



Medi-Cal Community Supports Explainer

DECEMBER 2021

What Are Community Supports?

Community Supports, previously known as In Lieu of Services or ILOS, are certain community-based services and supports that address health-related social needs. Medi-Cal managed care health plans may offer these alternative services to their members to avoid hospital care, nursing facility care, visits to the emergency department, or other costly services.

Community Supports are services that are not usually covered by Medi-Cal. Medi-Cal health plans have the option to provide Community Supports, and eligible Medi-Cal members have the option to receive these services. If a Medi-Cal health plan chooses to provide Community Supports, they must be medically appropriate for members and help avoid more costly levels of care.

Some members who are eligible for Community Supports may also be eligible for [Enhanced Care Management \(ECM\)](#), a Medi-Cal managed care benefit designed to address the clinical and non-clinical needs of high-need individuals through the coordination of services and comprehensive care management. Community Supports can be an important part of care for members receiving ECM because they provide opportunities for members with high needs to get care and be better served in their community.

What Services Are Available Through Community Supports?

The California Department of Health Care Services (DHCS) has pre-approved fourteen (14) Community Supports that Medi-Cal health plans may offer:

- ***Housing Transition Navigation Services***, which assist individuals with obtaining housing.
- ***Housing Deposits***, which assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board.
- ***Housing Tenancy and Sustaining Services***, which aim to help individuals maintain safe and stable tenancy once housing is secured.
- ***Short-Term Post-Hospitalization Housing***, which provides those who do not have a residence, and who have high medical or behavioral health needs, the opportunity to continue their medical, psychiatric, or substance use recovery immediately after exiting an inpatient institutional setting.
- ***Recuperative Care (Medical Respite)***, which provides short-term integrated and clinical care for individuals who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions).

- **Respite Services**, which are short-term services provided to caregivers of those who require occasional temporary supervision to give relief to the caregiver.
- **Day Habilitation Programs**, which provide services in or out of a person's home to assist them in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the community.
- **Nursing Facility Transition/Diversion to Assisted Living Facilities**, which help individuals live in the community by facilitating transitions from a nursing facility back into a home-like, community setting, or preventing nursing facility admissions for those with imminent need.
- **Community Transition Services/Nursing Facility Transition to a Home**, which assist individuals to live in the community to avoid further institutionalization by providing non-recurring set-up expenses for individuals transitioning from a licensed facility to a living arrangement in a private residence.
- **Personal Care and Homemaker Services**, which support individuals who need assistance with daily activities, such as bathing, getting dressed, personal hygiene, cooking, and eating.
- **Environmental Accessibility Adaptations (Home Modifications)**, which provide physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home.
- **Meals/Medically Tailored Meals/Medically Supportive Foods**, which help individuals achieve their nutrition goals at critical times to help them regain and maintain their health.
- **Sobering Centers**, which are used as alternative destinations for individuals who are found to be publicly intoxicated and would otherwise be transported to the emergency department or jail.
- **Asthma Remediation**, which provides physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.



If approved by DHCS, Medi-Cal health plans may also offer Community Supports that are not on the pre-approved list.

While Community Supports are optional for Medi-Cal health plans to provide, DHCS has encouraged health plans to offer them and has provided significant technical assistance and guidance leading up to implementation. Health plans will start offering Community Supports in 2022 and may add new Community Supports every six months. With sufficient prior notice given to DHCS, health plans may stop offering a Community Support every 12 months.

Community Supports offerings can vary by plan and county. For detailed information about which Community Supports each Medi-Cal health plan will offer, please see the [ECM and Community Supports webpage](#).

How Do Members Access Community Supports?

There are three ways members can access Community Supports:



Members who qualify may be contacted directly by their health plan and/or a Community Supports provider.

Medi-Cal health plans are responsible for regularly identifying members who may benefit from Community Supports and who meet the criteria for the program. Once a member is identified, the health plan and/or their assigned Community Supports provider will contact them to discuss Community Supports.



A health and social services provider, including an ECM or Community Supports provider, may submit a referral for members.

If a member has not yet been identified by the Medi-Cal health plan as eligible for Community Supports, but appears to meet the requirements, their provider can submit a referral to the member's health plan. The health plan is required to have a referral process that is available for health and social service providers. You do not need to be a clinician to refer someone to Community Supports.



Members may self-refer or ask for information to see if they qualify.

A member or the member's family can contact their Medi-Cal health plan to see if they qualify for Community Supports. Members can contact their health plan by calling the number on the back of their insurance card.

Qualifying members will be enrolled in Community Supports by their health plan and/or provider. Specific enrollment processes may vary depending on which Community Support(s) the member is qualified to receive.

How Might Community Supports and ECM Work Together?

Community Supports and ECM can work together to address the medical and social needs of individuals who qualify for both services. The following is a fictional story that helps illustrate how ECM and Community Supports may work together to meet member needs.

Meet Antonio

Antonio has hypertension, diabetes, back pain, and depression. As a result, he's been in and out of the hospital four times in the past six months. He struggles to manage his conditions, including keeping up with his medications, maintaining a healthy diet, and getting to appointments. Due to his back pain, he also needs help with grocery shopping and cooking.



At an appointment with one of his doctors, Antonio was referred to ECM. Antonio began receiving ECM and has seen improvements in his health over the last year. Antonio's ECM care manager works with him to better manage his conditions, including managing his medications. To provide additional support, Antonio's ECM care manager connected him with a Community Supports provider who offers medically tailored meals, which has helped him maintain a healthy diet.

With these new supports in place, Antonio is healthier and needs less care overall.

Who Provides Community Supports?

Community Supports are provided mainly by community-based entities that contract with Medi-Cal health plans. Community Supports providers must have experience and expertise providing these unique services in a culturally and linguistically appropriate manner. The following list provides examples of possible Community Supports providers. Please note that list is not exhaustive and does not include all entities that may serve as Community Supports providers.

- Social services agencies
- County agencies
- Life skills training and education providers
- Home health or respite agencies
- Home delivered meals providers
- Local health departments
- Area agencies on aging
- Public hospital systems
- Federally-Qualified Health Centers (FQHCs) and rural health clinics
- Affordable housing and supportive housing providers
- Sobering centers
- Community-based entities



What Are the Responsibilities of a Community Supports Provider?

Community Supports providers may deliver medical and/or social services, such as housing navigation, recuperative care, medically tailored meals, and support with transitions back into the community. Their responsibilities include:

- Providing services in accordance with [state service definitions](#).
- Accepting member referrals, conducting outreach to referred members, being responsive to outreach from members, and coordinating and sharing information with other providers in the member's care team.
- Maintaining staffing that allows for timely, high-quality, patient- and family-centered, culturally and linguistically appropriate service delivery.
- Submitting claims or invoices to Medi-Cal health plans to receive payment.
- Submitting reporting data and responding to information requests from Medi-Cal health plans.

What Requirements Must a Community Supports Provider Meet?

Credentialing requirements only apply to providers with a state-level pathway for Medi-Cal enrollment. Providers may enroll through the DHCS Provider Enrollment Division or Medi-Cal health plans can choose to have a separate enrollment process. Details for how to enroll through the DHCS Provider Enrollment Division can be found on the [Provider Enrollment webpage](#). Medi-Cal health plans may provide additional information to support provider enrollment.

Community Supports providers without a state-level pathway to Medi-Cal enrollment will need to undergo health plan vetting processes to ensure they meet the standards and capabilities necessary to serve as a Community Supports provider. Medi-Cal health plan vetting processes may vary but will not require "credentialing." Credentialing is only required for Medi-Cal enrolled providers.

Each Medi-Cal health plan has their own processes for vetting Community Supports providers. These processes determine provider's ability to provide services, maintain adequate staffing, engage in necessary information exchange, and meet other requirements for participation. To determine whether a state-enrollment pathway exists, interested providers should consult the DHCS [Provider Enrollment webpage](#) and/or the [health plans](#) in their county. Additional details on program requirements for Community Supports providers can be found in the [Policy Guide](#).

How To Obtain a National Provider Identifier

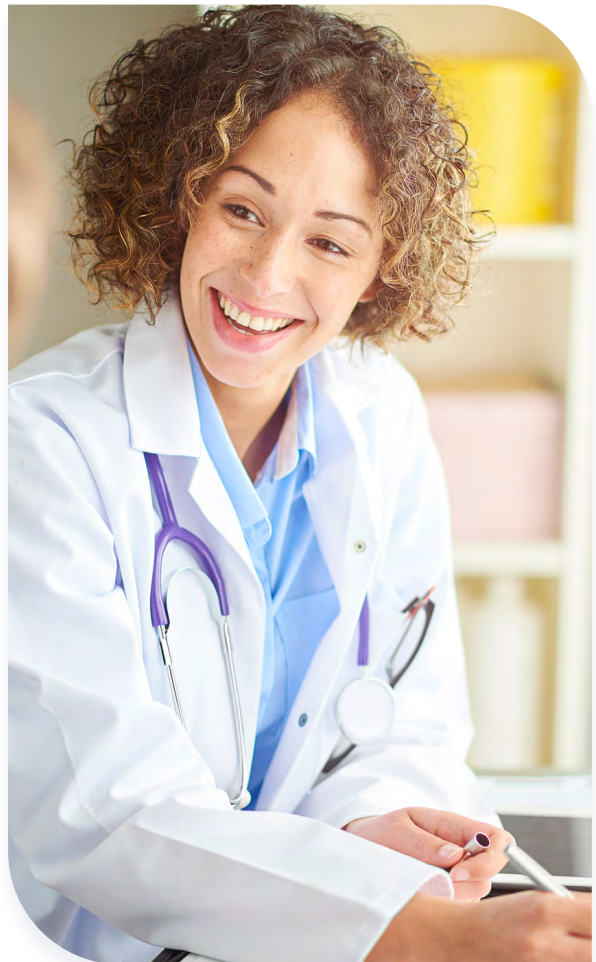
Community Supports provider organizations must have a National Provider Identifier (NPI) to receive payments from the health plans. Some providers that participate in Community Supports may not currently have an NPI. Providers can refer to the state's [NPI Application Guidance](#) for additional information and assistance.

How Do Community Supports Payments Work?

Community Supports are medically appropriate services that help avoid hospital care, nursing facility care, visits to the emergency department, or other costly services. Funding for Community Supports is part of the funding that Medi-Cal health plans receive from the state through their capitated rates.

Medi-Cal health plans negotiate individual contracts and payment terms with Community Supports providers to deliver Community Supports services. Services may be provided directly by the Community Supports provider, or the provider may subcontract certain activities to other entities. If Community Supports providers subcontract with other entities, they will need to establish separate contracts and payment terms with those entities.

The state has provided non-binding pricing guidance as a tool to support discussions around payment for Community Supports services. The state has also outlined how additional funding, including incentive payments, could be made available to support infrastructure costs. This information can be found on the [ECM and Community Supports webpage](#).



What Questions Should Interested Providers Consider?

Community-based entities interested in serving as Community Supports providers should consider a number of factors to help determine whether and in what capacity they participate. Initial questions to consider include:

- ☐ Does the organization have experience providing these types of services?
- ☐ Does the organization have the capacity to provide services to existing and new individuals, including outreach and engagement activities?
- ☐ Can the organization maintain staffing to make sure individuals receive services that are timely, high-quality, patient- and family-centered, and culturally and linguistically appropriate?
- ☐ Can the organization generate and report the required data?
- ☐ Does the organization have a clear understanding of the costs of delivering these services to inform payment negotiations and a sustainable financial plan?
- ☐ Can the organization generate and submit claims or invoices?

If organizations are interested in becoming a Community Supports provider, please contact the [Medi-Cal health plans](#) in your county.



Resources

The following resources provide additional background and policy information related to Community Supports:

- [Finalized DHCS-MCP ECM and ILOS Contract Template](#)
- [Finalized CalAIM ECM and ILOS Model of Care Template](#)
- [Finalized ECM & ILOS Coding Options](#)
- [ECM & Community Supports Billing & Invoicing Guidance](#)
- [Community Supports \(ILOS\) Policy Guide](#)
- [CalAIM Program Updates - Provider Focus](#)
- [CalAIM Program Updates - Provider Focus Part 2](#)
- [NPI Application Guidance](#)

Additional resources, including Provider Terms and Conditions, Non-Binding Pricing Guidance, Community Supports Elections, and Frequently Asked Questions, can be found on the [ECM and Community Supports webpage](#).



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