

**Kaiser Permanente Medi-Cal
County Welfare Directors Association (CWDA) &
Child and Family Policy Institute of California (CFPIC)**

Child Welfare Presentation

September 16th, 2024

Agenda

- Introductions (5 mins)
- KP Medi-Cal Overview (10 mins)
- MOU Execution & Implementation (15 mins)
- Child Welfare Highlights (30 mins)
- Q&A (30 mins)

Presenter Introductions



Vanessa Davis, MPH

Director, Medicaid
*Medi-Cal Policy and Local
Engagement Team*

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Roger Tang, MHA, CSPO

Senior Manager
*MOU Implementation
Northern CA*

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Ola Ajibola-Stott, MHA

*Medi-Cal MOU Liaison
Foster Youth*

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The Kaiser Permanente Mission



Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Medi-Cal Direct Contract, Effective 1/1/24


- Creates a single, direct contract between the California Department of Health Care Services (DHCS) and Kaiser Foundation Health Plan, Inc. (KFHP),* to provide coverage and care for Medi-Cal enrollees in 32 California counties
 - ✓ Expands KP's Medi-Cal services from 22 to 32 counties
 - ✓ Allows KP to offer Medi-Cal coverage in all areas of the state where it offers commercial health care coverage
 - ✓ Extends access to Kaiser Permanente care, including Specialty care, to non-members in selected areas via community partners and pilot programs

* The direct contract is between DHCS and KFHP. The terms "Kaiser Permanente" and "KP" are used in this presentation to refer to KFHP and affiliated entities, such as The Permanente Medical Groups.

January 17, 2023

Our excellent care extends to everyone

California's Department of Health Care Services rates our Medi-Cal plans highest in the state for quality and equitable care.



Kaiser Permanente has the only Medi-Cal plans in California to surpass the threshold for quality care in more than 90% of the care-delivery measures analyzed.

Kaiser Permanente's Medi-Cal health plans in California are the highest rated in the state for quality care, according to a December 2022 report from the state's Department of Health Care Services. Medi-Cal is California's Medicaid health care program, which covers a variety of medical services for children and adults who have limited income and resources.

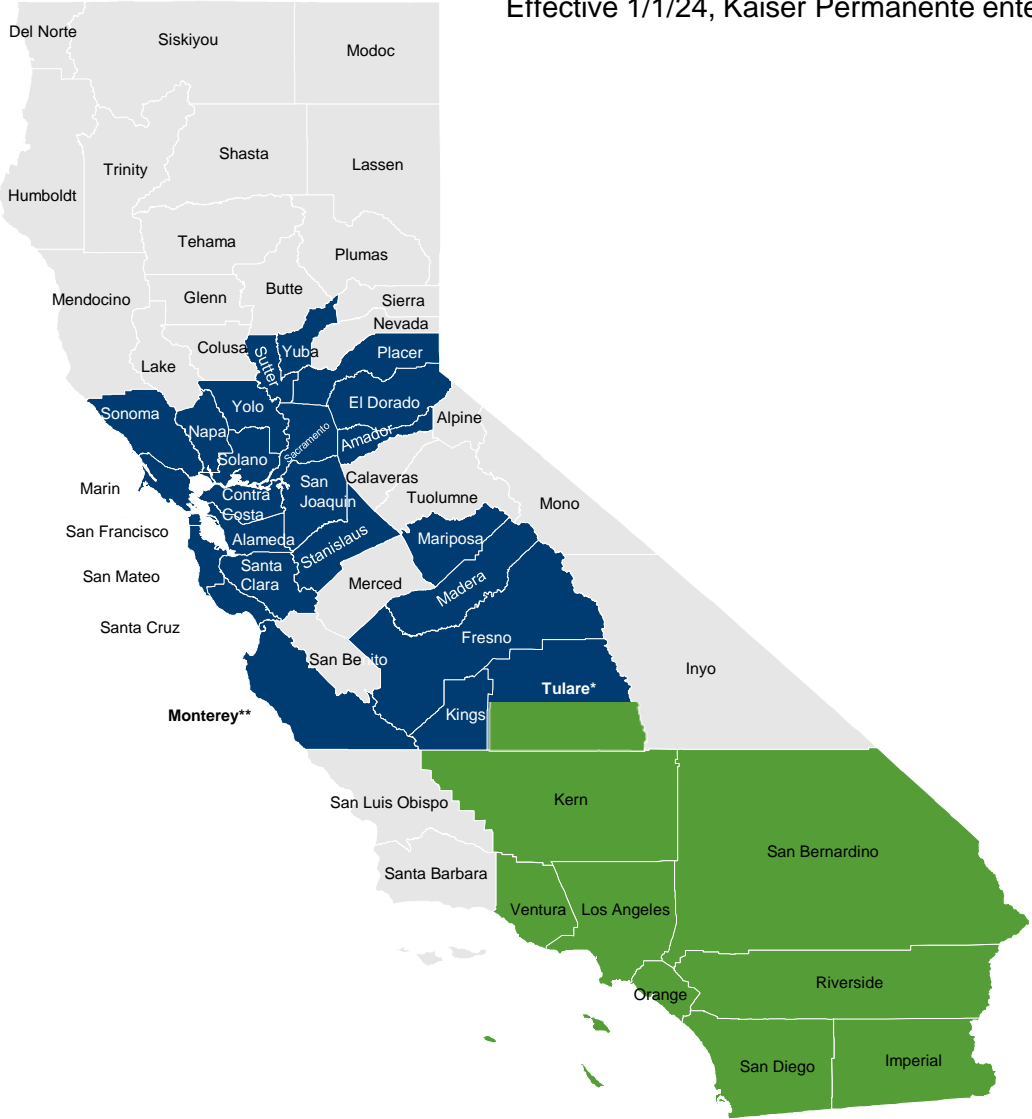
To promote better health outcomes and preventive services, the DHCS requires Medi-Cal plans to report annually on a set of quality measures associated with children's preventive services, women's health preventive services, chronic medical conditions, and behavioral health conditions. Kaiser Permanente's Northern and Southern California Medi-Cal health plans were the only plans among more than 2 dozen in the state that achieved established quality levels for more than 90% of the measures.

Kaiser Permanente's Medi-Cal plans are rated highest for quality and equitable care.

<https://about.kaiserpermanente.org/news/our-excellent-care-extends-to-everyone>

Kaiser Permanente Statewide Medi-Cal Coverage Footprint

Effective 1/1/24, Kaiser Permanente entered a direct Medi-Cal contract in 32 counties in California.



Northern California
400,000+ members

Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, Yuba

Southern California
600,000+ members

Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Tulare, Ventura

KP Medi-Cal Enrollment <i>July 2024</i>	1,117,684
---------------------------------------------------	------------------

* Tulare NCAL: 93618, 93631, 93646, 93654, 93666, 93673; Tulare SCAL: 93538, 93261

** Monterey County expansion is starting in NCAL in 2025.

Eligibility for Medi-Cal Enrollment into Kaiser Permanente

The following populations are eligible to join KP's Medi-Cal managed care plan effective 1/1/2024:

- Those who have had KP coverage within the past 12 months
- Those who are qualified family linkages of existing KP members
- Those who are foster youth and former foster youth
- Those who are duals, covered by both Medicare and Medi-Cal

Additional growth may occur through auto assignment for beneficiaries who do not select a health plan. KP will participate in auto assignment through default enrollment, depending on capacity in each county.

Qualified Family Linkages include:

- A beneficiary's spouse or domestic partner
- A beneficiary's dependent child, foster child, or stepchild under 26 years of age
- A beneficiary's dependent who is disabled and over 21 years of age
- A parent or stepparent of a beneficiary under 26 years of age
- A beneficiary's grandparent, guardian, foster parent, or other relative of a beneficiary under 26 years of age with appropriate documentation of familial relationship.

Enhanced Care Management (ECM), Community Supports (CS), and our Network Lead Entity (NLE) Overview

Vanessa Davis

What is CalAIM (Medi-Cal Transformation)



CalAIM (California Advancing and Innovating Medi-Cal) is a multi-year initiative by the California Department of Health Care Services (DHCS) aimed at transforming the Medi-Cal program in California to improve health outcomes and address health disparities among Medi-Cal beneficiaries.

CalAIM has three primary goals:

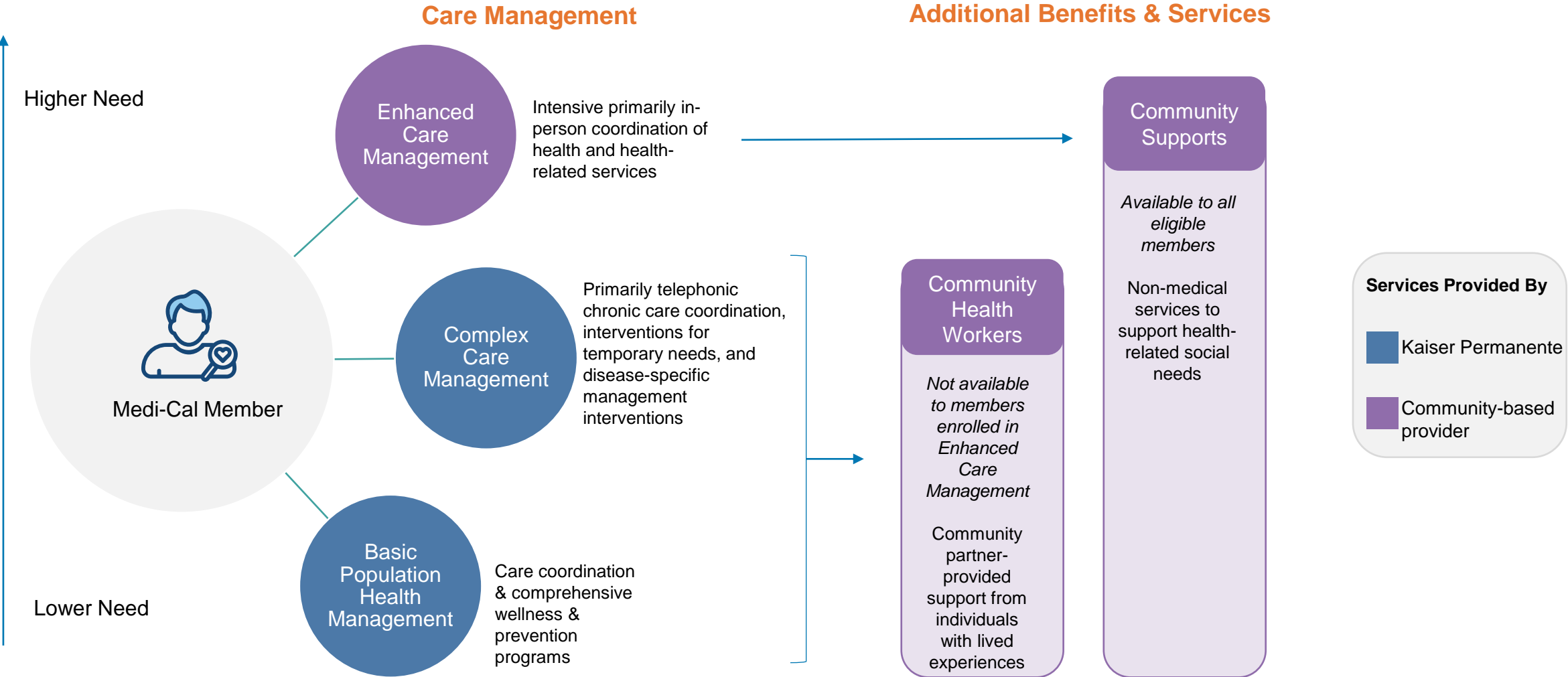
1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health

2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility

3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform

What Can Members Receive?

Based on needs and eligibility, Medi-Cal members receive a variety of services and support including care management and additional services.



ECM Outreach Campaign Pilot

To raise community awareness of ECM, and drive ECM referrals, KP is planning a communications approach leveraging a public health communications firm, Public Good Project, for a trusted messenger campaign.



What is the purpose of the campaign pilot?

Evaluate an active and creative way (e.g. local influencers) to increase overall community awareness of ECM programs and drive referrals to ensure KP is performing relative to other MCPs.



Who will the messages target?

The proposal will target members who may be eligible for Foster Youth and Birth Equity ECM and the community providers and agencies that serve them.

- Birth equity population of focus: statewide
- Child Welfare / Foster youth population of focus: Sacramento and San Bernardino counties



What is the timeline?

Target implementation in Q4

Network Lead Entity (NLE) Overview

Kaiser Permanente's Network Lead Entities (NLE) support the development of a community partner network for Enhanced Care Management (ECM), Community Supports (CS), and Community Health Worker (CHW) services in all 32 counties.

Centralized Service Coordination

KP is centralizing the coordination of services through the NLEs. KP retains oversight of eligibility, member notifications, quality, and grievances.



Comprehensive Network Coverage

The expertise and services of three statewide NLEs provide comprehensive coverage and enable timely access to ECM, CS, and CHW services.

Collaboration with Local Community Based Partners

NLEs provide ECM, CS, CHW services in close collaboration with community-based organizations with geographic and population of focus expertise.

Three Community-Based Providers selected to serve as Network Lead Entities

Multiple Network Lead Entities will allow Kaiser Permanente to build a comprehensive network to provide Enhanced Care Management (ECM), Community Supports (CS) and Community Health Worker (CHW) benefits for Kaiser Medi-Cal members.



- **Expertise in working with children, youth, young adults, and families.**
- Model anchored in existing relationships with trusted community-based organizations with a focus and expertise in children and youth (includes Counties, etc.)
- Provides upstream assistance for capacity building for Community-Based Organizations.



- **Long standing Enhanced Care Management and Community Supports provider with Kaiser.**
- Statewide presence in both NCAL and SCAL.
- Extensive experience in multiple states by partnering with CBOs.
- Currently provides CHW services in all 32 counties.
- Strong existing infrastructure to facilitate business systems with capacity to scale.



- **Significant experience as an NLE.**
- Distinct expertise in supporting "high needs members".
- Well established relationships with local community-based organizations.
- Demonstrated understanding of how other Medi-Cal services can be accessed outside of ECM to coordinate and support care by work with Multipurpose Senior Services Program/Assisted Living Waiver programs.

Three Community-Based Providers selected to serve as Network Lead Entities

Kaiser Permanente is working with three Network Lead Entities (NLEs) to develop a network of community-based ECM, CS, and CHW providers. If your organization wishes to become part of an NLE's network, you may send an email message to:



network@fullcirclehn.org

Phone number: 888-749-8877



ILSCAProviderRelations@ilshealth.com

Phone number: 305-262-1292



*

Hubinfo@picf.org

Phone number: 818-837-3775

In your email, please specify the services your organization provides, geography serviced, and population expertise.

*Partners in Care only serves the Southern California region at this time.

How to Submit a Referral for ECM or Community Supports

Kaiser Permanente has a no-wrong-door approach for referrals.

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Referrals may be placed via email or via phone.



Area

All Northern California Counties

All Southern California Counties



Phone

1-833-721-6012 (TTY 711)
Monday-Friday (closed major holidays)
8:30 a.m. to 5:00 p.m.

1-866-551-9619 (TTY 711)
Monday-Friday (closed major holidays)
8:30 a.m. to 5:00 p.m.



Email

Send completed [referral form](#) to REGMCDURNS-KPNC@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”

Send completed [referral form](#) to RegCareCoordCaseMgmt@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”

* Note: Four counties have a shared referral process: Los Angeles, Sacramento, Stanislaus, San Diego

Helpful Links & Contacts

KP Medi-Cal Resource Center:	Resource Center Link
KP 2024 Medi-Cal Direct Contract:	KP.org/Medi-Cal2024
KP Designated Medi-Cal Call Center:	1-855-839-7613 Call to speak to a live Medi-Cal trained agent
KP Medi-Cal Programs (ECM, CS, CHW):	For current information, go to our website: Link
KP Medi-Cal Continuity of Care:	For current information, go to our website: Link
KP Self-Service Community Resource Directory:	KP.org/communityresources 1-800-443-6328 Toll-free number to speak with a resource specialist (M-F, 8a-5p local time)
KP Community Health Care Program:	Available to California residents without access to other health coverage. For current information, go to our website: Link
Medi-Cal Redeterminations Toolkit:	For current information, go to DHCS website: Link
Medi-Cal Rx:	1-800-977-2273
Medi-Cal Dental:	1-800-322-6384
Medi-Cal External Engagement:	For general CalAIM and ECM/CS inquiries, medi-cal-externalengagement@kp.org

* Note: Four counties have a shared referral process: Los Angeles, Sacramento, Stanislaus, San Diego

MOU Execution & Implementation

Introductions

MOU Contract Management & Implementation Team



Love Melnichuk

Contract Manager
IHSS & Child Welfare
*Medi-Cal Contract
Management*

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*MOU Implementation
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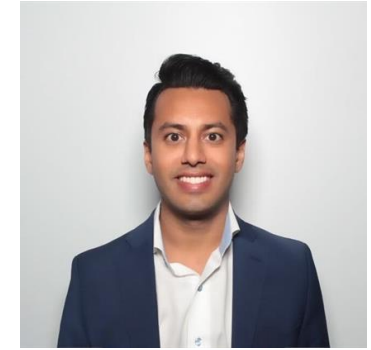
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Shahzad Dhanani

Regional Director
*Medicaid Care Delivery
& Operations*

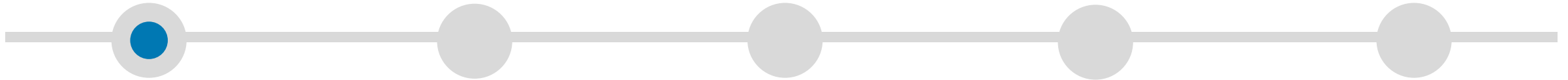
Shahzad.X.Dhanani@kp.org

Journey to Today

MOU Execution & Implementation

MOU Process

KP MOU Journey to Today



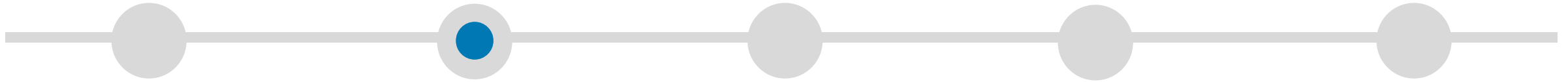
Effective

Jun 30, 2022

AB 2724, known as the "Medi-Cal Direct Contract" Bill, allows KP to contract with the Department of Health Care Services (DHCS) as an alternate health care service plan (AHCSP) in all regions where KP operates commercially.



KP MOU Journey to Today



Until
Dec 31, 2023

KP had Medi-Cal contracts both directly with, and as a subcontractor to, the State of CA, with different requirements based on the contract relationship (5 Direct Contract, 17 Plan Partner).



KP MOU Journey to Today

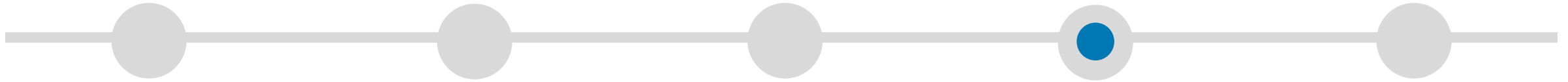


Beginning
Jan 1, 2024

KP assumed all Managed Care Organization (MCO) functions for all counties in the KP Commercial footprint. These functions are an incremental add for the existing Plan Partner Counties (17) and new-to-KP Medi-Cal Counties (10).



KP MOU Journey to Today



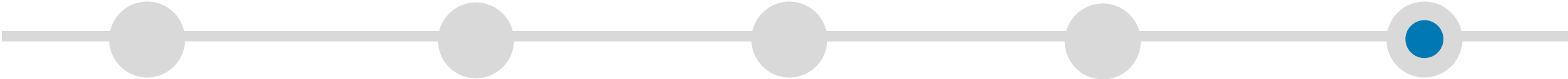
Est.

Q1 / 2024

The MOU Workgroup model was created to delineate MCP responsibilities for operationalization (MOU Implementation), execution (MOU Contract Management), and ongoing coordination of care (Programs Liaisons / SMEs)



KP MOU Journey to Today



Where Are We Today?

MOU Workgroup continues to outreach to county / county agencies, make progress towards execution, onboard new team members to support body of work, and prepare for steady state operations.



MOU Scope & Objectives

KP prioritizes collaboration and seeks mutually beneficial agreements when negotiating MOUs. This ensures alignment with DHCS requirements while allowing for efficient post-signature implementation.

WHAT ARE MOU OBJECTIVES?

- ❖ Clarify **roles & responsibilities** between MCPs and Third-Party Entities
- ❖ **Support** Local Engagement
- ❖ **Facilitate** care coordination and information exchange for referrals
- ❖ **Improve** transparency and accountability for service/care delivery

WHO ARE THE KP TEAMS?

- I. MOU Contract Management Team
- II. Program Liaisons
- III. MOU Implementation (MOU Coordinators)
- IV. PMG Partners (Medical Group Clinical Teams)

9 MOU Types (2024) will be executed and operationalized across 32 Counties in CA



In-Home Support Services
(IHSS)



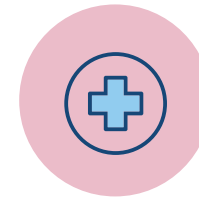
Specialty Mental Health in Medi-Cal Mental Health Plans
(MHP)



SUD Treatment Services in Drug Medi-Cal Organized Delivery System Counties
(DMC-ODS)



Regional Centers – Intermediate Care Facility for Developmentally Disabled
(RC)



Local Health Departments – CA Children’s Services, Maternal, Child, and Adolescent Health, Tuberculosis, Direct Obs. Therapy
(LHD)



County Social Services Programs and Child Welfare
(CW)



Woman, Infant, and Children Agencies
(WIC)



County-Based Targeted Case Management
(TCM)



SUD Treatment Services in Drug Medi-Cal State Plan Counties
(DMC-SP)

MOU Implementation @ KP

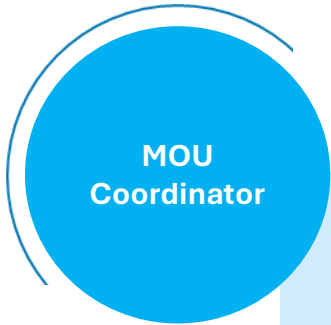
Journey to Today

MOU Execution & Implementation

MOU Process

KP MOU Workgroup Roles

Roles and Responsibilities across the pillars of the KP MOU Workgroup



**MOU
Coordinator**



Designated by the **MCP Responsible Party** as the contractual MCP Liaisons in all MOUS, serves as the **primary point of contact for KP and county partners**, leading implementation and operationalization efforts as a subject matter generalist.

Post execution, facilitate quarterly meetings and manage ongoing county relationships to ensure steady-state operations by intaking and triaging requests from county partners before directing.



**MOU
Contract
Manager**

Manages **contract negotiations, redlines, approvals, and signature execution**. Reports to DHCS on quarterly updates.

Post execution, Contract Management manages contract storage, posting for DHCS reporting, and ongoing maintenance.



**Program
Liaisons**



Program Liaisons partner with Care Delivery Operations (CDO) Implementation Leads in their **assigned domains** (e.g., WIC, LHD, IHSS, Child Welfare, etc.) and connects with PMG partners on **care coordination workflows**.

Post execution, continue to function as a point of contact for their program/ topic areas, and triages issues from the county or county agencies on patient-level care coordination and navigation.



Strategic thought partners and clinical subject matter experts who collaborate in the **development of care coordination workflows and operational processes (P&Ps)** to ensure high quality, delivery of care.

Post execution, collaborates on coordination of care / care delivery for plan members impacted.



**PMG
Partners**

KP MOU Execution

Before MOU is signed, **MOU Contract Managers** at KP will collaborate with our external partners through:

After the MOU is signed, **MOU Coordinators** at KP will collaborate with our external partners through:

MOU Scope

Define collaboration purpose and scope with all parties to begin collaboration.



MOU Kickoff

Facilitate kickoff discussion with all parties to begin MOU redline discussions.



MOU Redlines

Draft, revise, and finalize MOU terms with all parties towards execution. Address requirement changes and establish amendment process.



Specialization By MOU

Contract Managers are specialized by MOU Type.



Training & Development

Provide initial MOU training materials to begin an iterative, collaborative approach to trainings with all parties.



Workflows and Processes

Guide stakeholders from all parties through discussions to define workflows / policies & procedures.



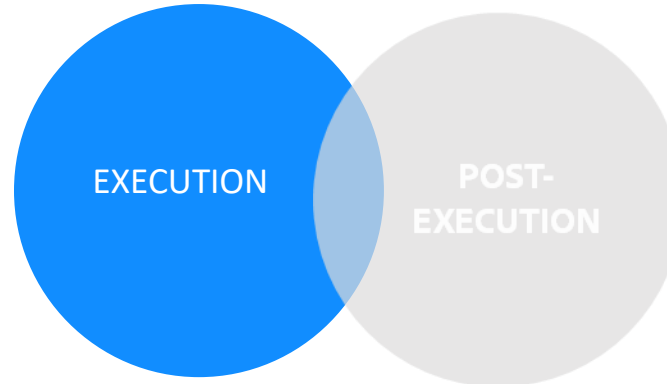
Quarterly Meetings

Establish (at minimum) quarterly meetings to support continuous collaboration and communication.



Point of Contact

Serve as primary KP point of contact for questions and/or escalations post-execution of the MOUs.



KP MOU Implementation

Before MOU is signed, **MOU Contract Managers** at KP will collaborate with our external partners through:

MOU Scope

Define collaboration purpose and scope with all parties to begin collaboration.



MOU Kickoff

Facilitate kickoff discussion with all parties to begin MOU redline discussions.



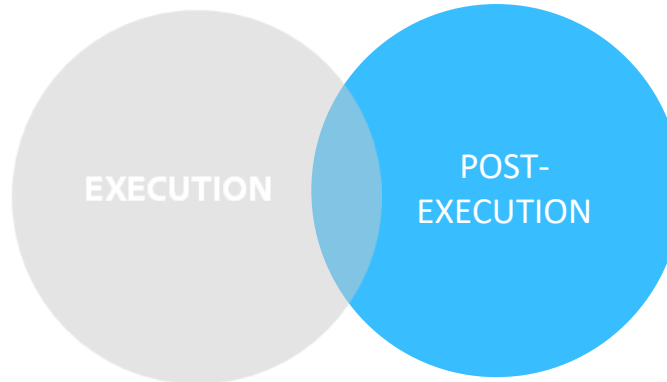
MOU Redlines

Draft, revise, and finalize MOU terms with all parties towards execution. Address requirement changes and establish amendment process.



Contract Management

Maintain records of MOU activities and documents. Files executed MOUs with DHCS.



After the MOU is signed, **MOU Coordinators** at KP will collaborate with our external partners through:

Training & Development

Provide initial MOU training materials to begin an iterative, collaborative approach to trainings with all parties.



Workflows and Processes

Guide stakeholders from all parties through discussions to define workflows / policies & procedures.



Quarterly Meetings

Establish (at minimum) quarterly meetings to support continuous collaboration and communication.



County Point of Contact

MOU Coordinators are assigned to specific counties and will be centralized points of contact post-execution.



MOU Implementation @ KP

Journey to Today

MOU Execution & Implementation

MOU Process

MOU Process At a Glance



01

- MOU Contract Managers schedule kickoffs via kpmou@kp.org.
- Contract Manager maintains Execution Tracker, leads MOU redlining, manages county MOU correspondences, obtains SME/Liaison feedback, and sends to legal for material changes.
- All parties agree when the MOU is ready for signature.

02

- CM identifies MOUs ready for signature and prepares necessary documents.
- CM submits the pre-signature memo to ED/Signatory.
- CM facilitates the Briefing Meeting and sends approved MOUs for signature via Adobe Sign.

03

- CM stores executed MOUs and related legal correspondence for future reference, plan for annual updates.
- CM Team files executed MOUs with DHCS and posts to kp.org.
- CM hands off to MOU Coordinator, who schedules quarterly meetings and maintains the ongoing relationship in steady state.

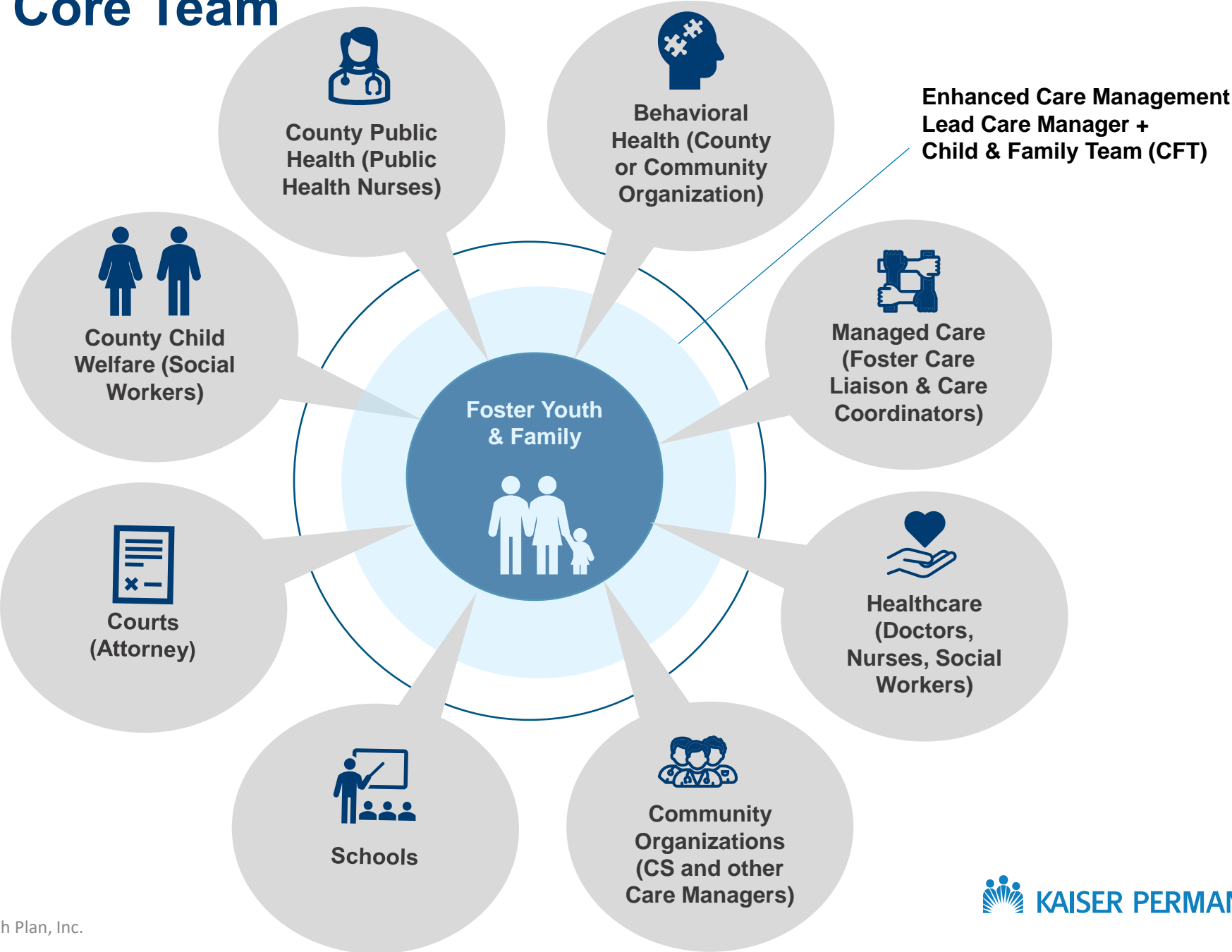
Child Welfare Highlights

Ola Ajibola-Stott
Child Welfare Liaison

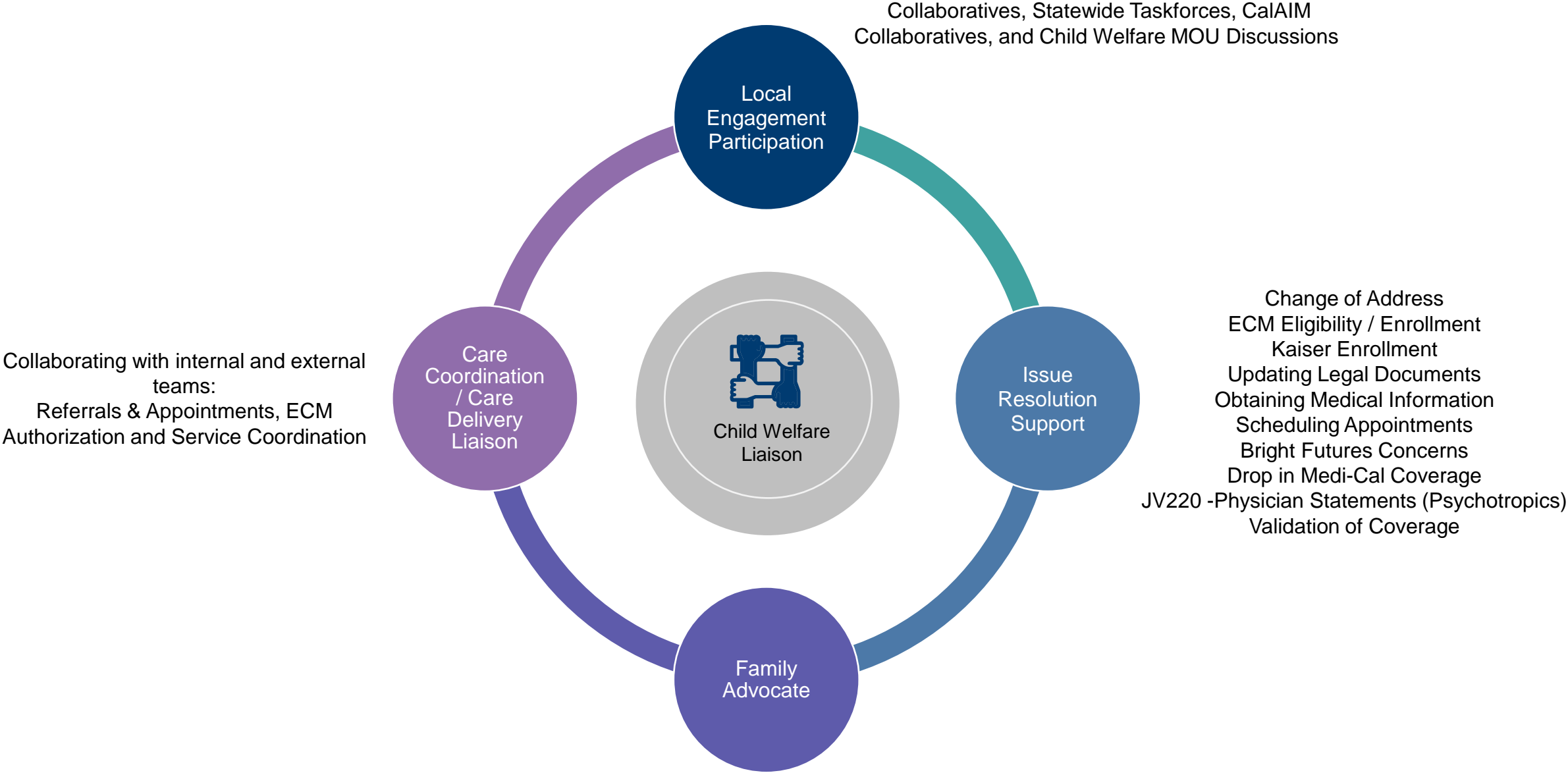
Foster Youth's Core Team

Foster Youth Core Team

Providing an integrated and collaborative approach to wraparound services and care for Foster Youth



Child Welfare Liaison Role



Child Welfare Member Story

Internal referral from one of KP's Child Abuse Services and Prevention (CASP) Pediatricians:

3 African American siblings w/ housing instability due to death of a family member

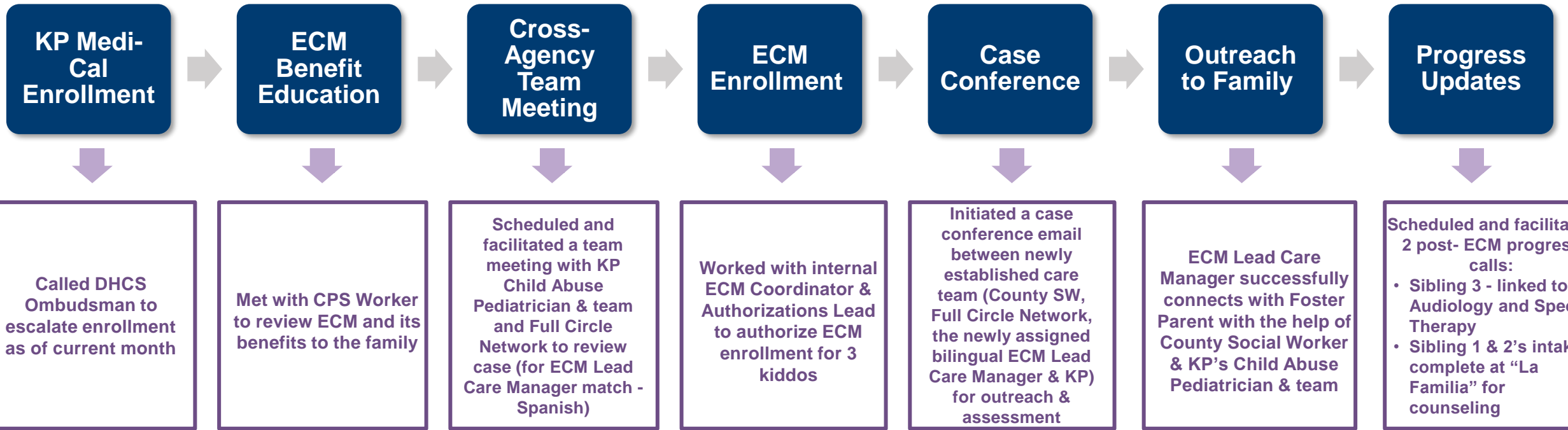
- **Sibling 1:** Suicidal ideation, Untreated ADHD, Poor dental health, Uncontrolled Asthma, Adapted parental role
- **Sibling 2:** Unaddressed swallowing dysfunction
- **Sibling 3:** Suspected developmental delays, suspected hearing loss due to trauma

Note: Presented with KP HMO coverage

Foster Family: Foster mom only speaks Spanish; foster father speaks some English but works daily until 5p



Child Welfare Member Story | Steps



Key Highlights:

- All 3 siblings have transitioned back to their birth mother’s care and are currently receiving weekly visits by their assigned ECM Lead Care Manager
- Birth mom is receiving 2 types of services to include voluntary parenting
- All children are receiving counseling therapy services
- All children are enrolled in school for 2025 school year & are linked to community programs for education support
- ECM Lead Care Manager and County SW are in close and consistent collaboration, looping in Child Welfare Liaison & KP Care team as needed







Child Welfare Liaison Member Story

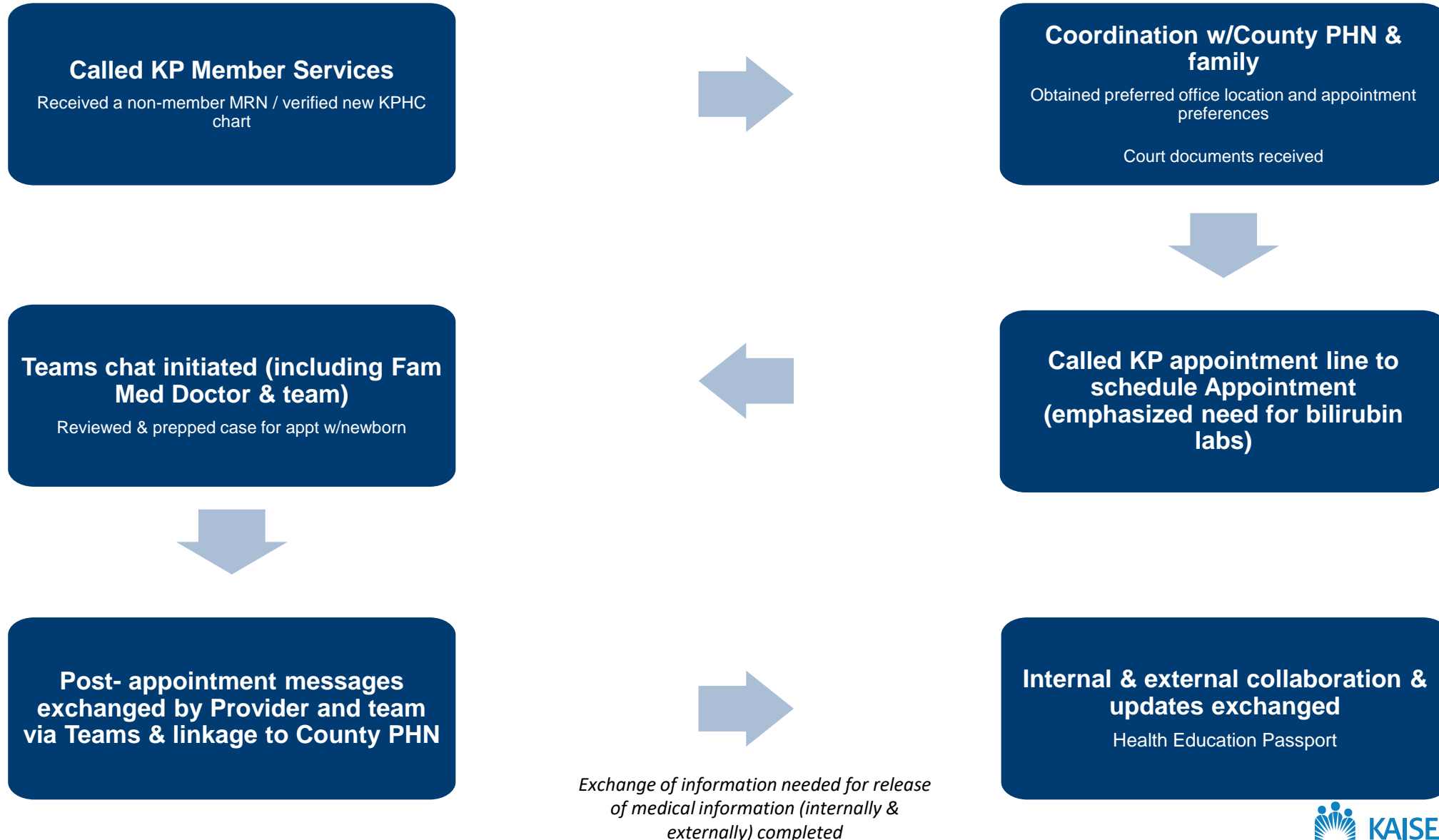
5-day old born in County hospital removed from birth mom's custody

- Automatically Medi-Cal FFS
- Foster parent (Uncle) lives out of county
- All follow-up care scheduled at Community clinic, 2-hours from foster family's home
- Foster parent is a KP member, seeking KP assignment for care in their county (out of county from birth county)
- Urgent need for follow-up labs and newborn well child visits

Child Welfare Liaison Member Story: Identified Needs

-  KP Medi-Cal
-  Local Pediatric Care Team
-  Labs / Well Child Visits
-  Integrated Care Team

Child Welfare Liaison Member Story: Steps

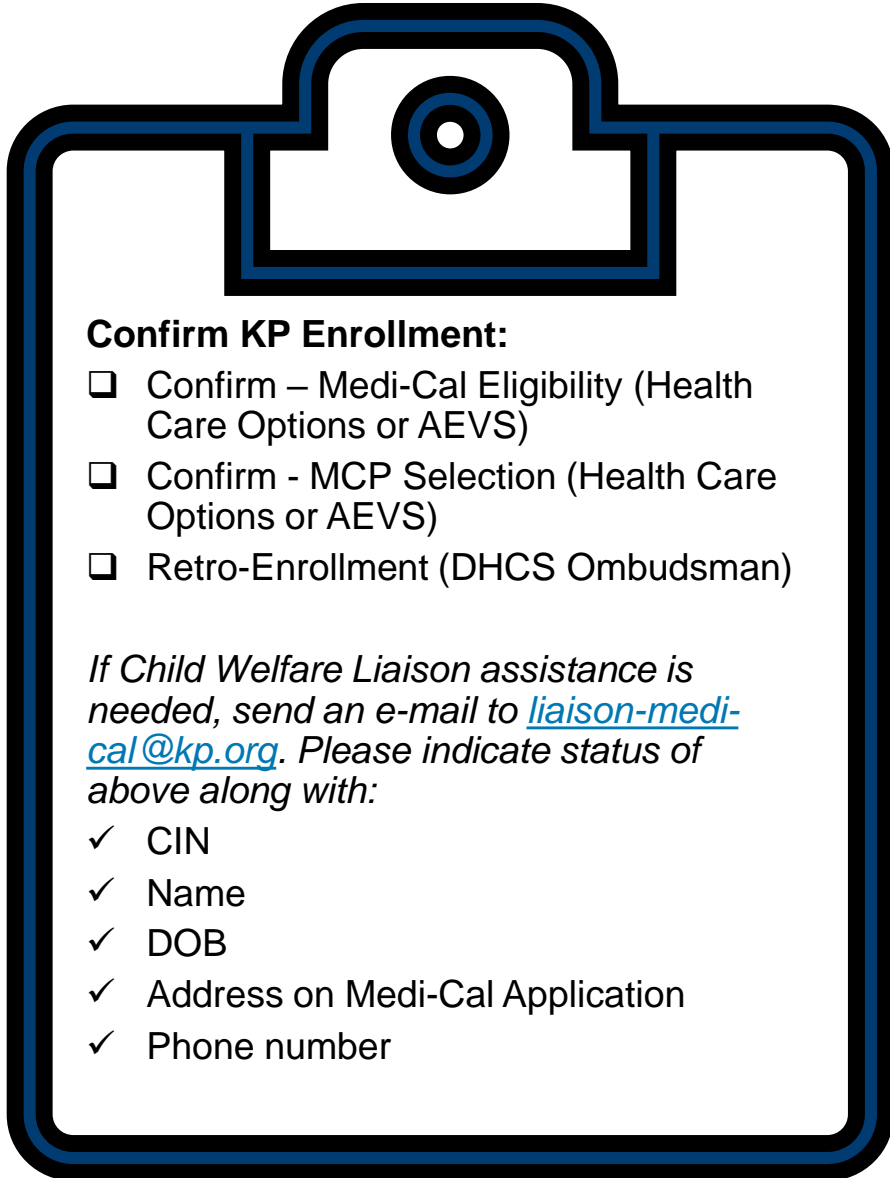


Child Welfare Member Story - Outcomes

- Newborn follow-up appointment scheduled within 24 hours w/ new Physician
- Newborn appointments & encounters:
 - 5/22 (Office)
 - 5/24
 - 5/28
 - 5/29 (Office)
 - 6/4
 - 6/10
 - 6/12 (Office)
 - 8/2 (Office)
- Successfully re-assigned to Pediatrician
- KP Medi-Cal enrollment complete
- Newborn medical records centralized
- PT assessment to be scheduled



Kaiser Permanente Child Welfare Liaison's Recommendations



Confirm KP Enrollment:

- Confirm – Medi-Cal Eligibility (Health Care Options or AEVS)
- Confirm - MCP Selection (Health Care Options or AEVS)
- Retro-Enrollment (DHCS Ombudsman)

If Child Welfare Liaison assistance is needed, send an e-mail to liaison-medi-cal@kp.org. Please indicate status of above along with:

- ✓ CIN
- ✓ Name
- ✓ DOB
- ✓ Address on Medi-Cal Application
- ✓ Phone number

Resource	Agency	Contact Information	Notes
Member Services Call Center	Kaiser Permanente	1-855-839-7613	PCP selection, Kaiser MRN look-up
Medi-Cal Assistance Service	Kaiser Permanente	1-800-557-4515	Kaiser Medi-Cal selection and support
Healthcare Options	DHCS	1-800-430-4263 Learn Medi-Cal Managed Care Health Care Options	MCP Selection
DHCS / MCP Ombudsman	DHCS	1-888-452-8609	Retro enrollment for MCP assignment
Appointment Line/Nurse Advice Line	Kaiser Permanente	1-866-454-8855 (NCAL) 1-833-574-2273 (SCAL)	Schedule an appointment with a Kaiser Provider
Kaiser Permanente Child Welfare Liaison	Kaiser Permanente	1-510-987-4423 liaison-medi-cal@kp.org	Issue resolution related to Foster Youth

ECM & Child Welfare Presentations

Kaiser Permanente and Full Circle Health Network are meeting with Child Welfare agencies to provide an overview on Kaiser's Medi-Cal services and benefits to the Child Welfare population.

Completed

Orange County
San Diego*
Riverside**
Imperial

Scheduled

Sacramento*
Yolo**
Sonoma*
Santa Clara**
Solano

Scheduling Pending

Alameda
Contra Costa
San Mateo
Placer
Santa Cruz
San Bernardino

*County leaders have been provided an overview; next steps include a larger discussion with department staff

**County leaders have been provided an overview; next steps include strategy discussions

Child Welfare Liaison Next Steps



Continue County Presentations on Kaiser Permanente's Medi-Cal Services available and benefits the Child Welfare population and their families.



Work through quick identification of County Social Worker & Public Health Nurse.



Reviewing Foster Youth aid code assignments with Counties for strategic next steps (Adoption Assistance Program, Foster Youth, Former Foster Youth, etc.).

Q&A Session

Panel Members

- Love Melnichuk, MOU Contract Manager: love.k.melnichuk@kp.org
- Emily Daniels, MOU Senior Manager: emily.m.daniels@kp.org
- Ola Ajibola-Stott, MOU Liaison, Foster Youth: olatokunbo.x.ajibola-stott@kp.org
- Gina Anixter, Director, CCS and Complex Youth: gina.anixter@kp.org
- Andrea Rodgers (formerly Arciniega), Child Welfare Program Manager:
andrea.x.arciniega@kp.org

Appendix

What Services and Benefits are Available?



Enhanced Care Management

- Comprehensive Care management that is community-based, interdisciplinary, high-touch, and person-centered



Community Supports

- Non-medical services to support health-related social needs



Community Health Workers

- Community partner-provided support from individuals with lived experiences for health promotion, navigation and advocacy

What is Enhanced Care Management?

ECM is a Medi-Cal benefit and is a whole-person, interdisciplinary approach to care for members with complex medical and social needs.

ECM addresses both **clinical and non-clinical** needs through systematic coordination of services & **comprehensive care management** that is community based, interdisciplinary, high touch and person centered.



Assigned to a Care Manager



Comprehensive assessment & care management plan



Implement care plan and coordinate with multidisciplinary team



Health promotion/ support to adopt healthy behaviors



Emphasis on face-to-face coordination, including appointment accompaniment



Care transitions/ medication reconciliation












Ensure member and family are informed and engaged



Referring members to resources, including following up to ensure services were rendered

Who is Eligible for Enhanced Care Management?

“Population of Focus” Categories			ADULTS	CHILDREN & YOUTH
	1	Individuals or Families Experiencing Homelessness	✓	✓
	2	Individuals At Risk for Avoidable Hospital or ED Utilization (formerly called “High Utilizers”)	✓	✓
	3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
	4	Individuals Transitioning from Incarceration	✓	✓
	5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	n/a
	6	Adult Nursing Facility Residents Transitioning to the Community	✓	n/a
	7	Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	n/a	✓
	8	Children and Youth Involved in Child Welfare	n/a	✓
	9	Birth Equity	✓	✓

Adults are ages ≥21; children & youth are ages <21 except foster youth is up to age 26


What are Community Supports?

Community Supports (CS) are non-medical, wrap-around services provided as a substitute or support to avoid other Medi-Cal covered services such as emergency room visits, an avoidable hospital or skilled nursing facility admission, or a discharge delay. As of 1/1/24, most of the counties KP serves offer all 14 of the Community Supports.*

Supports for Housing Insecurity 


Primary Audience: Individuals experiencing homelessness

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy & Sustaining Services
4. Short-Term Post Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Day Habilitation

Supports to Keep People at Home 


Primary Audience: Individuals at risk for institutionalization in a nursing home

7. (Caregiver) Respite Services
8. Nursing Facility Transition/ Diversion to Assisted Living Facilities
9. Community Transition Services/ Nursing Facility Transition to a Home
10. Personal Care & Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)

Supports to Improve a Chronic Condition 

Primary Audience: Individuals who have certain chronic conditions and require support

12. Meals/Medically Tailored Meals
13. Asthma Remediation

Support to Recover from Acute Intoxication 

Primary Audience: Individuals found publicly intoxicated to divert from jail or the Emergency Department

14. Sobering Centers

Note: majority of the referrals for this service are from law enforcement and stays must be less than 24 hours.

*Exceptions include the following CS which are **not** offered in these counties:

- Recuperative Care (San Mateo),
- Sobering Centers (Contra Costa, Marin, Mariposa, Napa, Placer, San Mateo, Santa Cruz, Solano, Sonoma, Sutter, Ventura, Yolo)