CalAIM ECM and Community Supports Guide

Types of Community Supports Available in Ventura:

Housing Navigation
Assistance with finding, applying for, and securing permanent housing.

Housing Deposits
Assistance with housing fees, including security deposits and utility setup, such as gas and electricity.

Housing Tenancy & Sustainability
Support to keep your housing, such as help with landlord issues, annual certification, and connections to local resources to prevent eviction.

Personal Care and Homemaker Services
Support for daily activities like bathing, feeding, meal preparation, grocery shopping, and going to medical appointments.

Home Modifications
Home updates that help improve health, safety, and independence, such as ramps, grab-bars, wider doorways, and stair lifts.

Nursing Home Diversion to Assisted Living
Help with transferring to assisted living and receive services like daily living support, medication oversight, and 24-hour onsite direct care staff, instead of going to or staying in a nursing facility.

Day Habilitation Programs
Mentoring to develop skills, such as using public transportation, cooking, cleaning, and managing personal finances.

**For individuals experiencing homelessness*
**Only for Kaiser Permanente members*

Recuperative Care (Medical Respite)
Short-term residential care if you are discharged from a hospital and without stable housing.

Caregiver Services (Respite Services)
Short-term relief for your caregivers, either where you live or at an approved facility.

Medically Supportive Food/Medically Tailored Meals
Deliveries of nutritious groceries or prepared meals along with vouchers for healthy food and/or nutrition education.

Short-Term Post Hospitalization Housing
Temporary housing after leaving inpatient care settings, including those for SUD treatment, mental health, correctional facilities, and more.

Asthma Remediation
Home updates to help prevent acute asthma episodes through filtered vacuums, dehumidifiers, air filters, and better ventilation.

Nursing Facility Transition to a Home
Assistance returning home from a nursing facility, such as funding for security deposits, utility set-up fees, and health-related appliances like hospital beds.

Explaining Enhanced Care Management (ECM) Services to a Member:

Your dedicated Lead Care Manager will coordinate health and health-related services, offering care on the phone, in-person, and/or where you live.

Your Lead Care Manager can:

- Find doctors and make appointments
- Arrange free transportation to and from appointments
- Check on prescriptions and help get refills
- Connect you with local resources and Community Supports for food, housing and other social services

ECM does not replace:

Your benefits: It's an additional benefit for Medi-Cal members.

Your doctors: Keep your current doctors and other providers.

Your options: You can cancel ECM at any time.

ECM is free! There is no added cost for ECM for you.

**See other side for detailed eligibility criteria*

See bottom of other side for details on ECM services.

Individuals who meet the criteria for one or more of these 9 populations of focus are eligible for Enhanced Care Management (ECM):

Individuals Experiencing Homelessness:

- Adults experiencing homelessness with at least 1 complex physical, behavioral, or developmental need.
- Children, youth, and families with members under 21 years old experiencing homelessness.

Individuals At Risk for Avoidable Hospital or Emergency Department Utilization:

- Adults with 5 or more avoidable ED visits or 3 or more avoidable unplanned hospital or nursing facility stays in the past year.
- Children and youth with 3 or more avoidable ED visits or 2 or more avoidable unplanned hospital or nursing facility stays in the past year.

Individuals with Serious Mental Health and/or Substance Use Disorder Needs:

- Adults with significant mental health or substance use disorders, affected by at least 1 complex social factor **and** 1 or more of the following: at high risk or institutionalization, overdose, or suicide; rely mainly on crisis services, EDs, urgent care, or inpatient stays; or have had 2+ ED visits or hospitalizations for mental health or substance use disorders in the last 12 months.
- Children and youth experiencing significant challenges with mental health conditions or substance use disorders.

Individuals Transitioning from Incarceration:

- Adults recently released from prison, jail, or correctional facilities in the last 12 months **and** experiencing 1 or more of the following: mental illness, substance use disorder (SUD), chronic or significant non-chronic clinical condition, intellectual or developmental disability, traumatic brain injury, HIV/AIDS, or pregnancy/postpartum.
- Children and youth recently released from youth correctional facilities in the past year.

Adults in the Community at Risk for Long-Term Care Institutionalization:

- Adults living in the community who meet skilled nursing facility criteria or need lower-acuity skilled nursing, are affected by at least 1 complex social factor, **and** can reside in the community with comprehensive support.

Adult Nursing Facility Residents Transitioning to the Community:

- Nursing facility residents who are interested in moving out, likely candidates to do so successfully, and able to reside continuously in the community.

Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs:

- Children and youth in CCS or CCS WCM who are affected by at least 1 complex social factor.

Children and Youth Involved in Child Welfare:

- Children and youth meeting **any** of the following criteria: currently in foster care, received foster care in the last 12 months, aged out of foster care up to age 26, eligible for or participating in California's Adoption Assistance Program, or receiving or have received California's Family Maintenance program in the last 12 months.

Birth Equity Population of Focus:

- Black, American Indian, Alaska Native, or Pacific Islander adults or youth who are pregnant or have been pregnant in the last 12 months.

Examples of complex social factors include, but are not limited to, lack of access to food; lack of access to stable housing; difficulty accessing transportation; four or more ACEs; recent contacts with law enforcement; or crisis intervention services related to mental health and/or substance use symptoms.

For more details on these eligibility criteria, please visit the ECM Policy Guide