

Community Supports

PROVIDER APPLICATION

DEAR PROSPECTIVE PROVIDER,

Thank you for your interest in becoming a Community Supports provider for Inland Empire Health Plan (IEHP). To get a better understanding of the services you provide, please complete the assessment below:

GENERAL INFORMATION

1. Which area(s) do you serve?

San Bernardino County

- If any cities are excluded from this service area, please specify below:

Riverside County

- If any cities are excluded from this service area, please specify below:

2. Do you currently work with other health plans?

If yes, please specify: _____

No

3. Are you a Medi-Cal provider (i.e., enrolled with Medi-Cal)?

Yes No

4. What languages are spoken by staff members? Please specify below:

5. What age groups do you serve? Please specify below:

6. Are you currently contracted, or have you previously contracted with IEHP?

If yes, please list under which TIN?

No



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REFERRAL/STAFFING INFORMATION

1. What is your major source of current referrals?

- Hospitals SNFs Other, please explain below:

2. How many staff members do you employ? _____

3. What is your typical turnaround time to provide services once authorization is approved per service?

4. What is your capacity? To how many IEHP members will you be able to provide services monthly?

5. If your interest is to provide housing services, what type of housing do you provide?
(See page 5 for housing definitions).

- Interim Housing Rental Assistance Prevention/Diversion
 Supportive Housing Outreach

BILLING INFORMATION

1. Do you currently bill Medi-Cal directly for services?

- Yes No

2. Do you currently bill other health plans?

- If yes, which ones? _____
 No

3. Do you currently have a National Provider Identifier (NPI)?

- If yes, please include it here _____
 No

4. Are you familiar with the CMS 1500 billing claim form?

- Yes No

5. Are you familiar with the UB04 billing claim form?

- Yes No

6. Do you currently work with a claim's clearinghouse for claim submissions?

- If yes, with whom? _____
 No

7. Do you have the ability to bill electronically via a standard HIPAA X12 837 billing format?

- Yes If no, how do you bill today? _____

8. Do you utilize an Electronic Medical Records system?

- If yes, which one? _____
 If no, what system(s) do you utilize to manage your services?

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PLEASE MARK WITH AN (X) IN THE BOX TO INDICATE WHAT SERVICE YOU ARE INTERESTED IN PROVIDING. FOR MORE INFORMATION, PLEASE CLICK THE COMMUNITY SUPPORTS SERVICE TO VIEW UTILIZATION MANAGEMENT CRITERIA:

Recuperative Care (Medical Respite)

How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____
Location(s): _____

This is short-term residential care for individuals who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment.

Short-Term Post-Hospitalization Housing

How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____

Short-Term Post-Hospitalization housing provides beneficiaries who do not have a residence and have high medical or behavioral health needs the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric or chemical dependency recovery hospital), residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care.

Housing Transition Navigation Services

How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____

These services assist beneficiaries with obtaining housing, including tenant screening, developing individual housing support plans, searching for housing, and assisting with any needs a tenant might have in securing housing.

Housing Deposits

How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____

This service assists with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that does not constitute room and board.

Housing Tenancy and Sustaining Services

How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____

This service provides tenancy and sustaining services with the goal of maintaining a safe and stable tenancy once housing is secured.

Respite Services

How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____

These are provided to caregivers of participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature.

Day Habilitation Programs

How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____

Day Habilitation Programs are provided in a participant's home or an out-of-home, non-facility setting. The programs are designed to assist the participant in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment.

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- Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities**
 How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____
 These services assist individuals to live in the community and/or avoid institutionalization when possible. The goal is to facilitate nursing facility transition back into a home-like, community setting and prevent skilled nursing admissions for beneficiaries with an imminent need for a nursing facility level of care.
- Community Transition Services/Nursing Facility Transition to a Home**
 How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____
 This service helps individuals to live in the community and avoid further institutionalization. Community Transition Services/Nursing Facility Transition to a Home are non-recurring set-up expenses for individuals transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for their living expenses.
- Personal Care and Homemaker Services**
 How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____
 This service is provided for individuals who need assistance with Activities of Daily Living (ADL), such as bathing, dressing, toileting, ambulation, or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living (IADL), such as meal preparation, grocery shopping, and money management.
- Environmental Accessibility Adaptions (Home Modifications)**
 How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____
 This service includes physical adaptations to a home which are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home: without which the participant would require institutionalization.
- Meals/Medically Tailored Meals**
 How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____
 Malnutrition and poor nutrition can lead to devastating health outcomes, higher utilization, and increased costs, particularly among members with chronic conditions. Meals help individuals achieve their nutrition goals at critical times to help them regain and maintain their health.
- Sobering Centers**
 How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____
 Sobering centers are alternative destinations for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail. Sobering centers provide these individuals, primarily those who are homeless or those with unstable living situations, with a safe, supportive environment to become sober.
- Asthma Remediation**
 How many IEHP members are you able to serve monthly? Capacity count by County: SB____ RIV____
 Environmental Asthma Trigger Remediations are physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.

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Housing Definitions

Interim Housing

This is any program whose primary purpose is to provide temporary shelter for people experiencing homelessness, in general or for specific populations, and which does not require occupants to sign leases or occupancy agreements. Interim housing can include congregate shelters, bridge housing, temporary scattered-site arrangements, and transitional housing programs, among others.

Rental Assistance

Rental assistance programs provide subsidies that help people experiencing homelessness rent housing in the marketplace. Rental assistance typically pays a portion of the total rent and can be temporary or permanent and offered in a variety of program types.

Supportive Housing

Supportive housing is permanent housing for a specific target population—generally, people with disabilities/special needs and long histories of homelessness—linked to onsite or offsite services that assist the resident in retaining the housing, improve their health status, and maximize their ability to live and, when possible, work in the community.

Outreach

These are programs that identify and engage people living in unsheltered locations, such as in cars, parks, abandoned buildings, encampments, and on the streets, reach people who might not otherwise seek assistance or come to the attention of the homelessness service system. Outreach and engagement programs help to ensure that people’s basic needs are met while also supporting people to access and navigate pathways toward housing stability.

Prevention/ Diversion

These are programs that seek to prevent people from losing current housing or the need for services from the homelessness response system through a rapid return to housing, usually without the expectation of ongoing support.

On request, please provide the following documentation, if applicable:

1. W9
2. Group NPI
3. Individual NPI
4. Proof of Medi-Cal Enrollment for Group and Individual Providers
5. Accreditation
6. Business License
7. Liability Insurance (1Mil/3Mil)

Please return this assessment with your completed answers to IEHP Community Supports at DGCommunitySupportTeam@iehp.org.

If you have questions, please reach out to us at the email address above.

IEHP appreciates your interest in becoming a Community Supports provider.

Thank you,

IEHP Community Supports

