CalAIM – Community Supports Service
Frequently Asked Questions

Updated 10/8/2024

Contents

Frequently Asked Questions

CalAIM - Community Supports

What is CalAIM?

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of individuals. This initiative is a long-term commitment to transform and strengthen Medi-Cal by offering individuals a more equitable, coordinated, and person-centered approach including the implementation of a broad delivery system, program, and payments reforms across Medi-Cal.

What are Community Supports Services?

CalAIM - Community Supports Services are non-Medi-Cal services that Partnership HealthPlan of California (PHC) offers in lieu of a traditional Medi-Cal covered benefit allowing the plan to address Social Determinates of Health. Individuals do not need to receive and/or be enrolled with ECM in order to qualify for CS and vice-versa. These services do not receive additional funding and must be cost-effective in lieu of a normal covered service. PHC does not receive any reimbursement.

What Community Supports Services does PHC offer?

As of January 1, 2023, PHC offers eight (8) CS services to eligible members:

- ✓ Housing Transition Navigation Services
- ✓ Housing Deposits
- ✓ Housing Tenancy and Sustaining Services
- ✓ Short-Term Post-Hospitalization Housing
- ✓ Recuperative Care
- ✓ Respite Services
- ✓ Personal Care and Homemaker Services
- ✓ Medically Tailored Meals or Medically Supportive Food

Will PHC add any more CS Services?

Not at this time; however, the plan is open to revisit the possibility of adding new services based on the accessibility and availability of CBO's, non-profit organizations, etc. in all of our counties.

Are there eligibility restrictions for Community Supports Services?

Yes, there are restrictions for individuals that would like to receive Community Supports Services:

-        Individual(s) must have full-scope Medi-Cal benefits assigned to PHC during the time the Treatment Authorization Request (TAR) is submitted and must remain eligible throughout the time services are provided.

-        Individual(s) must meet CS criteria.

(Attachment A, CS Factsheet)

Where can I find the list of CS codes?
The list of codes can be found on our website and on DHCS' website.

Where can I find a list of Community Support providers?
You can locate all contracted CS providers on our Provider Directory:
https://www.partnershiphp.org/Members/Medi-Cal/Pages/Find-a-Primary-Care-Provider.aspx

Where can providers access the recordings of previous training?
Providers can access pre-recorded webinars on the Community Supports webpage.

Can a member be eligible for CS services if they are enrolled in other programs?
This will depend upon the services the member is receiving. The member's case will be reviewed on a case-by-case basis. If necessary, additional information may be required to show the individual is not receiving duplicate services.

Are all rates paid as a once a month service?
No, CS service rates vary by service. PHC has chosen a mid-point rate based on DHCS guidelines. The PHC CS Rates are available on our website.

What does PMPM mean?
Per member, per month is defined as 30 days from the start date of when you initially see the member (e.g. 01/24-02/24)

Do we need to submit a new TAR for any new service an individual receives and/or qualifies for?
Yes, a new authorization would be required for any new Community Supports services, individual(s) must continue to meet criteria for the new service being requested.

What CS services qualify as urgent?
Per DHCS guidelines, services such as Recuperative Care, Short-Term Post-Hospitalization Housing, and/or Medically Tailored Meals or Medically Supportive Foods may qualify as urgent. However, the authorization will be reviewed and assessed. If the TAR is proven not to be urgent, the authorization

will be changed to a non-urgent timeframe of 5 days for review.
Please see [PHC Policy-MCUP3041 Treatment Authorization Request (TAR) Review Process](#)

Is it possible to have an ECM and CS contract?
Yes, providers may contract as both an ECM and CS provider.

Is PHC looking for more Community Supports providers?
Yes, PHC is actively looking for new CS providers all across our 14 counties to build a more robust network of providers to help our members and communities. If you are interested in becoming a CS provider, please reach out to our CalAIM helpdesk at CalAIM@partnershiphp.org

Can PHC determine if Community Supports Services are in-lieu of a traditional Medi-Cal benefit in the future?
The Community Supports Service(s) must be in lieu of services in current time.

When are Community Supports appropriate?
Community Support Services are substitute services or settings that are cost-effective alternatives to the health plan in-lieu of a traditional Medi-Cal benefit. Providers and members are encouraged to utilize other programs when available prior to requesting Community Supports.

What if a member wants to change CS provider?
The member should reach out to our member's services department so we can be notified and assist them appropriately.

Housing Transition Navigation Services

Is the housing rate is per member per month regardless of how much time you spend on the member's services?
Yes, the housing rate is per member per month.

What is the start date of the 30 days for housing assistant per member per month?
The 30 days will begin on the TAR approval date.

What documentation should be submitted with the TAR?
Submit a completed Referral Form with the TAR with as much information as possible.

Housing Deposits

Can Housing Deposits be used and offered to members who have not received Housing Transition Navigation Services?
No, individuals must have first received Housing Transition Navigation Services for a minimum of 30 to 60 days and have a housing support plan.

What documents are required for providers when submitting a Housing Deposits TAR?
Partnership requires:
- ✓ Housing Support Plan including budget planning, achievements, member's communication skills, and activities done between provider and member in addition to resources shared during the time Housing Transition Navigation Services were rendered (if applicable)
- ✓ A copy of the lease agreement
- ✓ CS Referral
- ✓ A list of items included in the total amount request (i.e. set-up fees/deposits for utilities, application fees) up to $5,000.

Do members have to receive Housing Transition Navigation Services before they can get Housing Deposits?
Partnership requires, at a minimum, for members to have 30 days of Housing Transition/Navigation before a Deposit request. A good housing support plan takes time to develop with members, especially for those who have been chronically unhoused. The housing Deposit is a once in a lifetime service for members and it would only benefit a member if they have a good housing support plan in place before using this service.

Can Housing Deposits be used to pay for applications and/or utilities?
Yes, applications and old or past due utilities can be paid for by using this service to ensure individuals establish basic households. However, the total amount used will be deducted from up to $5,000.

Can individuals use Housing Deposits to pay for rent?
No, housing deposits cannot be used to pay for rent.

Does PHC have a letter to give the landlord showing the payments will be completed?
Partnership works directly with the contracted housing provider, not the landlord. CS providers must first receive an approved housing deposit TAR prior to paying the deposit to ensure reimbursement from the plan.

Can we use housing deposits to cover for documentation fees such as birth certificates, State I.D Cards, etc?

No, members experiencing homelessness may obtain documents such as State I.D Cards, birth certificates, etc. at no cost through their local Social Security Office, DMV, and/or county office. For additional information on how to obtain mentioned documents please contact your local SSI, County and/or DMV office.

If the member can pay for Housing Deposits, does Partnership HealthPlan reimburse the member?
No, Partnership does not reimburse members. If the members can pay for their own home/apartment deposits, Community Supports Services may not be necessary or appropriate.

Housing Tenancy and Sustaining Services
Are providers required to offer Housing Transition Navigation Services in order to offer Housing Tenancy and Sustaining Services?
No. Housing Transition Navigation would be offered when a qualified or eligible member is unsheltered and in search of housing. Housing Tenancy would be appropriate when a member is already housed, as this service is to help members remain housed. CS providers must be contracted for the services they intend to offer.

Can members in Housing Sustaining services received Housing Deposits to pay for past due bills which could result in eviction?
Housing Deposits would not be offered to members in Housing Tenancy and Sustaining services. To be eligible for Housing Deposits the member must have been receiving Housing Transition Navigation Services a minimum 30-60 days.

What documentation should be submitted with the Housing Tenancy and Sustaining Services TAR?
Submit a completed Referral Form with the TAR with as much information as possible. If submitting a reauthorization/extension, include the care plan listing what activities have been done and any information to justify the reauthorization

Short-Term Post-Hospitalization Housing
What kind of documentation is required for services such as Short-Term Post-Hospitalization Housing rendered during weekends?
A referral must be included in the TAR. Currently, no other documentation is required; however, providers are encouraged to keep basic documentation daily (at a minimum) while individual(s) received CS services- this applies for weekdays and weekends. In the case an extension is required, such documentation will be required and attached to the new TAR for consideration.

What is the length a TAR can be approved for Short-Term Post-Hospitalization?

Short-Term Post-Hospitalization Housing may be approved for up to 180 days, but may vary based on the individual's medical needs. As this is an in lieu of service, we look for multiple ED visits and or hospitalizations to warrant short term post hospitalization services.

Recuperative Care (Medical Respite)

What kind of documentation is required for Recuperative Care rendered during weekends?

If a member is admitted to recuperative care on a weekend, a TAR should be submitted promptly. Documentation regarding member engagement and services administered are important to facilitate authorization extensions, or additional services.

Respite Service

Can anyone receive Respite Services?

No, Respite Services can only be approved for a member who has a caregiver that is in need of relief. Respite Services is to assist the caregiver of the member.

Personal Care and Homemaker Services

How many hours does PHC approve for Personal Care and Homemaker Services?

PHC allows 4 hours a day for up to 20 hours a week, or as determined by intake assessment.

Hours will be determined by medical staff based on the member's needs. PHC only allows 4 hours a day for up to 20 hours a week.

Can providers offer Personal Care and Homemaker Services if a member is not enrolled in In-Home Support-Services (IHSS)?

Personal Care and Homemaker Services is above and beyond any approved hours by IHSS. Members who are pending IHSS or who are exiting surgery will be reviewed on a case by case basis.

Medically Tailored Meals or Medically Supportive Food

Is there a list of acceptable ICD codes for Community Supports who deliver medically tailored meals?

Yes, you can locate the CS codes on our website at:

http://www.partnershiphp.org/community/pages/community-supports.aspx

Can PHC share the criteria for medically tailored meal program?

Yes, criteria for CS services are available on our CS website.

Can a member get an extension of the medically tailored meal program?

The medically tailored meal program is designed to address the member's chronic condition and

provide education on what foods to eat per the diagnosis. This service in only 12 weeks and provides the member two nutrition counseling appointments to help the member transition once that 12 weeks are up. If the provider feels the member would benefit for another 12 weeks, we would need to know how the 12 weeks benefited the member and what an additional 12 weeks would accomplish. This information should be provided on the referral or included documentation from a clinician.

Contracting

What is the first step to contracting as a CS provider?
All providers interested in contracting as a CS provider should email CalAIM@partnershiphp.org to receive a Readiness Questionnaire and additional information.

What is the timeline for approval once a Readiness Questionnaire is submitted to PHC?
PHC will conduct a review and approval by stakeholders/leadership upon receiving a completed Readiness Questionnaire. Once a decision has been made, the provider will be asked to provide a list of necessary documents to start the process of becoming a contracted CS provider.

What is the timeline if we are interested in contracting for CS?
The contracting timeline varies. On average, the contract process for new providers is between9-17 weeks depending on when documentation is provided to PHC.

What should I do if I am an existing contracted provider and need to make and address or phone number change?
Please complete a Provider Information Change Form and submit to:
ChangesProviders@partnershiphp.org and include the CS helpdesk.
https://www.partnershiphp.org/Providers/Medi-Cal/Documents/OnDemandTrainingWebinars/Provider%20Information%20Change%20Form.pdf

What if my organization has new staff members that should be included in reports, referrals, and/or program email notifications?
If there are new staff members, we ask providers to notify us as soon as possible by completing a CS Reporting Contact Form and send to the CS helpdesk:
http://phcwebsite/Community/Documents/CalAIM%20Webpage/Community%20Supports%20Documents/CS%20Reporting%20Contact%20Form_2023.webFinal.pdf

Claims (Billing Inquiries)

Can any qualified employee at our FQHC bill for Community Supports?
You must be a contracted CS provider to bill for Community Supports.

Does each billing employee need to sign up for Partnership Portal?
No, but PHC encourages providers to have multiple employees enroll as an eAdmin or user. An eAdmin can designate who has access to various modules within the portal. For questions contact eSystemsSupport@partnershiphp.org.

Can we submit retro-invoice(s) for services rendered to individuals before having a fully executed contract with PHC or being credentialed by the plan?
No, you cannot submit retro invoices or TARs. As a provider, you must have a fully executed contract and be credential by PHC to be able to submit TARs and claims.

Will providers receive payment for an unsuccessful attempt to connect with the referred individual(s)?
Community Supports does not pay for outreach attempts; however, providers are expected to keep track of their outreach based on the ECM and Community Supports HCPCS Coding Guidance recently updated.

Will CS have an equivalent billing spreadsheet, such as the invoice for ECM?
CS providers will be paid according to what is billed and the approved TAR. For billing questions, providers can contact the Claims Resolution Coordinators at claimsecmhelpdesksr@partnershiphp.org.

Will providers be notified if there is a mistake or missing information on a Treatment Authorization Request (TAR)?
If there is an error or missing information, you will receive a pended or rejected TAR notification via fax.

Can we bill once a month, or all together once services are completed?
You can submit a claim monthly, or once services are completed. Providers have 365 days from the date of service to submit claims to PHC.

Can I submit a claim before the TAR is approved?
No, an approved TAR is required for claims to be processed. If a claim is submitted prior to a TAR approval, the claim will be denied.

Who would we contact for information and set up of electronic claims?
To submit claims electronically, contact our Electronic Data Interchange (EDI) Team for assistance at (707) 863-452 or email EDI-Enrollment-Testing@partnershiphp.org.

Does the TAR number need to be included on the claim form?
Yes, the TAR number should be noted on the submitted claim form.

Treatment Authorization Requests
Is a Treatment Authorization Request (TAR) required for Community Supports services?
Yes, a TAR is required for all Community Support services.

What is the difference between a TAR and a RAF?
A Treatment Authorization Request (TAR) is a request to render services to a member. Referral Authorization Form (RAF) is a form to refer members to Partnership for CS services. CS Providers should utilize the **CS referral form** for referrals.

Will CS providers need to submit a TAR request?
Yes, an authorization (TAR) must be submitted in order for services to be approved, rendered, and guarantee payment. Services rendered to members without an approved TAR on file may result in no payment from the plan.

What is a TAR's timeframe?
The timeframe for a TAR is:
- Non-urgent 5 days
- Urgent-72 hours – Life threatening situation
- Retro 30 days.

Please note that not all CS services qualify for urgent requests. Please see PHC Policy- MCUP3041 Treatment Authorization Request (TAR) Review Process.

What are continuation or extension requests?
Authorizations are approved based on the member's needs. If services are still needed after the approved amounts, a new TAR should first be submitted with an explanation of why additional care is needed and PHC will review for consideration. The member must continue to be eligible with PHC, and meet criteria for CS to qualify for a continuation/extension of services.

Can I use the same Release of information (ROI) for ECM and CS?
A release of information is not required for Community Supports

Do you have guidance on how many medical records are required?
Not all providers have access to medical records. Providers should include any documentation available to support the need for CS in addition to a brief description of the individual(s) case to better

understand the member's needs.

Do we need to attach a diagnosis to show that we are providing services in lieu of services? What if provider do not have access to medical records?
A Social Determinant of health diagnosis is required such as Z5900 for homelessness. There must be medical or mental health chronic illness to be approved for Community Supports.

If multiple providers submit a TAR for the same member, will both TARs be approved?
Members can only be serviced by one CS provider per duration. If we receive multiple authorizations, each TAR will be evaluated for duplications. This is why we ask that the referrals for community supports come through PHC.

What if we cannot contact a member within the three months of the approved TAR?
If a member is unresponsive after 3 attempts to connect with them, notify us and we will end the referral. If the member later contacts you and is still in need of the services, we can extend the TAR.

What if we run into complications and are unable to secure housing within the approved months of the TAR?
We are aware that affordable housing is difficult to find. If the TAR span expires, submit a new TAR for a new span. After 12 months

Community Support Referrals (RAF)
What is the referral method for Community Supports?
PHC has a no-wrong-door policy, referrals may come from anyone. The CS Referral Form can be completed and should be sent to the CommunitySupports@partnershiphp.org. Partnership must track and report on all referrals.

Can providers refer an individual who is receiving CS to ECM or vice versa, if appropriate?
Yes, the provider(s) will need to complete an ECM Referral form or CS Referral Form located on our website.

How does the referral process work?
Contracted CS Providers:
- Contracted providers can submit a TAR with the CS Referral Form attached
Non-Contracted CS Providers
- Providers not contracted with PHC for CS must complete a CS Referral Form and send to CommunitySupports@partnershiphp.org

Will CS providers receive service referrals directly from PHC, or will CS providers only provide services when a TAR is submitted?

CS providers can submit TARs with attached referrals to PHC and/or PHC may refer pre-approve members for services; PHC will only refer members to providers open to accepting new referrals based on their CS Capacity Report.

What should providers do if they are unable to accept additional referrals for Community Support?

If your organization is at capacity or cannot take on any more CS referrals from PHC, you will indicate this on the CS Capacity Report sent to providers monthly. See Community Supports – Capacity Report for more information on Capacity Report.

Can a member reach out the Community Supports Helpdesk to check RAF status; if not, where can members reach out to if they have questions about their referral request?

Members can call our Member Services Department at 800-8634155, Monday – Friday from 8:00 a.m. - 5:00 p.m.

As a reminder, communication via email may not be secure. Members should not include personal identifying information such as their birth date, or personal medical information on emails sent to our helpdesk and to contact the Member Services call center.

Community Supports Reports
What reports are CS providers required to submit?

Contracted providers are required to submit a monthly CS Capacity Report and a CS Return Transmission File (RTF). Beginning September 1, 2023 DHCS mandates PHC and CS providers to share and exchange additional information. [Click here](#) for the recent published information on DHCS' data guidance as of April 2023.

Capacity Report
What is a CS Capacity Report?

The capacity report is a Google Form that reflects provider capacity information. PHC utilizes the capacity report to make appropriate referrals to providers and for quarterly reporting purposes as required by DHCS. All CS contracted providers will receive an emailed link to complete the report on the second Monday of every month.

Is the Capacity report for the same month or next month?

The Capacity report is for the current month. The email sent by the team will list the month of the

report.

Will the CS Capacity Report be sent by PHC?
Yes, you will receive an email from our CS Helpdesk with a link <u>every second Monday of each month.</u> Providers have until Friday of the same week to turn it in. If you have issues or would like assistance filling out the report please contact the CS Helpdesk

Will providers receive a CS Capacity Report before they are contracted with PHC?
No, the CS Capacity Report will not be sent to providers that are not fully contracted with PHC for Community Support.

What if our capacity changes after the report was submitted and before the next report?
If you are at capacity after a CS Capacity Report has been submitted, please notify us immediately by emailing CommunitySupports@partnershiphp.org.

Authorization Status File (ASF) and Return Transmission File (RTF)

When does Partnership send out the reports?
The reporting schedule is listed on the Partnership HealthPlan website under CS reporting. http://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/Community%20Supports%20Documents/CS%20Reports/CS%20Reporting%20Schedule_.pdf

If I am also an ECM provider, will we have a separate (Secure File Transfer Portal) SFTP for CS?
Providers who utilize different NPIs for ECM and CS will have separate SFTPs.

How often is the Authorization Status File (ASF) sent to providers?
The ASF is sent every first week of the month. The ASF includes a list of authorizations 18-months from the report date. This report is informational for providers.

Do I need to submit or do anything to the ASF?
No. The ASF is a list of CS authorizations your organization submitted. This file is a reference for providers. No further action is required.

What is the Return Transmission File (RTF)?
The RTF contains a list of all members who have been authorized to receive Community Supports services <u>during the most recent calendar month.</u>

When do I send Partnership the Return Transmission File (RTF)?

Providers are required to send Partnership the RTF every first Friday of the month. The file can be sent to Partnership via the SFTP. A blank RTF template is available on our website: http://www.partnershiphp.org/Community/Pages/Community-Supports.aspx

Do I need to return the RTF to Partnership if our organization did not offer services during the period being reviewed?
If a provider received an RTF file from Partnership but has not rendered services during the reporting period, providers are not required to complete the RTF. However, providers are required to advise our team by reaching our Community Supports helpdesk.

Additional Resources

For questions not found on this document, please email us:
CalAIM: CalAIM@partnershiphp.org
Community Supports CommunitySupports@partnershiphp.org
Enhance Care Management ECMhelpdesk@partnershiphp.org
Claims ClaimsHelpDeskSR@partnershiphp.org
Provider Education eSystemsSupport@partnershiphp.org
Provider Information Change and/or Updates: ChangesProviders@partnershiphp.org

PHC Community Supports Website: http://www.partnershiphp.org/Community/Pages/Community-Supports.aspx
DHCS CalAIM Website: https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx
DHCS Coding Options for ECM and CS: https://www.dhcs.ca.gov/Documents/MCQMD/Coding-Options-for-ECM-and-Community-Supports.pdf
DHCS CalAIM Data Guidance April 2023: https://www.dhcs.ca.gov/Documents/MCQMD/CS-Member-

Information-Sharing-Guidance.pdf

Acronyms

ASF: Authorization Status File
CalAIM: California Advancing and Innovating Medi-Cal
CS: Community Supports
DHCS: Department of Health Care Services
ECM: Enhance Care Management
ED: Emergency Department visit
EDI: Electronic Data Interchange
FQHC: Federal Qualified Health Center

PHC: Partnership HealthPlan of California
PMPM: Per member, per month
RAF: Referral Authorization Form
ROI: Release of Information
RTF: Return Transmission File
SFTP: Secure File Transfer Portal

SMI: Severe Mental Illness
SUD: Substance Use Disorder
TAR: Treatment Authorization Request