KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES

Policy Title	Community Supports Services (CSS) Member Outreach	**Policy #**	17.03-P
Policy Owner	Community Supports Services	**Original Effective Date**	01/1/2022
Revision Effective Date	6/9/2025	**Approval Date**	9/16/2025
Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I. PURPOSE

To engage members in understanding and accessing non-traditional health related services that address social determinants of health. Referrals for Community Supports Services (CSS) can be made from various sources including community agencies, internal departments and member self-referral. It is critical Members receive adequate communication to ensure they are not only aware of CSS benefits (and any referral made on their behalf), but also have adequate assistance to access these services. This policy demonstrates the Member outreach procedure for Members identified or referred for CSS. The policy ensures that outreach efforts are equitable, culturally appropriate and accessible to members.

II. POLICY

A. Kern Health Systems (KHS) and CSS Community Based Organizations (CBOs) will outreach Members identified or referred for CSS in a timely manner. In order to ensure Members are aware of CSS and navigated throughout the referral process, multiple attempts will be made to outreach Members identified or referred for CSS.

III. DEFINITIONS

TERMS	DEFINITIONS
CSS Team	Internal KHS Staff working to assign Members identified for CSS, coordinating with CSS Community Based Organizations (CBOs), and connecting Members to all available resources

IV. PROCEDURES

A. General Contact Requirements

1. KHS will notify all new and existing Members identified for a CSS following the KHS Member Materials Policy 12.01-I. This communication will outline how the Member can contact KHS or the CSS Team for additional information.

    a. KHS will assign any new CSS Members previously enrolled in another plan, and who have historical Community Supports service utilization within the prior ninety (90) days, following the standard process outlined below.

2. Once authorization is approved, a CSS CBO will outreach Member to enroll in CSS. For all CSS referrals made on Member's behalf, KHS will follow the Closed-loop Referral Guide (WIP CLR Implementation Guidance). Closed-loop referral is where every referral is tracked from initiation to resolution and communication flow bidirectionally between referring party and the member.

3. CSS CBOs shall:

    a. Maintain staffing that allows for timely, high-quality service delivery of CSS that it is contracted to provide
    b. Accept and act upon Member referrals from KHS for authorized CSS, unless the CSS CBO is at pre-determined capacity
    c. Conduct outreach to the referred Member for authorized CSS as soon as possible, including by making best efforts to conduct initial outreach within 24 hours of assignment, if applicable
        i. A total of three (3) outreach attempts will be made by the CBO for Member enrollment. If the CBO is unable to contact the Member after three (3) attempts, the KHS CSS Team will send a final communication to attempt Member engagement with CSS. If the Member does not respond to the final KHS outreach within ten (10) business days, outreach will discontinue.
        ii. KHS will defer to certain CSS CBOs' internal outreach and admissions practices due to limited bed capacity and data exchange capabilities concerning the standardized outreach file. For the following Community Supports Services, it is permissible to make a minimum of one (1) outreach attempts:
            1. Recuperative Care
            2. Short-Term Post-Hospitalization Housing
    d. Be responsive to incoming calls or other outreach from Members, including by maintaining a phone line that is staffed or able to record voicemail twenty-four (24) hours a day, seven (7) days a week;
    e. Coordinate with other Providers in the Member's care team, including ECM Providers, other CSS CBOs and KHS
    f. Comply with cultural competency and linguistic requirements required by federal, State and local laws, and in contract(s) with KHS
    g. Comply with non-discrimination requirements set forth in State and Federal law and the Contract with KHS

4. KHS will reassess all Members based on the discontinuation criteria outlined in Section D: Discontinuation of Community Support Services and/or Outreach of the Member Identification and Authorization Policy #17.04.

5. Reasons CSS CBO has for discontinuing outreach may include:

   a. Member declines services
   b. Member is well managed and not in need of CSS
   c. Duplicative services are being provided to Member
   d. Member displays an unsafe behavior or it is an unsafe environment
   e. KHS disenrolled
   f. Member enrolled in CSS
   g. Member is not eligible for services

6. If CSS is discontinued for any reason, CSS CBO shall support transition planning for the Member into other programs or services that meet their needs.

7. CSS CBO is encouraged to identify additional CSS the Member may benefit from and send any additional request(s) for CSS to KHS for authorization.

B. Contact Requirements when Discontinuing Community Supports

1. At least thirty (30) calendar days before discontinuing Community Supports, KHS will notify Members affected by the discontinuation of the Community Supports of the following:

   a. The change and timing of discontinuation.
      The procedures that will be used to ensure completion of the authorized Community Supports or a transition into other comparable Medically Necessary services.

V.   ATTACHMENTS

Attachment A:	N/A

VI.   REFERENCES

Reference Type	Specific Reference
Other KHS Policies	KHS Member Materials Policy, 12.01-I
Other KHS Policies	Community Supports Member Identification and Authorization Policy, 17.04-P
Other	DHCS Addendum to the PHM Policy Guide: Closed-Loop Referral Implementation Guidance - WIP CLR Implementation Guidance

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	05/2025	Policy updated to comply with DHCS Community Supports Policy Guide 4/2025.	Community Supports Services
Revised	07/2023	Policy updated to comply with the DHCS 2024 Medi-Cal Managed Care Plan Contract approval received on 9/1/2023 per R.0146.	-
Revised	11/2022	Policy received approval on 11/30/2022 per updated DHCS-approved Model of Care (MOC) Template.	-
Revised	10/2022	Policy submitted per DHCS Prime & Subcontractor Authorization Alignment. 2022-02: Policy submitted per DHCS MOC request.	-
Revised	02/2022	Policy submitted per DHCS MOC request.	-
Revised	12/2021	Policy created to outline processes regarding Member Outreach. 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.	-

VIII. APPROVALS

Committees | Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	9/2/2025, Transitional Rent MOC	
Department of Health Care Services (DHCS)	6/27/2025, Jan 2026 CS MOC	
Department of Health Care Services (DHCS)	6/27/2025, Post OR D.0342 (R.0072)	7/3/2025
Department of Health Care Services (DHCS)	DHCS 2024 OR R.0146	9/1/2023
Department of Health Care Services (DHCS)	Model of Care (MOC) Template.	11/30/2022
Department of Health Care Services (DHCS)	Model of Care (MOC) Template, Parts 1-3	11/30/2021

Date posted to public drive: ___9/16/2025_____

Date posted to website ("P" policies only) :   __9/16/2025_____