Fundamentals of Medi-Cal, Managed Care, and CalAIM

Santa Clara County Housing and Homelessness Incentive Program (HHIP) Implementation

Homebase

Context and Purpose

- Housing is a social determinant of health and health care access is critical for maintaining housing → Supportive Housing System and Health System collaboration is crucial
- New Medi-Cal resources and other state initiatives have created opportunities to incentivize and facilitate cross-system partnerships
- The Supportive Housing System and local Medi-Cal health plans are committed to strategic and supportive collaboration
- Effective cross-system collaboration and partnership requires cross-system education

Agenda

- ✓ Overview of Medi-Cal Managed Care
  - Medi-Cal Fundamentals
  - What is Managed Care?
  - Managed Care Funding
- ✓ Medi-Cal Health Care Delivery in Santa Clara County
  - Managed Care Plans and Providers
  - Medi-Cal Services and Benefits
  - CalAIM Housing—related benefits and services: Enhanced Care Management (ECM) and Community Supports
- ✓ Eligibility, Enrollment, and Access

Overview of Medi-Cal Managed Care

Medi-Cal Fundamentals

- Medi-Cal is California's Medicaid Program
  - Medicaid = public health insurance program that provides coverage for people with low incomes, including families with children, seniors, people with disabilities, foster care, pregnant women, and people with specific diseases (e.g., tuberculosis, breast cancer, HIV/AIDS)
  - Governed by federal guidelines, regulations, and policies but each state defines eligibility, scope of services covered, providers, and payment rates
    - States may not deny or reduce coverage due to a particular illness or condition
    - Services must be medically necessary to be covered
    - Beneficiaries must have a choice of qualified providers
- CA's program is administered by DHCS (Dept. of Health Care Services)

What is Managed Care?

- The “default” delivery system for Medicaid is fee-for-service (FFS) = state contracts directly with health care providers and pays them a fee for every covered service they provide to Medicaid beneficiaries
- Managed care is an alternative to FFS
  - The state contracts with managed care plans (MCPs), which contract with networks of providers to deliver covered services to beneficiaries.
  - MCPs receive payment from the State per member / per month to provide all the services and benefits that the State offers
- California’s Medi-Cal program is entirely delivered via managed care
  - Each county has at least one Medi-Cal MCP, many have two or more. Some plans operate in many counties throughout the state.
  - Each person who is enrolled in Medi-Cal selects a plan and each MCP is only responsible for providing health coverage to its own members.

Managed Care Plan Funding

- The state pays MCPs a per-member-per-month (PMPM) fixed capitation rate to provide services to Medi-Cal enrollees.
  - With capitation, MCPs assume financial risk.
- Medi-Cal is funded through Federal and Non-Federal (State/local) sources.
  - **State**: Various sources, including General Fund, provider and other taxes, special funds, local funds
  - **Federal**: matches state funds using a Federal Medical Assistance Percentage (FMAP)

Sources: CHCF.org and LHPC Institute

Questions so far?

Medi-Cal Health Care Delivery in Santa Clara County

Homebase

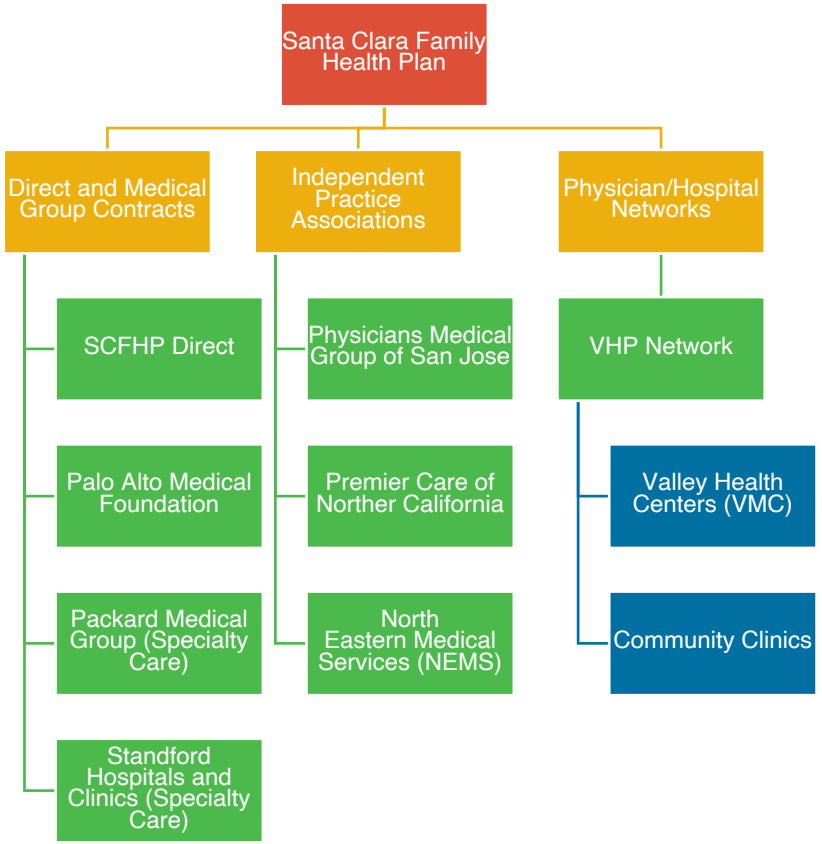
Managed Care Plans and Members

- Santa Clara County now has three Medi-Cal managed care plans: Santa Clara Family Health Plan (SCFHP), Anthem Blue Cross (Anthem), and Kaiser Permanente (KP)
- Membership in Santa Clara County (as of January 2024):

MCP	Medi-Cal	Dual/Medi Medi	Total
SCFHP	268,000	10,700	278,000
Anthem	84,500	12,300	96,900
KP	42,000	7,100	49,100

SCFHP Managed Care Providers

- SCFHP delegates the majority of its Medi-Cal members to provider networks:
  - Valley Health Plan (VHP), Premier Care, Physicians Medical Group (PMG), Palo Alto Medical Foundation (PAMF), and North East Medical Services (NEMS)



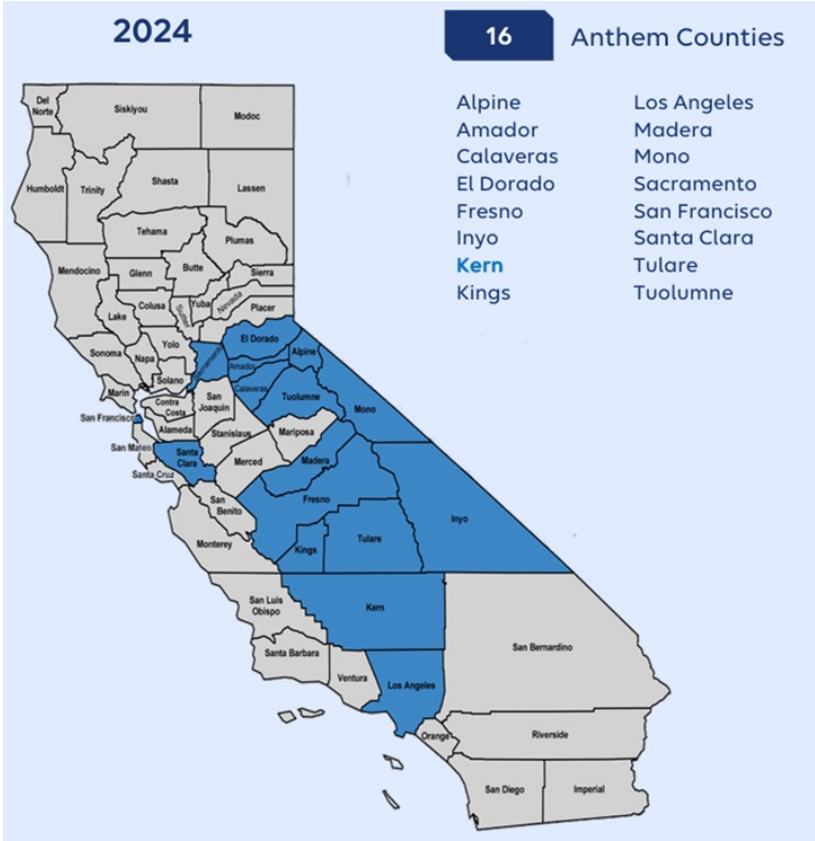
Anthem Managed Care Providers

Subcontracted Network

- Northeast Medical Services
- Physicians Medical Group of San Jose
- Premier Care of Northern California Medical Group

Hospitals

- O'Connor Hospital
- Saint Louise Regional Hospital
- Santa Clara Valley Medical Center
- El Camino Hospital
- Good Samaritan Hospital
- Regional Medical Center of San Jose
- Lucile Packard Children's Hospital at Stanford



Kaiser Permanente Managed Care Providers

A unique, **integrated** nonprofit provider of health care and coverage

Founded in 1945, Kaiser Permanente is headquartered in Oakland, California, and comprises:

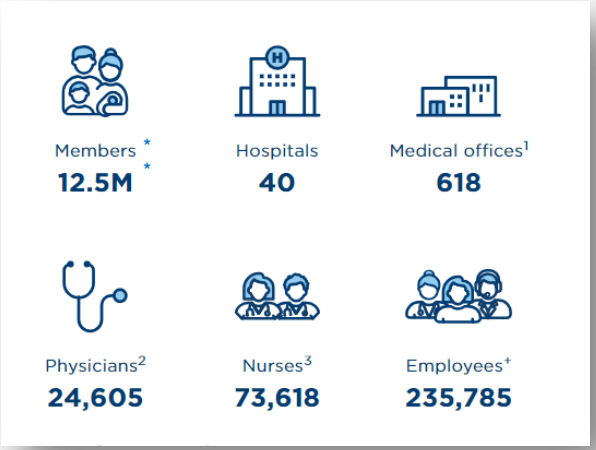
Kaiser Foundation Health Plan, Inc.
A health insurance provider

Kaiser Foundation Hospitals and its subsidiaries
Our hospitals and medical offices

The Permanente Medical Groups
Our physicians

Kaiser Permanente operates in 8 U.S. states and the District of Columbia.

For more information, go to
https://about.kaiserpermanente.org/who-we-are/fast-facts



KP National Medicaid Enrollment December 31, 2023	**1,304,181**

** As of December 31, 2023.
[1] Medical offices and other outpatient facilities as of December 31, 2023.
[2] Approximate as of December 31, 2023, representing all specialties; excluding pool, network, and referral physicians as well as locum tenens.
[3] Approximate as of December 31, 2023, representing all specialties.
[+] Approximate as of December 31, 2023, representing technical, administrative, and clerical employees, nurses, and non-physician caregivers.

Medi-Cal Services and Benefits

- Medi—Cal provides a core set of benefits, including doctor visits, hospital care, immunization, pregnancy-related services and nursing home care
  - Essential Health Benefits (EHB) – ten comprehensive services
  - Adult Dental Benefit
  - Mental Health and Substance Use Disorder Service Benefits
  - Transportation Services
    - Non-Emergency Medical Transportation
    - Non-medical Transportation
  - HealthCare Financial Inc. (HFI)
    - Helps qualified Medi-Cal members get tax-free, SSI disability benefits (income) from the Social Security Administration (SSA).

CalAIM Housing-related Benefits and Services

- CalAIM = California Advancing and Innovating Medi-Cal
  - New Medi-Cal initiative (1115 waiver) focused on improving the health of Californians with the most complex needs.
  - People experiencing homelessness who have physical or behavioral health issues are one of the populations of focus.
- CalAIM includes two programs that offer benefits and services for people experiencing or at risk of homelessness:
  - Enhanced Care Management (ECM): Medi-Cal benefit - MCPs are required to provide ECM to eligible members
  - Community Supports (CS): MCPs are encouraged, but not required to provide community supports. All three plans in Santa Clara County current or will as of July offer all 14 potential CS services.

Enhanced Care Management (ECM)

- Intensive care coordination and services across multiple systems of care to help address clinical and non-clinical needs
- ECM providers are required to meet members where they are in their communities, instead of just at the doctor's office (e.g., at shelters, on the street, or at home)
- Enhanced care managers help set clear goals, make sure members receive the full array of benefits they're eligible for, and coordinate across systems to help members achieve their goals

Community Supports (CS)

- New services that MCPs can add to the package of benefits and services they offer to eligible members.
- Kaiser Permanente offers all 14 Community Supports in Santa Clara County. SCFHP and Anthem both offer 13/14, and will offer all 14 as of July.

  - **Housing transition navigation services**
  - **Housing tenancy and sustaining services**
  - **Recuperative care (medical respite)**
  - Caregiver respite services
  - Community transition services/nursing facility transition to a home
  - Environmental accessibility adaptations (home modifications)
  - Sobering centers
  - **Housing deposits**
  - **Short-term post hospitalization housing *(SCFHP & Anthem live 7/1/24)***
  - **Day habitation programs**
  - Personal care and homemaker services
  - Nursing facility transition/diversion to assisted living facilities
  - Medically supportive food/meals/medically tailored meals
  - Asthma remediation

ECM Member ...	*Begins to receive ECM*	*Is referred by ECM Provider for recovery-focused, short-term housing*	*Is referred by ECM Provider to Community Supports Providers who will help them find, secure, and maintain long-term housing*
ECM Provider ...	**Overall role in supporting Member**: Serves as the key point of contact and coordinator across all the Member's clinical and nonclinical support needs, including (but not limited to) the Member's need for secure, safe, stable housing. **To support housing needs specifically**: Identifies need and eligibility for services over time, places referrals for Community Supports that provide specialized housing services, and coordinates with Community Supports Providers to ensure seamless delivery of services.		
Community Supports Provider ...		**Recuperative Care** Provides interim housing, bed, meals, and ongoing monitoring of medical or behavioral health conditions. **Day Habilitation** Provides programmatic support to assist with socialization and adaptive skills.	**Short-Term Post Hospitalization Housing** Provides interim housing and ongoing supports needed to support recovery and recuperation.

"Housing Trio"

Housing Transition Navigation Services
Conducts a housing assessment and develops an individualized housing support plan for the Member. Presents housing options to the Member and helps coordinate financial support for security deposits and modifications.

Housing Deposits
Provides funds to establish household and assistance in spending those funds (e.g., deposits, utilities, air conditioner).

Housing Tenancy and Sustaining Services
Provides support with maintaining housing once secured (e.g., identifying and addressing hoarding and other lease violations, education, dispute resolution).

Source: [Enhanced Care Management for Individuals Experiencing Homelessness]

Questions?

Homebase

Eligibility, Enrollment, and Access

Eligibility

- Medi-Cal eligibility
  - Low income (138% of poverty level or below)
  - 65 or older or under 21
  - Disabled
  - Pregnant
  - In a skilled nursing or intermediate care home
  - On refugee status for a limited time, depending on how long in the U.S.
  - Parent or caretaker relative of an age-eligible child
  - Have been screened for breast or cervical cancer
  - Enrolled in: CalFresh, SSI/SSP, CalWorks, Refugee Assistance, Foster Care or Adoption Assistance Program
- ECM & Community Supports: Enrolled in Medi-Cal & with an MCP +
  - ECM: 9 specific populations of focus, including people experiencing homelessness
  - Community Supports: varies by community support and MCP

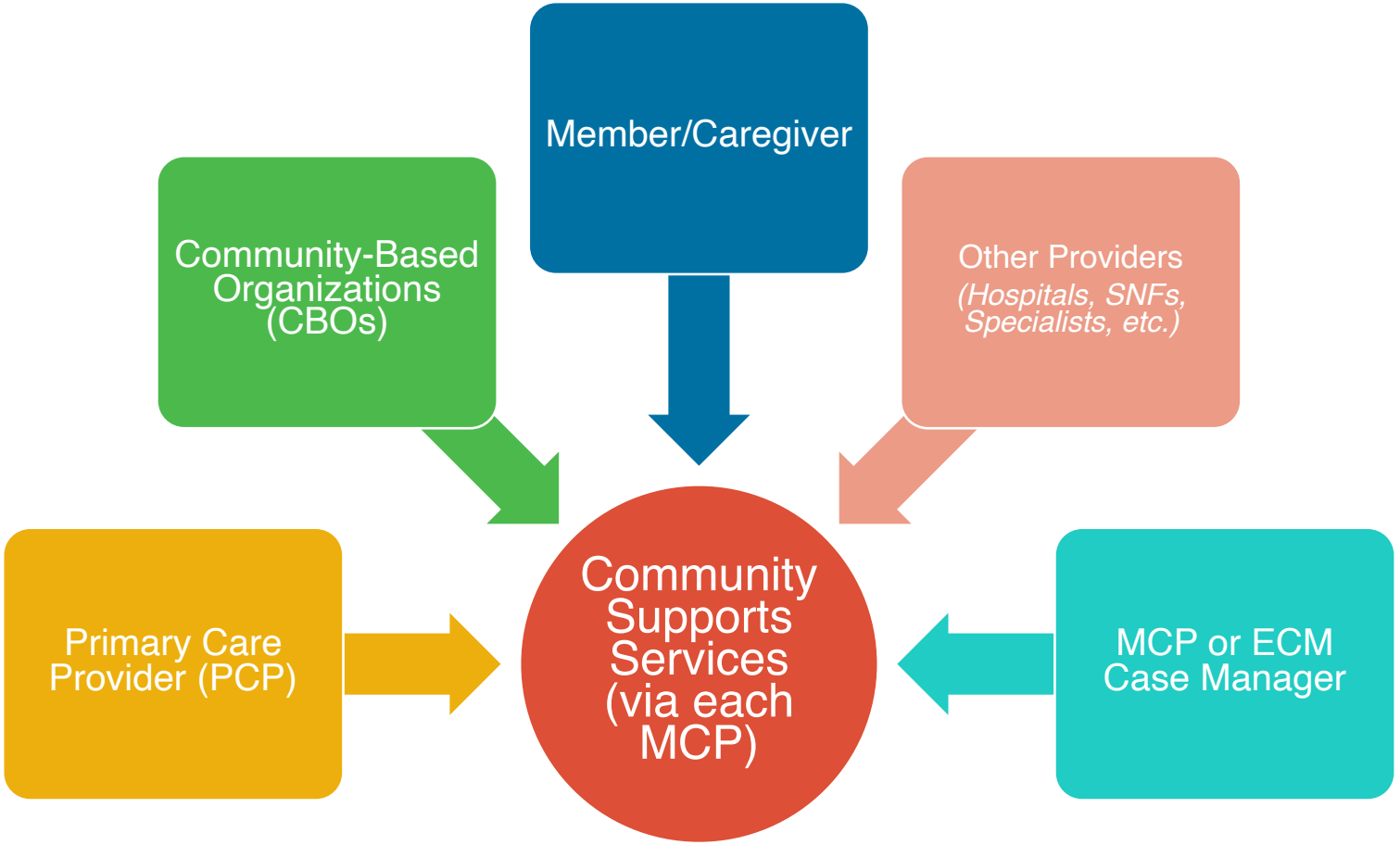
Enrollment

- Individuals must be enrolled in Medi-Cal and select an MCP to receive covered benefits and services
- Enrolling in Medi-Cal
  - Enroll via county: by mail, in person, by phone, or online
  - Free Certified Enrollment Counselors available
- Enrolling in a Plan
  - If Medi-Cal members do not choose a plan within 30 days of enrollment, Medi-Cal will choose for them
- Enrolling in ECM and Community Supports
  - Medi-Cal members must submit referral or application forms and supporting documentation to their MCP for each benefit and service

ECM and Community Support Referral Processes

- Medi-Cal members who are eligible for ECM and CS can be referred by anyone (self-referred, community members/family, ECM/CS providers, other sources)
- Person must be enrolled in Medi-Cal, have selected an MCP, and be eligible for ECM and/or the specific Community Supports they want
- Once member is approved and enrolled:
  - MCPs each contract with different providers for ECM and Community Supports
  - People enrolled in both ECM and a Community Support may or may not have the same provider for both
  - If a person is enrolled in ECM, their ECM provider can/should assess and refer them to appropriate Community Supports

Community Supports Referral Sources



Referrals in Practice

How to the process works
for each MCP

SCFHP ECM Referral Form

Referral Form

Santa Clara Family Health Plan

Santa Clara Family Health Plan.

Enhanced Care Management (ECM) Referral Form
Email: ECM@scfhp.com
Fax: **1-408-874-1469**

Return completed referral form and **required** supporting documentation via SECURE email to ECM@scfhp.com or fax to **1-408-874-1469**. Allow up to 5 business days for referral to be reviewed once received.

Patient/Member Information	
First Name:	Last Name:
DOB:	SCFHP ID:
Spoken Language:	Phone:
Current Address:	
Please select applicable age group (Child/Youth is up to 21 years or 26 years for foster youth) ☐ Adult or ☐ Child/Youth	
Name/Agency Referral Information	
Referred by Name/Agency:	
Is referring agency a SCFHP ECM Provider? ☐ Yes or ☐ No	
Address:	
Phone:	Email:
Additional Comments (Optional):	

To qualify for ECM, the member must be enrolled in Medi-Cal and meet both the criteria requirements below:

1. Is not enrolled in a program or service included in the ECM Exclusions below:

- Multipurpose Senior Services Program (MSSP)
- Assisted Living Waiver (ALW)
- Home and Community-Based Alternatives (HCBA) Waiver
- HIV/AIDS Waiver
- HCBS Waiver for Individuals with Developmental Disabilities (DD)
- Self-Determination Program for Individuals with I/DD.
- DualConnect (DC)
- Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
- Program for All-Inclusive Care for the Elderly (PACE)
- Family Mosaic Project Services
- California Community Transitions (CCT) Money Follows the Person (MFTP)
- Basic or Complex Case Management
- Hospice

2. Please check the box next to one of the following Adult ECM Populations of Focus:

☐ **Adults and Their Families Experiencing Homelessness *Effective 1/1/22**
Must meet all of the following criteria:
- ☐ Experiencing homelessness
- ☐ AND inability to successfully self-manage at least one complex physical, behavioral or developmental health need

☐ **Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization *Effective 1/1/22**
Must meet at least one of the following criteria:
- ☐ Visited the emergency department 5 or more times within a 6-month period that could have been avoided
- ☐ AND/OR have 3 or more unplanned hospital and/or short-term skilled nursing facility stays in a 6-month period

☐ **Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs *Effective 1/1/22**
Must meet all of the following criteria:
- ☐ Meet the eligibility criteria for participation in or obtaining services through the County Specialty Mental Health (SMH) System AND/OR the Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program.
- ☐ AND actively experiencing at least one complex social factor influencing their health
- ☐ AND meet one or more of the following criteria:
  - ☐ Are at high risk for institutionalization, overdose and/or suicide
  - ☐ Use crisis services, emergency rooms, urgent care or inpatient stays as the sole source of care
  - ☐ Visited the emergency department or was hospitalized 2 or more times due to SMI or SUD in the past 12 months
  - ☐ Pregnant or post-partum (12 months from delivery)

☐ **Adults with Intellectual or Developmental Disabilities (I/DD) *Effective 1/1/22**
Must meet all of the following criteria:
- ☐ Have a diagnosed I/DD;
- ☐ AND Qualify for eligibility in any other Adult ECM Population of Focus

☐ **Pregnant and Postpartum Adults at Risk for Adverse Perinatal Outcomes *Effective 1/1/22**
Must meet all of the following criteria:
- ☐ Are pregnant OR are postpartum (through 12 months' period);
- ☐ AND qualify for eligibility in any other Adult ECM Population of Focus.

☐ **Adults at Risk for Institutionalization and Eligible for Long-Term Care Services *Effective 1/1/23**
- ☐ Are eligible for Long-Term Care services who, in the absence of services and support, would otherwise require care for 90 consecutive days or more in an inpatient nursing facility (NF)
- Please note: individuals must be able to live safely in the community with wraparound supports

☐ **Adult Nursing Facility Residents Who Want to Transition to the Community *Effective 1/1/23**
- ☐ Nursing facility residents who are strong candidates for successful transition back to the community and have a desire to do so

*Requires ECM Nursing Facility Transition Assessment

☐ **Adults Transitioning from Incarceration *Effective 1/1/24**
Must meet all of the following criteria:
- ☐ Are transitioning from incarceration or transitioned from incarceration within the past 12 months
- ☐ AND have at least one of the following conditions:
  - ☐ Chronic mental illness
  - ☐ Substance Use Disorder (SUD)
  - ☐ Chronic disease
  - ☐ Intellectual or developmental disability
  - ☐ Traumatic Brain Injury (TBI)
  - ☐ HIV
  - ☐ Pregnancy

Please check the box next to one of the following Children/Youth ECM Populations of Focus:

SCFHP ECM Referral Process

Santa Clara Family Health Plan

ECM Referral Requirements

- ECM Provider must indicate the Population of Focus they recommend member meets the eligibility criteria for
- Documentation supporting the applicable Population of Focus is required
  - Providers may also utilize additional comments text space
  - If no supporting documentation is available please indicate this on the referral form
- Supporting documentation may include;
  - Case Notes
  - Medical Records
  - Attestation of homelessness
  - Care plan
  - SNF Transition Assessment[1]
  - and/or additional documentation supporting recommended population of focus

[1] For Members transitioning from SNF to Community and ECM SNF Transition Assessment is required.

SCFHP Community Supports Referral Process

- Downloadable referral forms available on scfhp.com > Providers > Community Supports page
- The email and direct phone lines are available for **referring providers only**
- Members and/or their caregivers can call Customer Service to self-refer

Provider Portal

Fax: (408) 874-1985

Email: cs@scfhp.com

Phone: (408) 874-1929

Customer Service

Anthem ECM & Community Support Referrals

Anthem

Enhanced Care Management member eligibility checklists/referral forms

California | Medi-Cal Managed Care

Overview
Enhanced Care Management (ECM) is a Medi-Cal Managed Care (Medi-Cal) benefit that provides comprehensive care management services to Medi-Cal members with complex health and/or social needs with the goal to improve the health and social outcomes of the ECM-enrolled member. Members enrolled in ECM will primarily receive in-person care management services that will be offered in the member's community by contracted ECM provider agencies who serve the member's specific population of focus.

To be eligible for ECM, members must qualify as one or more of the identified ECM populations of focus and are not enrolled in duplicative services (as defined in the *ECM Exclusionary Screening Checklist*).

Screening and referral process
There are three steps to the ECM screening and referral process:

1. Complete the *Populations of Focus Screening Checklist* to confirm member eligibility in one or more populations of focus.
2. Complete the *Exclusionary Screening Checklist* as a second step to verify member eligibility.
3. If you determine the member to be eligible for the ECM benefit based on **both screening checklists**, complete and **submit all three forms** to the managed care plan:
    - To expedite the review and approval process, **submit applicable supporting documentation** as evidence of the member meeting ECM criteria. Send the documents securely though the managed care plan's designated method listed below. The managed care plan will review and verify the member's eligibility and respond within one week.

Submission process
Completed ECM referral forms may be submitted via any of the following methods:

- Managed Care Plan (MCP)/provider website
- Fax at **877-734-1854**
- Secure email at CalAIMReferrals@anthem.com
- Customer Care Center from Monday to Friday, 7 a.m. to 7 p.m. PT at **800-407-4627 (TTY 711)** or **888-285-7801 (TTY 711)** for members in Los Angeles County; Outside of LA Call **800-407-4627 (TTY 711)**.

Community Supports Member Referral Form

Anthem

California | Medi-Cal Managed Care

Community Supports (CS) refers to services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use. To be eligible for CS, members must meet specific eligibility requirements. Contracted community-based CS providers will provide services to approved members.
***Note:** Complete this page and any additional requested services on the following pages.

Please email referral form securely to:

- Submit via email at CalAIMReferrals@anthem.com.
- Submit via fax at **877-734-1857**.

Call one of our Medi-Cal Managed Care (Medi-Cal) Customer Care Centers at:

- **800-407-4627** (outside L.A. County)
- **888-285-7801** (inside L.A. County)

Referral source information			
External referral by (select one):	☐ Hospital ☐ Primary medical group (PMG) ☐ PCP ☐ Clinic ☐ Enhanced Care Management (ECM) provider ☐ Other		
Referring individual name:			
Referring organization name:			
Referrer phone number:			
Referrer fax number:			
Referrer email address:			
Member provides consent for requested services: ☐ Yes or ☐ No			
☐ By checking this box, you are attesting that all information provided on this form has been validated. Also, where indicated on this form that you have captured member consent, you will be able to present documentation substantiating this claim with dates, times, signature, voice capture, and/or phone records which will be required upon any prospective audit. **Note to referrers:** Please only mark the services you are referring to.			
Member information			
Member name:			
Member Medi-Cal client ID # (CIN):		Member DOB:	
Member address:			
Member primary phone number:		Best time to contact:	
Member preferred:			
Caregiver name:			
Caregiver's phone number *(if available)*:			
Care manager name:			
Care manager contact information:			
Phone/fax/email:			

Anthem Referral Process

- Complete relevant referral forms and gather supporting docs
  - CalAIM Resources and Referrals
  - ECM: Population of focus (PoF) screening checklist to identify what PoF(s) the member is eligible for + exclusionary screening checklist to:
    - Confirm eligibility
    - Identify duplicative programs for which the member must choose
    - Identify potential programs the member can be enrolled in while also in ECM, which will require coordination or services
  - CS: Referral source and member info + check box for applicable CS service(s) member is being referred to
- Submit completed ECM Referral Form or CS Referral Form and supporting documentation to Anthem via
  - Secure Email: CalAIMreferrals@anthem.com
  - Care Central/Availity Essentials (MCP/provider portal)
  - Fax: 877-734-1854
  - Phone: Medi-Cal Customer Care Center 800-407-4627 (TTY 71)

Kaiser Permanente - How to Submit a Referral for ECM or Community Supports

KP has a no-wrong-door approach for referrals

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Use of the KP referral form is recommended; however, KP will accept any referral form created by another Medi-Cal plan. Simply send the completed form to the same KP email address noted below.
- Referrals may be placed via email or via phone.

	Sacramento/Central Valley	Rest of Northern California	Southern California
Cities	Amador, El Dorado, Fresno, Kings, Madera, Mariposa, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare*, Yolo, Yuba	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma,	Kern, Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Tulare*, Ventura,
Phone	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 9:00 a.m. to 4:45 p.m.	1-833-952-1916 (TTY 711) Monday-Friday (closed major holidays) 9:00 a.m. to 4:45 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
Email	Send completed referral form to REGMCDURNs-KPNC@kp.org with the subject line “ECM Referral” or “CS Referral”		Send completed referral form to RegCareCoordCaseMgmt@kp.org with the subject line “ECM Referral” or “CS Referral”

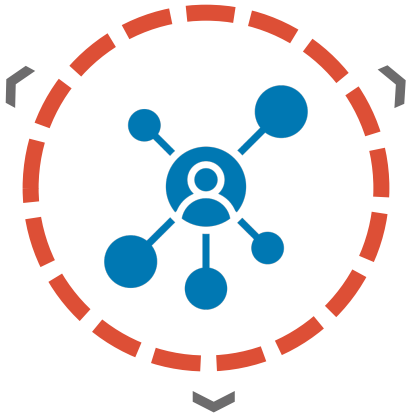
*Tulare Central Valley: 93618, 93631, 93646, 93654, 93666, 93673; Tulare Southern CA: 93238, 93261.

Kaiser Permanente – Network Lead Entity (NLE) Overview

Kaiser Permanente's Network Lead Entities (NLE) support the development of a community partner network for Enhanced Care Management (ECM), Community Supports (CS), and Community Health Worker (CHW) services in all 32 counties.

Centralized Service Coordination

KP is centralizing the coordination of services through the NLEs. KP retains oversight of eligibility, member notifications, quality, and grievances.



Comprehensive Network Coverage

The expertise and services of three statewide NLEs provide comprehensive coverage and enable timely access to ECM, CS, and CHW services.

Collaboration with Local Community Based Partners

NLEs provide ECM, CS, CHW services in close collaboration with community-based organizations with geographic and population of focus expertise.

Kaiser Permanente - How a community-based organization can serve KP members

KP is working with three NLEs to develop a network of community-based ECM, CS, and CHW providers.

If your organization wishes to become part of an NLE's network, you may send an email message to:

Full Circle Health Network

network@fullcirclehn.org
Phone number: 888-749-8877

INDEPENDENT Living Systems

ILSCAProviderRelations@ilshealth.com
Phone number: 305-262-1292

Partners in Care FOUNDATION *

Hubinfo@picf.org
Phone number: 818-837-3775

In your email, please specify the services your organization provides, geography serviced, and population expertise.

*Partners in Care only serves the Southern California region at this time.

Accessing Care: ECM, CS, and Beyond

- SCFHP: To access care and benefits visit SCFHP Website and/or call SCFHP Customer Service: 1-800-260-2055 (TTY: 711), Monday through Friday, 8:30 a.m. to 5:00 p.m.
- Anthem: To access care and benefits visit Anthem Blue Cross website and/or call Anthem Blue Cross Customer Service: 1-800-407-4627 (TTY 71)
- Kaiser Permanente: To access care and benefits visit KP.org or call the KP Medicaid Assistance Center: 1-800-557-4515 (TTY 711)

Speaker Contact Information

- Andrew Somera, Santa Clara Family Health Plan
  - ASomera@scfhp.com
- Rebecca Samaha, Anthem Blue Cross
  - rebecca.samaha@elevancehealth.com
- Kristin Kane, Kaiser Permanente
  - Kristin.A.Kane@kp.org
- Gillian Morshedi, Homebase
  - gillian@homebaseccc.org

Resources/Further Learning (1/2)

- Homebase Health Care web page: Resources for Building Health Care-Homeless Response System Partnerships, which includes:
  - CalAIM Basics
  - Maximizing CalAIM's Enhanced Care Management Benefit and Community Supports Services
  - CalAIM's Community Supports: Housing-Related Services (deeper dive into the four most directly housing-related Community Supports)
  - Health Care-related webinars
- Homebase Medi-Cal Renewals resource page
- DHCS information and resources relating to ECM and Community Supports
  - Enhanced Care Management for Individuals Experiencing Homelessness
  - CalAIM Enhanced Care Management Policy Guide (Sept. 2023)
  - Medi-Cal Community Supports, or in Lieu of Services (ILOS), Policy Guide (July 2023)

MCP Resources

- SCFHP resources
  - SCFHP Benefits and Services
  - Community Supports
  - Enhanced Care Management
- Anthem resources
  - Anthem Benefits and Services
  - Community Supports
  - Enhanced Care Management
- Kaiser Permanente resources
  - KP Benefits and Services
  - ECM/CS

QUESTIONS?

Homebase