



Policy: GA.7110
Title: **Street Medicine**
Department: Medi-Cal and CalAIM
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 02/22/2024

Effective Date: 04/01/2023

Revised Date: 02/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes CalOptima Health's and Provider responsibilities for the overall administration and implementation of a Street Medicine program, to include services for Members experiencing unsheltered homelessness pursuant to California Department of Health Care Services (DHCS) requirements.

II. POLICY

- A. CalOptima Health is responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, DHCS Contract requirements, and other DHCS guidance, including All Plan Letters (APL) and Policy Letters.
- B. CalOptima Health shall reimburse eligible providers for the provision of medical services for Members experiencing unsheltered homelessness, in accordance with CalOptima Health's policies and procedures, consistent with DHCS and other regulatory requirements.
- C. 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).
 - 1. For a non-physician medical practitioner (PA, NP, and CNM), CalOptima Health shall ensure compliance with state law and DHCS Contract requirements regarding physician supervision of non-physician medical practitioners.
- D. Contracted Street Medicine Providers may choose to serve as the Member's assigned Primary Care Provider (PCP) upon Member election, similar to how Obstetrician-Gynecologist (OB/GYN) Providers can elect to serve as PCPs.
 - 1. In order to serve as a PCP, the Street Medicine Provider must meet CalOptima Health's eligibility criteria for being a PCP, 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.

2. Street Medicine Providers willing to serve in the Member's assigned PCP capacity shall be enrolled and credentialed as a PCP, in accordance with DHCS APL 22-013: Provider Credentialing/Re-Credentialing and Screening/Enrollment
 - a. Street Medicine Providers serving as an assigned PCP and are affiliated with a brick-and-mortar facility or that operate a mobile unit/RV shall undergo a full site review process of the street medicine Provider and affiliated facility in accordance with DHCS APL 22-017: Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review.
 - b. Street Medicine Providers serving as an assigned PCP and are not affiliated with a brick-and-mortar facility or mobile unit/RV shall undergo a condensed Facility Site Review (FSR) and Medical Record Review (MRR) of the street medicine Provider to ensure Member safety.
- E. CalOptima Health shall contract with a provider that meets DHCS's Street Medicine Provider requirements in at least one of the pathways, as defined by in DHCS APL 24-001: Street Medicine Provider: Definitions and Participation in Managed Care.
 1. As Member's assigned PCP:
 - a. Providers elected as a Member's assigned PCP are exempt from PCP time and distance standards as the Member does not have a permanent residential address and the Street Medicine Provider is meeting the Member at their lived environment.
 2. Through a direct contract with the Provider:
 - a. Providers will be subject to the same MCP administrative processes (e.g., billing protocols, credentialing requirements, authorization guidelines) rather than multiple processes and requirements under each subcontracting entity.
 - b. 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.
 4. As an Enhanced Care Management (ECM) Provider:
 - a. Provider can be contracted to provide both PCP and ECM services to a Member, in accordance with CalOptima Health Policy GG.1356: CalAIM Enhanced Care Management Administration.
 5. As a Community Supports (CS) Provider.
 6. As a referring or treating contracted Provider:
 - a. Providers have the right to decline the additional responsibilities of an assigned PCP, and instead, care for Members in a non-PCP capacity as a referring or treating contracted Provider working with individuals experiencing unsheltered homelessness.
 - b. Providers in this capacity must be communicative about and responsive to care coordination and monitoring activities with other care service entities.
 - c. Providers shall utilize protocols in accordance with CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities to make expeditious referrals to higher levels of care, as needed, as well as to specialty care, ECM and Community supports, in accordance with CalOptima Health Policies and the Provider Manual.

- F. Street Medicine Providers shall verify Medi-Cal or Medicare Member eligibility of individuals they encounter in the provision of health care services. Medi-Cal eligible individuals will be covered by either the Medi-Cal Fee-for-Service (FFS) or Medi-Cal managed care with CalOptima Health delivery system.
- G. The Street Medicine Provider must be affiliated with a brick-and mortar facility (e.g., primary care medical office, Federally Qualified Health Center (FQHC), clinic) if the Street Medicine Provider does not have the capability to provide Primary Care services on the street.
 - 1. CalOptima Health shall assign Members to the affiliated brick and-mortar facility to which the Street Medicine Provider is affiliated.
 - 2. CalOptima Health may assign their Members to the Street Medicine Provider as the assigned PCP directly, or to the Street Medicine Provider's affiliated brick-and-mortar location but must make clear the Member's care is being overseen by a Street Medicine Provider PCP.
- H. Street Medicine Providers are required to enroll as a Medi-Cal Provider if there is a state-level enrollment pathway for them to do so.
 - 1. To include Street Medicine Providers in their Networks when there is no state-level Medi-Cal enrollment pathway, CalOptima Health is required to vet the qualifications of the Street Medicine Provider to ensure they can meet the CalOptima Health's standards of participation.

III. PROCEDURE

A. Street Medicine Provider Requirements and Qualifications

- 1. Street Medicine Providers are required to enroll as a Medi-Cal Provider if there is a state-level enrollment pathway for them to do so. The Credentialing requirements outlined in DHCS APL 22-013: Provider Credentialing/Re-Credentialing and Screening/Enrollment only apply to Street Medicine Providers with a state-level pathway for Medi-Cal enrollment.
 - a. If there is not a state-level enrollment pathway, the Street Medicine provider is not required to meet the credentialing requirements in DHCS APL 22-013: Provider Credentialing/Re-Credentialing and Screening/Enrollment, in order to become an "in-network" Provider.
 - b. Street Medicine Providers with no state-level Medi-Cal enrollment pathway shall be vetted for qualifications, in accordance with CalOptima Health Policy GG.1651: Assessment and Reassessment of Organizational Providers, to ensure they can meet the CalOptima Health's standards of participation, similar to the credentialing process and requirements mentioned above.
- 2. If the Street Medicine Provider is willing to be the Member's assigned PCP:
 - a. The Street Medicine Provider must exercise professional judgement to assess whether it is appropriate to become the Member's PCP.
 - b. The Street Medicine Provider must discuss with the Member the appropriateness and potential to become the Member's PCP, and should the Member consent, the provider shall initiate the request via telephone call to CalOptima Health with the Member on the line, and both parties must confirm to CalOptima Health the Member's choice in selecting the Street Medicine Provider to be their assigned PCP.

- c. The CalOptima Health Member Handbook will provide Members with the option to select a Street Medicine Provider as their PCP including qualifying Member criteria:
 - i. Member is located or residing within the Provider's geographical service area in which they are contracted to provide services; and
 - ii. Member is enrolled as a participant of the Street Medicine program.
- d. CalOptima Health is responsible for enrolling and Credentialing the Street Medicine Provider, in accordance with DHCS APL 22-013: Provider Credentialing/Re-Credentialing and Screening/Enrollment.
- e. CalOptima Health shall conduct the full review process in accordance with DHCS APL 22-017: Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review.
 - i. Street Medicine Providers serving as an assigned PCP and are affiliated with a brick-and-mortar facility or that operate a mobile unit/RV shall undergo a full site review process of the street medicine Provider and affiliated facility in accordance with DHCS APL 22-017: Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review.
 - ii. Street Medicine Providers serving as an assigned PCP and are not affiliated with a brick-and-mortar facility or mobile unit/RV shall undergo a condensed Facility Site Review (FSR) and Medical Record Review (MRR) of the street medicine Provider to ensure Member safety.
- f. CalOptima Health shall make clear that the Street Medicine Provider is the Member's assigned PCP or is overseeing the Member's care.
- g. CalOptima Health shall inform Street Medicine Providers of PCP responsibilities, as well as credentialing and review requirements, as applicable.
- h. CalOptima Health shall ensure Street Medicine Providers adhere to the timely access and minimum performance requirements for providers, as applicable, in accordance with CalOptima Health Policies GG.1600: Access and Availability Standards, and MA.7007: Access and Availability.
- i. Street Medicine Providers who choose to act as a Member's assigned PCP 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:
 - i. Basic Population Health Management;
 - ii. Care coordination and health promotion;
 - iii. Support for Members, their families, and their authorized representatives;
 - iv. Referral to specialists, including behavioral health, community, and social support services, when needed;
 - v. The use of health information technology to link services, as feasible and appropriate; and
 - vi. Provision of primary and preventative services to assigned Members.

- vii. Connect Member to emergency services or refer to inpatient care should the Member's needs require a higher level of care and are beyond the Provider's capabilities and/or qualifications.
 - j. Street Medicine Providers elected as a Member's assigned PCP are exempt from PCP time and distance standards as the Member does not have a permanent residential address and the Street Medicine Provider is meeting the Member at their lived environment.
 - i. Service location requirement for PCPs is not applicable to Street Medicine Providers serving as PCPs, as these Street Medicine Providers are not rendering services at a brick-and-mortar location.
3. CalOptima Health has the option to directly contract with Street Medicine Providers.
 - a. Street Medicine Providers will be subject to the same administrative processes as CalOptima Health (e.g., billing protocols, credentialing requirements, authorization guidelines).
 - b. Payment arrangements will be between CalOptima Health and the Street Medicine Provider.
 - c. Street Medicine Providers that meet all of CalOptima Health's required administrative processes, could provide services to a Member, and receive payment for those services, even if the Member is assigned to a Subcontractor, such as a medical group or IPA.
 - d. Under a direct contracting arrangement, the Street Medicine Provider must have the ability to refer Members to Medically Necessary Covered Services within the proper CalOptima Health network, and must coordinate care with CalOptima Health, Subcontractor, and/or IPA as appropriate.
 - e. CalOptima Health shall ensure Members have access to all Medically Necessary Covered Services and have appropriate referral and authorization mechanisms in place to facilitate access to needed services in CalOptima Health's Network.
 4. The contracted Street Medicine Provider has the right to decline the additional responsibilities of an assigned PCP, and instead, care for Members in a non-PCP capacity as a referring or treating contracted Provider working with individuals experiencing unsheltered homelessness.
 - a. Street Medicine Providers must have processes in place to work with CalOptima Health, the Member's PCP, and ECM Care Manager to ensure the Member has referrals to primary care, Community Supports, behavioral health services, and other social services as needed.
 5. Providers shall meet the minimum staffing requirements, as defined in the final contract with CalOptima Health.
 6. Requirements for canvassing and provision of medical services in the field include having a mobile medical unit that includes all the necessary equipment to provide services outside a traditional medical facility, and in accordance with Provider contract with CalOptima Health.
 7. Providers shall be able to connect or refer individuals experiencing unsheltered homelessness to/for the following:
 - a. CalAIM services including ECM and/or CS, as applicable;

- b. Non-emergency medical transportation to a traditional PCP and/or other care, as defined in CalOptima Health Policy GG.1505: Transportation: Emergency, Non-Emergency, and Non-Medical;
 - c. Specialty care, as deemed necessary by the provider; and/or
 - d. Social supports and/or public benefits necessary to address the Member's social determinants of health.
- 8. Partnership Development Requirements
 - a. Partner with local homeless services providers and emergency responders to identify encampments, hotspots, and key areas where people experiencing unsheltered homelessness have established residence.
 - b. Be able to refer individuals to a physical clinic location in the services area or to the Member's assigned PCP provider.
 - c. Collaborate with street outreach teams to coordinate response and referrals, and to connect individual to the existing continuum of care and housing.
- 9. Billing and Claims Submission
 - a. Providers shall submit timely claims in accordance with CalOptima Health's Claims policies, in alignment with the service pathways indicated in DHCS APL 24-001: Street Medicine Provider: Definitions and Participation in Managed Care.
 - i. Place of Services (POS) codes to Fee-for-Service Medi-Cal or CalOptima Health when rendering medical services for Street Medicine, of which include Outreach Site/Street – POS code 27, Homeless Shelter – POS code 04, Mobile Unit – POS code 15, and Temporary Lodging – POS code 16.
 - b. Providers shall submit other reports to CalOptima Health, as defined in the final contract.
 - c. For managed care Members, Street Medicine Providers must comply with the billing provisions for Street Medicine Providers as applicable to CalOptima Health's policies and procedures.
- 10. Data Sharing and Reporting
 - a. Contracted Street Medicine Providers must comply with all applicable CalOptima Health data sharing and reporting requirements in accordance with federal and state laws and the contract based on provider contracting type.
 - b. CalOptima Health shall ensure Street Medicine Providers receive appropriate provider training and manuals and have adequate systems in place to adhere to data sharing, reporting requirements, such as for encounter, claims, and care coordination data, administration requirements, such as grievances and appeals, referrals, after-hours and timely access, prior authorizations, quality improvement, performance measures, and electronic health records.

B. CalOptima Health Responsibilities

1. CalOptima Health shall ensure Street Medicine Providers are credentialed and contracted as Medi-Cal providers consistent with DHCS APL 24-001: Street Medicine Provider: Definitions and Participation in Managed Care.
2. CalOptima Health shall ensure Street Medicine Providers with a state-level pathway for Medi-Cal enrollment are credentialed or vetted according DHCS APL 22-013: Provider Credentialing/Re-Credentialing and Screening/Enrollment and CalOptima Health Policy GG.1651: Assessment and Reassessment of Organizational Providers.
3. CalOptima Health shall manage the process for Providers who serve in an assigned PCP capacity to ensure appropriate level of site review process, which is either a full or condensed review, is rendered in a manner consistent with DHCS and other regulatory requirements.
4. CalOptima Health shall ensure non-duplication of services provided through ECM and any other covered benefit, program, and/or delivery system, and in accordance with CalOptima Health Policies GG.1353: CalAIM Enhanced Care Management Service Delivery and GG.1354: CalAIM Enhanced Care Management – Eligibility and Outreach.
5. CalOptima Health shall ensure that the Provider has access to CalOptima Health Connect, and other related software required for the billing and reporting process.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Contract for Health Care Services
- C. CalOptima Health Policy EE.1103: Provider Network Training
- D. CalOptima Health Policy EE.1141: CalOptima Health Provider Contracts
- E. CalOptima Health Policy GG.1110: Primary Care Practitioner Definition, Role, and Responsibilities
- F. CalOptima Health Policy GG.1353: CalAIM Enhanced Care Management Service Delivery
- G. CalOptima Health Policy GG.1354: CalAIM Enhanced Care Management – Eligibility and Outreach
- H. CalOptima Health Policy GG.1355: CalAIM Community Supports
- I. CalOptima Health Policy GG.1356: CalAIM Enhanced Care Management Administration
- J. CalOptima Health Policy GG.1505: Transportation: Emergency, Non-Emergency, and Non-Medical
- K. CalOptima Health Policy GG.1600: Access and Availability Standards
- L. CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners
- M. CalOptima Health Policy GG.1651: Assessment and Reassessment of Organizational Providers
- N. CalOptima Health Policy MA.3101: Claims Processing
- O. CalOptima Health Policy MA.7007: Access and Availability
- P. Department of Health Care Services All Plan Letter (APL) 22-013: Provider Credentialing/Re-Credentialing and Screening/Enrollment
- Q. Department of Health Care Services All Plan Letter (APL) 22-017: Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review
- R. Department of Health Care Services All Plan Letter (APL) 24-001: Street Medicine Provider: Definitions and Participation in Managed Care

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
03/20/2023	Department of Health Care Services	Approved as Submitted – AIR

VII. BOARD ACTION(S)

Date	Meeting
02/02/2023	Regular Meeting of the CalOptima Health Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program
Effective	04/01/2023	GA.7110	Street Medicine	Medi-Cal OneCare
Revised	02/01/2024	GA.7110	Street Medicine	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Basic Population Health Management (BPHM)	An approach to care that ensures that needed programs and services are made available to each member, regardless of their risk tier, at the right time and in the right setting. BPHM includes federal requirements for care coordination (as defined in 42 C.F.R. § 438.208).
Case Management	<p><u>Medi-Cal</u>: A systematic approach to coordination of care for a Member with special needs and/or complex medical conditions that includes the elements of assessment, care planning, intervention monitoring, and documentation.</p> <p><u>OneCare</u>: A collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet a Member's health needs through communication and available resources to promote quality cost-effective outcomes.</p>
Community Supports (CS)	Substitute services or settings to those required under the California Medicaid State Plan that CalOptima Health may select and offer to their Members pursuant to 42 CFR section 438.3(e)(2) when the substitute service or setting is medically appropriate and more cost-effective than the service or setting listed in the California Medicaid State Plan.
Credentialing	The process of determining a Provider or an entity's professional or technical competence, and may include registration, certification, licensure and professional association membership.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), Child Health and Disabilities Prevention (CHDP), and other health related programs.
Enhanced Care Management (ECM)	A whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high cost Members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. ECM is a Medi-Cal benefit.
Facility Site Review (FSR)	A DHCS tool utilized to assess the quality, safety and accessibility of PCPs and high-volume Specialty Care Provider offices.

Term	Definition
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain, or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p> <p><u>OneCare</u>: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Member	A beneficiary enrolled in a CalOptima Health program.
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model, “Primary Care Practitioner” or “PCP” shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a specialty care provider or clinic.
Street Medicine	A set of health and social services developed specifically to address the unique needs and circumstances of individuals experiencing unsheltered homelessness, delivered directly to them in their own environment that Contractor may offer to their Members. The fundamental approach of Street Medicine is to engage people experiencing unsheltered homelessness exactly where they are and on their own terms to maximally reduce or eliminate barriers to care access and follow-through. Street Medicine utilizes 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.

Term	Definition
Street Medicine Provider	A Provider that renders Street Medicine services as offered by Contractor to their Members. Street Medicine Providers may provide services in various roles, such as the Member's assigned Primary Care Provider (PCP), through a direct contract with the MCP, as an Enhanced Care Managed (ECM) Provider, as a Community Supports Provider, or as a referring or treating contracted Provider as set forth in DHCS APL 24-001: Street Medicine Provider: Definitions and Participation in Managed Care (Supersedes APL 22-023).