KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Community Supports Services (CSS) Oversight and Monitoring				POLICY #: 17.02-P	
DEPARTMENT: Community Supports Services					
Effective Date: 01/01/2022	Review/Revised Date: 10/16/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date_____
Emily Duran
Chief Executive Officer

_____ Date_____
Chief Medical Officer

_____ Date _____
Senior Director of Provider Network

_____ Date _____
Director of Claims

_____ Date _____
Director of Community and Social Services

PURPOSE

To define Kern Health Systems (KHS) responsibilities and oversight for the administration of the Community Supports Services (CSS) Program, and also to outline the processes that will be implemented to ensure compliance with the Department of Health Care Services (DHCS) guidelines. In order to provide CSS to as many Members in need, KHS has to develop a robust network of Community Based Organizations (CBOs) who have experience delivering these types of services. This policy demonstrates how KHS will continue to develop the network to expand capacity and how service shortages will be managed.

POLICY

KHS will monitor internal CSS processes and CSS Providers for compliance through regular audits to ensure all core services are provided in accordance with the requirements outlined by DHCS. KHS will continue to build and expand the network of CBOs to provide CSS to the Members in need. Oversight of the Provider network will be managed to ensure appropriate provider capacity and timely provision of CSS in accordance with their contractual agreement.

DEFINITIONS

Term	Definition
CSS Care Team	Internal KHS Staff working to assign Members identified for CSS, coordinating with CSS Provider Sites (often CBOs or Community Based Organizations), and connecting Members to all available resources.
PMPM	"Per Member Per Month"; the average cost or amount of money associated on a monthly basis for each individual enrolled in a managed care plan.

PROCEDURES:

A. Minimum qualifications and vetting of CSS Providers

1. Community Supports Providers will be evaluated on their ability to provide Community Supports to eligible Members in an effective manner consistent with culturally and linguistically appropriate care, in alignment with KHS Cultural and Linguistic Services Policy 11.23.
2. Community Supports Providers do not have to have experience serving Medi-Cal Members, though KHS will ensure all Community Supports Providers for whom a State-level enrollment pathway exists enroll in Medi-Cal, pursuant to relevant APLs, including APL 19-004.
3. For Community Supports Providers for whom a state-level Medi-Cal enrollment pathway does not exist (if APL 19-004 does not apply), the Community Supports Provider must satisfy all credentialing requirements outlined below. KHS requires that all Community Supports Providers:
    a. Demonstrate documented experience and training in the provision of the Community Supports being offered
    b. Demonstrate the capacity to provide the Community Supports in a culturally and linguistically competent manner
    c. Provide documentation demonstrating a successful history of providing such services
    d. Provide documentation demonstrating completion of training and education in services being delivered
4. Additional criteria KHS will consider when vetting Community Supports Providers may include, but is not limited to:
    a. Ability to receive referrals from KHS for the authorized Community Supports
    b. Ability to submit claims or invoices using standardized protocols
    c. Business licensing that meets industry standards
    d. Capability to comply with all reporting and oversight requirements
    e. History of fraud, waste, and/or abuse
    f. Recent history of criminal activity, including a history of criminal activities that may

endanger Members and/or their families
g. History of liability claims against the Provider

B. Oversight of CSS Providers

1. Accountability standards and regular auditing will occur through the following activities:
    a. Quarterly Monitoring of Community Supports Provider referrals
    b. Monthly progress reports
    c. Operational data from Community Supports Providers, as well as internal data, in order to manage and evaluate the effectiveness of services provided including the review of:
        i. Utilization metrics
        ii. Referral outcome measures including successful linkage to community resources
        iii. Financial impact reports
        iv. Grievance and appeals reports
        v. Member and Provider satisfaction surveys
2. KHS will hold Community Supports Providers responsible for the same DHCS reporting requirements as those required of KHS.
    a. KHS will not utilize tools developed or promulgated by NCQA, the National Committee for Quality Assurance to perform oversight of Community Supports Providers, unless by mutual consent.
3. KHS will not impose mandatory reporting requirements that are alternative or additional to those required for encounter and supplemental reporting.
4. KHS will review applicable reports pertaining to Community Supports delivery. Next, KHS will provide feedback or request additional information from Community Supports Providers:
    a. Reports will be submitted and uploaded directly into the KHS Secure File Transfer Protocol (SFTP) folder for monthly review by the CSS Care Team
    b. The CSS Care Team will have 30 days upon receipt of report to review Community Supports Provider submissions for content including, but not limited to: use of the correct reporting template, reporting period timeliness, and equitable and non-discriminatory service delivery
5. If the report does not appear to reflect appropriate Community Supports activities, the CSS Care Team staff will follow up with the contracted Community Supports Provider to request clarification. If additional concerns exist after the receipt of requested clarification, a Corrective Action Plan (CAP) may be requested.
6. If a CAP is requested and the Community Supports Provider does not meet CAP requirements within the specified time frame, the Chief Medical Officer or Designee will be notified. The Chief Medical Officer (or Designee) will be responsible for further corrective action and remediation to ensure the Provider complies with C program delivery requirements. Continuance of non-compliance will be reported to the KHS Executive Team to determine further action that could include limitations on referral submissions, and possible termination of Community Supports contract.

C. Community Supports Utilization Management and Quality Assurance

1. KHS Quality Improvement Utilization Management (QIUM) Committee will complete an annual review of all Community Supports reports and data. If inequitable findings are identified, a remediation plan will be initiated to correct instances of policy violations.
2. Such findings will also be shared via DHCS reporting measures covering Community Supports

quality outcomes.

D. Impact Evaluation of Community Supports

1. KHS will complete an annual financial and utilization analysis of Community Supports Members to evaluate whether a Community Supports is a cost-effective alternative to a State Plan service or setting. Industry standard metrics will be used to analyze utilization patterns across care settings. Industry standard metrics will also be examined to analyze the total costs (PMPM) of the Community Supports Member population.

E. DHCS Reporting

1. KHS will submit its Community Supports Model of Care (MOC) for DHCS review and approval. KHS must also submit to DHCS any significant changes to its Community Supports MOC for DHCS review and approval at least 60 calendar days in advance of any occurrence of changes or updates, in accordance with DHCS policies and guidance, including all applicable DHCS APLs.
    a. In the KHS Community Supports MOC, KHS will include details on the Community Supports KHS plans to offer, including which counties Community Supports will be offered and its network of Community Supports Providers, in accordance with all applicable DHCS APLs.
2. After implementation of Community Supports, KHS will submit the following data and reports to DHCS to support DHCS' oversight of Community Supports:
    a. Encounter Data
        i. KHS will submit all Community Supports Encounter Data to DHCS using national standard specifications and code sets to be defined by DHCS. KHS will be compliant with DHCS guidance on invoicing standards for KHS to use with Community Supports Providers.
        ii. KHS will submit to DHCS all Community Supports Encounter Data, including Encounter Data for Community Supports generated under Subcontractor and Downstream Subcontractor Agreements.
        iii. In the event the Community Supports Provider is unable to submit Community Supports Encounter Data to KHS using the national standard specifications and code sets to be defined by DHCS, KHS will convert Community Supports Providers' invoice data into the national standard specifications and code sets, for submission to DHCS.
        iv. Encounter Data, when possible, must include data necessary for DHCS to stratify services by age, sex, race, ethnicity, and language spoken to inform health equity initiatives and efforts to mitigate health disparities undertaken by the DHCS.
    b. Supplemental reporting on a schedule and in a form to be defined by DHCS.
3. KHS must timely submit any related data requested by DHCS, CMS, or an independent entity conducting an evaluation of Community Supports including, but not limited to:
    a. Data to evaluate the utilization and effectiveness of a Community Supports.
    b. Data necessary to monitor health outcomes and quality metrics at the local and aggregate levels through timely and accurate Encounter Data and supplemental reporting on health outcomes and equity of care. When possible, metrics must be stratified by age, sex, race, ethnicity, and language spoken.

c. Data necessary to monitor Member Appeals and Grievances associated with Community Supports.
d. In the event of underperformance by KHS in relation to its administration of Community Supports, DHCS may impose sanctions in accordance with Exhibit E, Section 1.19 (Sanctions).

4. DHCS will notify KHS if revised reports must be submitted to correct data errors such as incorrect file naming conventions, incomplete data/columns fields, incorrect data, etc.
    a. Revised reports must be submitted as a complete quarterly file.
    b. Partial files without all the required information and data will be rejected and must be resubmitted.
    c. Final corrections must occur no later than 90 days after the end of the calendar year for corrections on the previous year's quarterly reports unless the Department requests a revised file.

F. Network Capacity & Development

1. KHS will develop a robust network of Community Supports Providers to deliver all elected Community Supports.
    a. If KHS is unable to offer its elected Community Supports to all eligible Members for whom it is medically appropriate and cost-effective within a particular county, KHS will submit ongoing progress reports to DHCS in a format and manner specified by DHCS.
    b. KHS must ensure its contracted Community Supports Providers have sufficient capacity to receive referrals for Community Supports and provide the agreed-upon volume of Community Supports to Members who are authorized for such services on an ongoing basis.
2. Community Supports Providers may not be physically located in every geographic area in Kern County but will be concentrated in the high-density Metro Bakersfield area. KHS will continue to provide transportation services to engage Members in all the Community Supports programs and to mitigate travel as a barrier to receiving services.
3. Community Supports Providers who are equipped and able to provide certain services telephonically or virtually will do so in order to engage more Members.
4. KHS will continue to search for new Providers and/or CBOs that would be interested in implementing Community Supports programs in different geographic areas or as an expansion in the Bakersfield area. KHS plans to leverage the DHCS Community Supports related performance incentive program to develop the current network and capacity.
5. Population modeling will be completed by KHS, at least on an annual basis, to identify changes and population trends that would require adjustments to the current network.

G. Managing Provider Capacity & Referrals

1. To ensure timely provision of Community Supports, KHS will work with its contracted network of Community Supports Providers to authorize and provide benefits as outlined in KHS P&P X.XX-X Community Supports Program Member Identification and Authorization. Contracted Community Supports Providers, using staffing ratios to address service volume, plan to hire additional staff as they start to reach their capacity to prevent a delay in Members receiving services.
2. Community Supports Providers providing Recuperative Care, Short Term Post-Hospitalization Housing, and Sobering Centers will fill beds (or available spots) with Members meeting the eligibility requirements on a first come first served basis. If there are more members than bed availability at any given time, KHS will continue their current process of coordinating with inpatient

staff to ensure safe discharges. Additional Providers will be contracted with when total capacity is determined to not be able to meet the demand.

H. Discontinuation of Community Supports

1. KHS may discontinue offering Community Supports once annually at the end of the calendar year with notice to DHCS at least 90 calendar days prior to the discontinuation date, except in cases where the Community Support is terminated due to Member health, safety, or welfare concerns.
2. KHS will ensure Community Supports that were authorized for a Member prior to the discontinuation of that specific Community Supports are not disrupted by a change in Community Supports offerings, either by completing the authorized service or by seamlessly transitioning the Member into other Medically Necessary services or programs that meet the Member's needs.
3. In the event of any discontinuation of a Community Supports resulting in a change in the availability of services, KHS will adhere to the requirements set forth in Exhibit A, Attachment III, Subsection 5.2.9 (Network and Access Changes to Covered Services) as outlined in KHS Provider Termination Policy 4.39-P.

REFERENCE:

- Community Supports Member Identification and Authorization Policy, 17.04-P
- Provider Network Management / Member Services Provider Termination Policy, 4.39-P
- Cultural and Linguistic Services Policy, 11.23

Revised 2023-07: Policy updated to comply with the DHCS 2024 Medi-Cal Managed Care Plan Contract, approval received on 9/1/2023 per R.0146. **2022-11**: Policy received approval on 11/30/2022 per updated DHCS-approved Model of Care (MOC) Template. **2022-10:** Policy submitted per DHCS Prime & Subcontractor Authorization Alignment. **2022-07: Policy** submitted per DHCS MOC request. **Revision 2021-12**: Policy created to outline processes regarding Oversight and Monitoring. DHCS approval for Legacy Model of Care (MOC) Template Parts 1-3 received 11/30/21 to implement Community Supports Program on January 1, 2022.