

Community Supports External FAQs

1. What are Community Supports services?	Community Supports services are optional services or settings that Managed Care Plans (MCPs) such as IEHP may offer in place or services or settings covered under the Medicaid State Plan. These services should be medically appropriate and cost-effective alternatives.
2. How would a PCP or Specialist know if one of their Members is likely to be eligible for Community Supports services?	Should a PCP or Specialist determine Member would benefit from a Community Supports service, they may submit a referral to Utilization Management (UM) via the IEHP Provider Portal or fax. It would be the responsibility of UM to determine eligibility based on criteria.
3. If a Provider is in their exam room with a Member and identifies a possible need for Community Supports services, what do they do?	Providers may submit a referral to UM via the IEHP Provider Portal or fax (909) 890-5751. If a Member has additional questions, Member may contact IEHP Members Services at 800-440-IEHP (4347).
4. What number can IEHP Providers call should they have questions about Community Supports services?	Providers may contact IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347. They will be connected with their Provider Service Representative.
5. What is the referral TAT (turnaround time)?	 Standard - 5 to 7 business days Expedited – 24 to 72 hours
6. How do I become a Community Supports Provider?	Complete the Community Supports Service Provider Assessment Form located at: <u>www.iehp.org</u> > Providers > Join Our Network > Community Supports and email to <u>communitysupports@iehp.org</u>
7. Does a Member need to have Medi-Cal and/or Medicare in order to qualify for Community Supports services?	Community Supports services are available for both lines of business (LOBs) if Member meets criteria.



8. What type of Community Supports services is IEHP offering?	IEHP will offer 11 of the 14 DHCS Preapproved Community Supports services beginning January 01, 2022 . For more information, please visit: <u>www.iehp.org</u> > Providers > Special Programs > Community Supports
9. Can I submit multiple referrals for one Member?	Yes.
10. Is this benefit limited to certain Provider types?	Yes, only contracted Community Supports Providers may provide these services.
11. Will the status of referral (if approved or not approved) be communicated back to the Member's PCP or Home Health Team?	Yes, the referral source and the Member will be notified of the outcome of the referral. Providers can also check the IEHP Provider Portal secure Referral status page.
12. Where can I find the list of contracted entities for Community Supports?	IEHP contracted entities can be found on our online Provider Directory (Find A Doctor).
13. For the housing support, is there any help or resources for service animals in regard to working with landlords or process?	We understand that service animals/pets are important. This is currently in the process and will be updated once established.
14. Who determines Member eligibility? Is it the state or IEHP?	We incorporated the state guidelines in our policies and procedures and developed a set of UM criteria for each of the Community Supports service. For more info, please visit <u>www.iehp.org</u> > Providers > Provider Resources > Utilization Management Criteria > Community Supports. Every service will require an authorization. IEHP will be responsible for these authorizations.
15. Will Kaiser Members be taken care of by Kaiser for eligible Members?	Yes. Kaiser will be responsible for providing the Community Supports services to Members who are assigned to them.



16. Does this replace our existing Housing Program?	No. This does not replace the Housing Program.
17. What is the maximum length of stay for Recuperative (Respite) Care?	The maximum length of stay is 90 days (as currently outlined by the state). It can be shorter or longer than 90 days depending on the case.
18. Regarding the Medically Supportive Food/Meals/Medically Tailored Meals, when can we obtain more information as to eligibility requirements, referrals, etc.?	Please refer to CalAIM proposal: <u>https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf</u> . IEHP is closely following the eligibility requirements outlined in the CalAIM proposal. In addition, our team also encourages you to submit a referral if you strongly feel that a Member is in need of these services.
19. Will Members with severe mental illness/gravely disabled have access to housing services?	Yes.
20. What would it look like for Members that exhaust their 90 days stay yet continue to have multiple hospitalizations that require recuperative care services?	Members will be able to get re-admitted to the hospital/recuperative care after the 90 day stay if necessary. It is a 90 day stay maximum per episode and not a lifetime limit.
21. Where is the Sobering Center located?	It is located at 9990 County Farm Road Suite 5, Riverside CA 92503.
22. Is the Sobering Center only available in Riverside county?	Yes, the Sobering Center service is available for Riverside county only . If the facility receives walk-ins from outside of Riverside county, Members will be connected to San Bernardino County Dept. Behavioral Health (DBH) for resources.



23. In regard to Sobering Centers, who will be taking the Member to these facilities? Law enforcement or social worker?	Both.
24. When Members are discharged from the Sobering Center, will they be transported back home?	Yes, Members will be transported back to their home.
25. Will there be a limit on readmissions to Sobering Centers?	There is no limit, however, the stay is for less than 24 hours. For example, Members could not stay for 23 hours, leave for an hour and come back as we have set up the system to require at least a day in between services.
26. Is there criteria for each service?	Yes, these criteria are available at <u>www.iehp.org</u> > Providers > Provider Resources > More > Utilization Management Criteria > Community Supports Services