



# CalOptima Health

## Implementing CalAIM – Enhanced Care Management and Community Supports

September 7, 2022

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### Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

### Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

# CalOptima Health Overview

- Mission: To serve member health with excellence and dignity, respecting the value and needs of each person
- Founded as Orange County's community health plan for low-income families, seniors and people with disabilities
- Serves 1 in 4 adults and 1 in 3 children in Orange County
- Has 1,500 employees and an annual budget of \$4 billion



# What are CalAIM's Goals?

- CalAIM has three primary goals:
  - Identify and manage member risk and need through whole person care approaches and addressing social determinants of health
  - Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
  - Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform



# Enhanced Care Management (ECM)

# What is ECM?

- A whole-person interdisciplinary approach to care that addresses the clinical and non-clinical needs of members with the most complex medical and social needs through systematic coordination of services
- Includes coordinating care across the physical and behavioral health delivery systems



# ECM Core Services



# Populations of Focus (POF)



January 1, 2022

- Individuals and families experiencing homelessness
- Adult high utilizers
- Adults with serious mental illness (SMI) or substance use disorder (SUD)
- Adults transitioning from incarceration



January 1, 2023

- Adults eligible for long-term care
- Adult nursing facility residents



July 1, 2023

- Children with special conditions: high utilizers, serious emotional disturbance (SED), California Children's Services (CCS), Whole-Child Model (WCM), child welfare and transitioning from incarceration

# Community Supports



# Community Supports: January 1, 2022

## Recuperative Care

- Interim housing
  - Bed and healthy meals
- Physical and mental health monitoring
  - Vitals
  - Assessments
  - Wound care
  - Medication
- Short-term assistance
- Coordination of transportation
- Medical stability

## Housing Supports (3)

- Housing navigation
  - Assessment
  - Search and support plan
  - Address barriers
- Housing deposits
  - One-time funding
  - First and last
  - Utilities, etc.
- Housing sustaining services
  - Intervention
  - Training
- Relationships

# Community Supports: July 1, 2022

## Short-Term Post-Hospitalization Housing

Provides members who do not have a residence and who have high medical or behavioral health needs to continue recovery immediately after exiting a hospital or recuperative care facility

## Day Habilitation Programs

Provides members with assistance in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside successfully in their natural environment

## Personal Care and Homemaker Services

Helps members in acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside successfully in their natural environment. Includes helping members with activities of daily living and instrumental activities of daily living

## Meals/Medically Tailored Meals

Provides members with meals and nutrition services that help to achieve nutrition goals at critical times to help regain and maintain health. Includes a registered dietician assessment

## Sobering Centers

Provides members who are found to be publicly intoxicated with an alternative destination to an emergency department or jail. Services can include medical triage, a temporary bed, rehydration and food service, treatment for nausea and warm handoffs for additional substance use services

# Community Supports: January 1, 2023

## Respite Services

Provided to caregivers of members who require intermittent temporary supervision. Can be hourly, episodic or overnight

## Environmental Accessibility Adaptations (Home Modification)

Physical adaptations to a home that are necessary to ensure the health, welfare and safety of the individual; enable the member to function with greater independence in the home; or without which the member would require institutionalization

## Nursing Facility Transition/Diversion to Assisted Living Facilities

Assist members to live in the community and/or avoid institutionalization when possible

## Community Transitions to Home/Nursing Facility Transition to a Home

Non-recurring set-up expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence


## Asthma Remediation

Physical modifications to a home environment that are necessary to ensure the health, welfare and safety of the member; enable the member to function in the home; or without which acute asthma episodes could result in the need for emergency services and hospitalization

# How to Refer Members for ECM and Community Supports

# Referral Form

- Referral forms for ECM and Community Supports can be found online
- Filled out by:
  - Member/member representative
  - Hospitals
  - CBOs
  - Community support vendors
  - Case managers



**CalAIM Community Supports Referral Form**

**Note:** Member must be eligible with CalOptima.  
**Step 1:** Please fill out all sections below and proceed to Steps 2 and 3.

**Referral Information:**

|   |   |
|---|---|
| Referral Date: _____                    | Referred by: _____                            |
| Agency or Relationship to Member: _____ | Referring Provider NPI (if applicable): _____ |
| Phone: _____                            | Fax: _____ Email: _____                       |

**Member Information:**

|                                    |                              |
|------------------------------------|------------------------------|
| Member Name: _____                 | Medi-Cal CIN: _____          |
| Date of Birth: _____               | Primary Care Provider: _____ |
| Phone: _____                       | Email: _____                 |
| Member's Preferred Language: _____ |                              |

**Step 2. Select ONE Community Supports Service to request from options 1–7:**

|  |  |   |
|--|--|---|
| <p><input type="checkbox"/> <b>1. Housing Transition Navigation Services</b><br/> <i>(Assist member with obtaining housing and preparing for move-in.)</i></p>   | <p><input type="checkbox"/> <b>2. Housing Deposit</b><br/> <i>(Identify, coordinate and fund move-in costs and services for a basic household, excluding room and board. Member must be receiving Housing Transition Navigation Services. Available once in a lifetime unless a limited exception applies.)</i></p>  | <p><input type="checkbox"/> <b>3. Housing Tenancy and Sustaining Services</b><br/> <i>(Provide education, coaching and support to maintain a safe and stable tenancy once housing is secured. Available for a single duration in a lifetime unless a limited exception applies.)</i></p>  |
| <p><u>Member eligibility criteria</u><br/> <i>(Select all that apply):</i></p> <p><input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System</p> <p><input type="checkbox"/> Homeless or at risk of homelessness</p> | <p><u>Member eligibility criteria</u><br/> <i>(Select all that apply):</i></p> <p><input type="checkbox"/> Received Housing Transition Navigation Services</p> <p><input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System</p> <p><input type="checkbox"/> Homeless or at risk of homelessness</p> | <p><u>Member eligibility criteria</u><br/> <i>(Select all that apply):</i></p> <p><input type="checkbox"/> Received Housing Transition Navigation Services</p> <p><input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System</p> <p><input type="checkbox"/> Homeless</p> |

HAHS Referral Form -E-  
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Page 1 of 3

Sobering centers do not need a referral form completed, as notification to the HN will not be made until after member has utilized the services

Recuperative care has a separate referral form listed at the same website

# Call to Provider

- Simply call a CalOptima Health Community Support Provider and refer the member
- Provider rosters will soon be added to the CalOptima Health website



# To Learn More About CalAIM

- <https://www.dhcs.ca.gov/calaim>
- <https://www.caloptima.org/en/About/CurrentInitiatives/CalAIM.aspx>

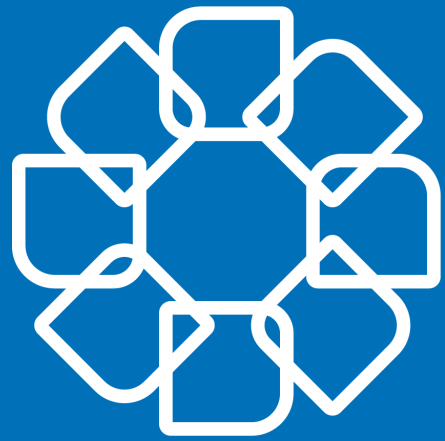


# Questions?



# Provider Engagement

- Interested in becoming a provider?
  - Email Nicole Garcia, Director, CalAIM Outreach
  - [nicole.garcia@caloptima.org](mailto:nicole.garcia@caloptima.org)
- Already a provider but need support?
  - Contact Susan Pham, Community Support Liaison
  - [susan.pham@caloptima.org](mailto:susan.pham@caloptima.org)
- Interested in learning more about ECM or Community Supports?
  - Contact Mia Arias, Director, CalAIM Operations
  - [mia.arias@caloptima.org](mailto:mia.arias@caloptima.org)



# CalOptima Health

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[www.caloptima.org](http://www.caloptima.org)

   @CalOptima



# TAY RAPID RE-HOUSING



**Covenant  
House**  
Orange County

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# WHAT IS RAPID RE-HOUSING (RRH)?

1. Assists young people to **quickly end** their experience of homelessness and return to permanent housing.
2. A **low barrier, strength-based** intervention offered without preconditions (housing first model).
3. Focuses on **three core components**: housing identification, temporary financial assistance for move-in and rent stabilization and supportive services like case management.
4. Offers different **options for housing, supportive services and financial assistance**, so that each young person can receive individualized levels of services and length of support that they want and need.
5. Eligibility includes young people ages 18-24, experiencing homelessness.

# RAPID RE-HOUSING IS HOUSING FIRST

Young people do not need to prove themselves before they are given the resources and supports to obtain housing. RRH removes barriers to young people accessing housing by not placing preconditions that create those barriers in the first place. In EVERY case, youth are never required to demonstrate any sort of readiness to participate in RRH.

## **Not a requirement:**

- Income
- Sobriety
- Employment
- School enrollment
- Mental health treatment

## **Program acceptance:**

- Poor (or no) credit
- Poor rental history
- Minor criminal convictions
- History of domestic violence

It is the belief of RRH that young people are most urgently in need of a safe and stable place to reside, and when that residence is achieved, the supportive services needed to ensure sustainability can be delivered over time.

# 3 CORE COMPONENTS OF RAPID RE-HOUSING



## **Housing Identification –**

- Recruit landlords to provide housing opportunities.
- Address potential barriers to landlord participation such as concerns about short-term nature of rental assistance and young people's qualifications.
- Assist young people to find and secure rental housing, fill out applications, transportation to look at potential housing.
- Flexibility to explore housing options including shared housing, renting a room, own apartment etc, based on each young person's unique needs, preferences and financial resources.



## **Rent and Move-In Assistance (Financial)**

- Provide assistance to cover move-in costs, deposits, applications, rent and/or utility assistance.
- Flexibility to implement a rent contribution scale tailored to each young persons needs.



## **Case Management & Supportive Services –**

- Provide connections to resources that help improve safety, well-being and stabilization.
- Ensure access to resources related to benefits, employment and community-based services (if needed/appropriate) so rent can be sustained independently when rental assistance ends.
- Assist with enhancing independent living skills such as cooking, grocery shopping and budgeting.
- Monitor young peoples housing stability and provide crisis support if needed.
- Services provided are to be youth-directed, respectful of young people's right to self-determination and voluntary.
- Unless basic, program related case management is required by statute or regulation, participation in case management should not be required to receive RRH assistance.

# COVENANT HOUSE TAY RAPID RE-HOUSING

- Tentative starting date October 1<sup>st</sup> 2022
- Youth ages 18-24 experiencing homelessness
- 1 x Housing Navigator, 2 x Case Managers to be employed
- 20 youth supported 1<sup>st</sup> year, 20 youth 2<sup>nd</sup> year = 40 youth receiving RRH support
- Access will be through TAY OC Coordinated Entry System
- Up to 2 years financial and relational support
- Rent contribution scale-3 months is not enough time to support financially
- In home/community meetings
- Workshops, resources and events to create a TAY community of support
- Implementation of Covenant House '**Relentless Engagement**' approach to building trust with youth by always showing up for young people no matter what. Through this approach staff learn the unique skills and challenges of each young person, which leads to effective approaches that motivate and support.