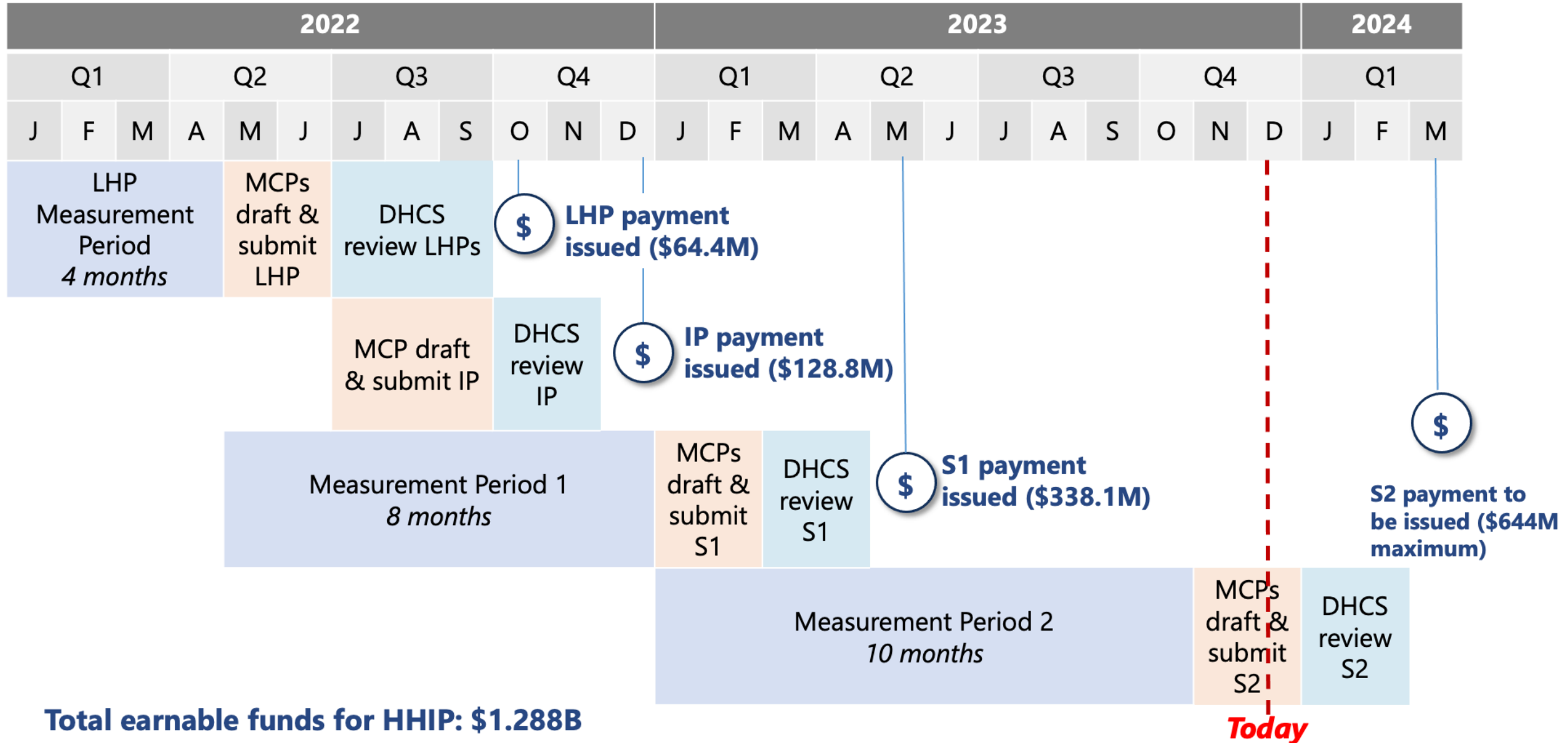
1. Ensure MCPs have the necessary capacity and partnerships to connect their members to needed housing services
2. Reduce and prevent homelessness

HHIP Program Vision, Goals & Strategic Approach 2 of 2

STRATEGIC APPROACH

- **Develop** partnerships between MCPs and social service agencies, counties, public health agencies, and public and community-based housing agencies to address homelessness
- **Provide** rapid rehousing for Medi-Cal families and youth, and interim housing for aging and disabled populations
- **Expand** access to housing services and street medicine programs
- **Improve** access to coordinated housing, health and other social services
- **Reduce** avoidable use of costly health care services
- **Improve** whole person health for Medi-Cal enrollees, including behavioral health treatment and resources
- **Implement solutions that manage information to better identify populations of focus and Member needs**

HHIP Program Timeline



Total earnable funds for HHIP: \$1.288B

HHIP Priority Areas 1 of 2

HHIP consists of three Priority Areas that are intended to support delivery and coordination of health and housing services for members by:

- » **Rewarding** MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services; and
- » **Incentivizing** MCPs to take an active role in reducing and preventing homelessness
- » **MCP Eligibility and Participation** MCP participation in this incentive program is voluntary, but strongly encouraged. Participating MCPs must adhere to program and applicable state and federal requirements to earn incentive payments.

HHIP Priority Areas 2 of 2



**1. Partnerships and capacity
to support referrals for
services**



**2. Infrastructure to
coordinate and meet
member housing needs**



**3. Delivery of services and
member engagement**

Street Medicine Policy Updates 1 of 3

» Presumptive Eligibility

- DHCS issued a [Provider Bulletin](#) to clarify how street medicine providers may utilize Presumptive Eligibility in mobile clinics, street teams, or other locations to be able to provide immediate access to Medi-Cal services.

» Billing Codes Guidance

- DHCS issued [clarification on billing guidelines](#) for street medicine. DHCS allows services appropriate for street medicine to be billed when delivered to beneficiaries receiving services through fee-for-service (FFS) Medi-Cal. Providers billing FFS Medi-Cal when rendering medical services through street medicine can designate homeless shelters, mobile units, and temporary lodging as places of service.
- CMS recently released a new Place of Service (POS) Code 27 (Outreach Site/Street)

Street Medicine Policy Updates 2 of 3

- Goes live 10/1/23
- A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.

Street Medicine Policy Updates 3 of 3

» Managed Care Plan Contracting Relationships

- DHCS developed [All Plan Letter \(APL\) 22-023](#) guidance to MCPs that integrate street medicine models in managed care through various provider contracting relationships such as:
 - Member's Assigned Primary Care Provider;
 - ECM Provider;
 - Referring/treating provider; and/or
 - Directly contracted with the MCP.
- The APL also clarifies the ability of FQHCs to receive Prospective Payment System (PPS) reimbursement when services are provided outside the four walls and where the member is located.

Street Medicine – On Deck for 2024

- » APL update to reflect guidance on new POS code 27
- » Focus on expansion and operational needs for sustainability of street medicine programs
 - Remove administrative barriers
 - Leverage incentive funding for start-up, infrastructure, and capacity building into sustainable funding
- » Identifying models for how street medicine can be a conduit in serving the unique clinical and non-clinical needs of individuals experiencing homelessness
 - Social drivers of health
 - Behavioral health needs
 - Primary care

PATH Technical Assistance Marketplace 1 of 2

The Technical Assistance (TA) Marketplace is a one-stop-shop website where entities can access free TA services from curated and approved vendors. The services offered are designed to help approved TA recipients successfully implement ECM and Community Supports services. TA offerings include options for projects which are packaged and ready for implementation, called “off-the-shelf” projects, and the option to request custom, hands-on technical support.

Available TA Services

- » Building Data Capacity
- » Community Supports
- » Engaging in CalAIM through Medi-Cal Managed Care
- » ECM: Strengthening Care for ECM Populations of Focus
- » Promoting Health Equity
- » Supporting Cross-Sector Partnerships
- » Workforce

PATH Technical Assistance Marketplace 2 of 2

Examples of TA Services

- » Hands-on trainings for ECM and Community Supports providers regarding billing and reporting requirements and contracting with health plans
- » Guidance for data sharing processes between ECM and Community Supports providers and health plans
- » Accelerated learning sessions or computer-based learning modules for CBOs
- » Support and best practices for entities implementing ECM and Community Supports

Thank You!



Resources:

1. CalAIM Information: www.dhcs.ca.gov/CalAIM
2. PATH CITED: www.ca-path.com/cited
3. Street Medicine All Plan Letter: [APL 22-023 \(ca.gov\)](http://apl22-023.ca.gov)