



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity



**Community  
Supports**

**Provider Certification Application**

**Short-Term Post-Hospitalization Housing**

# Community Supports (CS) Provider Certification Application: Short-Term Post-Hospitalization Housing

## Instructions

1. This CS Provider Application reflects the requirements and expectations set forth by DHCS and GCHP to serve as a CS provider for GCHP members.
2. Please complete the CS Provider Application and submit to [calaimpr@goldchp.org](mailto:calaimpr@goldchp.org) with the subject line “CS Provider Application.”
3. If you have questions, please participate in GCHP’s Technical Assistance Convenings or contact [calaimpr@goldchp.org](mailto:calaimpr@goldchp.org).
4. As you complete your application, please be aware that GCHP will conduct a readiness review process to ensure that you meet DHCS requirements and can provide the services in the manner set forth in DHCS policy and GCHP’s P&P. To that end:
  - a. Please carefully review the expectations for providing CS services as set forth in the guidance documents cited at the end of these instructions and to be discussed in GCHP’s Technical Assistance Webinars.
  - b. Please review these expectations within your organization to ensure that you have a clear understanding of them and are prepared to deliver the services. There may be additional discussion and/or requirements for specific populations of focus as described in the CS Policy Guide referenced in these instructions.
  - c. Please provide details about how your organization will implement the CS services to meet the expectations of the program. Please be clear and concise in your submissions so that reviewers will understand how your organization provides CS services.
  - d. If you have any subcontractors providing any part of CS services on behalf of your organization, please submit a copy of the MOU / contract as part of your application.
  - e. If you are proposing that a subcontractor fulfill the CS provider requirements, please also complete Section 1K: Oversight & Monitoring.
5. GCHP will review all applications and respond to individual CS providers with request for additional information or clarification for areas of the application that do not satisfy the CS requirements.
6. For all narrative responses, please be clear and concise. Please limit your responses to 500 words or less for each section
7. Do not include any PHI or PII.
8. Avoid acronyms when possible or define acronyms in list in a supporting document.
9. Use the standard naming convention across all files.
10. Please see the following reference materials for your information and assistance:
  - a. DHCS Reference Documents for ECM and CS: [The ECM and CS Standard Provider Terms and Conditions](#) document provides details on provider expectations.
  - b. DHCS CS Policy Guideline: [This guideline](#) provides state guidance on all CS.

## Acronym key:

- Activities of Daily Living (ADL)
- Alternative Format Selection (AFS)
- Certified Aging-in-Place Specialist (CAPS)
- Community Health Workers (CHWs)
- Community Supports (CS)
- Continuum of Care (CoC)
- Coordinated Entry System (CES)
- Department of Health Care Services (DHCS)
- Enhanced Care Management (ECM)
- Gold Coast Health Plan (GCHP)
- Health Insurance Portability and Accountability Act (HIPAA)
- High-Efficiency Particulate Air (HEPA)
- In Home Supportive Services (IHSS)
- Instrumental Activities of Daily Living (ADLs)
- Integrated Pest Management (IPM)
- Managed Care Plan (MCP)
- Memorandum of Understanding (MOU)
- National Provider Identifier (NPI)
- Personal Emergency Response System (PERS)
- Personally Identifiable Information (PII)
- Primary Care Provider (PCP)
- Process and Procedures (P&P)
- Protected Health Information (PHI)
- Registered Dietician (RD)
- Secure File Transfer Protocol (SFTP)
- Supplemental Security Income (SSI)

## Provider Information Section:

This CS Provider Certification Application is intended to ensure the CS provider provides **satisfactory evidence** of meeting the CS requirements as outlined by DHCS and GCHP to be certified as a CS provider.

**Please complete the CS Provider Certification Application and submit to [calaimpr@goldchp.org](mailto:calaimpr@goldchp.org) with the subject line “CS\_Provider: Organization\_Name\_Certification\_Date”** within three weeks of receipt. If you have any questions or concerns as you are completing the application, please contact [calaimpr@goldchp.org](mailto:calaimpr@goldchp.org).

<b>CS Provider Organization:</b>	
<b>CS Provider Organization Type:</b>	
<b>Tax Identification Number (TIN):</b>	
<b>National Provider Identifier (NPI) (If applicable) (i.e. Submit Type 2 NPI if applicable. If you have a pending NPI application indicate here):</b> <b>Note: Not all providers will have an NPI</b>	
<b>Completed By:</b>	
<b>Date:</b>	
<b>Title:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

## General Provider Section:

Section	Requirements	Questions for Prospective Providers
<b>1A</b>	<b>General Provider Information</b> <ol style="list-style-type: none"> <li>1. General organization information:               <ol style="list-style-type: none"> <li>a. Organization type.</li> <li>b. Business license(s).</li> <li>c. Do you currently have an MCP contract? If so, for what service(s) and with which MCP(s)?</li> </ol> </li> <li>2. Services offered.</li> <li>3. Geographic locations served.</li> <li>4. Hours of operations.</li> <li>5. History of fraud, waste, and/or abuse; criminal activity; or liability claims.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide information regarding your organization for all categories to the left (1-5). <b>Applicant Response:</b></li> </ol>
<b>1B</b>	<b>Experience Serving Medi-Cal Beneficiaries</b> Provider is interested in offering CS to the full-scope (not Fee-For-Service) Medi-Cal managed care population.	<ol style="list-style-type: none"> <li>1. Are you interested in offering CS to the full-scope (not Fee-For-Service) Medi-Cal managed care population?  <input type="checkbox"/> Yes or <input type="checkbox"/> No</li> <li>2. Describe your experience serving Medi-Cal beneficiaries and/or other vulnerable populations. Include the estimated percentage of your clients who are Medi-Cal beneficiaries.  <b>(Note: Medi-Cal experience is not required to be considered for CS contracting.)</b>  <b>Applicant Response:</b></li> </ol>

Section	Requirements	Questions for Prospective Providers
<b>1C</b>	<b>Provision of CS Services</b> <input type="checkbox"/> Short-term Post-Hospitalization Housing	<ol style="list-style-type: none"> <li>1. Check off each CS your organization <b>is interested in and ready to provide</b>. Fill out the corresponding certification applications with additional documentation or attachments as requested on how your organization plans to provide each CS service.</li> <li>2. <b>Providers are expected to complete ONE certification application FOR EACH CS service.</b></li> </ol>
<b>1D</b>	<b>Outreach and Engagement</b> CS provider is responsible for conducting outreach and engagement to assigned members.  <b>CS Provider must be able to complete the following:</b> <ol style="list-style-type: none"> <li>1. Accept member referrals from GCHP for authorized CS service, up to CS provider's pre-determined capacity.</li> <li>2. Conduct outreach to the referred member for authorized CS service as soon as possible, including by conducting initial outreach within 24 hours of assignment.</li> <li>3. 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, seven days a week.</li> </ol>	<b>For each CS service you are interested in providing:</b> <ol style="list-style-type: none"> <li>1. Describe your current outreach and engagement strategies and how you plan to meet GCHP's outreach and engagement requirements.</li> <li>2. Describe your referral intake process and how you communicate with GCHP and referred members to ensure timely outreach and engagement.</li> <li>3. Estimated Member Capacity: Describe the estimated number of members your organization can serve related to the Community Supports service you will provide.</li> </ol> <b>Applicant Response (remember to include information for each CS service you are interested in providing):</b>

Section	Requirements	Questions for Prospective Providers
<p><b>1E</b></p>	<p><b>Enrollment and Member Consent</b> CS provider will be responsible for obtaining and documenting member’s voluntary enrollment to participate in CS.</p> <p><b>CS provider must be able to complete the following:</b></p> <ol style="list-style-type: none"> <li>1. CS provider shall obtain and document that each assigned member agrees to the receipt of CS.</li> <li>2. Where required by federal law, CS provider shall ensure that members authorize information sharing with GCHP and all others involved in the member’s care as needed to support the member and maximize the benefits of CS</li> <li>3. CS Provider shall obtain and document member authorization to communicate electronically with the member and/or family member(s), legal guardian, caretaker, and/or authorized support person(s), if it intends to do so.</li> </ol>	<p><b>For each CS service you are interested in providing:</b></p> <ol style="list-style-type: none"> <li>1. Describe your current member enrollment or member agreement process for program participation and how your organization documents, stores, and shares this information with GCHP. If you do not currently have a process, describe how you plan to meet this requirement.</li> <li>2. Describe how you will obtain and document member authorization related to data sharing and communication.</li> </ol> <p><b>Applicant Response (remember to include information for each CS service you are interested in providing):</b></p>
<p><b>1F</b></p>	<p><b>Care Coordination</b> CS Provider is responsible for coordinating member’s care with other providers including ECM provider, PCP, other CS providers, GCHP, and others as appropriate.</p> <p><b>CS provider must be able to complete the following:</b></p> <ol style="list-style-type: none"> <li>1. Coordinate with other providers in the member’s care team, including ECM provider as applicable, and GCHP.</li> <li>2. Assess whether a member not engaged in ECM qualifies for ECM and, if so, submit a referral for ECM for the member.</li> <li>3. If a CS is discontinued for any reason, CS provider shall support transition planning for the member into other programs or services that meet their needs.</li> </ol>	<p><b>For each CS service you are interested in providing:</b></p> <ol style="list-style-type: none"> <li>1. Describe how you currently coordinate care with other providers in the member’s care team.</li> <li>2. Describe how you communicate and share information with other providers and close the loop on any transition planning and/or care coordination the member may need.</li> <li>3. If you do not have a current process for care coordination, please describe how you plan to meet this requirement and what assistance you may need from GCHP.</li> <li>4. Describe the existing process for discharging clients from your program(s) and transitioning them to other appropriate services?</li> </ol> <p><b>Applicant Response (remember to include information for each CS service you are interested in providing):</b></p>

Section	Requirements	Questions for Prospective Providers
<b>1G</b>	<p><b>Referral to Community and Support Services</b></p> <p>CS provider is encouraged to identify additional CS services the member may benefit from and send any additional request(s) for CS services to GCHP for authorization.</p>	<p><b>For each CS service you are interested in providing:</b></p> <ol style="list-style-type: none"> <li>1. Describe how you currently identify or assess member community and support services needs.</li> <li>2. Describe how you assist the member in connecting to new resources in the community. How do you follow up with the member to ensure services were rendered (i.e., closed loop referrals)? If applicable, do you utilize any resource platforms for sharing community resources or tracking referrals?</li> <li>3. If you do not have a process currently in place, describe how you plan to meet this requirement and what assistance you may need from GCHP?</li> </ol> <p><b>Applicant Response (remember to include information for each CS service you are interested in providing):</b></p>
<b>1H</b>	<p><b>Cultural and Linguistically Appropriate and Non-Discrimination Service Requirements</b></p> <p><b>CS provider must be able to complete the following:</b></p> <ol style="list-style-type: none"> <li>1. CS provider must comply with cultural competency and linguistic, and AFS requirements set forth by GCHP's annual training requirement.</li> <li>2. Comply with non-discrimination requirements set forth in state and federal law and the contract with GCHP.</li> <li>3. The CS provider must demonstrate a history of serving Medi-Cal members in an equitable, non-discriminatory community-based manner.</li> </ol>	<ol style="list-style-type: none"> <li>1. Describe how your organization provides culturally and linguistically appropriate services. Indicate any relevant staff trainings, or services that you offer to meet this requirement.</li> <li>2. Describe how you provide access to translation or interpreter services, including TTY for hard of hearing, or braille or large print for the visually impaired to assist members participating in your services / programs. This may include use of GCHP resources.</li> <li>3. Indicate which languages your services are offered in to meet your member's needs.</li> <li>4. Describe how your organization provides services in an equitable, non-discriminatory, manner.</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
<b>1I</b>	<p><b>Claims and Invoice Submission / Payment</b></p> <p>CS provider shall record, generate, and send a claim to GCHP for CS services rendered in the standard format (837 file) <b>OR</b> shall send an invoice to GCHP in the DHCS-specified Excel format. CS provider must have CS services authorization to receive payment for the provision of services. CS provider must have a mechanism in place to accept payment from GCHP for services authorized and rendered.</p>	<ol style="list-style-type: none"> <li>1. Describe your current process for recording, generating, and submitting claims or invoices for payment of services rendered. Indicate any relevant electronic systems or platforms you currently use.</li> <li>2. If you do not have a current process, indicate how you plan to submit claims or invoices for the CS service(s) you are interested in providing. What assistance do you need from GCHPs to develop this process?</li> </ol> <p><b>Applicant Response:</b></p>
<b>1J</b>	<p><b>Data Sharing to Support CS</b></p> <ol style="list-style-type: none"> <li>1. File data exchange <ol style="list-style-type: none"> <li>a. Potentially qualified members</li> <li>b. Assigned members' PHI</li> <li>c. Program status response</li> </ol> </li> <li>4. Reporting <ol style="list-style-type: none"> <li>a. Member outreach and engagement</li> <li>b. DHCS required supplemental report(s)</li> </ol> </li> <li>3. Privacy and Security requirements <ol style="list-style-type: none"> <li>a. HIPAA</li> <li>b. 42 CFR Part 2</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Describe your organization's ability to transfer data and reports with GCHP via SFTP site or other secure data exchange mechanism to support service delivery.</li> <li>2. Describe what data exchange platforms your organization currently uses.</li> <li>3. Describe how you currently meet HIPAA and, if applicable, 42 CFR Part 2 Privacy and Security requirements to provide services and prevent data breaches.</li> <li>4. Describe whether and, if so, how you contribute required information to supplemental reports required by DHCS (e.g., quarterly CS Implementation Monitoring Report).</li> <li>5. If you do not have a current process, describe how you plan to meet this requirement and what assistance you may need from GCHP.</li> </ol> <p><b>Applicant Response:</b></p>



Section	Requirements	Questions for Prospective Providers
<b>1K</b>	<b>Monitoring and Oversight</b> CS provider will cooperate with GCHP oversight and monitoring activities to ensure meeting CS services requirements. CS provider must comply with GCHP monitoring activities including required reporting, audits, and corrective action, among other oversight activities.	<ol style="list-style-type: none"><li data-bbox="1140 193 1982 258">1. Describe your experience being monitored and overseen by another entity with whom you've contracted to provide a CS service(s).</li><li data-bbox="1140 266 1955 331">2. Describe internal audits you perform and external audits in which you've participated.</li></ol> <b>Applicant Response:</b>

## Short-Term Post-Hospitalization Housing

Section	Requirements	Questions for Prospective Providers
<p><b>2A</b></p>	<p><b>CS Description</b></p> <p>Providers must provide GCHP members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical / psychiatric / substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric or Chemical Dependency and Recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care.</p> <p>Providers must have the ability to provide all three of the services listed below.</p> <p><b>Please indicate which of the following services you currently provide (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Ongoing supports necessary for recuperation and recovery such as gaining (or regaining) the ability to perform activities of daily living, receiving necessary medical / psychiatric/substance use disorder care, case management and beginning to access other housing supports such as Housing Transition Navigation Services.</li> <li><input type="checkbox"/> 2. Conduct a housing assessment.</li> <li><input type="checkbox"/> 3. Develop individualized housing support plan to identify preferences and barriers related to successful housing tenancy after Short-term Post-Hospitalization Housing.</li> </ul>	<ol style="list-style-type: none"> <li>1. Briefly describe how your organization provides these services to individuals who have high medical or behavioral health needs. What is your current and anticipated future capacity for CS services or programs you offer? Indicate whether you would be able to serve all assigned members, including those not currently connected to your organization.</li> <li>2. Describe your experience with conducting an individualized assessment of needs that identifies the Member's preferences and barriers faced. What screening tool do you utilize? How do you document the findings in the individualized housing support plan? What system do you use for this documentation?</li> <li>3. Describe any activities that you currently subcontract or refer to another provider. Provide specifics on how you work with any subcontractors to supplement in-house services.</li> <li>4. If there are any required activities for this CS service that you do not currently provide, how would you plan to increase capacity to provide them?</li> <li>5. Would you need assistance from GCHP, and if so, with which specific service(s) / activities?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
2B	<p><b>Provider Capabilities and Best Practices</b></p> <ul style="list-style-type: none"> <li>• Experience serving people experiencing homelessness</li> <li>• <b>Benefits Advocacy:</b> Experience with benefits advocacy for members, patients, and clients, such as completing SSI eligibility and supporting application/appeals process</li> <li>• <b>Housing Service Planning and Navigation:</b> Experience with developing a housing support plan for members, patients, and clients.</li> <li>• Experience with housing search and completion of housing support plan for members, patients, and clients.</li> </ul>	<p><b>Examples of specific best practices include:</b></p> <ul style="list-style-type: none"> <li>• Wheelchair access / ADA supports.</li> <li>• Informal connections to permanent supportive housing providers.</li> <li>• Co-located health and/or behavioral health services.</li> </ul> <ol style="list-style-type: none"> <li>1. How long has your organization been providing this service?</li> <li>2. Describe your capabilities and experience serving the following: <ul style="list-style-type: none"> <li>• Individuals experiencing homelessness</li> <li>• Individuals discharging from an inpatient setting</li> <li>• Individuals at risk of readmission due to medical or behavioral health needs</li> <li>• Individuals with Mental Health and/or Substance Use Disorders</li> </ul> </li> <li>3. Do your providers participate in the Bridge to MAT program?</li> <li>4. Does your organization participate in the Coordinated Entry System (CES)? If so, how?</li> <li>5. Does your organization have an HMIS read/write account?</li> <li>6. Does your organization use trauma-informed care, and/or harm reduction practices? How do you train staff and implement these practices?</li> <li>7. What is your permanent housing placement rate from short-term post-hospitalization housing, if available?</li> <li>8. What are your “house rules”? What would result in a member being asked to leave the facility?</li> <li>9. Have any of your policies and protocols changed to be responsive to the COVID-19 Public Health Emergency?</li> <li>10. What, if any, onsite social and recreational activities or workshops do you offer onsite to support rehabilitation?</li> </ol> <p><b>Applicant Response:</b></p>

Section	Requirements	Questions for Prospective Providers
2C	<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. What types of individuals do you currently provide services to?</li> <li>2. Do you have any specific focus areas or restrictions on eligibility criteria for this service at your organization?</li> </ol> <p><b>Applicant Response:</b> N/A</p>
2D	<b>Provider Staffing and Capacity</b>	<ol style="list-style-type: none"> <li>1. Describe current staffing structure to deliver this CS.</li> <li>2. Describe what type of support or capacity-building assistance may be needed from GCHP to launch or expand this service.</li> </ol> <p><b>Applicant Response:</b></p>



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

**Community Supports (CS)**

Provider Certification Application: Short-Term Post-Hospitalization Housing

711 East Daily Drive, Suite 106, Camarillo, CA 93010

[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)