



CenCalHEALTH®  
Local. Quality. Healthcare.

# Community Support FAQs



## What are Community Supports services?

Community Supports services are optional services or settings that Managed Care Plans (MCPs) such as CenCal Health may offer in place or services or settings covered under the Medicaid State Plan. These services should be medically appropriate and cost-effective alternatives.

## How would a PCP, Specialist, or Enhanced Care Management provider know if one of their Members is likely to be eligible for Community Supports services?

PCP's, Specialists, or Enhanced Care Management Providers can view the eligibility criteria to determine if a Member would benefit from a Community Supports service. If the Member is determined to be eligible, they may submit a referral to Utilization Management (UM) via the CenCal Health Provider Portal. It would be the responsibility of UM to determine eligibility based on criteria.

If a Member or their Authorized Representative (AR) would like to self-refer to a community Support, they can contact Member Services to learn more. **Our Call Center is available to assist Member's Monday through Friday, 8am to 5pm at our toll-free number: (877) 814-1861. Or, for member's that cannot hear or speak well, please call California Relay at 711 or TTY: (833) 556-2560.**

## 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 the Community Supports Department via the CenCal Health Provider Portal.

## What is the referral approval turn-around time?

- Standard - 5 to 7 business days
- Expedited – 24 to 72 hours

## What number can CenCal Health Providers call should they have questions about Community Supports services?

Providers may contact CenCal Health Community Supports Team at (805) 562-1698



## How do I become a Community Supports Provider?

Contact the Provider Relations Team email at [psrgroup@cencalhealth.org](mailto:psrgroup@cencalhealth.org).

# Community Support **FAQs**

## **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.

## **What type of Community Supports services is CenCal Health offering?**

CenCal Health will offer Recuperative Care services and Medically Tailored Meals beginning July 01, 2022. For more information, please visit <https://www.cencalhealth.org/providers/calaim/>

## **Where can I access Community Supports information on the CenCal Health website?**

Visit the CalAIM Provider web page, [click here](#).

## **Can I submit multiple referrals for one Member?**

Yes, based on program eligibility.

## **Are these services limited to certain Provider types?**

Yes, only contracted Community Supports Providers may provide these services.

## **Will the status of referral (if approved or not approved) be communicated back to the Member's PCP or Home Health Team?**

Yes, the referring provider and Community Supports provider will receive notice through the Provider Portal.

## **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). Authorizations are approved for the length of time, which meets medical necessity.

If a Member needs more than 90-day of recuperative care services deemed by a Recuperative Care provider, then the Provider would submit a new authorization through our Provider Portal.



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## Regarding the Medically Supportive Food/Meals/Medically Tailored Meals, when can we obtain more information as to eligibility requirements, referrals, etc.?

Members are eligible to receive Tailored Meal Delivery services when they meet a combination of the following eligibility criteria:

1. Living with a primary or secondary diagnosis of Diabetes; with an A1c 9 or above, Congestive Heart Failure; Stage C or Stage D, or Chronic Kidney Disease; Stage 3 or Stage 4; and
2. The member must meet one of the following;
  - a) Has two or more inpatient stays in the last 12 months, or
  - b) Has two or more emergency department (ED) visits within the last 12 months, or
  - c) Has been discharged from a Skilled Nursing Facility (SNF) within the last 12 months; and
3. Member is not eligible for alternate programs, and;
4. Meals are not covered to respond solely to food insecurities

## Is there criteria for each service?

Yes, criteria has been finalized and will be located in the provider manual and member handbook.



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## Recuperative Care:

Recuperative Care (RC), also referred to as medical respite care, is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. An extended stay in a recovery care setting allows individuals to continue their recovery and receive post-discharge treatment while obtaining access to primary care, behavioral health services, case management and other supportive social services, such as transportation, food, and housing.

At a minimum, the service will include interim housing with a bed and meals and ongoing monitoring of the individual's ongoing medical or behavioral health condition (e.g., monitoring of vital signs, assessments, wound care, medication monitoring). Based on individual needs, the service may also include:

1. Limited or short-term assistance with Instrumental Activities of Daily Living (IADLs) &/or Activities of Daily Living (ADLs)
2. Coordination of transportation to post-discharge appointments
3. Connection to any other on-going services an individual may require including mental health and substance use disorder services
4. Support in accessing benefits and housing
5. Gaining stability with case management relationships and programs

Recuperative Care is primarily used for those individuals who are experiencing homelessness or those with unstable living situations who are too ill or frail to recover from an illness (physical or behavioral health) or injury in their usual living environment; but are not otherwise ill enough to be in a hospital.

The services provided to Members while in Recuperative Care should not replace or be duplicative of the services provided to Members utilizing the Enhanced Care Management program. Recuperative Care may be utilized in conjunction with other housing Community Supports. Whenever possible, other available housing Community Supports should be provided to Members onsite in the Recuperative Care facility. When enrolled in Enhanced Care Management, Community Supports should be managed in coordination with Enhanced Care Management providers.

## What is CenCal Health's Payer EDI #?

CenCal Health usually uses its Tax ID, 953865941, as the Interchange Receiver ID. [www.cencalhealth.org/~media/files/pdfs/claims/cltradingpartnerworksheets20160216.xls?la=en](http://www.cencalhealth.org/~media/files/pdfs/claims/cltradingpartnerworksheets20160216.xls?la=en) The tab on the spreadsheet labeled "Batch Claims" has the info.

## How does a provider sign up for Electronic Remittance (ERA)?

Email [edi@cencalhealth.org](mailto:edi@cencalhealth.org)