



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Community Supports Services (CSS) Member Outreach				POLICY #: 17.03-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	

_____ 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	Date _____

PURPOSE

Referrals for Community Supports Services (CSS) can be made from various sources. 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.

POLICY

KHS and CSS Providers 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.

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.

PROCEDURES

A. General Contact Requirements

1. KHS will notify all new and existing Members identified for a Community Supports Service (CSS) following the KHS Member Materials Policy 12.01-I. This communication will outline how the Member can contact KHS or the CSS Care 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 90 days, following the standard process outlined below.
2. For all CSS referrals made on Member’s behalf, KHS will notify Member of authorization decision. If authorization is approved, a CSS Provider will outreach Member to enroll in CSS.
3. CSS Providers 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 Provider 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 Provider for Member enrollment. If the Provider is unable to contact the Member after three (3) attempts, the KHS CSS Care 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 Providers’ 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:
 - Recuperative Care
 - 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 24 hours a day, 7 days a week;
 - e. Coordinate with other Providers in the Member’s care team, including ECM Providers, other CSS Providers 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 re-assess 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.
5. Reasons CSS Provider has for discontinuing outreach may include:
 - a. Member declines participation
 - 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
 - e. Member is not eligible for services
 - f. Member is deceased
6. If CSS is discontinued for any reason, CSS Provider shall support transition planning for the Member into other programs or services that meet their needs.
7. CSS Provider 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 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, and
 - b. The procedures that will be used to ensure completion of the authorized Community Supports or a transition into other comparable Medically Necessary services.

REFERENCE

- KHS Member Materials Policy, 12.01-I
- Community Supports Member Identification and Authorization Policy, 17.04-P

Revision 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. **2022-02:** Policy submitted per DHCS MOC request. **Revision 2021-12:** 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.