Santa Clara Family Health Plan™

Santa Clara Family Health Plan Overview

Jocelyn Ma, Manager, Community Engagement

Who is Santa Clara Family Health Plan (SCFHP)?

Community-based, not-for-profit health plan dedicated to creating opportunities for better health and wellness for all.

- A public agency established by Santa Clara County Board of Supervisors to serve the residents of Santa Clara County, enrolling its first members in 1997.
- Working in partnership with providers and community organizations, we serve our neighbors through our Medi-Cal and Medicare lines of business.
- The local initiative in Santa Clara County's Two-Plan Medi-Cal managed care model, where Anthem Blue Cross and Kaiser Permanente also operate.
- SCFHP DualConnect (HMO D-SNP), a Medicare Medi-Cal Plan, launched January 1, 2023.

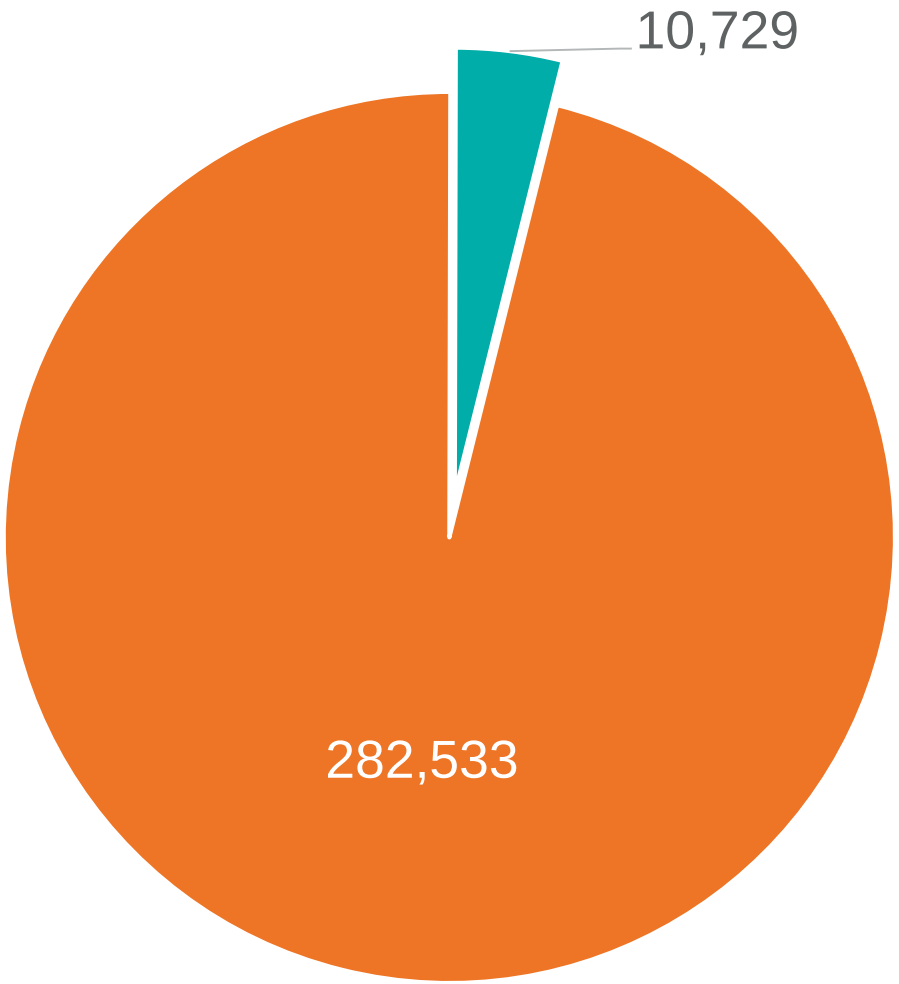
The key numbers

- We serve more than 290,000 members (approximately 14% of Santa Clara County residents).
- We partner with over 6,000 providers in Santa Clara County.
- We contribute over $1.9 billion to the local economy annually, including over $560 million to the County's health system.
- We employ 400+ staff, with representation by SEIU.

Membership by Line of Business

Total Members

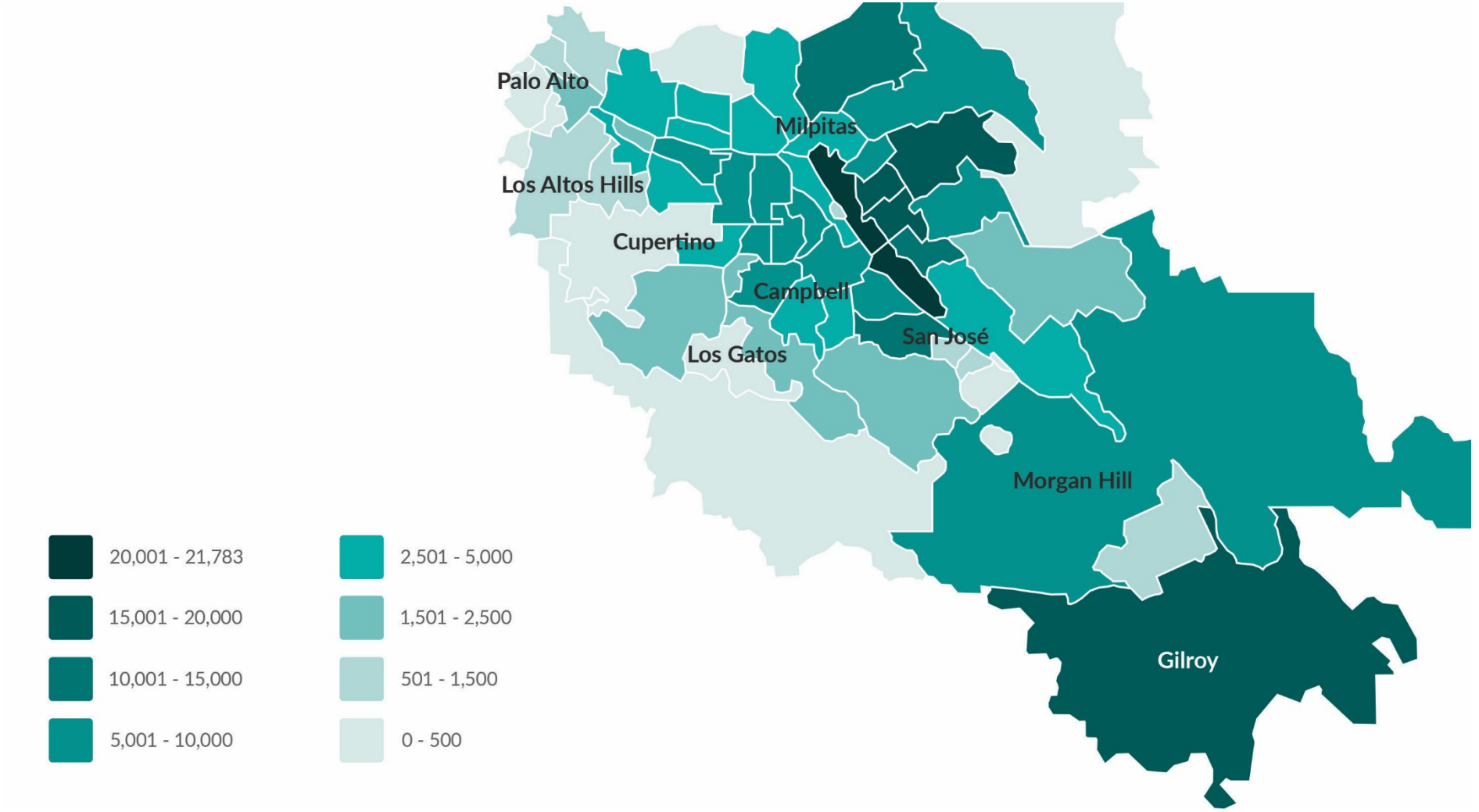
293,262



Membership as of 4/1/2024; source: icat
Market share as of 12/1/2023; source: DHCS/CMS

Santa Clara Family Health Plan

Where Our Members Live



SCFHP Medi-Cal

Medi-Cal is a health insurance option for low-income single adults, kids, families, seniors, and people with disabilities. SCFHP Medi-Cal plan puts our Member's health needs first in every way, so they can rest easy knowing we've got them covered.

Benefits include:

- Behavioral health care
- Community Supports
- Doctor visits
- Doulas
- Dyadic (family, caregiver, pyschoedu)
- Emergency services
- Enhanced Care Management (ECM)
- Family therapy
- Hospital stay
- Health education
- Labs and x-ray services
- Long-term services and supports
- Preventative care
- Transportation
- Vision
- YMCA
- 24/7 Nurse Advice Line

Customer Service: **1-800-260-2055 (TTY: 711)** Monday through Friday, 8:30 a.m. to 5 p.m.
Interpreter services are available at no cost.

SCFHP Customer Service

SCFHP Customer Service is here for our members! Our local representatives are trained and available to answer questions or provide information.

Customer Service can:

- Answer questions about members' health plan and covered services
- Help choose or change a primary care provider (PCP)
- Tell members where they can get the care they need
- Help schedule free transportation to health appointments
- Help schedule interpreter services
- Help if members receive a bill
- Help make a complaint
- And more!

Available by phone at **1-800-260-2055** (Monday-Friday 8:30am-5pm) or in-person at our SCFHP Blanca Alvarado Community Resource Center (Monday-Friday 10am-5pm).

SCFHP South County Service Hub

SCFHP has opened a South County Service Hub at the Neon Exchange to provide South County residents with local access to in-person assistance for Medi-Cal, CalFresh, and Covered CA applications and renewals.

- The Neon Exchange is located at 7365 Monterey Rd, Gilroy, CA 95020.
- SCFHP is taking appointments for Mondays and Wednesdays from 10am – 4pm (closed for lunch from 12-1pm).
- To schedule an appointment, please contact Israel Luna, Community Health Worker, at (408) 613-9001 or iluna@scfhp.com.

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Community Supports Housing Services

Andrew Somera, Housing Services Program Manager

Laura Munoz, Community Based Services Specialist

Supportive Services at Affordable Housing Site in Morgan Hill

Focus: Hire SCFHP on-site FTE Case Manager for a low-income affordable housing development in Morgan Hill through partnership with Human Good – 14 set-aside units at Morgan Hill Senior Apartments.

- **Amount:** $550,000
- **Recipient:** Santa Clara Family Health Plan (SCFHP).
- **Goals:**
  - Direct referral access for SCFHP members to 14 Special Needs set-aside units
  - Housing retention and improved health outcomes for residents.
  - Reduction in inpatient or emergency room utilization and re-admissions of members who transfer from institutional facility.
- Prospective lease up expected July 2024

Community Supports

Definition:

- Medically-appropriate and cost-effective alternatives to services that can be covered under Medi-Cal that are typically delivered by different providers and/or in different settings than traditional Medi-Cal services.

Goal:

- Build upon success of the Whole Person Care (WPC) and Health Homes Program (HHP) pilots by focusing on combined medical and social determinants of health to avoid high levels of care:
  - Hospital or nursing facility admissions
  - Discharge delays
  - Emergency Department use
- Establish a foundation for implementing community-based services into the managed care Long Term Supports & Services (LTSS) model.
- Complementary to ECM, although members do not need to be enrolled in ECM to be eligible.
- **Not a benefit**, Optional services pre-approved by the State that health plans can offer

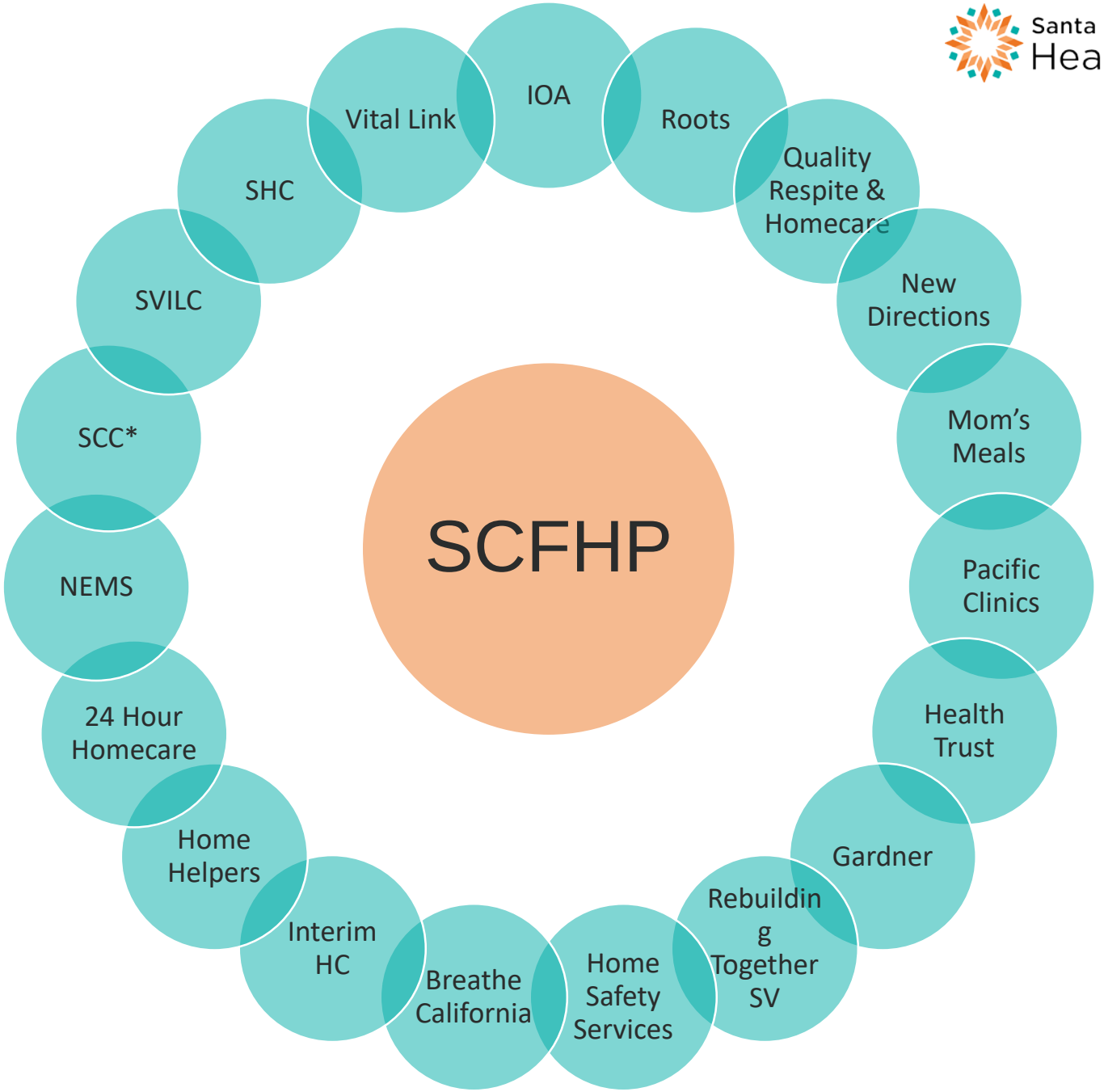
Community Supports Services

Community Supports	Launch Date
Housing Transition Navigation Services	1/1/2022
Housing Deposits	1/1/2022
Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities	1/1/2022
Community Transition Services/Nursing Facility Transition to a Home	1/1/2022
Medically Supportive Food/Meals/Medically Tailored Meals	1/1/2022
Housing Tenancy and Sustaining Services	7/1/2022
Recuperative Care (Medical Respite)	7/1/2022
Sobering Center	7/1/2022
Personal Care and Homemaker Services	1/1/2023
Respite Services	1/1/2023
Environmental Accessibility Adaptations (Home Modifications)	1/1/2023
Asthma Remediation	1/1/2023
Day Habilitation Programs	7/1/2023
Short-term Post-Hospitalization Housing	1/1/2025

Current offerings

Coming 1/1/2025

Contracted Community Supports Providers



***SCC includes:**

- Mission Street Sobering Center
- VMC Medical Respite Program
- Office of Supportive Housing

Housing Transition Navigation Services

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Description	Services
Provide assistance to members navigating the complicated housing network in Santa Clara County	Complete a housing assessment and plan Search for housing Identify and secure resources and accommodations Assist with move-in and initial housing retention
Eligibility	**Documentation Examples**
• Meets criteria for Permanent Supportive Housing (PSH) , IV-SPDAT 9+ • Enrolled in ECM • Currently experiencing homelessness (defined by HUD) • Has at least one chronic condition • At risk of becoming homeless • At risk of institutionalization • Fleeing any dangerous condition	• Document from service provider, primary care physician (PCP), specialist, or outreach provider indicating member is homeless or at risk for homelessness • Document showing entries/exits from shelters • Notices from current landlord • Financial statements • A copy of care plan or care plan notes with evidence of eligibility

Members must meet one or more of the eligibility criteria. Complete eligibility criteria is listed for each Community Supports in the Community Supports Provider User Guide. It is located online at www.scfhp.com/communitysupports/.

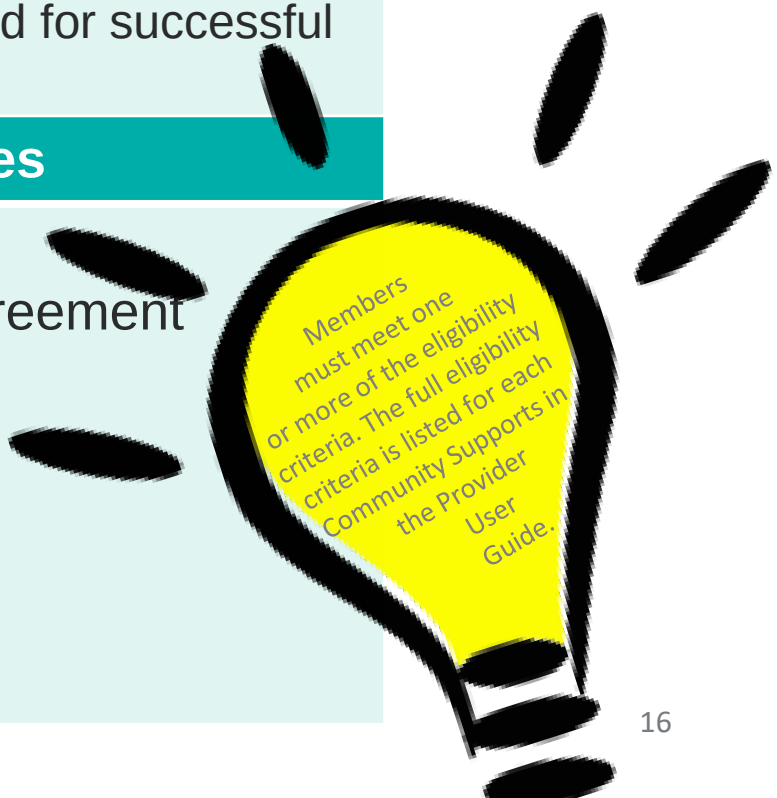
Housing Deposits

Description	Services
Funding to assist members with attaining housing	• Assess move-in requirements • Provide first/last month's rent • Provide funds to cover utilities set up • Assess for and resolve health and safety concerns
Eligibility	**Documentation Examples**
• Enrolled in ECM and following care plan • Currently experiencing homelessness or at risk of becoming homeless • Has secured housing and requires rental deposit or other moving-related expenses	• Lease agreements • Utility bill or deposit agreement • Financial statements

Members must meet one or more of the eligibility criteria. Complete eligibility criteria is listed for each Community Supports in the Community Supports Provider User Guide. It is located online at www.scfhp.com/communitysupports/.

Housing Tenancy and Sustaining Services

Description	Services
• Helps members maintain safe and stable tenancy once housing is secured • Does not include the provision of room and board and is only available for up to 24 months	• Complete a housing tenancy and sustaining services assessment plan • Provide support, education, advocacy, and coordination to ensure the individual has access to supports needed for successful tenancy
Eligibility	**Documentation Examples**
• Enrolled in ECM and following care plan • Currently experiencing homelessness or at risk of becoming homeless • Has secured housing and requires rental deposit or other moving-related expenses	• Lease agreements • Utility bill or deposit agreement • Financial statements



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Referral Submission

Submitting a Referral

Contracted Providers are expected to use SCFHP's Provider Portal.

- Download referral form from our SCFHP Community Supports main webpage, provide supporting documentation, and send the complete form to SCFHP via secured email to CS@scfhp.com or fax to 408-874-1985
- A member requests services
  - Individuals can contact SCFHP Customer Service at 1-800-260-2055 (TTY: 711) and ask if they are eligible for Community Supports
  - If the member is currently enrolled in Enhanced Care Management (ECM), they may also request a referral from their Care Manager
- The SCFHP Provider Portal can be accessed through www.providerportal.scfhp.com

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Community Based Medi-Cal Benefits

Jessica Bautista, Manager Community Based Care Management

Enhanced Care Management

California Advancing and Innovating Medi-Cal (CalAIM)

Three Primary Goals

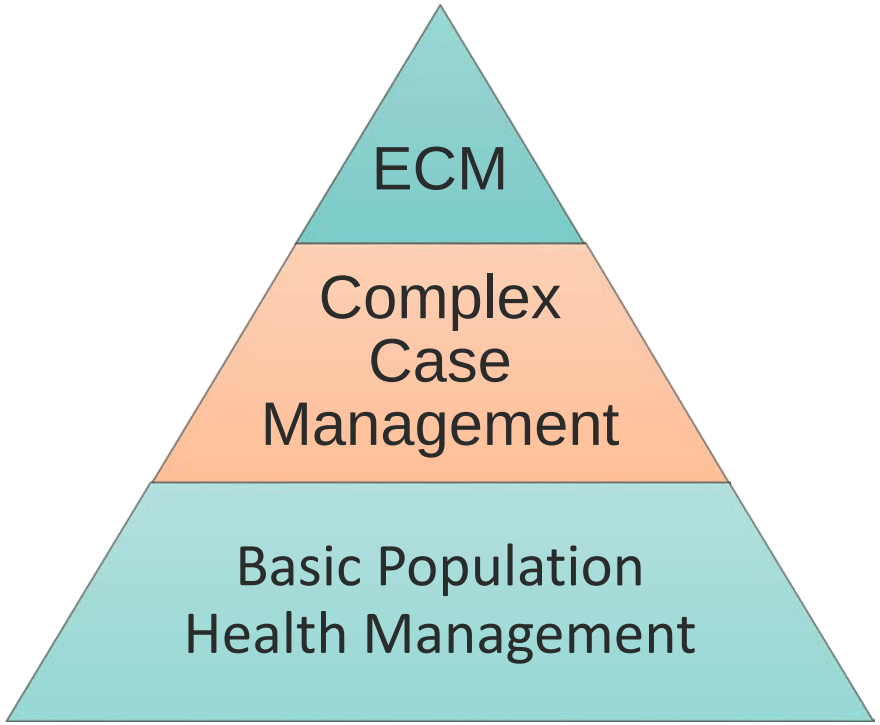
1. Identify and manage member risk and need through whole person care approaches and addressing the social determinants of health
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
3. Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems, and payment reform

Enhanced Care Management (ECM)

ECM is part of DHCS' Population Health Management strategy, and one of the components of Care Management under Medi-Cal.

ECM is:

- New Medi-Cal benefit
- Intended for the highest risk Medi-Cal membership
- Provided by organizations with expertise with the identified populations
- Address clinical and non-clinical needs
- Intensive care management for select populations
- Focus on systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered



Enhanced Care Management (ECM)

Santa Clara Family Health Plan

Seven Core Services

Outreach and Engagement	• Contact eligible members for an ongoing 12-month period to enroll them into ECM
Comprehensive Assessment and Care Management Plan	• Develop a comprehensive assessment and a care plan within 90 days of enrollment into ECM
Enhanced Coordination of Care	• Coordinate all necessary services that assists members with achieving their care plan goals
Health Promotion	• Encourage and support members in making lifestyle choices based on healthy behavior, with the goal of motivating them to successfully monitor and manage their own health
Comprehensive Transitional Care	• Provide support to members and their supportive networks during discharge from a hospital or institutional setting
Member and Family Supports	• Engage members and their supportive networks in care plan development and monitoring, and ensure all are knowledgeable of members' conditions
Coordination of and Referral to Community and Social Support Services	• Determine appropriate services to meet member needs to ensure that any present or emerging social factors are identified and addressed

ECM Populations of Focus	Adults	Children & Youth
1a. Individuals Experiencing Homelessness: Adult without Dependent Children/Youth Living with Them Experiencing Homelessness	✓	
1b. Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	✓	✓
2. Individuals At Risk for Avoidable Hospitals or ED Utilization (Formerly “High Utilizer”)	✓	✓
3. Individuals with Serious Mental Health and /or SUD Needs	✓	✓
4. Individuals Transitioning from Incarceration	✓	✓
5. Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6. Adult Nursing Facility Residents Transitioning to the Community	✓	
7. Children and Youth Enrolled in CCS		✓
8. Children and Youth Involved in Child Welfare		✓
9. Birth Equity Population of Focus	✓	✓

Adult is defined as an individual who is 21 years of age or older.
Child or youth is defined as an individual up to age 21, which means that children and youth definitions for ECM apply up to age 21 with limited exceptions.

ECM Contracted Providers

Santa Clara Family Health Plan

Adults Only

- Avenidas
- Bay Area Community Health*
- Valley Medical Center and Clinics*
- Indian Health Center of Santa Clara County*
- Institute on Aging
- Master Care Plan
- Mayview/Ravenswood Clinic*
- Peninsula Healthcare Connections-New Direction
- Oversight MD
- Silicon Valley Independent Living Center
- Sourcewise
- Star Nursing

** May accept populations outside of their ECM focus, if member is assigned to the provider for primary care services*

Children/Youth Only

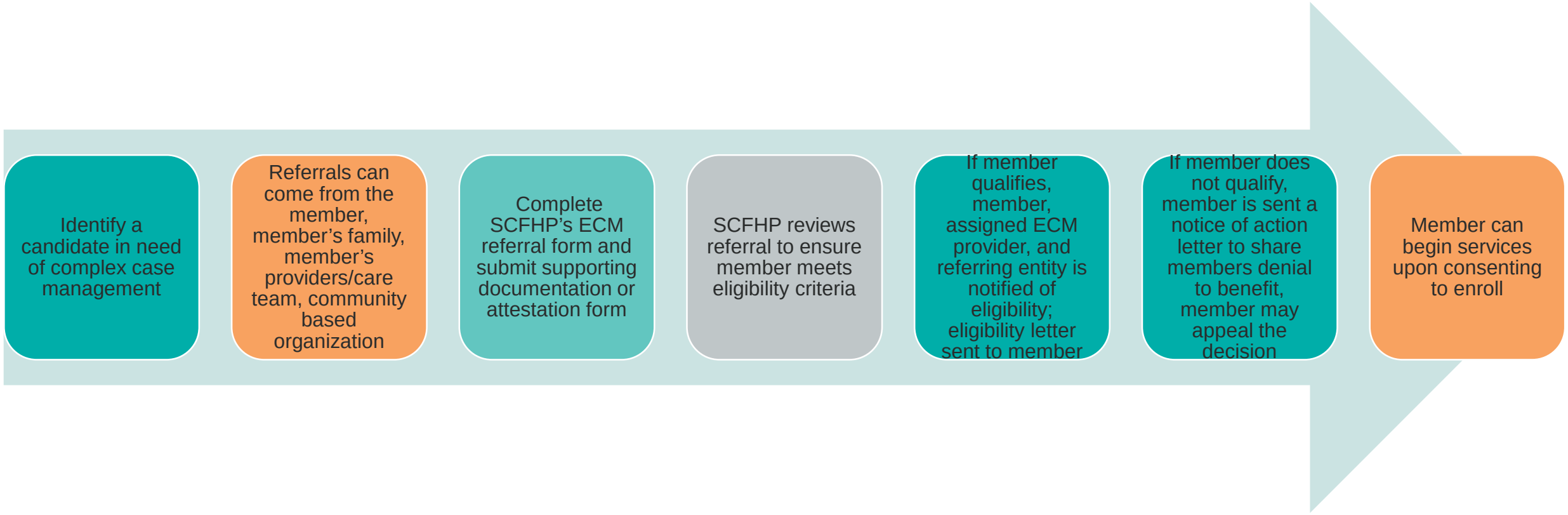
- Full Circle Health Network *(hub)*
- Hope Services
- Seneca Family of Agencies

Hub: Holds the ECM contract with the health plan but does not provide direct services. Hub will contract-out services to other entities in the community

Both

- Access Care Management
- Asian American in Community Involvement*
- Gardner Family Health Network*
- Healthier Kids Foundation
- North East Medical Services*
- Pacific Clinics
- Pacific Health Group
- Roots Community Health Center
- School Health Clinic
- Serene Health
- Titanium Healthcare
- VyncaCare

Process for Referring Members to ECM



How to refer

- Downloadable referral form available on scfhp.com > Providers > Enhanced Care Management page
- The email and direct phone lines are available for **referring providers only**
- Members and/or their caregivers can call Customer Service to self-refer

Fax: (408) 874-1469

Email: ecm@scfhp.com

Phone: (408) 874-1452

Customer Service: 1-800-260-2055

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Community Health Workers

Current CHW Landscape in Santa Clara County

Definition of CHWs in the Community

- CHWs are commonly known as:
  - Promotoras
  - Health Coaches
  - Health Educators
  - Health Navigators
  - Community Health Advisors
  - Lay Health Workers
- CHWs current role(s) in Santa Clara County:
  - Community organizing and advocacy
  - Provide health education
  - Connect and refer clients to services (e.g., health care, housing, social services, etc.)
  - Accompany clients to appointments
  - Assist clients with applying for and accessing their benefits and other resources

CHW Medi-Cal Benefit

Overview and Definition

- New way to provide and reimburse for CHW services
- Recognition by Department of Health Services (DHCS) of the value of CHWs, and integral in advancing CalAIM initiatives
- CHW role focused on preventive health services:
  - Prevent disease, disability, and other health conditions or their progression;
  - Prolong life;
  - Promote physical and mental health; and
  - Address mental health conditions and substance use disorders.
- Goal is to help members get appropriate services for: perinatal care, sexual and reproductive health, environmental and climate-sensitive health issues, oral health, aging, injury, and domestic violence and other violence prevention services.

CHW Medi-Cal Benefit

Covered Services by Benefit

- Preventive health services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health
- Health education
- Health navigation
- Screening and assessment that does not require a license
- Individual support and advocacy
- Telehealth, when needed
- Billable CHW services are for Medi-Cal members only — except CHW services may be provided to a parent or legal guardian of a member under the age 21 for the direct benefit of the member

Identifying Members for CHW Services

Eligibility criteria

Identifying Members for CHW Services

Licensed Recommending Providers

- A written recommendation must be submitted to SCFHP by a physician or other licensed practitioner related to the services they provide
    - Includes physician assistants, nurse practitioners, clinical nurse specialists, podiatrists, nurse midwives, licensed midwives, registered nurses, public health nurses, psychologists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, dentists, registered dental hygienists, licensed educational psychologists, licensed vocational nurses and pharmacists
- Must ensure that a member meets eligibility criteria before recommending CHW services
- Recommendation form found **here**

- *Current South County Supervising Provider: South County Compassion Center*

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Questions?

Thank you!

Contact us if you have any questions or would like to schedule trainings.

- Emails:
- For ECM: ECM@scfhp.com
- For Community Supports: CS@scfhp.com

Connect with SCFHP

www.scfhp.com

www.facebook.com/scfhp

www.linkedin.com/company/santa-clara-family-health-plan

Connect with Presenters

Jocelyn Ma, Manager, Community Engagement

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Laura Munoz, Community Based Services Specialist

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Jessica Bautista, Manager Community Based Care Management

- jbautista@scfhp.com

Questions?