

CalAIM Intersections with Behavioral Health Bridge Housing Program (BHBH)

October 18, 2023
9:00 am – 10:30 am

CaAIM

- Multi-year initiative led by the California Department of Health Care Services (DHCS)
- Implements delivery system and payment reforms across Medi-Cal
- Aims to improve quality of life and health outcomes of Medi-Cal beneficiaries

California
Advancing &
Innovating
Medi-Cal

CaAIM Goals



Implement a whole person care approach and address social drivers of health



Improve quality outcomes, reduce health disparities, and drive delivery system transformation



Create a consistent, efficient, and seamless Medi-Cal system

CaAIM and Behavioral Health

- » CaAIM includes several initiatives focused on improving the Medi-Cal behavioral health delivery system
- » Other initiatives are not behavioral health specific but will interact with beneficiaries in the behavioral health delivery system
- » Initiatives launch at different times – from Jan 1, 2022, through 2027
- » DHCS continues to publish state guidance related to these initiatives on its [website](#)

CaAIM Initiatives

Initiative	Go-Live Date
Criteria for Specialty Mental Health Services (SMHS)	LIVE
Drug Medi-Cal Organized Delivery System (DMC-ODS) Policy Improvements	LIVE
Behavioral Health Documentation Redesign	LIVE
Behavioral Health Payment Reform	LIVE
No Wrong Door & Co-Occurring Treatment	LIVE
Standardized Screening & Transition of Care Tools	LIVE
Mobile Crisis Services	LIVE
Medi-Cal Peer Support Services	LIVE
Justice-Involved Initiatives ¹	LIVE – phased approach
Enhanced Care Management (ECM) & Community Supports ¹	LIVE – phased approach
Population Health Management (PHM) ¹	LIVE – phased approach
Behavioral Health Administrative Integration ²	2027
BH CONNECT	TBD

¹Note these initiatives are not specific to behavioral health

²Note that BH Administrative Integration is distinct from the Full Integration Plan (physical, behavioral, developmental, dental, and long-term care needs) set to happen no sooner than January 2027.

CaAIM – BHBH Intersections

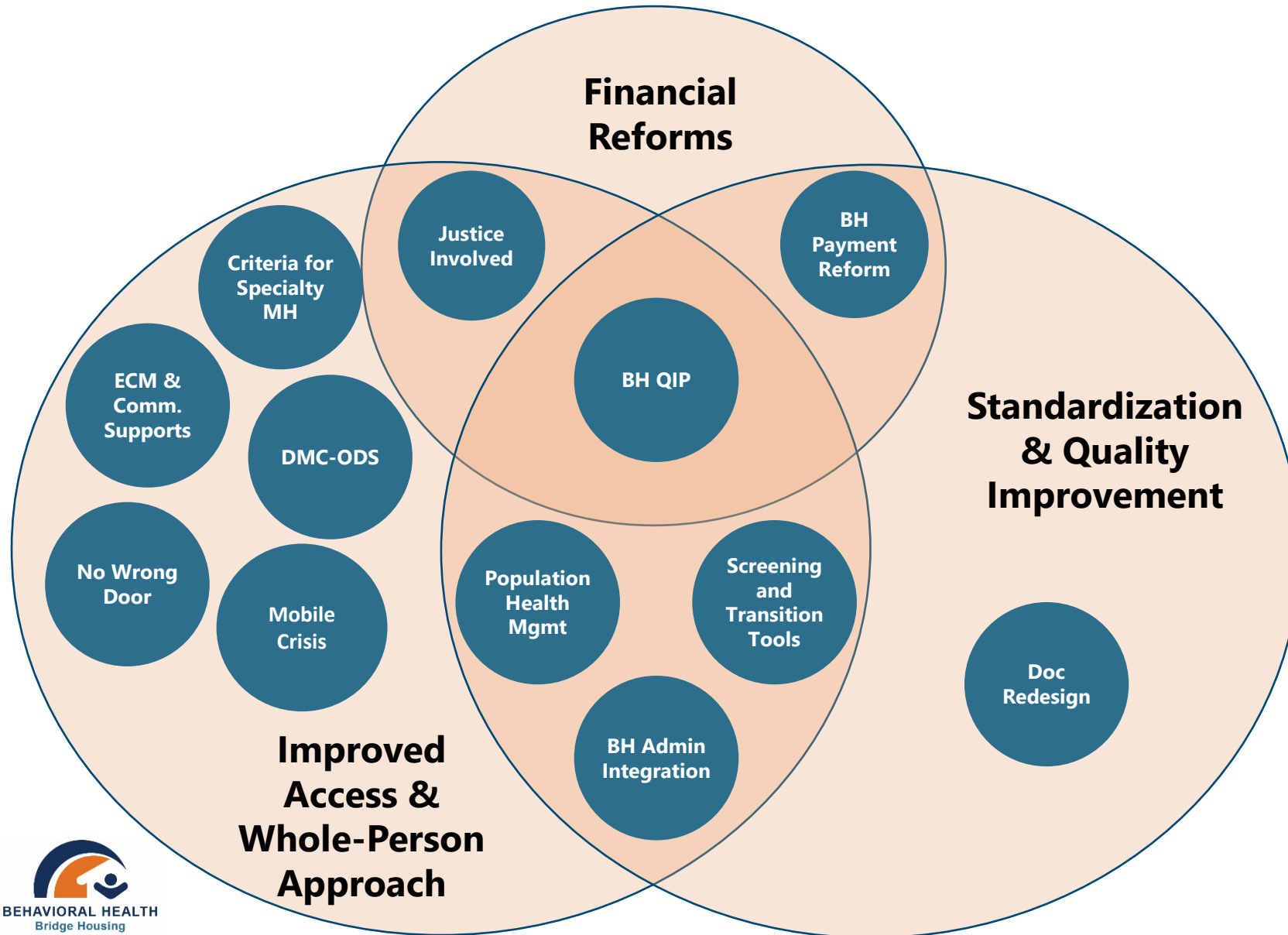
Overlapping goals and populations include:

- Person-centered supports that improve and bolster connectivity between health, housing, and other social services
- Solutions for individuals who have serious behavioral health needs and are experiencing homelessness

Understanding of CaAIM helps inform:

- Where clients may be eligible for complementary services and supports (e.g., Enhanced Care Management and Community Supports)
- Changes to the system that might impact engagements with clients and partners (e.g., data sharing)
- Opportunities to leverage funding and avoid duplication

CalAIM Initiatives



CalAIM So Far

Initiatives already implemented or under way



Criteria for Access to SMHS (LIVE)

Policy ([BHIN 21-073](#))

- Establishes the criteria beneficiaries must meet to access SMHS through the County Mental Health Plan (MHP)
- Clarifies that services may be provided prior to clinical diagnosis

Impact to Counties, Providers, and/or Beneficiaries

- Improves and streamlines care delivery for specialty mental health services
- Reduces provider administrative burden

DMC-ODS Policy Improvements (LIVE)

Policy ([BHIN 23-001](#))

- Expands access criteria for DMC-ODS services.
- Clarifies DMC-ODS benefits and related service components for 2022-2026.
- Adds new optional benefits, including peer support services and contingency management.

Impact to Counties, Providers, and/or Beneficiaries

- Extends opportunity for additional counties to opt into the program and therefore increase the number of beneficiaries with access to expanded substance use disorder services in California.
- Expands access to DMC-ODS services for individuals leaving incarceration who have a known substance use disorder.
- Requires providers to offer or have an effective referral mechanism to MAT services for beneficiaries with SUD diagnoses.

Behavioral Health Documentation Redesign (LIVE)

Policy ([BHIN 22-019](#))

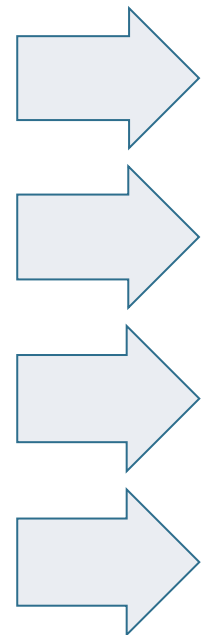
- Streamlines behavioral health documentation requirements for SUD programs and SMHS to reduce administrative burden and align with national standards

Static treatment plan

Guidelines for assessment content

Complex & lengthy narrative notes

Disallowances for variances in documentation



Dynamic problem list

Domain-driven assessments

Lean and functional notes

Disallowances for fraud, waste, and abuse: CAPs for variations in quality

Behavioral Health Documentation Redesign (Cont'd)

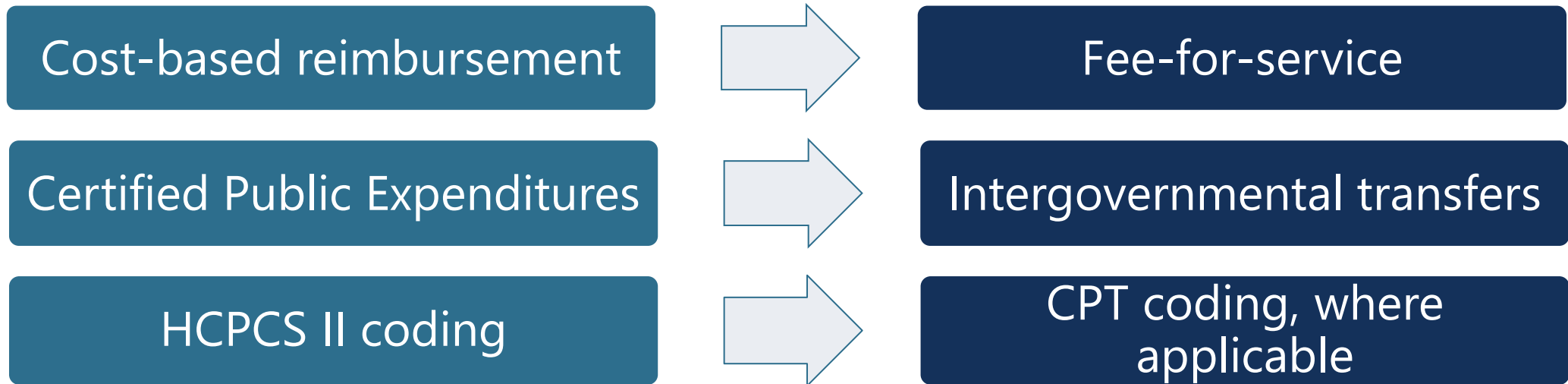
Impact to Counties and Providers

- Revises and streamlines documentation requirements to reduce administrative burden for providers
- Requires training for providers to ensure compliance with new requirements
- May require changes in workflow and IT systems

Behavioral Health Payment Reform (LIVE)

Policy ([BHIN 22-046](#), [23-013](#), [23-017](#), [23-023](#))

- Moves counties from cost-based reimbursement to enable value-based care through three key transitions:



Behavioral Health Payment Reform (Cont'd)

Impact to Counties and Providers

- Eliminates labor-intensive cost reconciliations process for counties
- Allows counties to retain and reinvest revenue when implementing cost-reduction efforts
- Introduces financial incentive for increased access and provider productivity
- Allows for more timely review and final payment from the state
- Requires changes to county billing/claiming and accounting IT systems
- May require counties to update contracts with providers
- May require trainings for providers to support transition to CPT coding

Mobile Crisis Services (LIVE – phased)

Policy ([BHIN 22-064](#), [SPA 22-0043 - pending](#))

- Provides de-escalation and relief to individuals experiencing a behavioral health crisis wherever they are, including at home, work, school, or in the community through community-based intervention
- Includes screening, assessment, stabilization, de-escalation, follow-up, and coordination with health care services and other supports

Impact to County and/or Providers

- Strengthens continuum of community-based care for Medi-Cal beneficiaries experiencing mental health and/or SUD crisis
- Providers must coordinate and follow-up with mobile crisis units as needed

No Wrong Door & Co-Occurring Treatment (LIVE)

Policy ([BHIN 22-011](#) and [APL 22-005](#))

- Outlines responsibilities of county MHPs and MCPs
- Clarifies that services are covered and reimbursable even if it is eventually determined that a beneficiary does not meet access criteria for a given delivery system
- Clarifies that services are covered and reimbursable even when they're provided concurrently or when a beneficiary has a co-occurring disorder

Impact to Counties and/or Providers

- Requires increased coordination between counties and MCPs, especially for beneficiaries receiving co-occurring care through both MCPs and county MHPs
- Delivery systems must avoid duplication of services

Screening and Transition of Care Tools (LIVE)

Policy ([BHIN 22-065](#) and [APL 22-028](#))

- *The Screening Tools* determine the appropriate delivery system for beneficiaries who are not currently receiving mental health services when they contact the MCP or county MHP seeking mental health services
- *The Transition of Care Tool* supports timely and coordinated care when completing a transition of services to the other delivery system or adding a service from the other delivery system

Impact to County and/or Providers

- Streamlines mental health screening and transition processes
- MHPs and MCPs must administer Screening Tools when beneficiaries contact the MCP/MHP to seek mental health services, and use Transition of Care Tool for beneficiary transitions between MHP/MCP

Medi-Cal Peer Support Services (LIVE)

Policy ([Website](#))

- Establishes Medi-Cal Peer Support Specialists (Peers) as a unique provider type and Peer Support Services as a Medi-Cal benefit.
- Counties can opt in to provide Peers Support Services through SMHS and/or DMC/DMC-ODS delivery systems.

Impact to Counties, Providers and/or Beneficiaries

- Enables beneficiaries to receive support from individuals who personally understand their experience.
- Medi-Cal Peer Support Specialists must become certified and renew their certification every two years, complete continuing education, and provide services under the direction of a behavioral health professional.

Justice-Involved Initiatives (LIVE – phased)

Policy ([Website](#))

- Enables justice-involved individuals in jails, youth correctional facilities, and prisons to enroll in Medi-Cal and receive targeted services before and after their release:
 - Pre-Release Medi-Cal Application Process (LIVE)
 - 90-Day Services Pre-Release (No Sooner than 2024)
 - Behavioral Health Linkages (No Sooner than 2024)
 - ECM and Community Supports (No Sooner than 2024)

Impact to Counties and Providers

- Increased coordination between behavioral health departments and jails to ensure warm handoffs for needed services

Justice-Involved Initiatives (Cont'd)

Pre-Release

- **Enroll eligible individuals in Medi-Cal prior to release** from facilities
- Provide **case management 90 days prior to community re-entry** for individuals who meet specific clinical criteria
- Facilitate **“warm handoffs” to health care providers**

Post-Release

- Offer **intensive, community-based care coordination for individuals at re-entry**, including through ECM
- Make **Community Supports (e.g., housing or food supports) available upon re-entry** if offered by their MCP
- Provide **funding to build capacity** for workforce, technology, data sharing, and infrastructure

ECM and Community Supports (LIVE – phased)

Policy

- [Enhanced Care Management](#) establishes new Medi-Cal managed care benefit that provides intensive, community-based care management for high-need beneficiaries
- [Community Supports](#) are optional services, such as housing navigation and medically tailored meals, that Managed Care Plans (MCPs) can provide to improve beneficiary experience and help avoid utilization of other high-cost medical services

Impact to Counties, Providers, and/or Beneficiaries

- Offers new care management services for high-need Medi-Cal beneficiaries
- Counties and community organizations may:
 - Serve as providers through contracts with MCPs
 - Contract as administrative hubs to reduce burden on small organizations

ECM Populations of Focus	Adults	Children & Youth
1a. Individuals Experiencing Homelessness: <i>Adults without Dependent Children/Youth Living with Them Experiencing Homelessness</i>	✓	
1b. Individuals Experiencing Homelessness: <i>Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness</i>	✓	✓
2. Individuals At Risk for Avoidable Hospital or ED Utilization (<i>Formerly "High Utilizers"</i>)	✓	✓
3. Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4. Individuals Transitioning from Incarceration (NOT LIVE)	✓	✓
5. Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6. Adult Nursing Facility Residents Transitioning to the Community	✓	
7. Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8. Children and Youth Involved in Child Welfare		✓
9. Individuals with intellectual and developmental disabilities (I/DD)	✓	✓
10. Pregnant and Postpartum Individuals; Birth Equity Population of Focus (NOT LIVE)	✓	✓

Population Health Management (PHM) (LIVE- phased)

Policy ([Website](#))

A comprehensive plan to address member needs across the continuum of care, including:

PHM Program	PHM Service
Medi-Cal delivery systems to develop and maintain whole system, person centered program	Statewide technology service designed to support PHM program functions
<ul style="list-style-type: none">• Integrate health and social services to address social drivers of health and reduce disparities• Provide care management, coordination, and transitional care services (TCS) across delivery systems• Leverage timely and accurate data to identify opportunities for intervention	<ul style="list-style-type: none">• Integrates beneficiary data from various sources• Facilitates multi-party access and data sharing

Population Health Management (Cont'd)

Impact to MCPs

- Primarily responsible for implementing PHM
- Requires MCPs to engage, share data, and partner with counties and community-based organizations to address beneficiaries' health outcomes.
- Establishes long term vision for PHM Services and statewide Health Information Exchange (HIE)

Impact to Counties and Providers

- Requires data sharing with MCP and/or through PHM Service, including admission, discharge, and transfer (ADT) data, screening and assessments, behavioral health needs, demographics, social needs, and more
- TCS care manager must manage communication between beneficiaries and providers involved in transitions, and coordinate and verify receipt of all transitional services
- Decreases duplicative screenings and assessments
- Supports increased partnerships between schools, counties, and health care and social service providers

CalAIM Upcoming

Upcoming initiatives and launches



Behavioral Health Administrative Integration

Timeline: Phased implementation 2023 – 2027

Initiative Goals ([Website](#))

- Improve health care outcomes and experience of care for Medi-Cal beneficiaries by reducing administrative burden
- Administrative integration of SMHS and SUD services into one behavioral health managed care plan

Impact to Counties and Providers

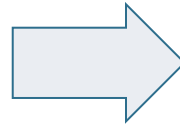
- Reduces administrative and fiscal burdens for counties and providers
- Requires counties to integrate existing distinct systems
- Phased implementation to include updating existing contracts and eventual development of integrated behavioral health contracts

Behavioral Health Administrative Integration (Cont'd)

Current Administrative Structure

Counties administer SMH and SUD services under **two distinct contracts**

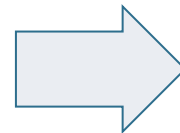
Requirements vary by program for clinical documentation, billing and claiming, licensing and certification, compliance reviews, etc.



Administrative Integration

Counties administer SMH and SUD services under **one integrated contract**

Program requirements are aligned and integrated to extent possible to increase flexibility and reduce administrative burden



BH CONNECT

Timeline: No sooner than 2025

Initiative Goals ([Website](#), [Concept Paper](#))

- Ensure a robust continuum of community-based behavioral health care services for Medi-Cal members living with serious mental illness (SMI) and serious emotional disturbance (SED) by:
 - **Amplifying state's ongoing investment** in behavioral health
 - **Meeting the specific mental health needs** of children, and individuals who are justice-involved and/or experiencing homelessness
 - **Ensuring care provided in facility-based settings** is high-quality and time-limited

BH CONNECT (Cont'd)

Impact to Counties and Providers

- Increased federal funding for SUD treatment and recovery services
- Statewide county behavioral health system transformations to improve quality of care in- and strengthen transitions to community from- residential and inpatient settings
- Improve statewide county accountability through incentives, technical assistance, and oversight
- County option to:
 - Enhance coverage of community-based services that reduce need for facility-based care
 - Receive federal financial participation (FFP) for services provided during short-term stays in an Institution for Mental Disease (IMD)

Thank You!



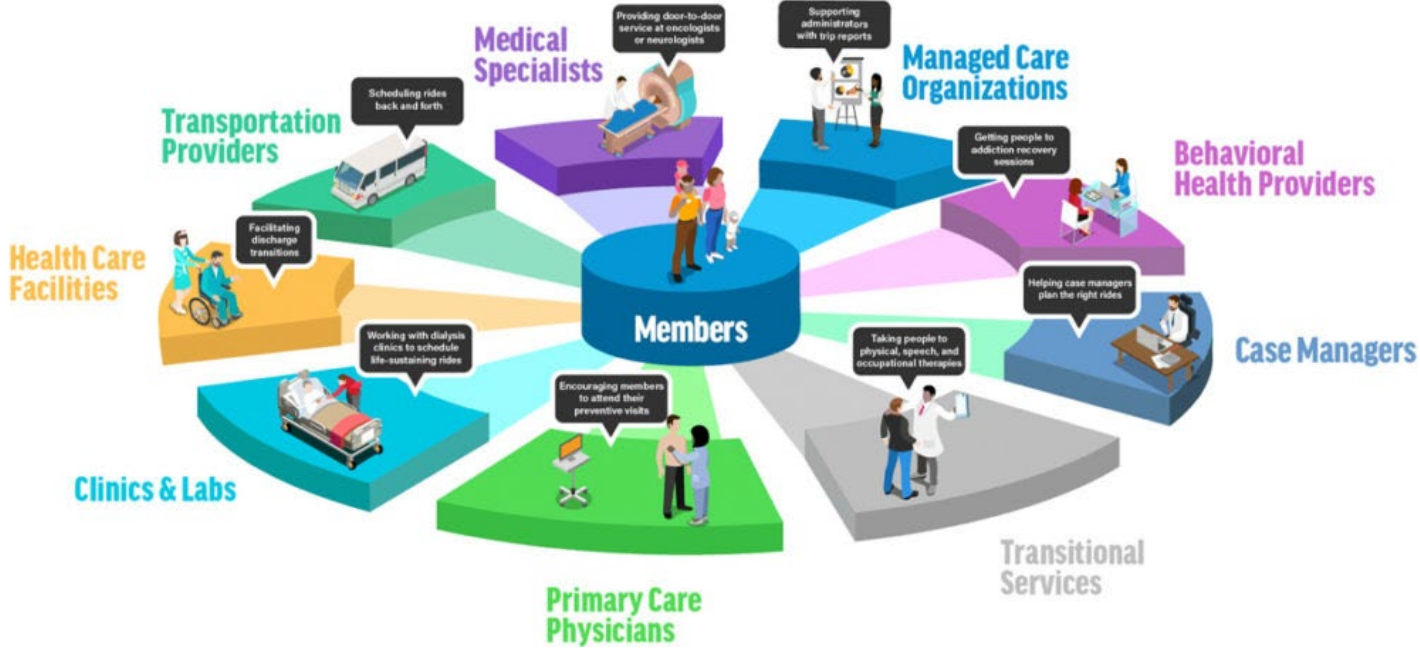
Medi-Cal Health
Care Delivery
Systems



Medi-Cal Managed Care

» What is Managed Care?

» What is a Managed Care Plan?



Medi-Cal Managed Care

- ▶ Medi-Cal Managed Care Plans (MCPs) contract for health care services through established networks of organized systems of care, which emphasize primary and preventive care.
- ▶ MCPs focus on the coordination of services to avoid overlap, duplication, delays and to reduce costs.
- ▶ MCPs are a cost-effective use of health care resources that improve health care access and assure quality of care.
- ▶ Medi-Cal providers who wish to provide services to managed care enrollees must participate in the managed care plan's provider network.

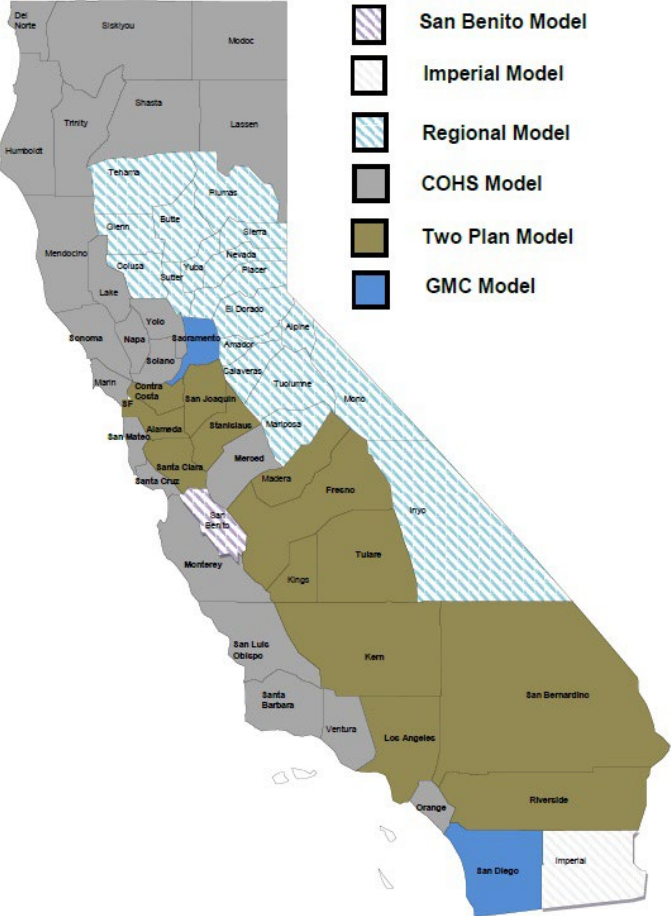
Medi-Cal Managed Care Plans

Medi-Cal managed care plans operate like commercial health maintenance organizations (HMOs). This means you will have a primary care doctor who helps you manage your health. If you need care from a specialist, your primary care doctor will refer you to one covered under your Medi-Cal health insurance plan.

- » MCPs provide health care services for their members through contracts with health care providers and medical facilities. These providers and facilities make up the plan's network.
- » Medi-Cal Managed Care provides high quality, accessible, and cost-effective health care through the managed care delivery system.



Current Medi-Cal Managed Care Plan Models



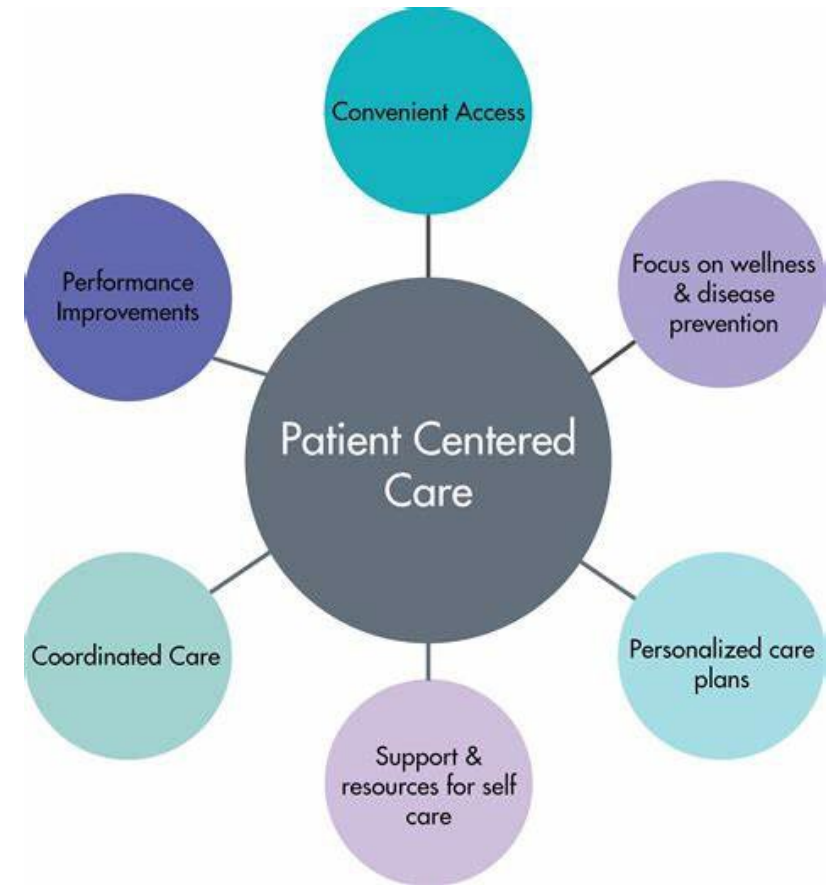
Medi-Cal Managed Care Plan Models Changes

- **New commercial MCP contracts:** On December 30, 2022, DHCS announced an agreement with five commercial MCPs to serve Medi-Cal members in 21 counties
- **County-level Medi-Cal managed care model change:** County Medi-Cal managed care model changes will occur in 17 counties.
- **Contract with Kaiser Permanente (KP):** Pending federal approval, KP will expand to 32 counties and begin serving new populations.

Care Coordination and Case Management

Care coordination involves deliberately organizing patient care activities, basic and complex case management, comprehensive medical case management services, person centered planning, discharge planning.

- » Basic case management services
- » Complex case management services
- » Continuity of Care for services



Enhanced Care Management (ECM)

***Overseen by Quality and Population Health Management**

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS). Populations of Focus include:

- Adults and their Families Experiencing Homelessness
- Adults and Children/Youth at Risk for Avoidable Hospital or Emergency Department Utilization
- Adults and Children/Youth with Serious Mental Health and/or Substance Use Disorder Needs
- Individuals Transitioning from Incarceration
- Adults and Children/Youth with Intellectual or Developmental Disabilities
- Pregnant or Postpartum Adults and Youth
- Adults living in the community and at risk for long-term care institutionalization
- Adult Nursing Facility Residents Transitioning to the Community
- Adults without Dependent Children/Youth Living with Them Experiencing Homelessness
- Children and Youth Populations of Focus
- Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
- Children and Youth Enrolled in California Children's Services or CCS Whole Child Model with Needs Beyond the Condition
- Children and Youth Involved in Child Welfare
- Birth Equity

Community Supports

Community Supports are services that MCPs are strongly encouraged, but not required, to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions or emergency department use. Community Supports are designed as cost-effective alternatives and to address social drivers of health. Community Supports are not restricted to ECM Populations of Focus and should be made available to all Members who meet eligibility criteria

Pre-Approved DHCS Community Supports

- 1. Housing Transition Navigation Services
- 2. Housing Deposits
- 3. Housing Tenancy and Sustaining Services
- 4. Short-Term Post-Hospitalization Housing
- 5. Recuperative Care (Medical Respite)
- 6. Respite Services
- 7. Day Habilitation Programs
- 8. Nursing Facility Transition/Diversion to Assisted Living Facilities
- 9. Community Transition Services/Nursing Facility Transition to a Home
- 10. Personal Care and Homemaker Services
- 11. Environmental Accessibility Adaptations (Home Modifications)
- 12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
- 13. Sobering Centers
- 14. Asthma Remediation

Network Adequacy Standards


DHCS requires MCPs to be compliant with network adequacy standards. MCP's are required to provide a comprehensive range of primary, specialty, institutional, and ancillary services that are available at designated time or distance standards (based on county designation) to all beneficiaries.

- » One full time equivalent Primary Care Physician must be available for every 2,000 beneficiaries.
- » Primary care services must be available within 10 miles or 30 minutes of the member's residence for all county types.
- » Hospital services must be available within 15 miles or 30 minutes of the member's residence.
- » Specialty and other services availability standards vary based on the county designation (Rural, Small, Medium, or Dense).



Timely Access Standards

- ▶ MCPs must ensure their network of providers can offer members an appointment within timely access standard timeframes.
- ▶ MCPs are also required to meet timely access requirements for call center wait times when making appointments, and availability of triage and screening services 24/7.

Urgent Care	
prior authorization not required by health plan  2 days	prior authorization required by health plan  4 days
Non-Urgent Care	
Doctor Appointment	
PRIMARY CARE PHYSICIAN  10 business days	SPECIALTY CARE PHYSICIAN  15 business days
Mental Health Appointment (non-physician ¹)  10 business days	Appointment (ancillary provider ²)  15 business days

Managed Care Carve-Outs

Managed Care Carved-Out Services

- » Specialty Mental Health Services
- » Substance Use Disorder Services
- » Dental Services
- » California Children's Services
- » Home and Community-Based Services Waivers
- » Prescription Drugs (except physician administered drugs as a r benefit)



Managed Care vs. Fee-for-Service

Managed care grew out of a desire to reduce the costs of care under the traditional health care delivery system, Fee-for-Service.

Fee-for-Service

- ▶ Each visit and procedure generates a claim for the provider to be paid for
- ▶ All services (labs, scans, etc.) are billable, often separately
- ▶ Payment model rewards physicians for the volume and quantity of services provided, regardless of the outcome
- ▶ Beneficiary can choose any provider that takes Medi-Cal

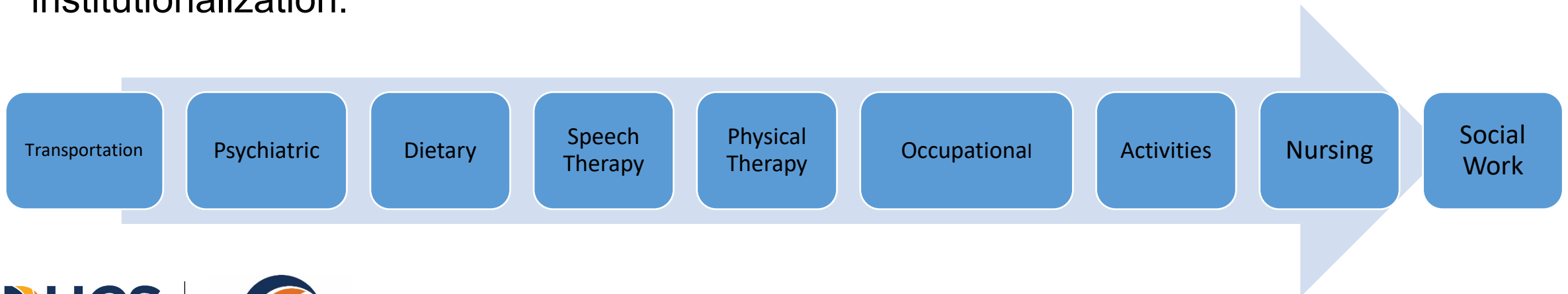
Managed Care

- ▶ MCPs are paid per patient, per month based on the member's eligibility type (capitation) to cover health care services
- ▶ MCPs take full-risk with their contracts with the state
- ▶ Managed care promotes preventative care to avoid costlier care as disease/condition progresses
- ▶ Accountable for patient care 24/7
- ▶ Quality and outcomes monitored and MCPs benefit the more positive the results

Community Based Adult Services (CBAS)

Community-based day health program provides services to older persons and adults with chronic medical, cognitive, or mental health conditions and/or disabilities that are at risk of needing institutional care.

CBAS serves older adults and/or adults with disabilities to restore or maintain their optimal capacity for self-care and delay or prevent inappropriate or undesirable institutionalization.







Medicare and Medi-Cal





Dual Eligibles

MEDICARE + MEDI-CAL

WHAT DOES MEDICARE COVER?

-  Doctors
-  Prescription drugs
-  Urgent care and hospitals
-  Short-term nursing facility stays... and more

WHAT DOES MEDI-CAL COVER?

-  Medicare co-pays and deductibles
-  Some medical equipment, supplies and services
-  Services like IHSS, adult day centers and transportation
-  Long-term nursing facility stays... and more

Medicare vs. Medi-Cal

Medicare is a federal health insurance program for people age 65 and older and those younger than 65 with a disability. Medicare provides coverage for hospital care (Part A), medical services (Part B), and prescription drugs (Part D).

» Medicare Fee for Service

» Medicare Managed Care Plan Types

- Accountable Care Organization (ACO)
- Medicare Advantage Plans (MA)
- Dual Eligible Special Needs Plan (D-SNP)
- Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)
- Program of All-Inclusive Care for the Elderly (PACE)
- Senior Care Action Network (SCAN)

Managed Long Term Support Services (MLTSS)

- In-Home Supportive Services (IHSS)
- Community Based Adult Services (CBAS)
- Multipurpose Senior Services Program (MSSP)
- Nursing Home Care



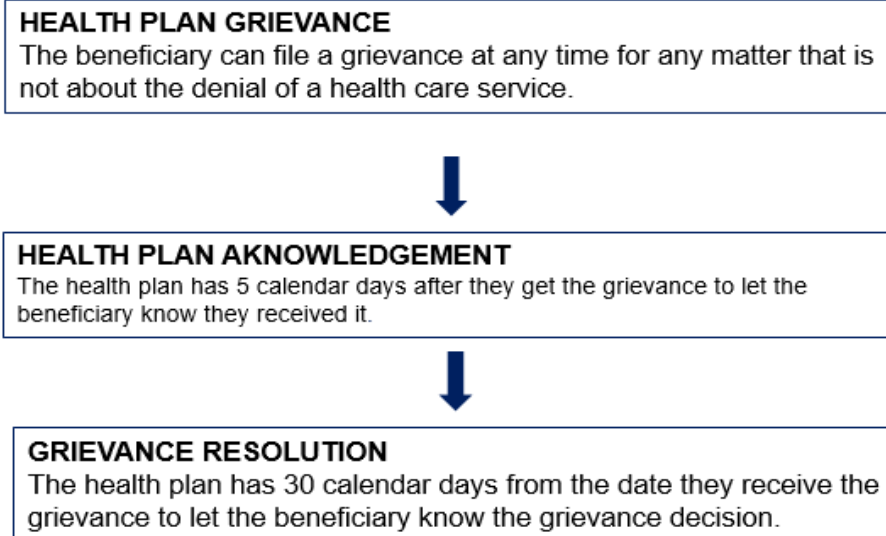
Grievances and Appeals



Grievance Process

If a member has a complaint regarding any matter other than the denial of a health care service, the member or their provider may file a grievance at any time (APL 21-011).

- ▶ MCPs have 5 days from the date they get the member's complaint to let them know they received it.
- ▶ The MCP has 30 calendar days from the date they get the grievance to let the member know the grievance resolution.



Appeal Process

An appeal is an MCP member's verbal or written (verbal requests should be followed up in writing) request to their Managed Care for review of an "adverse benefit determination" and must be filed within 60 days of a "Notice of Action" (formal letter and notice of adverse benefit determination). The MCP must resolve the appeal and notify the member of that decision within 30 calendar days of the receipt of the appeal (APL 21-011).

An adverse benefit determination occurs when an MCP:

- ▶ Denies or limits authorization of a requested service
- ▶ Reduces, suspends, or terminates a previously authorized service
- ▶ Denial (whole or in part) of payment for a service or dispute of financial liability
- ▶ Fails to provide a service in a timely manner
- ▶ Fails to act within timeframes for standard resolution of grievances and appeals

Complaints and Appeals (Non DHCS Entities)

DMHC

The California Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.

- Independent Medical Reviews (IMR)
- Consumer Complaints
- Provider Complaints
- Monitors plan compliance with the law
- Evaluates access and the adequacy of plan networks.

Independent Medical Reviews (IMR)

For all Health Care Plans in 2020

2,190 Medical Necessity IMR's



1185	<u>Overturned</u>	54.11%
654	<u>Upheld</u>	29.86%
351	<u>Reversed</u>	16.03%

State Hearings

Who is eligible for a SH?

Hearing rights extend to Medi-Cal claimants/beneficiaries who are dissatisfied with a state or MCP action or inaction.

2 Types of SH Cases:

- ▶ MCP Only – SH that only involves the MCP.
 - ▶ e.g. – Denial of Surgery, Denial of Services, Reduction of service, etc.
- ▶ DHCS Only – SH that only involves DHCS.
 - ▶ e.g. – Beneficiary requests a medical exemption to be in a managed care plan. Also known as a MER Appeal.



BHBH: Launching a new housing program in the busy CalAIM landscape

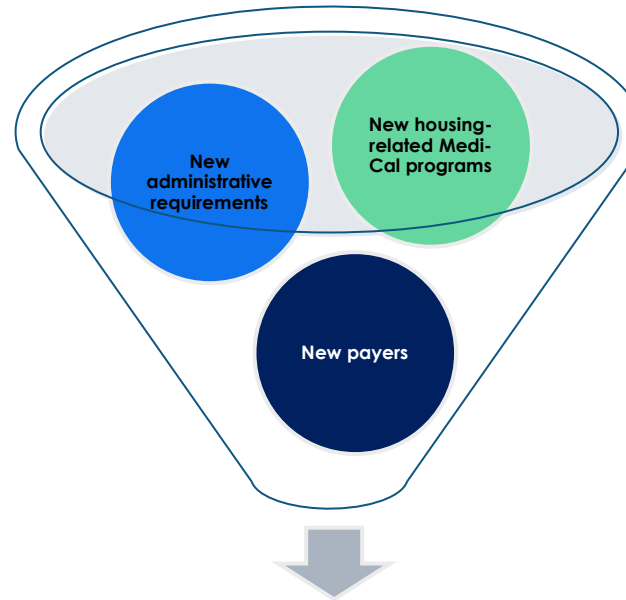
ALISON KLURFELD, KLURFELD CONSULTING



BHBH in Context

- Contracting w/multiple payers
- Tracking Medi-Cal enrollment
- HIPAA Compliance
- Service Authorizations
- Health Care Billing & Reporting

- Medi-Cal Managed Care Plans (MCPs)
- County BH Departments
- Tribal Partners
- Existing COC, County, State, and Housing Authority contracts

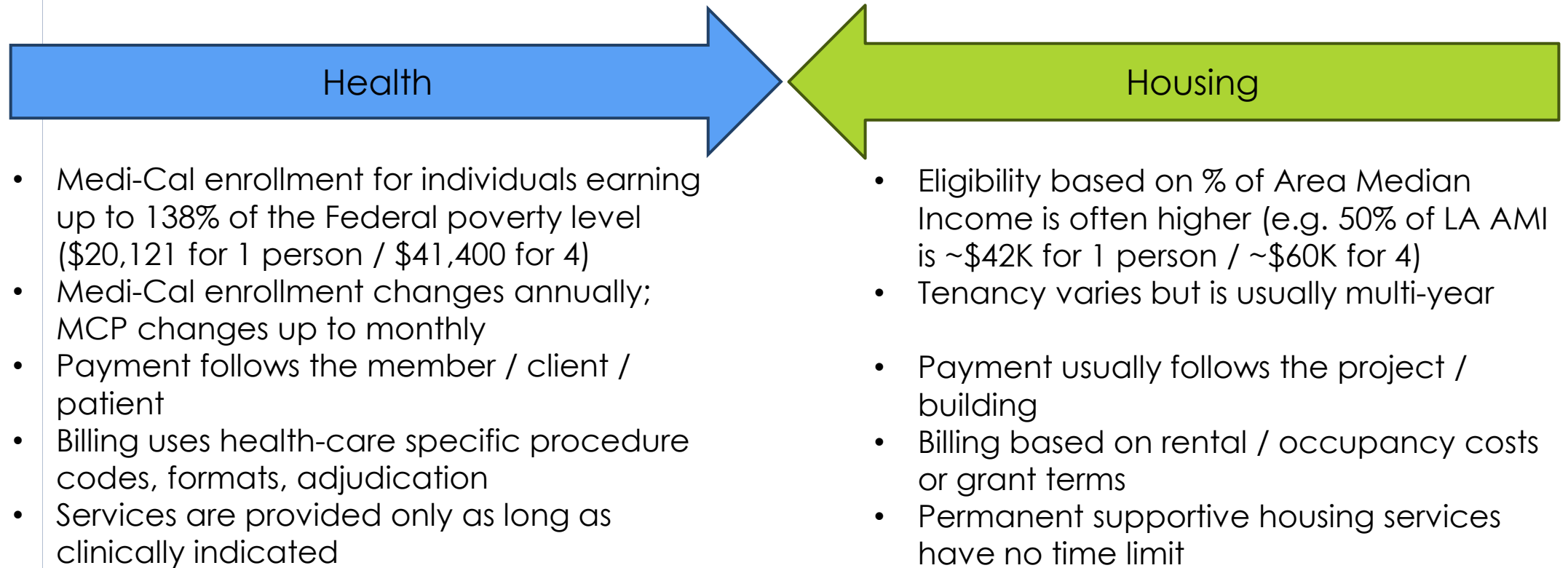


Daunting changes for homeless services / housing provider partners

- Enhanced Care Management
- Community Supports
 - Housing Navigation
 - Housing Deposits
 - Tenancy Services
 - Recuperative Care
 - Short-Term Post-Hospitalization Housing
 - Day Habilitation
 - Transitional Rent (2025)
- Incentive Payment Program & PATH CITED for Capacity Building
- Housing & Homelessness Incentive Program
- **Behavioral Health Bridge Housing**

Challenges facing housing & health partnerships

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CalAIM & Homeless Services / Housing

Not an exhaustive list...

Program	Opportunity	Challenge
Enhanced Care Management	<ul style="list-style-type: none"> • Care manager for high-need clients can help w/health, mental health, and substance use disorder services • Can co-enroll w/Housing Transition Navigation and/or Tenancy Sustaining Services CS • Medi-Cal benefit: assessment based on client need 	<ul style="list-style-type: none"> • Services follow the client's MCP & assigned provider, not the building • Must contract with and bill through multiple local MCPs • Usually short-medium term (e.g. 6-18 months)
Community Supports: Housing Transition Navigation, Housing Deposits, Tenancy Sustaining Services	<ul style="list-style-type: none"> • Health care funding available for traditional housing-related services • Most MCPs across CA offer these services • Services work together to support a pathway into long-term housing • Stated DHCS interest in converting to benefits 	<ul style="list-style-type: none"> • Services follow the client's MCP & assigned provider, not the building • Must contract with and bill through multiple local MCPs • Community Supports must be cost-effective w/r/t Medi-Cal funding; focus on highest need individuals • Tenancy services duration may not be long enough • Housing deposits & tenancy services available once per lifetime

CalAIM & Homeless Services / Housing

Not an exhaustive list...

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Program	Opportunity	Challenge
Community Supports: Recuperative Care, Short-Term Post-Hospitalization Housing, Transitional Rent (2025)	<ul style="list-style-type: none">• Health care funding available for short-term housing placements (w/ or w/o onsite health supports)• Many CA MCPs offer recuperative care; some offer short-term post-hosp. housing• State demonstration waiver for short-term post-hosp. housing may unlock more federal support	<ul style="list-style-type: none">• Must contract with and bill through multiple local MCPs• Community Supports must be cost-effective w/r/t Medi-Cal funding; focus on highest need individuals• MCPs generally focus on medical outcomes• Duration may not be long enough to access permanent housing
Behavioral Health Bridge Housing	<ul style="list-style-type: none">• Interim housing, rental assistance, assisted living support, and/or housing navigation.• Support for startup and capacity building• Focus on clients w/SMI / SUD	<ul style="list-style-type: none">• Difficult to address ongoing needs with one-time dollars• Transition plan from BHBH to permanent housing• Avoiding duplication and confusion with MCP resources

Making the most of
BHBH in your local
context

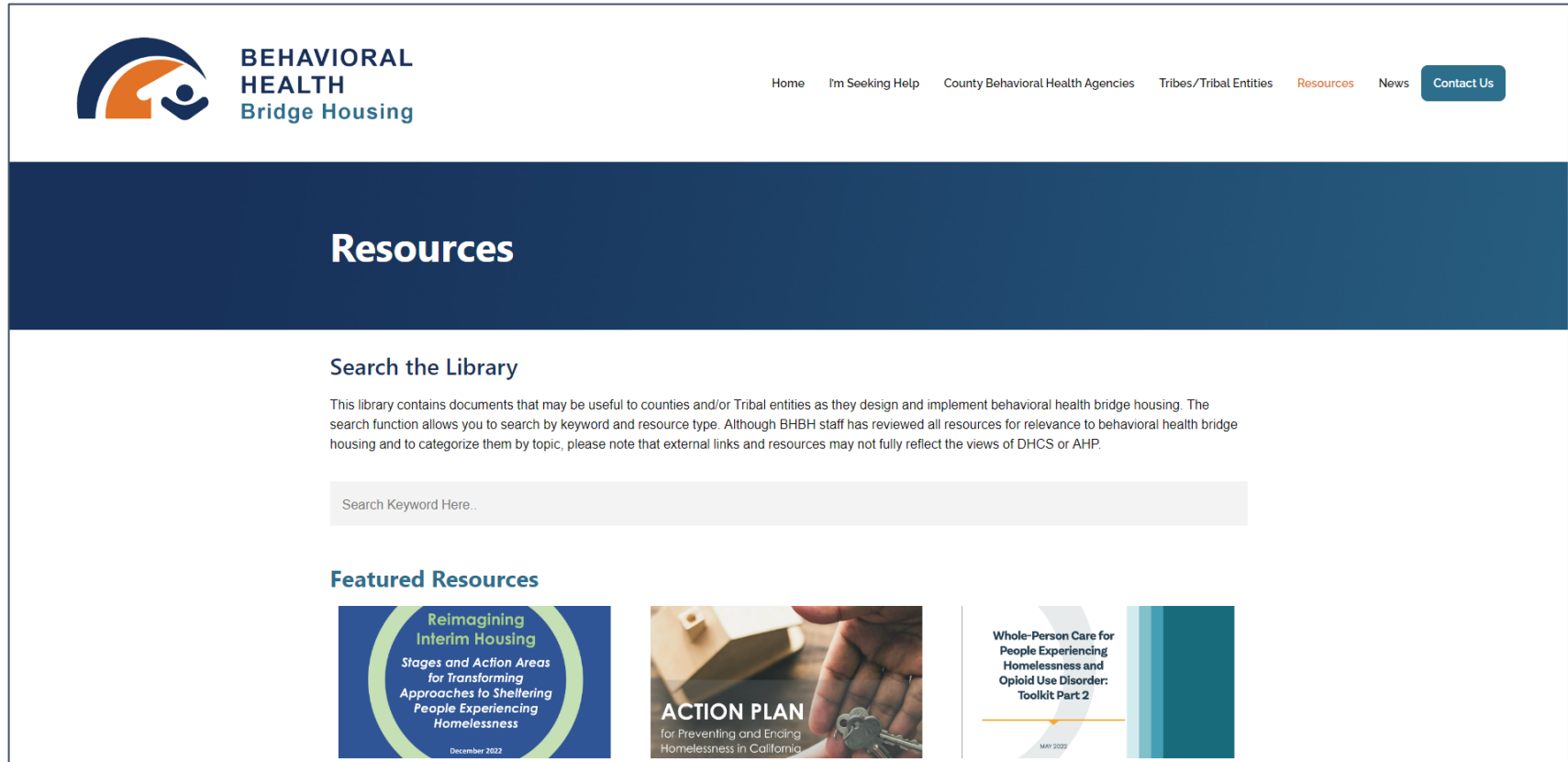
Thank you!

Alison Klurfeld

alison@klurfeldconsulting.com

klurfeld consulting

Behavioral Health Bridge Housing Resource Library



The screenshot shows the website's header with the logo and navigation menu. The main content area features a search bar and a section for featured resources.

BEHAVIORAL HEALTH Bridge Housing

Home | [I'm Seeking Help](#) | [County Behavioral Health Agencies](#) | [Tribes/Tribal Entities](#) | [Resources](#) | [News](#) | [Contact Us](#)

Resources

Search the Library

This library contains documents that may be useful to counties and/or Tribal entities as they design and implement behavioral health bridge housing. The search function allows you to search by keyword and resource type. Although BHBH staff has reviewed all resources for relevance to behavioral health bridge housing and to categorize them by topic, please note that external links and resources may not fully reflect the views of DHCS or AHP.

Search Keyword Here..

Featured Resources

- Reimagining Interim Housing**
Stages and Action Areas for Transforming Approaches to Sheltering People Experiencing Homelessness
December 2022
- ACTION PLAN**
for Preventing and Ending Homelessness in California
- Whole-Person Care for People Experiencing Homelessness and Opioid Use Disorder: Toolkit Part 2**
MAY 2022