

LHPC Institute CalAIM Learning Collaborative

Session 7: Vetting Qualifications of Non-Traditional Providers Without a State-Level Enrollment Pathway (cont.)

July 26, 2021

Meeting Summary

Discussion Takeaways:

Day Habilitation

- This service is less familiar to plans and no local plans are providing it as part of their initial ILOS menu on 1/1/22. Participants spent time discussing who providers could be and how to distinguish services from other similar services.
- LHPC noted that the population criteria for day habilitation are similar to those for the homeless and housing suite of services, as the DHCS eligibility criteria are populations who are homeless or at risk of homelessness or institutionalization. Because DHCS prefers such services be provided by the same entity where possible to minimize the number of care/case management transitions, providers of housing and support services could also potentially be providers of day habilitation services.
- Given the breadth of services (e.g., conflict resolution skills, daily living skills, community resource awareness, use of public transportation), plans may want to consider refining their eligibility criteria to target the most high needs severe populations.
- Independent living centers and foster youth organizations may provide these types of services; intensive case management services organizations also provide some level of day habilitation services.

Personal Care and Homemaker Services

- DHCS criteria indicates that potential providers could include home health agencies, county agencies, personal care agencies and area agencies on aging.
- One plan mentioned that they have typically used local personal care agencies that are in good standing.

Home Modifications

- One plan commented on the increased administrative requirements and staff time involved in the provision of such services.

- Liability and insurance requirements can be challenging when working with vendors.
- Plans may consider partnering with ICMS providers.

Sobering Centers

- A few plans noted the limited number of providers in their service areas.

Asthma Remediation

- One plan observed that some providers have a state enrollment pathway via DME; other services would likely have to be provided by an external entity.

Other

- LHPC will gather additional feedback to complete the ILOS discussion table; the updated table will be shared with collaborative participants for feedback before it is finalized.
- RE: verification process for internal staff who would provide ECM services, LHPC shared that DHCS suggests plan use the same process they typically use for contracted ECM providers. However, we should discuss whether that direction adequately clarifies what is expected or if it would require anything beyond what is validated through the plan hiring process.
- When subcontracting services, one plan noted that they require the contractor to extend the same requirements under the plan/contractor agreement to the subcontractor, and to provide the plan with a copy of the agreement.

Next Meeting:

The next session is scheduled for Aug. 9 at 3:00 p.m. and will focus on ECM and ILOS authorizations.