Enhanced Care Management, Community Supports, and Community Health Worker Referral Form

Kaiser Permanente (KP) accepts referrals for **Medi-Cal members** with their coverage assigned to KP that are presumed to be eligible for a Community Supports service or Enhanced Care Management. If a member is eligible, KP will issue an authorization to a supplier in our network of contracted vendors to provide the service.

Enhanced Care Management (ECM) is available in all KP's service areas. The benefit is limited to specific Populations of Focus defined by the Department of Health Care Services and provides intensive care management to members with complex health and/or social needs.

Note: Members may not be enrolled in ECM and any of the following programs at the same time.

- Hospice
- Program for All-Inclusive Care for the Elderly (PACE)
- Complex Care Management (CCM)
- California Community Transitions (CCT)

*Please see the DHCS website for more information on these waivers.

1915 (c) Home and Community-Based Services Waiver (HCBS) Waivers include:

- Medi-Cal Waiver Program (HIV/Aids)
- Home and Community-Based Alternatives (HCBA)
- Assisted Living Waiver (ALW)
- Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD)
- Multipurpose Senior Services Program (MSSP)
- Self-Determination Program (ICF/DD)

Community Supports (CS) are non-medical services (e.g., housing navigation, asthma remediation) provided as cost-effective alternatives to traditional medical services and settings. Community Supports availability varies by county.

Community Health Workers (**CHW**) are non-licensed frontline workers based in the community. They are advocates who provide face-to-face services and directly engage with members to help them reach a health-related goal, aiming to improve the member's medical, behavioral, or social health outcomes by increasing health knowledge and self-sufficiency.

- *Note: Members are not eligible to receive CHW services if they are enrolled in Enhanced Care Management.*

For Southern California referrals, submit the completed form to **RegCareCoordCaseMgmt@KP.org via secure email.**

For Northern California referrals, submit the completed form to **REGMCDURNs-KPNC@KP.org via secure email.**

Fields marked with an asterisk (*) are mandatory.

Referral Source Information

Referrer Name*	Referrer Organization
Referrer Email Address	Referrer Phone Number

External referral by (select one)*:

- ☐ Network lead entity (NLE)
- ☐ ECM/CS Vendor
- ☐ Managed Care Plan (MCP)
- ☐ External Provider - Other health care provider
- ☐ External Provider - Mental health provider
- ☐ External Provider - Hospital or ER care team
- ☐ Other:
- ☐ County or other government organization
- ☐ Schools/LEAs
- ☐ Other community-based provider
- ☐ Legal aid organizations
- ☐ Justice involved organizations
- ☐ Homeless services provider

Has the member consented to participating in the program/programs they are being referred to?
☐ Yes ☐ No ☐ Unknown

Member Information

Is the person being referred a Medi-Cal Managed Care member with Kaiser Permanente?*
If the member **IS NOT** a Medi-Cal Managed Care member, they are ineligible for these services at Kaiser Permanente.

☐ Yes ☐ No

If no, the member does not qualify. Other resources may be available to the member through Kaiser Permanente's Community Support Hub, which is available to all Kaiser Permanente members.

Member Information Continued

Name*	Phone Number	Date of Birth*
Kaiser MRN (if known)	Medi-Cal CIN # (if known)	
Mailing Address:		

Current Service Usage

Is the member currently receiving any of the following services:

- ☐ CHW
- ☐ Enhanced Care Management
- ☐ Community Supports

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Services Requested in this Referral

Please check all applicable Enhanced Care Management, Community Support, and Community Health Worker fields for each referral requested on behalf of the KP Medi-Cal member. After the referral is submitted, the member must be screened for eligibility by a member of KP's authorization team before the referral can be approved. These services are available in all counties unless otherwise noted. Please see the DHCS website for county coverage.

☐ **Enhanced Care Management**
Provides intensive care management services to members with complex health and/or social needs. The benefit is limited to specific Populations of Focus defined by the Department of Health Care Services.

Select **ALL** qualifying guidelines:

- ☐ Transitioning from ECM with another CA Medi-Cal health plan
- ☐ Individual or family experiencing homelessness
- ☐ Individual at risk for avoidable hospital and/or ER admissions
- ☐ Individual with serious mental illness (SMI) and/or substance use disorder (SUD) needs
- ☐ Individual transitioning from incarceration or who have transitioned within the last 12 months
- ☐ Adults living in the community and at risk for long-term care institutionalization
- ☐ Adult nursing facility resident transitioning to the community
- ☐ Child or youth enrolled in California Children's Services (CCS) or CCS Whole
- ☐ Child Model (WCM) with additional needs beyond the CCS Condition
- ☐ Child or youth involved in Child Welfare
- ☐ Birth Equity (Individual who is pregnant or 12 or less months postpartum)

☐ **Housing Transition/ Navigation**
Housing Transition/Navigation assists a member in finding services for their housing needs. This could include finding housing if you're homeless or at risk of homelessness.

Select **ONE** that applies:

- ☐ Individual meets the HUD definition of homelessness

OR

- ☐ Individual meets the HUD definition of at risk of homelessness

☐ **Housing Deposits**
Housing Deposits assist a member with one-time expenses that are not room and board. One-time expenses include but are not limited to application fees, security deposits, first month utilities, set-up fees and deposits for utilities, pet deposit, first month's coverage of renters insurance, first and last month's rent, and home goods necessary to establish a basic household. KP will determine what qualifies as necessary. Total request not to exceed $5000. Members will be required to submit a housing deposit checklist that includes proof of income, lease, and housing plan and progress.

Select **ONE** that applies:

- ☐ Individual meets the HUD definition of homelessness

AND

- ☐ Receiving Housing Transition/Navigation Services Community Support

OR

- ☐ Prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System

Select **ALL** items that apply:
List the estimated cost next to the one-time expense e.g., Application fee $50, Security deposit $1800
One-time expenses include:

- ☐ Application fee
- ☐ Security deposit
- ☐ First and last month's rent
- ☐ Pet deposit
- ☐ First month's coverage of renters insurance
- ☐ Other:

Select **ALL** items that apply:
List the item and the estimated cost e.g., Bedding $100, twin mattress $200
Home goods necessary to establish a basic household include:

- ☐ Kitchen: bowls, cutlery, dish towels, pots and pans, sponges, dishwasher, cups/glasses, cutting boards, kitchen utensils, refrigerator, soap, oven, can opener, dining table/chairs, microwave, stove, placemats, cleaning supplies, dish drying rack, plates, place setting, salt/pepper shakers
  Item/Estimated cost:

- ☐ Bedroom: bedding, bedframe, clothes hangers, infant furniture, mattress, nightstand, hypoallergenic mattress cover, pillow covers
  Item/Estimated cost:

- ☐ Bathroom: bathmat, soap dish, shower/bath curtains, toiletries, towels, trash can, toothbrush holder, cleaning supplies
  Item/Estimated cost:

- ☐ Living Room: couch, lamps/lighting, coffee/end tables
  Item/Estimated cost:

- ☐ Other: Air conditioners, air filters, heater, cleaning supplies, medically necessary adaptive aids, night lights, vacuum cleaner, smoke detectors, carbon monoxide detectors
  Item/Estimated cost:

☐	**Housing Tenancy and Sustaining** Housing Tenancy & Sustaining assists a member in keeping safe and stable housing once a member has a place to live. Services may include training, education, and coaching. Members may also get support with their duties, rights, and benefits as a tenant. Housing Tenancy does not include rental assistance.

Select **ONE** that applies:

- ☐ Individual was recently housed
  OR
- ☐ Individual meets the HUD definition of homelessness
  OR
- ☐ Individual meets the HUD definition of at risk of homelessness

☐	**Recuperative Care (Medical Respite)** A safe place for a member to recover for a short time after being in the hospital. Members can get medical or behavioral health treatment while in a home-like setting. Service duration not to exceed 90 days. Service exceeds no more than 90 days in the continuous duration. No authorization required prior to placement.

Select **ALL** qualifying guidelines:

- ☐ Individual is homeless OR at risk of homelessness

OR

- ☐ Individual is at risk of hospitalization

OR

- ☐ Individual is living at home with no formal support

AND

- ☐ Individual has an ongoing medical need that will be aided by recuperative care.
- ☐ Individual has a medical need that will be aided by recuperative care
- ☐ Individual is scheduled to exit hospitalization

☐	**Short-Term Post-Hospitalization Housing** Where a member can continue to get better after being in the hospital. Also applies after being in other care settings. May include medical, psychiatric, or substance use treatment facilities. Members may receive this service once in a lifetime after recuperative care is exhausted.

Select **ONE** that applies:

- ☐ Individual meets the HUD definition of homelessness

OR

- ☐ Individual is at risk of homelessness

Individual is exiting a facility, such as an inpatient hospital, residential substance use disorder treatment facility, residential mental health treatment facility, recuperative care, nursing facility or correctional facility.

Organization name:
Organization type:
Expected discharge date:

☐	**Day Habilitation Programs** Helps you gain the skills and services needed to live in your community. Services may include mentoring. This can help you learn about jobs, manage money, and improve social skills. Individual would benefit from acquiring, retaining, and improving self-help, socialization, and adaptive skills (e.g. developing personal relationships, taking public transportation, money management) necessary to live successfully in their environment.

Select **ALL** qualifying guidelines:

- ☐ Individual is experiencing homelessness
- ☐ Individual left homelessness and obtained housing in the last 24 months Individual is at risk of hospitalization or institutionalization

☐	**Respite Services (Caregiver)** Provides a short-term break or relief for a member's caregiver. No more than 336 hours can be used in a calendar year, unless an exception is made.

Select **ALL** qualifying guidelines:

- ☐ Individual compromised with ADLs and dependent upon caregiver (paid or unpaid) for most of their support.
- ☐ Individual lives in a location where services can be provided.

☐	**Nursing Facility Transition/ Diversion to Assisted Living Facility** Nursing Facility Transition to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF), helps members find a place to live in the community. The goal is to help members go from a nursing facility to a home-like setting.

☐ **Nursing Facility Transition**

To qualify, **ALL** eligibility guidelines must be met:

- ☐ Individual has been residing within a nursing facility for 60+ days
  AND
- ☐ Individual is willing to live in an assisted living facility as an alternative to a Nursing Facility
  AND
- ☐ Individual is able to reside safely in an assisted living facility with appropriate and cost-effective supports.

☐ **Nursing Facility Diversion**

To qualify, **ALL** eligibility guidelines must be met:

- ☐ Individual is interested in remaining in the community
  AND
- ☐ Individual is willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services;
  AND
- ☐ Individual must be currently receiving medically necessary nursing facility LOC or meet the minimum criteria to receive nursing facility LOC services and in lieu of going into a facility.

☐	**Community Transition Services/Nursing Facility Transition** Community Transition Services/Nursing Facility Transition to a Home helps individuals to live in the community and avoid further institutionalization.

To qualify, **ALL** eligibility guidelines must be met:

- ☐ Individual is interested in remaining in the community receive medically necessary nursing facility LOC services **AND**
- ☐ Has lived 60+ days in a nursing home and/or Medical Respite setting;
  AND
- ☐ Interested in moving back to the community;
  AND
- ☐ Able to reside safely in the community with appropriate and cost-effective supports and services.

☐	**Personal Care and Homemaker Service** Helps members with daily activities so they can live at home. This can include help with bathing, dressing, and feeding. Members may also get help preparing meals, grocery shopping, and doing laundry. This may also include accompanied medical appointments. Members must apply for IHSS before receiving Personal Care and Homemaker Services.

*Members **MUST** apply for In Home Supportive Services (IHSS) before receiving this community support. If the member needs assistance applying to IHSS, contact the Medi-Cal care coordination team via NCAL and SCAL emails.

Select 1 qualifying guideline:

- ☐ Applied for In-Home Supportive Services (IHSS) and awaiting determination;
  OR
- ☐ Approved for IHSS and applied for additional hours;
  OR
- ☐ Not eligible for IHSS to help avoid a short-term stay in a skilled nursing facility (not to exceed 60 days)

AND

Select 1 qualifying guideline:

- ☐ Individual is at risk of hospitalization or institutionalization

OR

- ☐ Individual has functional deficits and no other adequate support system

☐	**Environmental Accessibility Adaptations (Home Modifications)** Helps modify a member's home to ensure their health, wellbeing, and safety. These changes may help a member live better at home independently. Requestors ensure DME services are exhausted prior to submitting a referral for a home modification. Modifications that may be covered by other KP benefits may include portable ramp, chair lift, stair lift and grab bars.

What equipment is the member using and what have they attempted to access?

Select the qualifying guideline:

- ☐ Individual is at risk of hospitalization or institutionalization at a facility

Home modification requested:
Home modification location:

☐	**Asthma Remediation** Helps modify a member's home to ensure their health, wellbeing, and safety. These changes can help you live in your home without acute asthma episodes.

Select **ALL** qualifying guidelines:

- ☐ Individuals with poorly controlled asthma (ED visit/hospitalization or 2 asthma visits in the past 12 months)

OR

- ☐ Asthma Control Test score of 19 or lower
- ☐ Environmental asthma trigger remediation requested:
- ☐ Allergen-impermeable mattress and pillow dustcovers
- ☐ High-efficiency particulate air (HEPA) filtered vacuums
- ☐ Integrated Pest Management (IPM) services
- ☐ De-humidifiers
- ☐ Air filters
- ☐ Other moisture-controlling interventions
- ☐ Minor mold removal and remediation services
- ☐ Ventilation improvements
- ☐ Asthma-friendly cleaning products and supplies
- ☐ Other intervention:

*A home visit will be required to identify asthma triggers and appropriate modifications.

☐	**Medically-Supportive Food/Meals/Medically Tailored Meals** Helps individuals achieve their nutrition goals at critical times to help them regain and maintain their health. Individuals who may benefit from this service include those with certain chronic conditions, those who are immediately being discharged from a hospital or a skilled nursing facility, or individuals with extensive care coordination needs. Qualifying conditions may include but are not limited to cancer, cardiovascular disorders, chronic lung disorders, chronic or disabling mental/behavioral disorders, congestive heart failure, COVID post- discharge, diabetes, end-stage renal disease, gestational Diabetes, high-risk perinatal conditions, HIV, pulmonary, rehab, and stroke. This support is not meant to respond solely to food insecurity.

Select **ALL** qualifying guidelines:

- ☐ Individual is exiting a facility, such as an inpatient hospital, residential substance use disorder treatment facility, residential mental health treatment facility, nursing facility or correctional facility
- ☐ Individual has extensive care coordination needs
- ☐ Individual has a qualifying chronic condition

  Condition (s):

Select **ALL** qualifying guidelines:

- ☐ Individual is exiting a facility, such as an inpatient hospital, residential substance use disorder treatment facility, residential mental health treatment facility, nursing facility or correctional facility

  Organization name:

  Organization type:

  Expected discharge date:

- ☐ Individual is experiencing a chronic health condition
- ☐ Individual is receiving Enhanced Care Management (ECM) or Chronic Conditions Management (CCM)

☐

Community Health Worker

Community Health Workers are non-licensed frontline workers based in the community. They are advocates who provide face-to-face services and directly engage with members to help them reach a health-related goal, aiming to improve the member's medical, behavioral, or social health outcomes by increasing health knowledge and self- sufficiency. Eligibility for CHW services is broad and inclusive, so most KP Medi-Cal members may qualify for CHW services if they need non-clinical and culturally appropriate support to achieve a health-related goal. These services do not cover personal care and homemaker services such as meal preparation, housekeeping, transportation, or housing navigation.

Note: Members are not eligible to receive CHW services if they are enrolled in Enhanced Care Management.

What goal would you like the CHW to assist the member with and what services would you like them to provide? Select **ALL** that apply

Examples of common CHW services include:

- ☐ High Risk Pregnancy Peer Support (e.g., education on lifestyle adjustments to prevent complications)
- ☐ Diabetes Management Peer Support (e.g., education and guidance on medication adherence)
- ☐ Substance Use Peer Support (e.g., education about substance abuse, reducing enabling behaviors, and coping strategies)
- ☐ In-person support (e.g., education on how to navigate the health system or self-advocate in a health care setting)
- ☐ Culturally appropriate health education or health navigation (e.g., education on how to shop for healthy meals, asthma prevention)
- ☐ Help enrolling in government programs (e.g., WIC, CalFresh, SSDI/SSI) as part of improving health
- ☐ Outreach services to engage member in their care plans (e.g., attending appointments, meeting care plan goals)
- ☐ Other: