

TOOLKIT

Financial Planning for Street Medicine Providers in California

August 2023

USC Street Medicine



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ABOUT THIS TOOLKIT

This toolkit was developed in partnership with Katherine Pocock, MHS, PA-C and Brett Feldman, MSPAS, PA-C, [USC Street Medicine](#); Alison Klurfeld, MPP, MPH, [Klurfeld Consulting](#); and Meryl Schulman, MPH and Shannon Mead, MHA, [Center for Health Care Strategies](#).

Overview

Street medicine is an approach to caring for people who are unsheltered in their own lived environment. In California, street medicine teams are growing in number, and overall, street medicine is establishing as its own clinical field. This is partly due to innovative providers and communities looking to better meet the needs of people experiencing unsheltered homelessness, as well as recent [Medi-Cal reform efforts](#) that create [program policy](#) and [funding](#) opportunities to integrate street medicine teams into the broader continuum of health care services.

Part of these reform efforts include new (one-time and long-term) funding streams that street medicine teams can tap into, as well as clarification of how street medicine providers can contract with Medi-Cal managed care plans (MCPs) to reimburse health care services. As more street medicine teams begin contracting with MCPs, it is important that these teams understand the funding streams they can access to support their programs, as well as the cost of operating their teams, to support rate negotiation with MCPs or other payers.

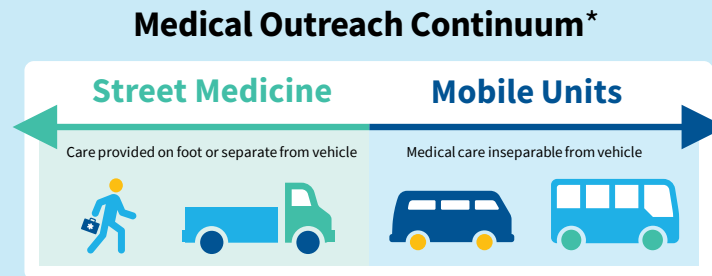


This toolkit is designed to help street medicine providers in California maximize their use of available funding.

What is Street Medicine?

According to the [Street Medicine Institute](#), street medicine refers to, “health and social services developed specifically to address the unique needs and circumstances of the unsheltered homeless delivered directly to them in their own environment.”

Other forms of medical outreach, such as care provided through a mobile medical unit (*see graphic*), are not considered street medicine under this definition, but they are effective in engaging people who are unsheltered in care or augmenting the services provided by a street medicine team.



* Adapted: National Health Care for the Homeless Council. “Street Medicine or Mobile Medical Unit? Considerations for Expanding Medical Outreach.” February 2022. Available at: <https://nhhc.org/street-medicine-or-mobile-medical-unit-considerations-for-expanding-medical-outreach/>.

Using the Toolkit

Who is this toolkit for? This toolkit can be used by health care providers and community-based organizations seeking to financially support existing street medicine programs, as well as those designing and launching new programs.

How is the toolkit organized? The toolkit includes the below five sections, each providing practical guidance for financing street medicine programs. This toolkit is designed to grow and evolve over time, and [we welcome feedback](#) on the current resources and additional resources that can support your work in street medicine.



[Street Medicine Funding Comparison Chart](#) – Provides a high-level overview of relevant funding streams, details on who is eligible to access funds, allowable uses of funds, and how to access funding.



[Roadmap for Accessing Funding for Street Medicine Programs](#) – Offers recommendations for street medicine teams on when to access available funding based on time restrictions for funding and other considerations.



[Funding Streams to Support Street Medicine Programs: How to Use and Access Them](#) – An expanded version of the *Street Medicine Funding Comparison Chart*, details funding streams that street medicine programs in California can access to support their programs, allowable uses for funds, and how to access them.



[Aligning Street Medicine Funding Sources](#) – Outlines how various funding sources can be used together to maximize opportunities to plan, develop, and launch street medicine programs.



[Street Medicine Budget Template](#) – Provides a Microsoft Excel-based tool for street medicine teams to estimate anticipated program expenses and revenue.

Additional Resources for California-Based Street Medicine Providers

- [**A Game Changer for Street Medicine: Key Takeaways from New Medi-Cal Guidelines**](#), from the California Health Care Foundation, outlines implications from the policy guidance the California Department of Health Care Services (DHCS) released related to Medi-Cal MCPs contracting with street medicine providers.
- [**CA Street Medicine Collaborative**](#), hosted by USC Street Medicine with support from Health Net, is a free, monthly learning group for street medicine providers. If you have questions or would like to join, reach out to: Emily Frink at emily.frink@med.usc.edu with your name, job title, and organization.
- [**National Health Care for the Homeless Council**](#) works nationally at the intersection of health care and homelessness. The organization provides an array of learning sessions, technical assistance, and training and support to health care for the homeless providers, including those offering street medicine and mobile outreach.
- [**The California Street Medicine Landscape Survey and Report**](#), from USC Street Medicine and the California Health Care Foundation, details the staffing and care models, populations served, and funding models of 25 street medicine programs in California. A [**summary report**](#) is also available.
- [**USC Street Medicine**](#) offers high-quality, compassionate care to people who are unsheltered in LA County. The team also offers [**workforce development, training, technical assistance, and education**](#) to other street medicine providers.
- [**Street Medicine Institute**](#) is a membership organization that offers training, guidance, and support for those looking to establish or further develop their street medicine programs.





Street Medicine Funding Comparison Chart

The below table offers an at-a-glance primer to help providers understand the different funding programs currently available in California to support street medicine programs. Available funding, including purpose, timeframe, funding source, and funding flow are listed below. See [Funding Streams to Support Street Medicine Programs: How to Use and Access Them](#) for an expanded version of this chart, which provides additional details on funding to support programs, including allowable uses for funds, and how to access them.

Program	Purpose	Timeframe	Funding Source	Funding Flow
Homelessness & Housing Incentive Program (HHIP)	Incentive program to help MCPs improve services for members experiencing homelessness, and to reduce/prevent homelessness.	Funds must be earned by MCPs by 3/2024; can be spent over a longer term	MCP incentive payments	DHCS to MCPs; MCPs develop process for investments
Enhanced Care Management (ECM)	Intensive, in-person care management program for Medi-Cal members with health and social challenges, including people experiencing homelessness.	Calendar years 2022 – 2026 <i>(and beyond)</i>	MCP benefit	DHCS to MCPs; MCPs to contracted providers
Community Supports (CS)	Non-traditional services to address social determinants of health that MCPs can elect to provide; must be medically appropriate and cost-effective. Services for people experiencing homelessness may include housing navigation, housing deposits, tenancy supportive services, recuperative care, short-term post-hospitalization housing, day habilitation, and others.	Calendar years 2022 – 2026 <i>(and beyond)</i>	MCP In-Lieu-Of Services <i>(optional services, not benefits)</i>	DHCS to MCPs; MCPs to contracted providers
Providing Access and Transforming Health (PATH)	Supports for implementing ECM and CS and for justice-involved capacity building. Note: There are various initiatives under PATH (e.g., PATH CITED , PATH Technical Assistance Marketplace , etc.). For more information, see Funding Streams to Support Street Medicine Programs: How to Use and Access Them .	Calendar years 2022 – 2026	Medi-Cal 1115 Waiver funds	DHCS to providers and counties

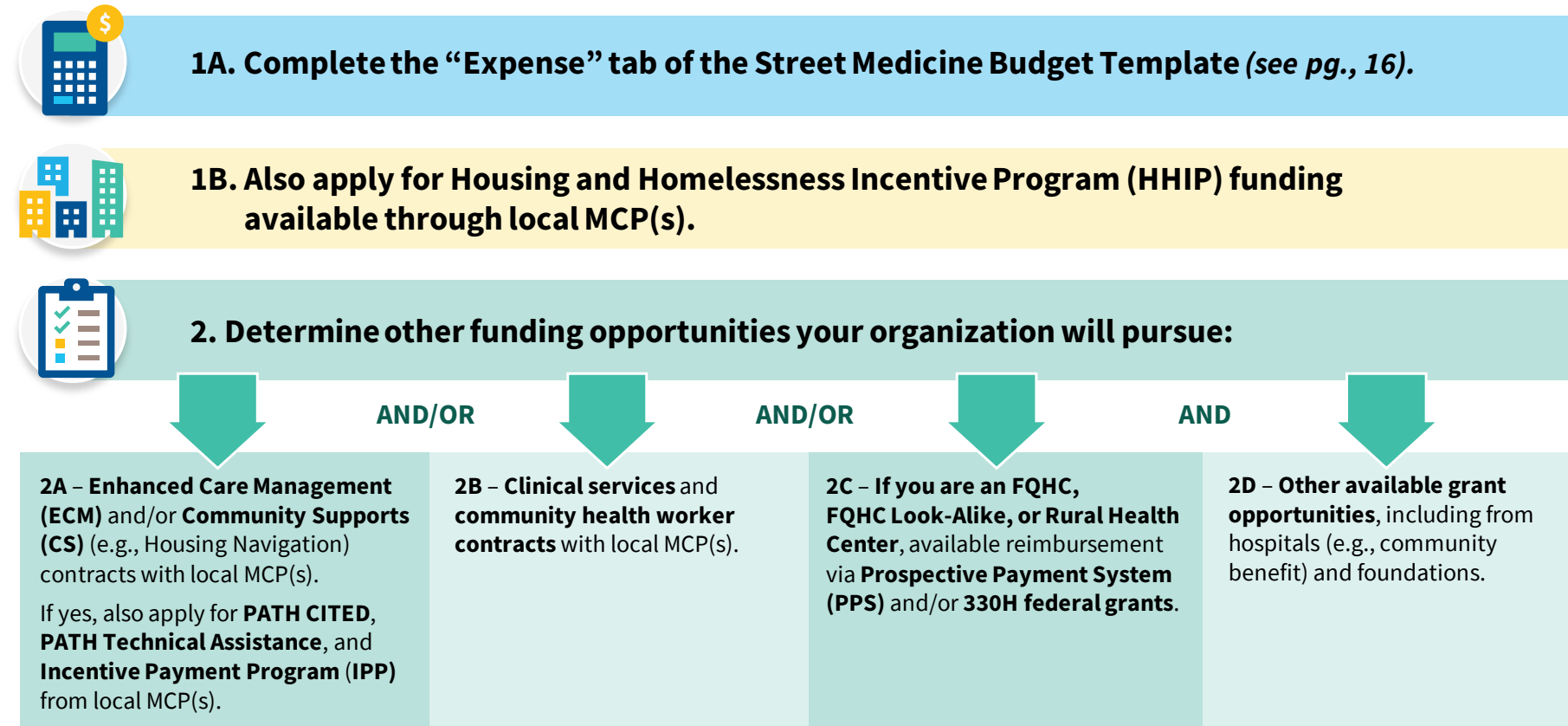
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Program	Purpose	Timeframe	Funding Source	Funding Flow
<u>Incentive Payment Program (IPP)</u>	Incentive program to build MCP and provider capacity to deliver ECM and CS services.	1/2022 – 6/2024	MCP incentive payments	DHCS to MCPs; MCPs develop application process for providers and other infrastructure investments
<u>Clinical Service Contracts with MCPs</u>	DHCS clarified that Medi-Cal MCPs can pay for Street Medicine services, including primary care provider services.	Ongoing. Clarified in APL 22-023 in November 2022	Existing Medi-Cal benefits delivered by street medicine providers	DHCS to MCPs; MCPs to contracted providers
<u>Community Health Worker (CHW) Service Contracts with MCPs</u>	Medi-Cal benefit covering some services provided by CHWs to Medi-Cal beneficiaries.	Ongoing from 7/2022	MCP benefit; Medi-Cal Fee-for-Service (FFS) Benefit	For Medi-Cal Managed Care Beneficiaries: DHCS to MCPs; MCPs to contracted providers For Medi-Cal FFS Beneficiaries: DHCS to providers

Roadmap for Accessing Funding for Street Medicine Programs

The below graphic and accompanying table (see next page) provides guidance for street medicine providers related to when to access funds. As outlined in the [Street Medicine Funding Comparison Chart](#), each funding stream has a unique timeframe for stakeholders to access the funds. Programs should keep this in mind to strategically maximize resources available to them.





STEP 1A. Complete the “Expenses Planner” Tab of the [Street Medicine Budget Template](#).

This tool gives programs a sense of their expenses related to operating their programs, prior to any internal funding conversation or external conversations with Medi-Cal MCPs.



STEP 1B. Apply for HHIP funding.

HHIP is a time-limited funding source that street medicine programs can access. Providers can apply for funding through [their local MCPs](#). Each MCP determines how HHIP funds can be used.



STEP 2. Determine other funding opportunities your organization will pursue:

- **2A. ECM and/or CS Services** – This will be helpful if the organization wants to improve the financial sustainability of care management and/or housing navigation services, which can complement clinical care. The decision to establish ECM and CS services will be program-specific based on patient needs and program bandwidth.

If yes, also apply for the **Incentive Payment Program, PATH CITED**, and access technical assistance resources through the **PATH Technical Assistance Marketplace**. These resources can support capacity building for street medicine providers that offer ECM and/or CS services.
- **2B. Clinical Care and Community Health Worker (CHW) Services Contracts** – Street medicine providers can contract with local MCPs to receive reimbursement for clinical services, and/or preventive services provided by a CHW. It is important to note that contracting between a health plan and a provider organization takes time and requires upfront development of administrative capacity building, especially for billing and documentation. There will also be variability in contracts across MCPs.
- **2C. Prospective Payment System (PPS) and/or 330H Grants** (*FQHCs, FQHC Look-Alikes, and Rural Health Centers only*) – DHCS stated in [APL 22-023](#) that FQHCs, FQHC Look-Alikes, and Rural Health Clinics can receive PPS reimbursement for street medicine visits outside the four walls of the clinic. Additional guidance to clarify PPS regulations for street medicine is forthcoming.
- **2D. Other available grant opportunities** – Grant funding is an important ongoing resource for street medicine programs, as other reimbursement may not cover all costs of care. Providers should connect with local hospitals, MCPs, foundations, applicable National Institutes of Health (NIH) grants, and health systems that may have support through community benefit, foundations, and others.



Funding Streams to Support Street Medicine Programs: How to Use and Access Them

The below table outlines funding streams that street medicine programs in California can use to support their programs. It provides a more detailed overview of relevant funding streams outlined in the [Street Medicine Funding Comparison Chart](#), including information on which provider organizations can access funds, allowable uses of funds, and how to access them.

Program Name and Description	Who Can Access Funds?	Allowable Uses for Funds	How to Obtain Funds
<p>Housing and Homelessness Incentive Program (HHIP) <i>Incentive program to help MCPs improve services to members experiencing homelessness, and to reduce/ prevent homelessness. Street medicine is a priority initiative for Measure 2.1.</i></p>	Providers awarded by MCPs	<ul style="list-style-type: none"> • Any budget item(s) that increases the number of MCP beneficiaries seen by street medicine providers; and/or • Additional grant/investment categories per individual MCP guidelines. <p>This can include, but is not limited to:</p> <ul style="list-style-type: none"> - Personnel (e.g., hiring/salaries/fringe benefits of new team members) - Clinical costs (e.g., medications, clinical supplies) - Technology (e.g., computers, cell phones, software programs) - Vehicles (e.g., purchasing, maintenance, registration, gas/mileage) 	<p>Apply through local MCP(s)</p> <p>Note: HHIP funding is time limited and is diverse in allowable use of funds. The final measurement period ends 10/31/2023, but some MCPs will continue allocating funds after this time. Connect with your local MCP(s) as a first/early step in funding plan.</p>
<p>Enhanced Care Management (ECM) <i>Intensive, in-person care management program for Medi-Cal members with health and social challenges, including people experiencing or at risk for homelessness.</i></p>	Contracted providers	<ul style="list-style-type: none"> • Direct provision of ECM activities (coordination of services and comprehensive care management) to MCP-enrolled and ECM-eligible members. <p><i>Read more about allowable use in the CalAIM ECM Policy Guide.</i></p> <p>Note: ECM activities provide coordination of care and will supplement the provision of direct medical services that street medicine clinicians deliver.</p>	Contracted service through local MCP(s).

Program Name and Description <i>(continued)</i>	Who Can Access Funds?	Allowable Uses for Funds	How to Obtain Funds
<p>Community Supports (CS) <i>Nontraditional services for Medi-Cal members to address social determinants of health; must be medically appropriate and cost-effective. MCPs can select which of the 14 CS services they want to offer their beneficiaries.</i></p>	<p>Contracted providers</p>	<ul style="list-style-type: none"> • Direct provision of CS activities (one of the 14 CS services) to MCP-enrolled and CS-eligible members. Housing Transition Navigation Services is a common CS service provided by street medicine teams through housing navigator staff. <p><i>Read more about allowable uses for funds in the Medi-Cal Community Supports, or In Lieu of Services, Policy Guide.</i></p>	<p>Contracted service through local MCP(s).</p>
<p>PATH CITED <i>Initiative that provides funding to support the transition, expansion and development of ECM and CS services capacity and infrastructure.</i></p>	<p>(1) Those contracted with MCPs to provide ECM/CS; or (2) Those that have a signed attestation from an MCP or other entity that they intend to contract with to provide ECM/CS. Additional details on who is eligible for funding can be found here.</p>	<ul style="list-style-type: none"> • Increasing provider workforce - Organizational needs assessments, hiring and training ECM/CS team members (e.g., ECM director, lead care managers, clinical consultants), among others. • Infrastructure to support integration into CalAIM – Health Information Exchanges, referral systems, capacity building for monitoring/data reporting, transitioning from Whole Person Care to ECM and CS. • Infrastructure to support ECM and CS services - Hardware, essential office equipment, medical equipment, refrigerators. • Monitor ECM and CS services - Staff time dedicated to evaluating/monitoring ECM and CS activities (e.g., conducting a community health needs assessment). • Outreach to under-resourced or underserved for ECM and CS services - Staff time for developing/implementing outreach plan, hiring contractors/vendors to assist in outreach plan. <p><i>* All PATH CITED funds must support ECM/CS activities.</i></p> <p><i>Read more about allowable uses for funds at the PATH CITED website.</i></p>	<p>Apply through Public Consulting Group (PCG), DHCS’ Third Party Administrator for PATH CITED.</p> <p>Note: There are multiple rounds of PATH CITED funding. Monitor funding rounds that may be forthcoming.</p>

Program Name and Description <i>(continued)</i>	Who Can Access Funds?	Allowable Uses for Funds	How to Obtain Funds
<p>PATH Technical Assistance (TA) Marketplace</p> <p><i>Program that provides funding for providers, community-based organizations, counties, and others to obtain TA resources to establish the infrastructure needed to implement ECM and CS services.</i></p>	<p>(1) Those contracted with an MCP or other eligible entity to provide ECM/CS services; (2) Those planning to contract with an MCP or other eligible entity to provide ECM/CS services or actively exploring that possibility with an MCP or other eligible entity; or (3) Those approved by DHCS to receive TA (limited). More details on eligibility for using the PATH TA Marketplace can be found here.</p>	<ul style="list-style-type: none"> • Building data collection, management, sharing, and use - Support from vendors on how to best collect, manage, share, and analyze data for ECM/CS services. • Strengthening services that address the social drivers of health - Assistance in researching, designing, and implementing any of the 14 CS services. • Engaging in CalAIM through Medi-Cal managed care - Training and assistance with MCP relationships, contracting, program applications, compliance, and ECM/CS capacity building. • Strengthening care for ECM population of focus - Assistance in developing, implementing, strategizing outreach activities, workflows, comprehensive assessments, and care plans. • Promoting health equity - Guidance on best practices for outreach, engagement, data collection/analysis, cultural competency to increase the care of populations that are underserved and historically marginalized. • Supporting cross-sector partnerships - Legal and technical guidance for ECM/CS data sharing across agencies/sectors. • Developing workforce - Help with hiring, training, and supporting ECM/CS workforce, in particular frontline providers. • Supporting cross-cutting competency for rural communities - Assistance in addressing the unique challenges in providing ECM/CS services for rural populations. <p><i>Read more about allowable uses for funds at the PATH TA Marketplace website.</i></p>	<p>Apply through Public Consulting Group (PCG), DHCS’ Third Party Administrator for the PATH TA Marketplace.</p>
<p>Incentive Payment Program (IPP)</p> <p><i>Incentive program for MCPs to build capacity to deliver ECM and CS services.</i></p>	<p>Contracted/ing ECM and/or CS providers</p>	<ul style="list-style-type: none"> • Capacity building to support ECM/CS activities. <p><i>*Complementary and non-duplicative with PATH funds</i></p>	<p>Apply through local MCP(s)</p> <p>Note: IPP programming and funding will end June 30, 2024</p>

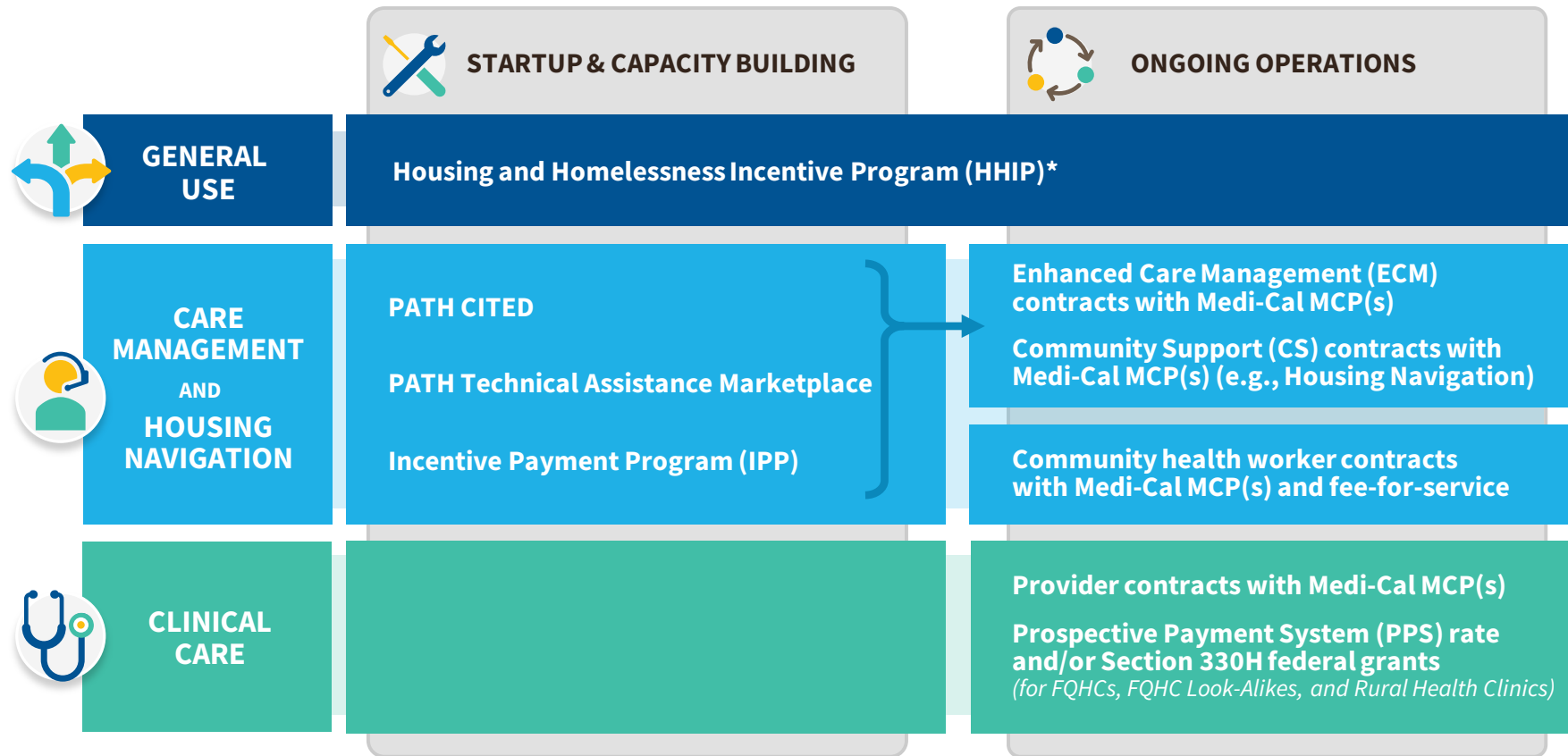
Program Name and Description <i>(continued)</i>	Who Can Access Funds?	Allowable Uses for Funds	How to Obtain Funds
<p>Clinical Service Contracts with MCPs <i>Agreement between an MCP and a provider organization regarding financial compensation for medical services.</i></p>	<p>Contracted provider organizations in an MCPs network.</p>	<ul style="list-style-type: none"> • Primary care provider (PCP) services, street medicine visits, and/or additional services (e.g., lab, transportation), depending on the MCP contract. <p><i>* Reimbursement models and fees are currently being negotiated between individual MCPs and providers across the state.</i></p> <p><i>Read more about MCP clinical contracting in APL 22-023.</i></p>	<p>Contact local MCP(s) to begin contract discussions</p>
<p>CHW Service Contracts with MCPs <i>Agreement between an MCP and a provider organization regarding financial compensation for services provided by CHWs.</i></p>	<p>Contracted provider organizations in an MCPs network.</p>	<ul style="list-style-type: none"> • CHWs must have lived experience that aligns with and provides a connection between the CHW and the community or population being served. • Examples of preventive services that CHWs can provide include: <ul style="list-style-type: none"> - Health education - activities to promote health or address barriers to physical and mental health care (e.g., providing information or guidance on health-related topics); - Health navigation - providing information, training, referrals, or support to assist individuals in accessing health care, understanding the health care system, connecting to community resources, among others; - Screening and assessment - administration of non-licensed tools to connect to appropriate services to improve health; or - Individual support or advocacy - to help prevent the onset or exacerbation of a health condition or to prevent injury or violence. <p><i>Read more about program coverage for CHWs at the Medi-Cal Provider Manual for the Community Health Worker Benefit.</i></p>	<p>Contact local MCP(s) to begin contract discussions.</p> <p>Billing for CHW services is also available through Medi-Cal Fee-for-Services (FFS) for people enrolled in Medi-Cal FFS (not yet in an MCP).</p>

Program Name and Description <i>(continued)</i>	Who Can Access Funds?	Allowable Uses for Funds	How to Obtain Funds
Funding Sources Only Accessible to FQHCs, FQHC Look-Alikes, and Rural Health Centers			
<p>330H Federal Grants <i>Federal grant funding to FQHCs to provide high-quality care to people experiencing homelessness.</i></p>	<p>Public and private non-profit FQHCs.</p>	<ul style="list-style-type: none"> • To develop or expand capacity to deliver medical services to uninsured and underinsured people experiencing homelessness. 	<p>Applications can be completed through HRSA.</p>
<p>Prospective Payment System (PPS) <i>Federally-mandated, cost-based reimbursement for services provided by FQHCs, FQHC Look-Alikes, and Rural Health Clinics.</i></p>	<p>Public and private non-profit FQHCs, FQHC Look-Alikes, and Rural Health Clinics.</p>	<ul style="list-style-type: none"> • Reimbursement for all services provided during a single visit, which may include preventive and primary health care services and other outpatient services or non-medical services included in the organization’s approved PPS rate scope of service for the relevant site associated with the street medicine team. <p><i>Read more about PPS in the CHCF brief How Health Centers are Paid. The California Primary Care Association is currently addressing street medicine questions for PPS billing providers. Questions should be directed to Emily Shipman, Deputy Director of Health Center Operations at eshipman@cpca.org.</i></p>	<p>Applications can be completed through DHCS.</p>



Aligning Street Medicine Funding Sources

The below graphic offers visual guidance for street medicine teams on how they can think about using funding opportunities outlined in this toolkit to support program startup and capacity building costs, as well as ongoing operations for their programs.



*Flexible funding that can be used for infrastructure, startup, capacity building, and/or ongoing operations, depending on each MCPs' guidelines.



Street Medicine Budget Template

This Microsoft Excel-based budget tool was created to help street medicine teams estimate their anticipated expenses and revenue using available information. It provides general categories that are applicable to many street medicine teams, but providers can customize as needed to reflect their unique circumstances.

There are four tabs in the tool: **Expenses Planner**, **Expenses Example**, **Revenue Planner**, and **Revenue Example**. All tabs are based on a single year budget.

To download the tool, visit www.chcs.org/media/Street-Medicine-Toolkit-Budget-Template.xlsx.

Expense Category (add additional rows as needed)	FTE on Street Medicine Team (12 mos)	Salary (12 mos)	Budget Total (12 mos)	Notes
<i>Note. Common roles for a street medicine team include a provider (MD, DO, NP, and/or PA), RN, and community health workers. Salaries vary by institution and region. Example salaries provided in the notes column are for illustrative purposes only and should NOT be used as upper or lower limits in your calculations.</i>				
1.1 Provider: Physician (MD, DO)			\$ -	e.g. \$200-250K/year Visits may be billable through Medi-Cal Fee-for-Service or Managed Care Plan (MCP) Contracts
1.2 Provider: Nurse Practitioner (NP) / Physician Assistant (PA)			\$ -	e.g. \$120-150K/year Visits may be billable through Medi-Cal Fee-for-Service or Managed Care Contracts
1.3 Registered Nurse (RN)			\$ -	e.g. \$80-110K/year
1.4 Licensed Vocational Nurse (LVN) / Licensed Practical Nurse (LPN)			\$ -	e.g. \$50-70K/year
1.5 Medical Assistant (MA) / Certified Nursing Assistant (CNA)			\$ -	e.g. \$40-55K/year, but consider local living wage
1.6 Community Health Worker (CHW) / Outreach Worker / Peer Navigator			\$ -	e.g. \$40-55K/year, but consider local living wage Visits may be billable through Medi-Cal CHW benefit, Enhanced Care Management, or other

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