



Provider Letter of Interest Form for Los Angeles County CalAIM Community Supports (CS)

Email completed form to each MCP your organization is interested in potentially contracting with, with the subject line “LA CS LOI: [Your Organization’s Name]”. Deadline to submit is Thursday, July 22, 2021 for January 2022 launch.

Letter of Interest

MCPs are seeking to partner with organizations who have experience and expertise providing **Community Supports (CS)** to Medi-Cal beneficiaries. This Letter of Interest (LOI) Form is to collect information from interested providers.

Please note that submitting a LOI does not guarantee that MCPs will contract with the applicant and each MCP will select their own CS providers for their network.

Community Supports(CS) is part of a new multi-year Department of Health Care Services (DHCS) initiative called California Advancing and Innovating Medi-Cal (CalAIM) that is focused on improving the quality of life and health outcomes of Medi-Cal beneficiaries through the implementation of broad delivery system, program, and payment reform. For additional information, see the DHCS webpage: <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>.

CS are flexible wrap-around services that a Medi-Cal managed care plan (MCP) will integrate into its population health strategy. CS are medically appropriate and cost-effective alternatives to services that can be covered under the State Plan. These services are provided as a substitute to, or to avoid, other covered services, such as a hospital or skilled nursing facility admission or a discharge delay. CS would be integrated with care management for members at high levels of risk and may fill gaps in Medi-Cal benefits to address medical or social determinants of health. The provision of CS is voluntary for MCPs and they are optional for beneficiaries to use.

L.A. County MCPs will:

- Leverage the existing county and community provider infrastructure and experience.
- Ensure that interested providers are experienced with providing selected CS services.

CS Launch on January 2022

L.A. Care, Health Net, and their Plan Partners (Anthem Blue Cross, Blue Shield Promise, Kaiser Permanente, and Molina) are planning to opt into the following CS for January 2022 launch date.

MCPs	Selected CS for January 2022 Launch
Anthem Blue Cross	<ul style="list-style-type: none"> • Asthma Remediation • Environmental Accessibility Adaptations (Home Modifications) • Housing Deposits

	<ul style="list-style-type: none"> • Housing Tenancy and Sustaining Services • Housing Transition Navigation Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite)
Blue Shield Promise	<ul style="list-style-type: none"> • Environmental Accessibility Adaptations (Home Modifications) • Housing Deposits • Housing Tenancy and Sustaining Services • Housing Transition Navigation Services • Meals/Medically Tailored Meals • Personal Care (beyond In-Home Services and Supports) and Homemaker Services • Recuperative Care (Medical Respite) • Respite Services • Short-term Post-Hospitalization Housing
Health Net	<ul style="list-style-type: none"> • Asthma Remediation • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite) • Sobering Centers
Kaiser Permanente	<ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite)
L.A. Care Health Plan	<ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite)
Molina Healthcare of California	<ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Tenancy and Sustaining Services • Meals/Medically Tailored Meals • Recuperative Care (Medical Respite)

Potential CS Options for the Future

MCPs do not have to opt-into all CS per DHCS guidance. MCPs may opt into the other CS in the future and would like to hear from organizations that are interested in providing these services if they become available to eligible Medi-Cal beneficiaries. Please see **Appendix A** for a description of each CS.

To qualify for consideration, an CS Provider will have:

- Experience and expertise in the provision of the CS being offered.
- A history of serving Medi-Cal Members in a community-based manner.
- Capacity to provide appropriate and timely, high-quality service delivery of the CS that they are contracted to provide, as needed in various settings (i.e., in-person, telephonically, etc.) to assist in achieving the participants' health, medical, and social determinants of health.



- Capacity to serve all referred members for the authorized CS
- Capabilities to link member to CS services and share relevant information between the member's care team, including ECM provider, as applicable, PCP, and MCP and other providers involved in the member's care.
- Strong, engaged, organizational leadership who agree to participate in learning activities, including in-person sessions and regularly scheduled calls.
- If applicable to the CS, ability to transition, accept, perform outreach activities and, with member's consent, enroll CS members assigned by the MCP, according to the CS Provider contract with the MCP.
- If applicable, enroll as a Medi-Cal provider.
- Ability to submit claims or invoices for CS using standardized protocols.
- Business licensing that meets industry standards.
- Ability to meet MCP data sharing, reporting, and oversight requirements.

L.A. County MCPs are committed to the CalAIM Community Supports(CS) and will provide assistance to contracted CS Providers to meet the qualifications and requirements. If you are interested in being an CS provider, but do not currently meet the requirements and qualifications, please contact the MCP directly for support and assistance.



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Managed Care Plan	Email Address
Anthem Blue Cross	CalAIM@anthem.com
Blue Shield Promise	HealthHomesProgram@blueshieldca.com
Health Net	Kristin.C.Schlater@healthnet.com <i>If your organization has already submitted a separate CS Request for Information (RFI) response to Health Net, you do not need to resubmit this LOI to Health Net, but should submit this LOI form to any other plans you are interested in working with. Email Kristin.C.Schlater@healthnet.com with any questions.</i>
Kaiser Permanente	Medi-Cal-State-Program@kp.org
L.A. Care Health Plan	ILOS@lacare.org
Molina Healthcare of California	Health_Homes_Program@Molinahealthcare.com <i>Please note underscores in email address</i>

Required responses are identified with an asterisk *

About Your Organization

In the table below, please provide organizational information and designated point of contact information.

About Your Organization	
Organization Name *	
Legal Entity Name (as it appears on W-9) *	
Organization's website *	
Organization's mission *	
Mailing Address *	
Point of Contact: Full Name *	
Point of Contact: Phone Number *	
Point of Contact: Email Address *	



Interested in becoming an CS Provider? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, would like more information
Does/Did your organization serve as a Whole Person Care (WPC) contractor/provider? *	<input type="checkbox"/> Yes, WPC program: _____ <input type="checkbox"/> No
Does/Did your organization serve as a Health Homes Program (HHP) Community Based-Care Management Entity (CB-CME) in L.A. County? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any current Managed Care Plan contracts? *	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain with which MCP and the services provided:



CS Delivery*

In the table below, please complete the table for each CS your organization is interested in offering to Medi-Cal beneficiaries.

CS	Expected Launch Date per MCP	Your organization currently provides	Number of members/patients/clients currently served per year	Capacity to serve more members/patients/clients?	Number of years of experience providing this service	Service Area by SPA(s) or Geographic Area(s)
Asthma Remediation	1/1/22 • Health Net • Anthem Blue Cross	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Environmental Accessibility Adaptations (Home Modifications)	1/1/22 • Anthem Blue Cross • Blue Shield Promise	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing Deposits	1/1/22 • Anthem Blue Cross • Blue Shield Promise	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing Transition Navigation Services	1/1/22 All MCPs	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing Tenancy and Sustaining Services	1/1/22 All MCPs	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Meals/Medically Tailored Meals	1/1/22 All MCPs	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		



Personal Care and Homemaker Services	1/1/22 Blue Shield Promise	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recuperative Care (Medical Respite)	1/1/22 All MCPs	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Respite Services	1/1/22 Blue Shield Promise	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Short-term Post-Hospitalization Housing	1/1/22 Blue Shield Promise	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sobering Centers	1/1/22 Health Net	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Community Transition Services/Nursing Facility Transition to a Home	TBD	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Day Habilitation Programs	TBD	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF)	TBD	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		



Brief Description

Share details of your organization's current services/programs that are related to the CS you are interested in providing. This can be a separate document attachment if needed.

About Your Organization's Staffing

Please share the staffing model(s) of your service delivery team(s). This can be a separate document attachment if needed.

Social Services Platforms

Do you use any social services platforms (i.e. Aunt Bertha, 211, One Degree) to make or receive referrals? If so, which ones do you use? This can be a separate document attachment if needed.



What other information would you like L.A. County Managed Care Plans to know about your organization, the types of services you provide, and the types of Medi-Cal beneficiaries you currently serve – kids, adults, specific conditions, etc. This can be a separate document attachment if needed.



Appendix A

Community Supports Description

1. **Housing Transition Navigation Services:** Assistance with obtaining housing. This may include assistance with searching for housing or completing housing applications, as well as developing an individual housing support plan.
2. **Housing Deposits:** Funding for one-time services necessary to establish a household, including security deposits to obtain a lease, first month's coverage of utilities, or first and last month's rent required prior to occupancy.
3. **Housing Tenancy & Sustaining Services:** Assistance with maintaining stable tenancy once housing is secured. This may include interventions for behaviors that may jeopardize housing, such as late rental payment and services, to develop financial literacy.
4. **Short-term Post-Hospitalization Housing:** Setting in which beneficiaries can continue receiving care for medical, psychiatric, or substance use disorder needs immediately after exiting a hospital.
5. **Recuperative Care (Medical Respite):** Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover from injury or illness.
6. **Respite Services:** Short-term relief provided to caregivers of beneficiaries who require intermittent temporary supervision.
7. **Sobering Centers:** Alternative destinations for beneficiaries who are found to be intoxicated and would otherwise be transported to an emergency department or jail.
8. **Nursing Facility Transition & Diversion to Assisted Living:** Services provided to assist beneficiaries transitioning from nursing facility care to home settings in which they are responsible for living expenses.
9. **Community Transition Services/NH Transition to Home:** Services provided to assist beneficiaries transitioning from nursing facility care to home settings in which they are responsible for living expenses.
10. **Personal Care and Homemaker Services:** Services provided to assist beneficiaries transitioning from nursing facility care to home settings in which they are responsible for living expenses.
11. **Day Habilitation Programs:** Programs provided to assist beneficiaries with developing skills necessary to reside in home-like settings, often provided by peer mentor-type caregivers. These programs can include training on use of public transportation or preparing meals.
12. **Asthma Remediation:** Physical modifications to a beneficiary's home to mitigate environmental asthma triggers.
13. **Environmental Accessibility Adaptations:** Physical adaptations to a home to ensure the health and safety of the beneficiary. These may include ramps and grab bars.
14. **Meals/Medically Tailored Meals:** Meals delivered to the home that are tailored to meet beneficiaries' unique dietary needs, including following discharge from a hospital.

For additional information, see the DHCS webpage:
<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>.