Policy and Procedure No: PR 24.1	**Revision No: 1**
Division: Care Management	
Department: Provider Relations	
Title: PHC-CA Street Medicine	
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Reviewed/Revised by: Michael O'Malley	**Review/Revision Date: 12/1/2025**
Approving Committee: Member Provider Committee	**Date: 12/15/2025**
Executive Oversight Committee Date: 12/16/2025	

Purpose:

To describe how PHC California (the Health Plan) will cover street medicine services for enrollees and contract with street medicine providers who provide such services pursuant to California Department of Health Care Services (DHCS) All Plan Letter (APL) 22-023.

Policy:

1. The Health Plan may operate a street medicine program once it has fulfilled all requirements as outline in APL 22-023 and or other guidance and as approved by DHCS.

    a. DHCS does not require a street medicine provider to be affiliated with a brick-and mortar facility and does not prescribe any particular contracting type for the Health Plan and street medicine providers.

    b. There is no required effective start date for the operations of a managed care plan street medicine program since utilization of street medicine providers is voluntary for managed care plans.

2. The Health Plan may cover the portion of medical services for its enrollees experiencing unsheltered homelessness through street medicine providers in the role of the enrollee's assigned primary care provider (PCP), through a direct contract with the Health Plan, as an enhanced care management (ECM) provider, as a community supports provider, or as a referring or treating contracted provider.

3. Should the Health Plan utilize non-physician medical practitioners (PA, NP, and CNM) for the delivery of street medicine services, the Health Plan shall ensure compliance with state law and DHCS contract requirements regarding physician supervision of non-physician medical practitioners. The supervision physician must be a practicing street medicine provider with knowledge of and experience in street medicine clinical guidelines and protocols.

4. The Health Plan shall require that a street medicine provider who agrees to serve as a PCP must meet the Health Plan'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. When elected by enrollees to act as their assigned PCP, the Health Plan shall require that street medicine providers be responsible for providing the full array of primary care services, including but not limited to, preventive services, and the treatment of acute and chronic conditions, including HIV/AIDS.

    a. Contracted street medicine providers may opt to serve as an enrollee's assigned PCP upon enrollee selection.

5. The Health Plan shall enroll and credential street medicine providers in accordance with Health Plan Credentialing policies and APL 22-013, Provider Credentialing/Re-Credentialing and Screening/Enrollment.

6. The Health Plan shall require street medicine providers who agree to serve as enrollees' assigned PCPs provide comprehensive and continuous medical care including, but not limited to:

    a. Basic case management (with transition to basic population health management when effective);

    b. Care coordination and health promotion;

    c. Support for enrollees, their families, and their authorized representatives;

    d. Referral to specialists, including behavioral health, community, and social support services, when needed;

    e. The use of health information technology to link services, as feasible and appropriate; and

    f. Provision of primary and preventative services to assigned Members.

7. The Health Plan shall require that street medicine providers who are serving in an assigned PCP capacity undergo the appropriate level of site review process, which is either a full or a condensed review, and must comply with the requirements in accordance to APL 22-017, Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review.

8. Should the Health Plan use street medicine providers as PCPs, it shall develop and maintain protocols for identifying and transferring enrollees to a higher level of care if needed when the enrollee's service needs are beyond the capabilities and/or qualifications of the street medicine provider.

    a. The Health Plan shall ensure protocols include providing access to urgent and emergency care, specialty care, mental health and substance use disorder treatment, ancillary services, and appropriate non-emergency medical and non-medical transportation services, NEMT and NMT respectively. The Health Plan shall also ensure its street medicine protocols allow for expeditious referrals to ECM and community supports.

9. Should the Health Plan have street medicine providers willing to serve in a PCP capacity, it shall comply with:

    a. Informing enrollees through the Member Handbook that contracted street medicine providers may be elected to be the enrollee's assigned PCP so that the enrollee and the street medicine provider may discuss whether the arrangement is appropriate.

    b. Advising providers to assess and examine the level and quality of the establishment of the treatment relationship at the time of initial engagement when considering an agreement to be an enrollee's assigned PCP, as DHCS envisions dynamic and exceptional provider-enrollee patient interactions.

c. Informing street medicine providers of PCP responsibilities, as well as credentialing and review requirements, as applicable

d. The street medicine provider must initiate the request via telephone call to the Health Plan with the enrollee on the line, and both parties must confirm to the Health Plan the enrollee's choice in selecting the street medicine provider to be their assigned PCP. The Health Plan must make it clear that the street medicine provider is the Member's assigned PCP or is overseeing the Member's care.

10. The Health Plan requires that network providers, including street medicine providers, enroll as a Medi-Cal provider if there is a state-level enrollment pathway for them to do so.

    a. The credentialing requirements outlined in APL 22-013 only apply to street medicine providers with a state-level pathway for Medi-Cal enrollment. If there is not a state-level enrollment pathway, the street medicine provider is not required to meet the credentialing requirements in APL 22-013 in order to become an "in-network" provider.

    b. For the Health Plan to include street medicine providers in its Network when there is no state-level Medi-Cal enrollment pathway, the Health plan shall be required to vet the qualifications of the street medicine provider to ensure he or she can meet the Health Plan's standards of participation, similar to the credentialing process and requirements outlined in APL 22-013 and the Health Plan must create and implement its own processes to execute this.

11. Street medicine providers who elect to serve as enrollees' assigned PCP are exempt from PCP time and distance standards because enrollees who utilize street medicine PCPs do not have a permanent residential address and the street medicine provider is meeting enrollees at their lived environments.

    a. The Health Plan is not expected to contract with street medicine providers in order to meet time and distance standards as part of Annual Network Certification requirements.

    b. Service location requirement for PCPs, as specified in the Contract, 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.

12. The Health Plan has the option to contract directly with street medicine providers, even if the Health Plan delegates the provision of health care services to a subcontractor.

    a. The street medicine provider would be subject to the same Health Plan administrative processes (e.g., billing protocols, credentialing requirements, authorization guidelines, etc.) rather than multiple processes and requirements under each subcontracting entity. The payment arrangement would be between the Health Plan and the street medicine provider.

    b. Prior authorization to see a street medicine provider would not be needed if the enrollee seeks services directly from a street medicine provider related to the enrollee's primary care. This means that a contracted street medicine provider, that meets all required administrative processes, could provide services to an enrollee and be compensated for those services, even if the enrollee is assigned to a subcontractor, such as a medical group or IPA.

13. The Health Plan may contract with street medicine providers to become an ECM provider. The Health Plan may contract with street medicine providers to provide both PCP and ECM services to enrollees.

    a. Street medicine providers who are also ECM providers are required to enroll in Medi-Cal if there is a state-level enrollment pathway; fulfill all ECM requirements; have the capacity to provide culturally appropriate and timely in-person care management activities; and have formal agreements, data systems, and processes in place with entities across sectors to support care coordination and care management.

    b. The Health Plan shall be responsible for ensuring non-duplication of services provided through ECM and any other covered benefit, program, and/or delivery system.

14. Street medicine providers rendering services to Medi-Cal-eligible individuals are to bill Medi-Cal FFS, or the Health Plan if contracted, based on the eligibility of the individual, for appropriate and applicable services within their scope of practice.

    a. Street medicine providers must comply with the billing provisions for street medicine providers as applicable in FFS, including but not limited to, the Medi-Cal Provider Manual. For managed care enrollees, street medicine providers must comply with the billing provisions for street medicine providers as applicable to the Health Plan's policies and procedures.

    b. If the street medicine provider is an FQHC, it may still be reimbursed at its applicable prospective payment system (PPS) rate when such services are being provided outside the four walls and where the enrollee is located. The FQHC would be paid its applicable PPS rate when the street medicine provider is a billable clinic provider.

    c. Street medicine providers are required to verify the Medi-Cal eligibility of individuals they encounter in the provision of health care services.

    d. Street medicine providers may also be reimbursed for providing State Plan benefits, including the use of community health worker (CHW) services as defined in 42 CFR 440.130(c) and APL 22-016. The Health Plan is responsible for ensuring non-duplication of services provided by a CHW and any other covered benefit, program, and/or delivery system.

15. The Health Plan shall ensure street medicine providers are given the necessary provider training and manuals, and have adequate systems in place to adhere to administration requirements, such as grievances and appeals, referrals, after-hours and timely access, prior authorizations, quality improvement, performance measures, and electronic health records.

    a. Street medicine providers must comply with all applicable administration requirements in accordance with federal and state laws and the contract based on provider contracting type.

16. The Health Plan shall follow its existing policies and procedures related to contracting (PR 1.4, Network Development and Management, and CR 1.6 Credentialing and Recredentialing) and credentialing providers for engaging and contracting street medicine providers and those street medicine providers who agree to serve as a PCP.

17. The Health Plan shall follow its existing policy related to timely access and availability (PR 2.2, Access and Availability) to ensure enrollees who use street medicine providers, include PCPs, have timely access to traditional PCPs and Specialists in the Health Plan's Network.

18. The Health Plan shall follow its existing policy and procedure (CM 43.6, Transportation Benefit) related to the provision of NEMT and NMT to enrollees who use street medicine services and require transportation to obtain other covered services pursuant to APL 22-008, including to a traditional PCP.

Procedure:

1. The National Director of Contracting and Provider Relations is responsible to outreach and contract with street medicine providers at the direction of the Chief or Managed Care. He or she is also responsible to determine which street medicine providers will accept the role or PCP and contract with them accordingly. He or she is responsible to ensure that street medicine providers are registered/enrolled with Medi-Cal if there is a State-level pathway for enrollment.

2. The Director of Medical Staff Office and Credentialing or his or her designee is responsible to screen and submit street medicine providers to AHF's Credentialing Committee for review and approval. He or she will ensure those providers who desire to be PCPs complete the necessary attestations pursuant to existing Credentialing policy and procedures.

3. The Associate Director of Care Coordination is responsible to ensure authorization requirements for street medicine services follow this policy and procedure and that enrollees who use street medicine services have the ability to transition care to traditional PCPs and specialists as needed or requested by the enrollee.

4. The Director of Member Services and Call Center Operations or his or her designee is responsible to provide NEMT and NMT to enrollees who use street medicine services should they wish to see traditional PCPs and specialists, or require any other plan-covered or Medi-Cal-covered services.

Definitions:

1. Street medicine: is provided to an individual experiencing unsheltered homelessness in his or her living environment, in places not intended for human habitation. Mobile units and recreational vehicles (RVs) that go to the individual experiencing unsheltered homelessness in their living environment ("on the street") are considered street medicine as specified in APL 22-023.

    a. Note that health care services provided at shelters, mobile units/RVs, or other sites with a fixed, specified location do not qualify as street medicine. This is considered mobile medicine, as it requires people experiencing unsheltered homelessness to visit a health care provider at the provider's fixed, specified location.

2. Street medicine provider: refers to 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).

Monitoring:

This policy is updated, as necessary, reviewed and approved annually by the Member Provider Committee (MPC).

Reference(s):

1. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-023, Street Medicine Provider: Definitions and Participation in Managed Care, dated November 8, 2022.

2. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-013, Provider Credentialing/Recredentialing and Screening/Enrollment, dated July 19, 2022.