In response to grantee interest, UniHealth Foundation commissioned a report to highlight organizational roles and responsibilities for care transitions within the Medi-Cal delivery system in Los Angeles. Desert Vista Consulting completed over thirty interviews with provider, social service, management service organizations and health plan leaders serving homeless Medi-Cal members. All informants emphasized that in conjunction with respite care and housing, engagement in and linkage to care and case management services is critical for successful post-acute transitions from the hospital to the community.

**KEY FINDINGS**

- Discharge planning, care and case management services are critical for successful care transitions and linkage to covered benefits.

- Medi-Cal managed care plans are required by the State Department of Health Care Services (DHCS) to provide care management services to all members.

- The health plans in Los Angeles primarily delegate this responsibility to provider groups such as Independent Practice Associations (IPAs) or the Los Angeles County Department of Health Services (DHS).

- Intensive case management services are available for select populations through the Department of Mental Health (DMH) and the DHS. Targeted case management services, which focus on linkage to services, can be provided by DMH contractors.

- Social service providers can support an emerging system of managed care by connecting clients to contracted DHS or DMH providers or explore their capacity to directly contract with one or either of these departments.

**BACKGROUND**

As of 2015, most Medi-Cal enrollees in the State of California, including low-income single adults who were previously ineligible for coverage, are enrolled in managed Medi-Cal. This newly enrolled population includes several thousand homeless persons who are new to insurance, managed care, and the primary care medical home model. Previously, these adults had limited access to publicly funded care and case management services, which were primarily provided by grant-funded social service organizations.

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MANAGED CARE DELIVERY MODEL FOR CARE MANAGEMENT SERVICES

Care Management: Assures that every person served has a single, approved, primarily medical service plan that is coordinated, not duplicative, and within prescribed parameters, designed to assure cost effective care and good outcomes. Typically delivered telephonically, the goal is to efficiently manage limited service resources, and ensure the best quality care possible to achieve the client’s service goals.  

The California Department of Health Care Services (DHCS) requires Medi-Cal managed care plans to provide care management and critical managed care transitions services to members. This care management is primarily focused on medical care and services rather than psychosocial or community based case management services. In Los Angeles, the health plans (LA Care and Health Net) primarily delegate this responsibility along with clinical and other administrative services to provider groups. There is no specific separate reimbursement for care management, medical management or care coordination functions. Two key entities serving homeless clients in Los Angeles are Health Care LA, an Independent Practice Association (IPA) for a large number of community clinics, and the County Department of Health Services. Health Care LA opts to further contract out care management responsibilities to a Management Services Organization (Medpoint Management). The Los Angeles County DHS central managed care office conducts administrative services and ensures that care management is provided at the 19 DHS delivery sites by care coordination teams.

Key Services Provided by Management Service Organizations

- Notifying Medical Home of Hospitalization
- Discharge Placement Authorization
- Communication of Discharge Plan to Medical Home
- Service Authorization and Coordination
- Utilization Management
- Care Management: Track the client’s status post-discharge

Key Finding #1: Management Services Organization are the critical entities responsible for linking the client back to his/her medical home post-discharge, for authorizing and coordinating key post-acute services, and for care management.

PUBLICLY FUNDED INTENSIVE CASE MANAGEMENT SERVICES

Case Management: “A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs through communication and available resources to promote quality cost-effective outcomes.”- Case Management Society of America

The goal of case management is to increase an individual’s ability to cope and function independently, including managing chronic medical conditions, mental health symptoms or addictions, and finding and maintaining critical services. Case management is not a standard benefit for service for Med-Cal managed care members. Clients who are homeless and seriously mentally ill, however, may be eligible for Intensive Case Management services which are most often covered as part of a package of rehabilitative services through the County Department of Mental Health (DMH).

3 In addition, interviewees noted that LA Care has some staff members who do some care management / utilization management at the plan level
PUBLICLY FUNDED TARGETED CASE MANAGEMENT SERVICES
DMH contracted case managers can provide Targeted Case Management (TCM), a Medi-Cal funded service focused on successful linkage to medical, educational, and other social services. DMH case managers serve as a single point of contact for connecting clients to social service benefits and facilitating renewal processes to maintain eligibility. Social service providers in many California counties contract with DMH to deliver specialty mental health services and become eligible to receive reimbursement for case management services.

**Key Finding #2:** Linkage to DMH services expands the options for case management for homeless clients that meet necessity criteria. Social service organizations can assist by linking clients to these services or could explore providing these services as a DMH contractor.

SIGNIFICANT CHALLENGES REMAIN
Funding for care or case management is not always available to the organizations with the greatest access to the homeless population. In addition, Department of Mental Health services are only available to homeless clients with a diagnosis of severe mental illness and typically focus exclusively on medical needs. Alternatively, organizations which provide case management may lack care management expertise, which requires competency with delivery system and clinical issues. Policy changes, such as the implementation of health home model (AB361), in which housing providers can become part of the Medi-Cal delivery system, and models of delegated care support, in which health plans or IPAs contract directly with social service organizations or health care providers to perform care management and case management functions may offer an improved delivery model beyond telephonic care management to address the dual care and case management needs of clients. Likewise, co-locating contracted providers of case management in or within a medical home offers the potential for integrated care.

EMERGING OPPORTUNITIES AND PROMISING MODELS
The following emerging case and care management resources were highlighted in interviews with stakeholders:

**Continued Provision of Services in the Field:** Recent DMH service models bring case management services to homeless persons with mental illness in accessible locations. These include Mobile Health Teams, Field Capable Services and Full Service Partnerships. They are funded by Mental Health Services Act funding, some Medi-Cal reimbursement, and other public funding sources.

**Additional County General Fund Investment:** The Department of Health Services is using County general fund dollars to triage hospital patients and connect them to referral teams that can link to recuperative care, primary care and housing. In addition, DHS has contracted with homeless services agencies to provide Intensive Case Management services in the field.

**Training and Education to Support Discharge Planners and Case Managers:** Homeless Health Care LA, an independent non-profit organization, has a comprehensive Hospital Discharge Training Program to support hospital discharge planners and case managers in the complexities of the delegated managed care model. This content and training may be relevant to social service providers.

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Supporting Reimbursement Shifts: Planning is now underway for the implementation of Health Homes (AB361), which may offer Medi-Cal reimbursement for in-person case management services provided by social service and housing providers if they have the capacity to be a health home partner.

Linking Social Service Providers to MSOs: Management services organizations are the entities paid to provide care management while social service providers have the greatest contact with vulnerable homeless members post-discharge.

Supporting Health Plan and Social Service Integration: LA Care and Health Net offer telephonic care management services, but homeless clients are best served when health plans and social service organizations work together to meet the complex needs of these patients. Continued convenings to encourage cross-sector dialog, establish relationships, exchange information about service offerings and explore ways to collaborate could facilitate improved care and case management.

Social Service organizations can contact the Member Service Departments at the following health plans to discuss homeless member eligibility for general care management services.

- LA Care Member Services department: 1-888-839-9909.
- Health Net Medi-Cal Member Services: 1-800-675-6110.