



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Street Medicine Program				POLICY #: 4.52-P	
DEPARTMENT: Provider Network Management					
Effective Date:	Review/Revised Date: 5/30/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Emily Duran
 Chief Executive Officer

Date _____

 Chief Operating Officer

Date _____

 Chief Medical Officer

Date _____

 Senior Director of Provider Network

Date _____

 Director of Claims

Date _____

 Director of Quality Improvement

Date _____

 Director of Utilization Management

Date _____

POLICY:

Effective January 1, 2023, per APL 22-023, Street Medicine Provider: Definitions and Participation in Managed Care, Kern Health Systems (KHS) may utilize Street Medicine Providers to address clinical and non-clinical needs of members experiencing unsheltered homelessness, as appropriate. Street medicine directly aligns with California Advancing and Innovating Medi-Cal’s (CalAIM) primary goal to identify and manage comprehensive needs through whole person care approaches and social drivers of health. Street medicine offers an opportunity to provide needed services to

individuals who are experiencing unsheltered homelessness by meeting them where they are and utilizing a whole person, patient-centered approach to provide medically necessary health care services, as well as address social drivers of health that impede health care access. KHS will supply providers with technical assistance and training on Street Medicine Provider compliance.

PROCEDURES:

1.0 DEFINITION:

Street Medicine is defined as providing clinical and non-clinical services to an individual experiencing unsheltered homelessness in their living environment, in places not intended for human habitation. This includes mobile units and RVs that go to the individual experiencing unsheltered homelessness in their living environment (“on the street”).

1.1 EXCLUSIONS:

Health care services provided at shelters, mobile units/recreational vehicles (RV), or other sites with a fixed, specified location do not qualify as street medicine. Clinical services which require people experiencing unsheltered homelessness to visit a health care provider at the provider’s fixed, specified location is considered mobile medicine.

2.0 STREET MEDICINE PROGRAM:

KHS may operate a street medicine program once it has fulfilled all requirements as outlined in APL 22-023 and/or other guidance and as approved by Department of Health Care Services (DHCS). KHS’ utilization of a street medicine program is voluntary.

2.1 PROVIDER REQUIREMENTS:

Street Medicine Provider refers to a licensed medical provider (e.g., Doctor of Medicine (MD)/Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Nurse Practitioner (NP), Certified Nurse Midwife (CNM)) who conducts patient visits outside of the four walls of clinics or hospitals and directly on the street, in environments where unsheltered individuals may be (such as those living in a car, RV, abandoned building, or other outdoor areas).

For a non-physician medical practitioner (PA, NP, and CNM), KHS will ensure compliance with state law and DHCS Contract requirements regarding physician supervision of non-physician medical practitioners, in line with KHS Policy 4.04-P Non-Physician Medical Practitioners. A supervising Physician must be a practicing street medicine provider, with knowledge of and experience in street medicine clinical guidelines and protocols.

Street Medicine Providers are not required to be affiliated with a brick-and-mortar facility.

2.1.1 ENROLLMENT AND CREDENTIALING REQUIREMENTS

KHS network providers, including those offering street medicine services, must be credentialed and Medi-Cal enrolled, if there is a state-level enrollment pathway for them to do so, in line with KHS Policy 4.01-P Credentialing and Policy 4.43-P Medi-Cal Enrollment Policy.

The credentialing requirements outlined in APL 22-013 Provider Credentialing/

Recredentialing and Screening/Enrollment only apply to Street Medicine Providers with a state-level pathway for Medi-Cal enrollment. For street medicine Providers with no state-level enrollment pathway, KHS will vet the qualifications of the Street Medicine Providers to ensure they can meet KHS standards of participation, in a manner similar to the credentialing process and requirements outlined in KHS Policy 4.01-P Credentialing and APL 22-013 Provider Credentialing/ Recredentialing and Screening/Enrollment.

2.2 STREET MEDICINE PROVIDERS AS MEMBER’S ASSIGNED PCP

KHS may cover the provision of medical services for members experiencing unsheltered homelessness through Street Medicine Providers in the role of the member’s assigned Primary Care Provider (PCP), through a direct contract with KHS, as an Enhanced Care Management (ECM) Provider, as a Community Supports Provider, or as referring or treating contracted provider.

Street Medicine Providers may choose to serve as the member’s assigned PCP upon member election with the following criteria:

- A. Must meet the KHS’ eligibility criteria to serve a PCP.
- B. Be qualified and capable of treating the full range of health care issues served by PCPs within their scope of practice and agree to serve in a PCP role.
- C. Are responsible for providing the full array of Primary Care services, including but not limited to, preventive services, and the treatment of acute and chronic conditions.
- D. Must agree to provide the essential components of the Medical Home in order to provide comprehensive and continuous medical care, including but not limited to:
 1. Basic Case Management (with transition to Basic Population Health Management when effective);
 2. Care coordination and health promotion;
 3. Support for members, their families, and their authorized representatives;
 4. Referral to Specialists, including behavioral health, community, and social support services, when needed;
 5. The use of Health Information Technology to link services, as feasible and appropriate; and
 6. Provision of primary and preventative services to assigned members.

Street Medicine Providers who are serving in an assigned PCP capacity are required to undergo the appropriate level of site review process, in line with KHS Policy 2.71-P Facility Site Review and Medical Record Review and APL 22-017: Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review.

2.2.1 KHS REQUIREMENTS

If KHS has Street Medicine Providers willing to serve in a PCP capacity, KHS will:

- A. Develop and maintain protocols for identifying and transferring members to a higher level of care if needed when the member’s service needs are beyond the capabilities and/or qualifications of the Street Medicine Provider. These

protocols shall include:

1. Providing access to urgent and emergency care, specialty care, mental health and substance use disorder treatment, ancillary services, and appropriate Non-Emergency Medical and Non-Medical Transportation services.
 2. Ensuring expeditious referrals to ECM and Community Supports.
- B. Inform members, through the member handbook, that contracted Street Medicine Providers may be elected to be the Member's assigned PCP, so that the member and the street medicine provider can discuss whether the arrangement is appropriate.
 - C. Advise providers to assess and examine the level and quality of the establishment of the treatment relationship at the time of initial engagement when considering an agreement to be a member's assigned PCP.
 - D. Inform Street Medicine Providers of PCP responsibilities, as well as credentialing and review requirements.
 - E. Require the Street Medicine Provider to initiate the member assignment request via a telephone call to KHS with the member on the line, and both parties must confirm the member's choice in selecting the Street Medicine Provider to be their assigned PCP. KHS will make it clear that the Street Medicine Provider is the member's assigned PCP or is overseeing the member's care.

2.2.2 TIME AND DISTANCE REQUIREMENTS

Street Medicine Providers elected as a member's assigned PCP are exempt from PCP time and distance standards and service location requirements for PCPs (as outlined in KHS Policy 4.30-P Accessibility Standards) as the member does not have a permanent residential address and the Street Medicine Provider is meeting the member at their lived environment.

KHS is not expected to contract with Street Medicine Providers in order to meet time and distance standards as part of Annual Network Certification requirements.

2.2.3 ENHANCED CARE MANAGEMENT

KHS may contract with Street Medicine Providers as an ECM Provider, and the provider can be contracted with the Plan to provide both PCP and ECM services to the member.

Street Medicine Providers that are also ECM Providers are required to:

- A. Enroll in Medi-Cal if there is a state-level enrollment pathway;
- B. Fulfill all ECM requirements as outlined in applicable KHS policy and procedure;
- C. Have the capacity to provide culturally appropriate and timely in-person care management activities;
- D. Maintain formal agreements, data systems, and processes in place with entities across sectors to support care coordination and care management.

KHS will be responsible for ensuring non-duplication of services provided through ECM any other covered benefit, program, and/or delivery system.

2.3 BILLING

KHS contracted Street Medicine Providers, providing services to KHS members are required to bill KHS for appropriate and applicable services, within the provider scope of practice. Street Medicine Providers are required to comply with the billing provisions for Street Medicine Providers as applicable to KHS policy and procedures.

If the Street Medicine Provider is a Federally Qualified Health Center (FQHC), they can still be reimbursed at their applicable Prospective Payment System (PPS) rate when such services are being provided outside the four walls and where the member is located. The FQHC would be paid their applicable PPS rate when the street medicine Provider is a billable clinic provider.

Street Medicine Providers can be reimbursed for providing State Plan benefits, including the use of Community Health Worker (CHW) services as defined in 42 CFR 440.130(c) and APL 22-016 Community Health Worker Services Benefit, and in-line with KHS Policy 4.51-P Community Health Worker. KHS will be responsible for ensuring non-duplication of services provided by a CHW and any other covered benefit, program, and/or delivery system.

Street Medicine Providers are required to verify the eligibility of individuals they encounter in the provision of health care services.

3.0 DELEGATION

3.1 CONTRACTING AND DELEGATION

KHS has the option to contract directly with Street Medicine Providers, even if KHS delegates the provision of health care services to a subcontractor.

The contracted Street Medicine Provider will be subject to all KHS administrative processes, rather than the processes of the subcontracted entity. The payment arrangement would be between KHS and the Street Medicine Provider.

Prior authorization to see a Street Medicine Provider will not be needed if the member seeks services directly from a Street Medicine Provider related to the member's Primary Care. A KHS contracted street medicine Provider, meeting all KHS required administrative processes, could provide services to a KHS member, and be compensated for those services, even if the member is assigned to a subcontractor.

3.2 DELEGATED OVERSIGHT

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including applicable APLs, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

REFERENCE:

Revision 2023-02: Policy created to comply with DHCS APL 22-023, Street Medicine. DHCS approval received on 2/27/2023.

1. State of California – Health and Human Services Agency, Department of Health Care Services website, [APL 22-023 \(ca.gov\)](#)
2. State of California – Health and Human Services Agency, Department of Health Care Services website, [APL 22-013 \(ca.gov\)](#)
3. DHCS CalAIM Data Sharing Authorization Guidance, [CalAIM Data Sharing Authorization Guidance](#)
4. Street Medicine Institute [Home \(streetmedicine.org\)](#)