Los Angeles RECUPERATIVE CARE LEARNING NETWORK

Hospitals Only Meeting

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Funded by California Health Care Foundation & National Health Care for the Homeless Council

July 26, 2022

Welcome

Los Angeles Hospitals

CalAIM Discussion Agenda

- ☐ Welcome
- ☐ LA Recuperative Care Learning Netwo
- ☐ Overview of CalAIM Recuperative Care County
- ☐ Challenges – MCP Referrals & Authoriz Processes
- ☐ Hospital Medical Respite Bed Availabil project

LA Recuperative Care Learning Network Purpose

- Create a forum for Los Angeles payers and provi
  partnership issues emerging from the CalAIM M
  have resulted in Recuperative Care being covere
  Service. This forum will provide an opportunity f
  from each other, create consistency across the r
  scale and spread of promising practices
- Identify priority issues for, characteristics of, and
  pain points with the payer/provider partnerships
- Pave the way for payers and providers to engage
  partnerships that ultimately result in the increas
  utilization of Recuperative Care beds for individu
  homelessness.
- Identify high-priority issues for the field, for polic
  philanthropy to focus on in subsequent years to
  health care needs of this population, in addition
  and levers for doing so.

LA Recuperative Care Learning Network Current Priorities

- Ensure each **recuperative care provider** receives
  building funding through CalAIM homeless-relate
  programs.
- Ensure all providers have internal operations and
  facilitate contracting and are able to submit claim
  /encounters and share data for services.
- Ensure referrals and authorizations are occurring
  adequate source of income for **recuperative care**
  demonstrates that the immense need for this ser
- Provide additional assistance, as requested and a
  facilitate successful partnerships and contractual
  between payers and providers.

Private Los Angeles Recuperative Care Providers

- A Brighter Day (ABD) Recuperative Care
- Blue Sky Recuperative Care
- Community of LA Recuperative Care
- Golden State Recuperative Care
- HOLA
- Horizon Recuperative Care
- Illumination Foundation (IF)
- JWCH Institute
- National Health Foundation (NHF)
- Serenity Recuperative Care
- The People Concern - SOLAR

LA Recuperative Care Learning Network Issues & Concerns

- Contracting & Credentialing
- Eligibility Criteria and List of Exclusions Medical Respite
- Obtaining Authorizations & Concerns ab (Health Plans and Hospitals)
- Authorization of Sufficient Length-of-St
- Payments – Claims / Invoice Submission
- Technology – Data Reporting
- Quality Monitoring & Oversight
- Access to sufficient Capacity Building Fu

CA Advancing & Innovating Medi-Cal (

CalAIM will implement broad program, delivery sys
payment reforms statewide to advance three prima

Identify and manage member risk and need throu
whole-person care approaches and addressin
social determinants of health (SDOH)

Move Medi-Cal to a more consistent and seamless
by **reducing complexity** and **increasing flexibi**

Improve quality outcomes, **reduce health disparitie**
and drive delivery system transformation and innova
through value-based initiatives, modernization of
systems, and payment reform

Enhanced Services to Promote Health Equity
Vulnerable Medi-Cal Beneficiaries

Based on the success of the Whole Person Care (WPC) pilots and Health Home
(HHP), DHCS launched ECM as a statewide benefit, as well as Community S
(ILOS) at Medi-Cal health plan and member option to offer members cost-ef
alternatives to Medi-Cal State Plan benefits.

Enhanced Care Management (ECM)

- ECM will be a **statewide benefit** available to **members with the most complex health and social needs** as defined by **Populations of Focus**
- ECM Core Services are defined in the **Medi-Cal Managed Care MCP Contract,** with MCPs expected to coordinate all carved out services (e.g., SMHS, DMC-ODS)

Community Support

- Community Supports addressing **medical a needs to** avoid highe and associated costs
- Specified in the **MCP** MCPs **strongly enco** not required, to provid substitute for utilizatio services or settings (e skilled nursing facility discharge delays or E

CalAIM ECM Populations of Focus

Population	Description
Homeless	Individuals and families (including children) experiencing **homelessness** and who hav physical, behavioral, or developmental health need with inability to successfully self-
High utilizers adults	Adult high utilizers with five or more preventable emergency room visits, or 3 or mor short-term skilled nursing facility (NF) stays in a 6-month period
SMI/SUD risk adults	Adults with county **severe mental illness (SMI) or substance use disorder (SUD)** dia complex social factor, and are (high risk or institutionalization, or user of crisis service IP in past year due to SMI/SUD-related hospitalizations or pregnant
Nursing facility diversion	Adults at risk for long-term care (LTC) institutionalization who, in the absence of serv otherwise require care for 90 consecutive days or more in an inpatient NF
Nursing facility transition	Adult NF residents who want and, with supports, are able to transition to the commu
Jail transition adults	Adults **transitioning from incarceration** in past 12 months who have a chronic menta SUD, intellectual or developmental disability, traumatic brain injury (TBI), HIV, or pre
Children & youth	High utilizers; complex physical, behavioral, or developmental health needs; serious California Children's Services, child welfare & foster care; incarcerated and transition

Enhanced Services to Promote
for the Most Vulnerable Medi-Ca

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CalAIM Community Supports

- **Housing Transition Navigation Services:** Assistance with obtaining housing. T assistance with searching for housing or completing housing applications, as w an individual housing support plan.
- **Housing Deposits:** Funding for onetime services necessary to establish a hous security deposits to obtain a lease, first month's coverage of utilities, or first an rent required prior to occupancy.
- **Housing Tenancy & Sustaining Services:** Assistance with maintaining stable t housing is secured. May include interventions for behaviors that may jeopardiz late rental payment and services, to develop financial literacy.
- **Short-term Post-Hospitalization Housing:** Setting in which beneficiaries can receiving care for medical, psychiatric, or substance use disorder needs immed exiting a hospital.
- **Recuperative Care (Medical Respite):** Short-term residential care for benefici longer require hospitalization, but still need to recover from injury or illness.
- **Respite Services:** Short-term relief provided to caregivers of beneficiaries who intermittent temporary supervision.

CalAIM Community Supports

- **Nursing Facility Transition & Diversion to Assisted Living:** Services provided beneficiaries transitioning from nursing facility care to home settings in which for living expenses.
- **Community Transition Services/NH Transition to Home:** Services provided transitioning from nursing facility care to home settings in which they are res expenses.
- **Personal Care and Homemaker Services:** Services provided to assist benefic from nursing facility care to home settings in which they are responsible for li
- **Day Habilitation Programs:** Programs provided to assist beneficiaries with c necessary to reside in homelike settings, often provided by peer mentor type programs can include training on use of public transportation or preparing m
- **Environmental Accessibility Adaptations:** Physical adaptations to a home t and safety of the beneficiary. These may include ramps and grab bars.
- **Meals/Medically Tailored Meals:** Meals delivered to the home that are tailor beneficiaries' unique dietary needs, including following discharge from a hos

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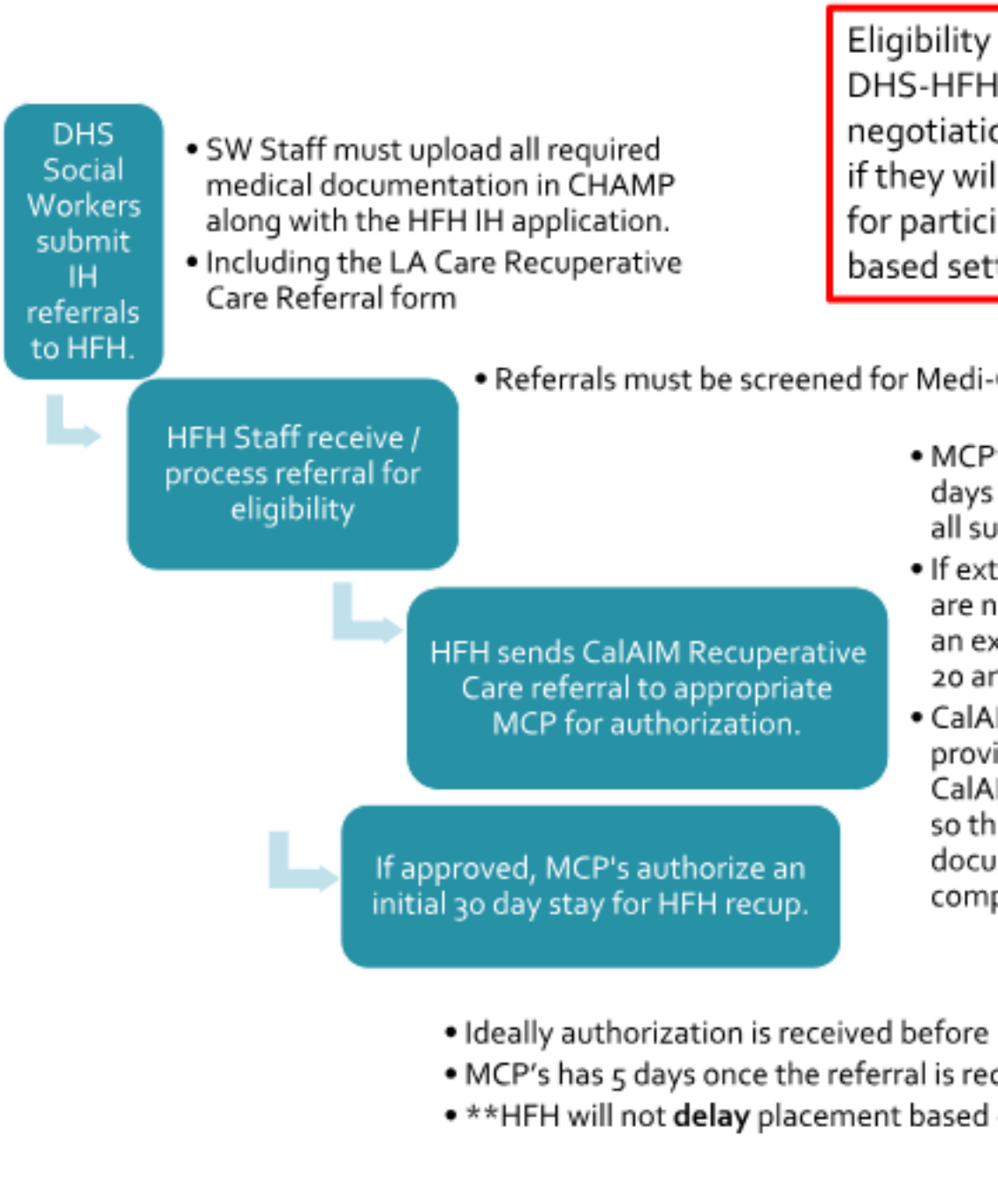
Community Supports in Los Angeles Co

Community Supports	L.A. Care	Anthem	Blue Shield Promise	Kaiser	
Housing Transition Navigation Services	January 2022	January 2022	January 2022	January 2022	Ja
Housing Tenancy and Sustaining Services	January 2022	January 2022	January 2022	January 2022	Ja
Meals/Medically Tailored Meals	January 2022	January 2022	January 2022	January 2022	Ja
Recuperative Care (Medical Respite)	January 2022	January 2022	January 2022	January 2022	Ja
Housing Deposits	July 2022	January 2022	January 2022	January 2023	
Sobering Centers	July 2022	July 2022	July 2022	July 2022	Ja
Personal Care and Homemaker Services	July 2022	July 2022	January 2022	January 2023	Ja
Respite Services	July 2022	July 2022	January 2022	January 2023	Ja
Asthma Remediation	July 2023	January 2022	July 2022		Ja
Environmental Accessibility Adaptations	January 2023	January 2022	January 2022	January 2023	
Short-term Post-Hospitalization Housing		July 2022	January 2022		Ja
Day Habilitation		January 2024	July 2022		Ja
Nursing Facility Trans. / Div. to Assisted Living	January 2024	January 2023	January 2023		Ja
Nursing Facility Trans. / Div. to Home	January 2024	January 2023	January 2023		Ja

LA County DHS Housing for Health Referral Pathways



HealthNet Recuperative Care Referral Criteria

Eligibility

- Members who are at risk of hospitalization or are post-h
- Individuals who live alone with no formal supports; or
- Individuals who face housing insecurity or have housing
  their health and safety without modification.

Restrictions

- Should not replace or duplicate the services provided to
  enhanced care management program or duplicated state
- Not more than 90 days in continuous duration
- Does not include funding for building modification or bu

Services

- Interim housing with a bed and meals and ongoing moni
  member's ongoing medical or behavioral health conditio
- May also include (if needed): Limited or short-term assis
  Instrumental Activities of Daily Living and/or Activities of
- Coordination of transportation to post-discharge appoin
- Connection to any other ongoing services, including men
  substance use disorder services.
- Support in accessing benefits and housing.
- Stability with case management relationships and progra
- Can be used with other housing Community Supports. W
  housing Community Supports should be provided to men
  recuperative care facility.

L.A. Care Recuperative Care Referral Criteria

Recuperative Care Eligibility

A) Be an active, homeless L.A. Care MCLA c

B) Is post-hospitalization or post-skilled nur

C) Have one of the following:

a. A defined home health skilled need, s

- ☐ Physical therapy, occupational the therapy
- ☐ Ongoing IV antibiotics
- ☐ Wound Care

or

b. Be in the midst of, or in need of, an o treatment that if interrupted or delayed undue harm.

L.A. Care Recuperative Care Eligibility Exclusions

1. A) Member is unable or unwilling to independently complete
   or limited assistance consistent with recuperative care facility
2. B) Member is dependent for medication administration;
3. C) Member is incontinent of bladder and/or bowel and unable
   and/or other incontinence supplies;
4. D) Member is gravely disabled;
5. E) Members must be medically & psychiatrically stable enoug
   different higher level of care is not required;
6. F) Member is cognitively impaired (e.g., needs constant super
   /or re-direction and verbal cues for basic functions/ADLs);
7. G) Member has been recently combative, aggressive and/or t
   other individuals;
8. H) Member has a peripherally inserted central catheter ("PICC
   medications depending on other factors, e.g., type of medicat
   safety of Member and other guests, etc. Decisions about place
   PICC Line will be decided on a case-by-case basis;
9. I) Member is unable to live independently in housing and/or n
   skilled nursing, 24/7 care and supervision,
10. J) Member has tested positive for Covid-19 within the last 10 d
    symptoms;
11. K) Active Tuberculosis/C-DIFF/MRSA of sputum (possibly of w
    communicable/contagious condition(s) may be a disqualifier; n
    Adult Residential Facility (ARF) / Residential Care Facility for th
    Board & Care services, or etc. ;
12. L) Members are generally ineligible with limited exceptions i
    dependent, has stage 3 or 4 decubitus, is actively detoxing or i
    about placement of Members with these needs will be decided

Recuperative Care Referral Supporting Documentation Requirements

The following documents are **required** for an MCP to
recuperative care referral:

- ☐ MCP/LA Care Recuperative Care Referral Form
- ☐ Face Sheet
- ☐ CXR or PPD (within last year)
- ☐ COVID-19 Test Required (from current hospit
- ☐ History & Physical
- ☐ Social Worker Notes
  - ☐ SW Notes should clearly indicate that a patien homelessness
  - ☐ SW notes should also clearly indicate that the informed that an interim housing/recuperative submitted on their behalf and that they will ac
- ☐ Medication List
- ☐ Wound Care Notes (if any)
- ☐ Psych Notes (if applicable) - last two days of n documentation
- ☐ Consultation Notes (if applicable)
- ☐ Recent PT/OT/ Speech Therapy (if applicable)

Common Referral Mistakes & Frequently Asked Requests from MCPs

- Missing documents (SW notes, etc
- Missing home health information (
  contact information)
- Missing follow up PCP appointmen
- Missing indication of homelessness
  willingness to accept recuperative c
- Any of the above will result in an au
  rejection from the MCP or significan
  back-and-forth communication

BARR Demo Project: Bed availability real time reporting

- A potential technology platform projec develop, field test and implement a SAA a Service) component called BARR—bed time reporting—to Recuperative Care pr County that reports on **the number and Recuperative Care beds,** including thos provide behavioral health and substance capacity.
- The BARR demonstration project will e providers and hospitals regarding discha schedules, provide incentives for Recupe programs to fully participate in the BAR establish a potential model for hospitals BARR. The project be developed using a web-based software system, hosted by Institute for Medical Respite Care (NIMR based computing.

BARR Demo Project

- What is the current administrative burd find a discharge location for people expe homelessness (PEH)?
- What does the internal workflow look l
- How do you determine what Recuperat providers are contracted with each Man (MCP)
- How do you determine which Recuper facilities have bed availability?
- What data systems do you use to obtai information and documentation necessa a patient to the community? To Recuper
- Do you have access to more than one d system/platform?
- Would a bed availability platform be he

Los Angeles

RECUPERATIVE CARE LEARNING NETWORK

Thank you for joining us!

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