DHCS | PATH

Providing Access & Transforming Health

BluePath HEALTH

Tri-Counties CalAIM PATH Collaborative

July 2024

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Welcome!

BluePath HEALTH

Introductions in the chat

- Name
- Organization
- Your role in CalAIM implementation

July Collaborative Agenda - Ventura

Topic	Time
Welcome and Introductions	5
Guest Presentation: Ventura County Community Information Exchange	20
Community Information Exchange Discussion	10
Managed Care Plan Updates	15
Resources and Updates	10
Next Steps and Closing	10
Optional Office Hours	30

2024 Aim Statement and Drivers

The Collaborative will increase the number of members referred to ECM and Community Supports, and the number of those successfully enrolled in and utilizing services.

- Build education and awareness of CalAIM among members, providers, and community partners
- Strengthen the provider network to serve all Populations of Focus
- Increase ECM & Community Supports referrals and care coordination among providers

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BluePath HEALTH

Ventura County Community Information Exchange

Ali Danch, VCCIE

Ventura County Community Information Exchange

CalAIM PATH Meeting

July 2024

Presentation Objectives

VCCIE: What? Why? How?

Benefits of Joining

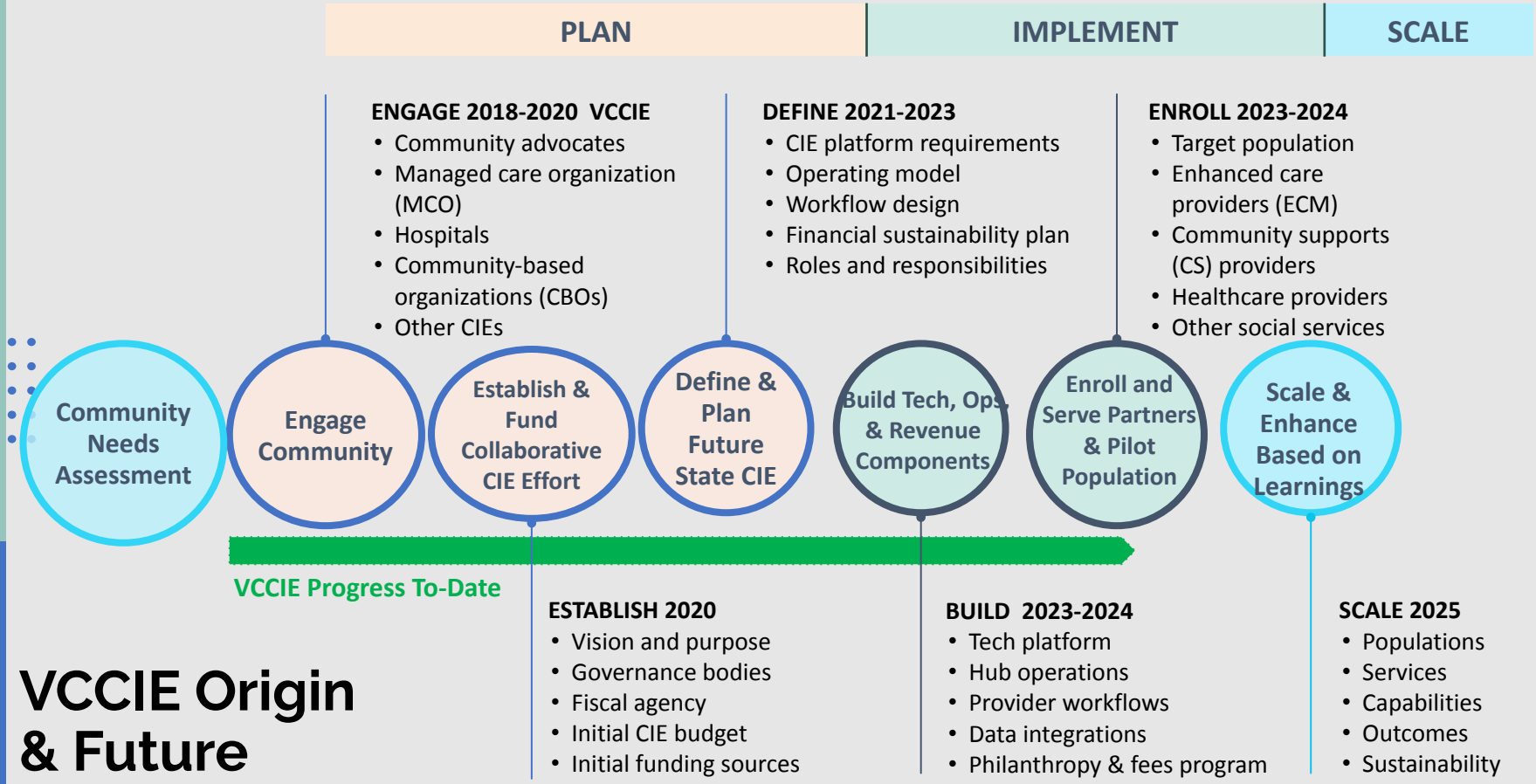
Care Operations

MSF Pilot Workflow

Partner Perspective: GCHP

Discussion

VCCIE Origin & Future



VCCIE Key Partnerships

Interface 211 Ventura County

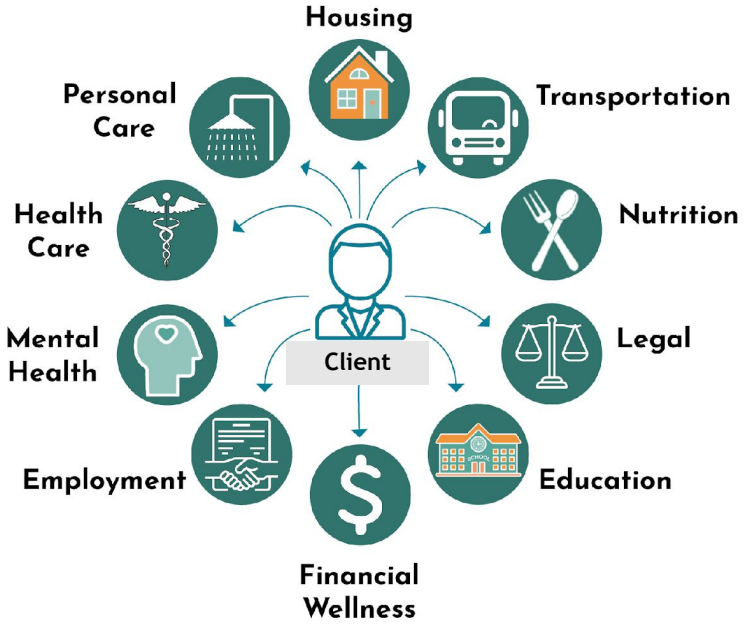
Category	Founding Organization	Current Active Member
Hospital	Community Memorial Health System	Kristine Supple
Hospital	Adventist Health Simi Valley	Lisa Hemenway
Hospital	Dignity Health	George West
County Government Agency	Ventura County Public Health	Katie McKinney
County Government Agency	Ventura County Office of Education	Consuelo Hernandez Williams
Health Plan	Gold Coast Health Plan	Erin Slack
Community Health Centers	Clinicas del Camino Real	Robert Streeter
Community Health Centers	Ventura County HCA/Ambulatory Care	Lizeth Barretto
CBO/Social Service Agency	Camarillo Health Care District	Blair Barker
CBO/Social Service Agency	Child Development Resources	Jack Hinojosa
CBO/Social Service Agency	Many Mansions	Rick Schroeder
CBO/Social Service Agency	Ventura County HSA & AAA	Melissa Livingston
CBO/Social Service Agency	Partnership for Safe Families and Communities	Kathleen Van Antwerp
Foundation	Ventura County Community Foundation	Kirsti Thompson
Victim Client Advocate	Ventura County District Attorney	Rachel Watkins

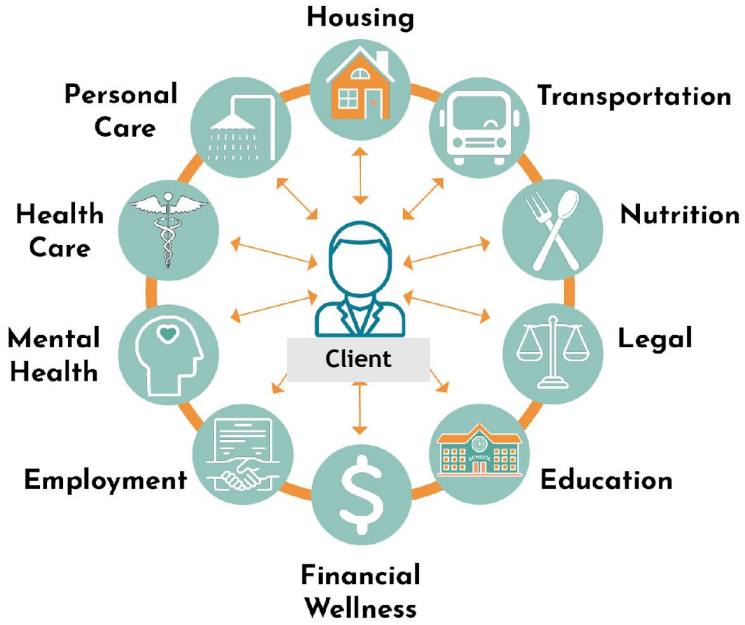
BEFORE VCCIE

- Limited access to health and social services
- Siloed system of care
- No centralized data tracking

AFTER VCCIE

- Unified technology
- Agreements to work across sectors (nonprofit, healthcare, government)
- Client permission-based information sharing





VCCIE Strategic Development Approach – *Use-Case*

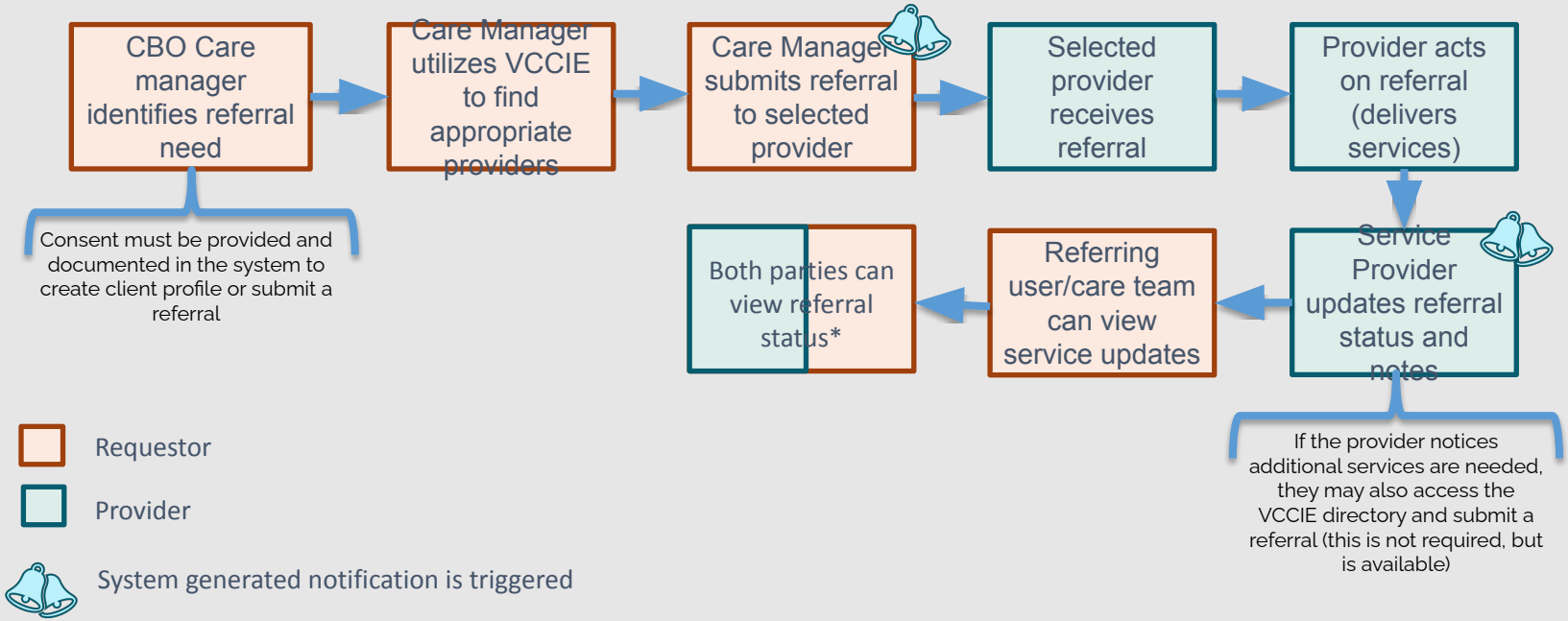
2-Part Strategic Approach: Identify current referral patterns within a targeted demographic and/or program area to onboard to the VCCIE platform. The approach takes shape in two ways:

Defined current "Use Cases" to support:

- School Counselors in Referrals for youth social services
- Referrals for Medically supported foods
- HSA: AAA referral processes for senior social services.

VCCIE High Level Workflow

MSF Use-Case



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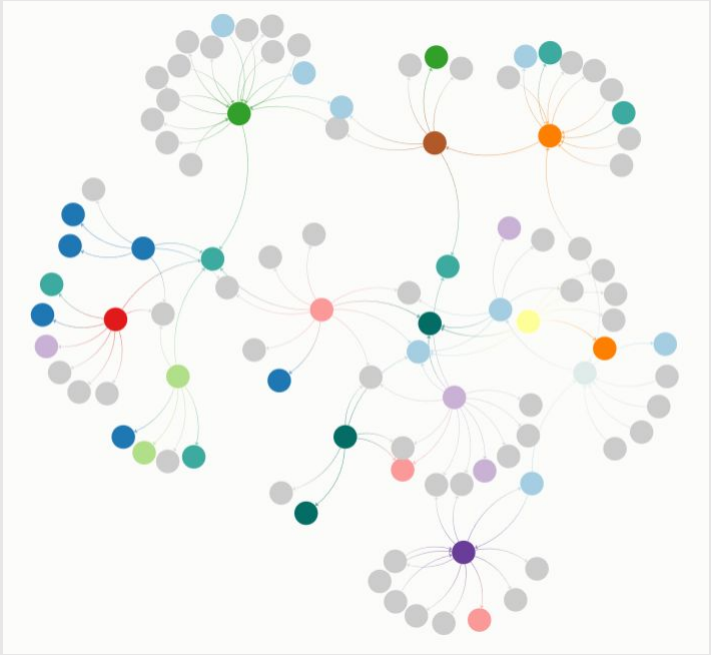
Identifying Referral Networks

"Network effect: phenomenon whereby a product or service gains additional value as more people use it."

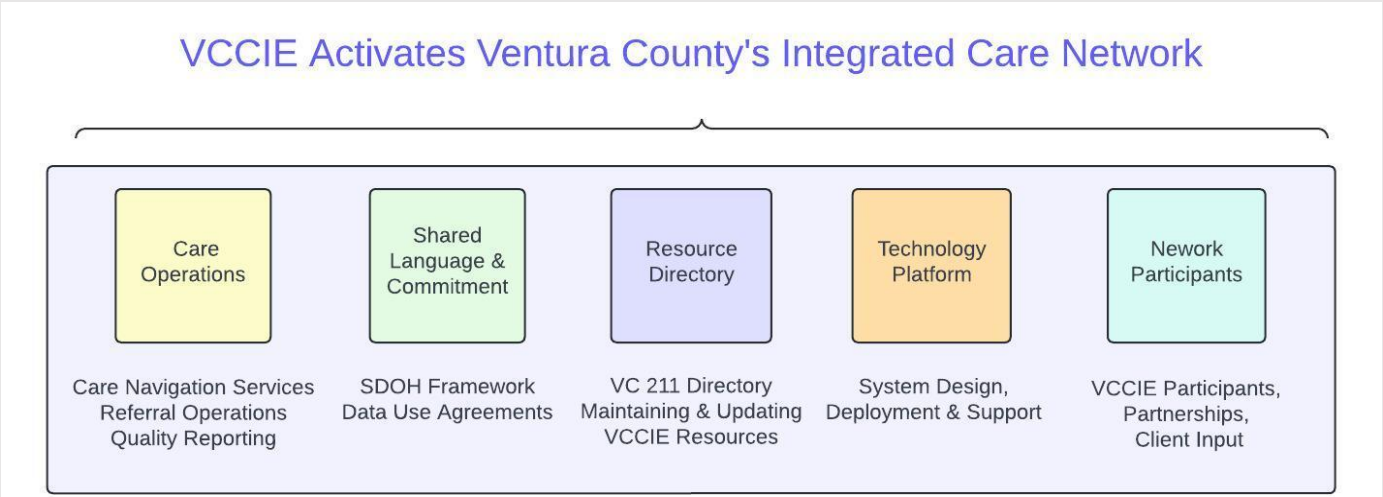
2. Identify current referral "network clusters"

- Success of the VCCIE is driven by collective impact
- By onboarding existing referral networks of providers, the system provides the intended efficiency and value at a faster rate



Review the Network Map

Integrated Care Network



The VCCIE provides an opportunity to leverage collective impact by developing key functionality that when combined serves to activate an Integrated Care Network for Ventura County.

The visual outlines the components of this Integrated Care Network model.*

VCCIE Care Operations

- Establish the Care Operations Workgroup to:
  Secure input from field-based care coordinators to understand current state/challenges and best practices to inform Care Operation strategies.
- Review SDOH Assessment Tools (in place and proposed to facilitate alignment)
- Create internal operational processes to help ensure referrals on VCCIE platform are managed efficiently and effectively.
- Align evaluation metrics with key strategic initiatives such as Wellness Initiative

Agency-Level Benefits of Joining the VCCIE

Organization Benefits

Efficient, Transparent Referral Platform

- Broad network of referral partners
- Client consent and referral processing
- Client assessment and care coordination tools
- Client referral history and medical history*

Qualify for Medi-Cal Reimbursements via Gold Coast+

- Join Gold Coast's network of providers
- Receive reimbursements for qualified services
- Meet Medi-Cal data sharing requirements through VCCIE platform

Connect and Scale

Onboarding Operational & Financial Assistance

- We help align your workflow
- We help integrate systems
- We provide financial support for onboarding efforts

Pay for Performance

- For a limited time, receive incentive payments for reaching volume milestones

+Click here to learn more about reimbursement through Cal-Aim

*Access to client medical history is limited to certain types of services and the granting of client consent

VENTURA COUNTY COMMUNITY INFORMATION EXCHANGE

Katherine Johnson, MPA
Program Director

Tarah Ranke, MPH
Program Administrator

Valerie Salazar
Community Engagement Manager

Phoenix Rohde-Eckley
Technical Product Manager

Bianca Baron
Junior Project Manager

Alison Danch
Care Operations Manager

Thank you for your time!

For questions, please contact the VCCIE Team at communications@vccie.org

PUBLIC HEALTH INSTITUTE®

CIE Discussion

Managed Care Plan Updates

Gold Coast Health Plan

Kaiser Permanente

2024 California Recuperative Care Symposium

Join us for the first statewide gathering focused on recuperative care

2024
CALIFORNIA
Recuperative Care
SYMPOSIUM

September 12 and 13, 2024
Hilton Arden West
2200 Harvard Street
Sacramento, CA 95815

Register here:
https://nhchc.org/trainings/regional/2024-california-recuperative-care-symposium/

About the Event

The National Institute for Medical Respite Care (NIMRC), a special program of the National Health Care for the Homeless Council (NHCHC), hosts the inaugural **California Recuperative Care Symposium**, **September 12-13, 2024**, at the Hilton Arden West in Sacramento, California.

NIMRC is excited to showcase promising practices, program models, and examples of leadership at this monumental event celebrating Recuperative Care services in California. The Symposium's schedule and other updates coming soon!

NATIONAL INSTITUTE for MEDICAL RESPITE CARE

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

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Complex care certificate | A free training resource from Kaiser Permanente

The complex care certificate will provide essential knowledge, skills, and attitudes required to provide complex care. This training program is rooted in Camden Coalition's core competencies for frontline complex care providers.

What is complex care?

- Complex care improves health and social well-being or individuals with complex needs.
- Complex care addresses the multiple drivers of health and social needs through collaboration in communities and across sectors.

What is the complex care certificate?

- Nine self-paced online courses (13 CEUs) that teach frontline complex care staff how to engage with complex health and social needs.
- Learners will be equipped with tools to build relationships and address gaps in care delivery that apply to all target populations, from pediatrics to older adults.

The complex care certificate program provides care teams with shared language and frameworks necessary for collaborative care delivery

- KP's California-based community partners
- Frontline complex care practitioners
- Interdisciplinary care teams including community health workers, nurses, doctors, peers, social workers, care managers
- Healthcare and social care workers who want to strengthen their practice of whole person care and team collaboration

The training curriculum is:

Self-paced

Person-centered

Collaborative

Accredited

KAISER PERMANENTE®

Complex care certificate | Courses included in the program

Each self-paced online course includes a set of activities for a team to complete together to apply what they have learned to their work.

Complex care certificate courses:

Introduction to complex health and social needs Interplay and compounding effects of multiple health, behavioral health, and social needs	***Motivational interviewing in complex care*** Principles and practices of motivational interviewing in complex care settings
Relationship-building in complex care Building authentic healing relationships, setting boundaries, and establishing self-care practices	***Care planning in complex care*** Generating, implementing, and maintaining strengths-based and person-centered care plans
Power and oppression in complex care Power dynamics in complex care, self-reflection on privilege and bias, and responsible use of power	***Complex care delivery*** Person-centered language, implementing care plans, and navigating complex systems
Trauma-informed complex care Principles and practices of trauma-informed care in complex care settings	***Collaboration and communication in complex care teams*** Building authentic healing relationships, role clarity, collaborative decision-making, and conflict transformation in teams
Harm reduction in complex care Principles and practices of harm reduction in complex care settings	***A systems change project (optional for certificate designation)*** Identifying systems issues, collecting data, storytelling, and implementation within your system/community

Courses contain a diverse array of education methods:

- Video, audio, and interactive elements
- Links to research
- Patient and practitioner stories
- Reflection and discussion questions
- Team activities

ABOUT THE CAMDEN COALITION

The Camden Coalition is a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being.

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How to Submit a Referral for ECM or Community Supports

KP has a no-wrong-door approach for referrals

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Use of the KP referral form is recommended; however, KP will accept any referral form created by another Medi-Cal plan. Simply send the completed form to the same KP email address noted below.
- Referrals may be placed via email or via phone.

	Sacramento/Central Valley	Rest of Northern California	Southern California
Cities	Amador, El Dorado, Fresno, Kings, Madera, Mariposa, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare*, Yolo, Yuba	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma,	Kern, Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Tulare*, Ventura,
Phone	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 9:00 a.m. to 4:45 p.m.	1-833-952-1916 (TTY 711) Monday-Friday (closed major holidays) 9:00 a.m. to 4:45 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
Email	Send completed referral form to REGMCDURNs-KPNC@kp.org with the subject line "ECM Referral" or "CS Referral"		Send completed referral form to RegCareCoordCaseMgmt@kp.org with the subject line "ECM Referral" or "CS Referral"

*Tulare Central Valley: 93618, 93631, 93646, 93654, 93666, 93673; Tulare Southern CA: 93238, 93261.

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Enhanced Care Management (ECM) Providers in Ventura County

Organizations listed have executed contracts with KP as of **June 18, 2024.**

Other providers are welcomed to apply to join our provider network via the NLEs.

Provider	Services/Populations of Focus	Phone Number
Among Friends ADHC	Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC	805-385-7244
CityServ	TBA	661-558-4441
Independent Living Systems	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community Adults - Individuals with Intellectual or Developmental Disabilities Adults -Pregnant and Postpartum Individuals at-risk for Adverse Perinatal Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Enrolled in California Children's Services (CCS) or WCM w/needs Children & Youth - Involved in Child Welfare Children & Youth - Individuals with Intellectual or Developmental Disabilities (I/DD) Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	844-320-5182
Koinonia Foster Homes, Inc. ***[Birth Equity Specialty Provider Type]***	Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Individuals transitioning from incarceration	661-273-8122
Russian Jewish Community Cultural Center DBA L'Chaim ADHC	Adults - Individuals at-risk for IP and ED Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community	323-930-1881
Star Nursing Inc	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD	877-687-7399

KAISER PERMANENTE®

Community Supports (CS) Providers in Ventura County

Organizations listed have executed contracts with KP as of **June 18, 2024.**

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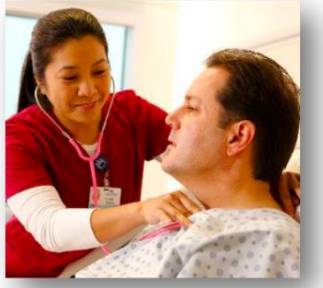

Provider	Services/Populations of Focus	Phone Number
24 Hour Home Care	Personal Care and Homemaker Services	866-311-6265
Arosa Care	Respite Services Personal Care and Homemaker Services	323-933-5880
ASSURED INDEPENDENCE	Home Modifications	425-516-7400
Breathe Southern California	Asthma Remediation Services	323-935-8050
CityServ	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Short-Term Post-Hospital Housing Recuperative Care Sobering Centers Day Habilitation	661-558-4441
Connect America West	Home Modifications	707-200-2138
Connections Care Home Consultants	Nursing Facility Transition/Diversion to Assisted Living Facilities	800-330-5993
Evolve Emod, LLC	Home Modifications Asthma Remediation	844-438-7577
Full Circle Health	Housing Transition Navigation Services	208.954.8727
Horizon Centers	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Short-Term Post-Hospital Housing Recuperative Care Nursing Facility Transition/Diversion to Assisted Living Facilities Community Transition Services/Nursing Facility Transition to a Home Home Modifications Medically Tailored Meals Sobering Centers Asthma Remediation Respite Services Personal Care and Homemaker Services Day Habilitation	323-676-1000

Community Supports (CS) Providers in Ventura County

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Provider	Services/Populations of Focus	Phone Number
Independent Living Systems	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Nursing Facility Transition/Diversion to Assisted Living Facilities Community Transition Services/Nursing Facility Transition to a Home Short-term Post-Hospitalization Housing Recuperative Care (Medical Respite) Environmental Accessibility Adaptations (Home Modifications) Meals/Medically Tailored Meals Personal Care and Homemaker Services Respite Services	844-320-5182
Lifeline Systems Company	Home Modifications	800-451-0525
Maxim Healthcare Services	Respite Services Personal Care and Homemaker Services	818-837-3775
Mom's Meals	Meals/Medically Tailored Meals	877-508-6667
National Health Foundation	Recuperative Care	888-643-2337
Oxford Services	Respite Services Personal Care and Homemaker Services	323-676-1000
Performance Kitchen	Medically Tailored Meals	512-608-1609
Partners in Care Foundation	Respite Services Personal Care and Homemaker Services	818-643-7451
Star Nursing Inc	Housing Transition/Navigation Services Nursing Facility Transition/Diversion to Assisted Living Facilities Community Transition Services/Nursing Facility Transition to a Home Respite Services Personal Care and Homemaker Services	877-687-7399

KAISER PERMANENTE®

How a community-based organization can serve KP members

KP is working with three Network Lead Entities (NLEs) to develop a network of community-based ECM, CS, and CHW providers.

If your organization wishes to become part of an NLE's network, you may send an email message to:

Full Circle Health Network

network@fullcirclehn.org
Phone number: 888-749-8877

Full Circle Health Network meets with prospective providers each week on Thursdays from 12-1pm PST
https://us06web.zoom.us/j/86507421534

INDEPENDENT Living Systems

ILSCAProviderRelations@ilshealth.com
Phone number: 305-262-1292

Partners in Care FOUNDATION *

Hubinfo@picf.org
Phone number: 818-837-3775

In your email, please specify the services your organization provides, geography serviced, and population expertise.

*Partners in Care only serves the Southern California region at this time.

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Helpful Links and Contacts

KP Medi-Cal Resource Center:	**Resource Center Link**
KP 2024 Medi-Cal Direct Contract:	**KP.org/Medi-Cal2024**
KP Designated Medi-Cal Call Center:	**1-855-839-7613** Call to speak to a live Medi-Cal trained agent
KP Medi-Cal Programs (ECM, CS, CHW):	For current information, go to our website: **Link**
KP Medi-Cal Continuity of Care:	For current information, go to our website: **Link**
KP Self-Service Community Resource Directory:	**KP.org/communityresources** **1-800-443-6328** Toll-free number to speak with a resource specialist (M-F, 8a-5p local time)
KP Community Health Care Program:	Available to California residents without access to other health coverage. For current information, go to our website: **Link**
Medi-Cal Redeterminations Toolkit:	For current information, go to DHCS website: **Link**
Medi-Cal Rx:	**1-800-977-2273**
Medi-Cal Dental:	**1-800-322-6384**

July Collaborative Agenda - SLO & SB

Topic	Time
Welcome and Introductions	**5**
Spotlight on Children and Youth: ● *Wendy Wendt, First 5 San Luis Obispo* ● *Lisa Fraser, Center for Family Strengthening* ● *Monica Ray, Pediatric Resiliency Collaborative (PeRC)* ● Group Discussion	**35**
Managed Care Plan Updates	**10**
Resources, Updates and Closing	**10**
Optional Office Hours	**30**

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- Strengthen the provider network to serve all Populations of Focus
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ECM for Children and Youth

BluePath HEALTH

ECM Is Available for Children and Youth in the Following Populations of Focus (POFs):
Children and Youth Experiencing Homelessness
Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
Children and Youth With Serious Mental Health and/or Substance Use Disorder (SUD) Needs
Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) With Additional Needs Beyond the CCS Condition
Children and Youth Involved in Child Welfare

Note: In January 2024, ECM will also launch for Individuals Transitioning from Incarceration and Birth Equity POFs, which are inclusive of children and youth.

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

ENHANCED CARE MANAGEMENT FOR CHILDREN AND YOUTH

A POPULATIONS OF FOCUS SPOTLIGHT

This **Enhanced Care Management Populations of Focus Spotlight** illustrates how ECM is delivered for children and youth, as a way to support young Californians with varied and unique needs, their caregivers and families, and the providers who care for them. It is intended to help future ECM Providers get started and current ECM Providers refine their ECM program for Medi-Cal managed care plan Members across the state.

Enhanced Care Management (ECM) is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP Members with complex needs. It launched in 2022, is the highest MCP-administered care management tier in the Medi-Cal Population Health Management continuum, and is delivered in the community by community-based providers.

From July 1, 2023, forward, ECM is available to children and youth with the highest social and clinical risk enrolled in Medi-Cal managed care plans. For these young Members, ECM is intended to identify and close gaps in needed services, as well as ensure closed loop care coordination occurs between a child's or youth's medical care, behavioral health care, and social services delivery systems. Because children and youth with complex needs are often already served by one or more case managers or other service providers within a fragmented delivery system, ECM offers coordination between systems. Instead of duplicating work already being done, ECM facilitates effective communication and timely and necessary data sharing to make sure that the child or youth and their caregivers' needs are being met with a whole person care approach.

In the following sections, readers will find ECM operational guidance for the **Children and Youth Populations of Focus (POFs)**, vignettes showing how ECM might support two Medi-Cal Members, and extensive resources for assessing your organization's capacity to contract with managed care plans as an ECM provider.

Community Supports for Children and Youth

BluePath HEALTH

Which Community Supports are Children and Youth Most Likely to Benefit From?

- Asthma Remediation
- Housing Navigation
- Housing Tenancy and Sustaining Services
- Housing Deposits
- Caregiver Respite

Outlined by the DHCS Community Supports Policy Guidance

Spotlight on Children and Youth: San Luis Obispo

San Luis Obispo County
CHILD & FAMILY
WELLNESS
COLLABORATIVE

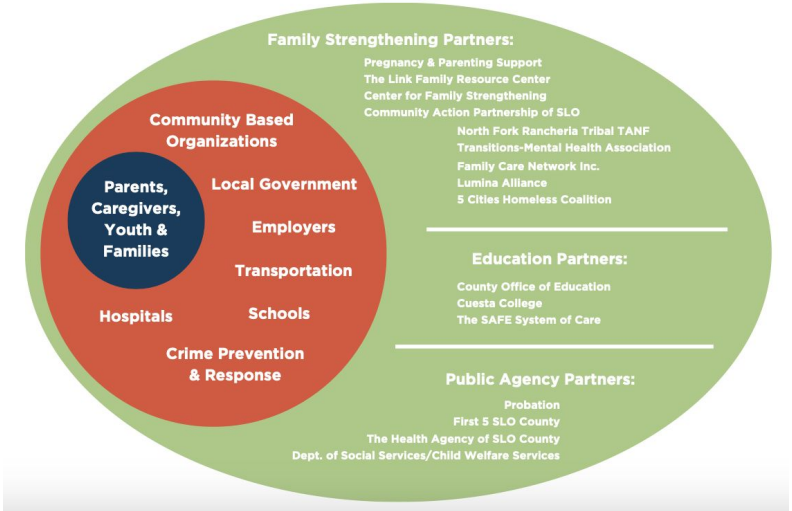
A Community Response to Child & Family Wellness

In 2020 the Department of Social Services and Center for Family Strengthening, the designated Child Abuse Prevention Council in SLO County, co-organized multiple agency partners to create the Families First Prevention Services Act Comprehensive Countywide Prevention Plan.

Align public systems and community partners for an integrated whole child, whole family, and whole community care.

Provide equitable access to services, support and wellness opportunities for children and families.

- Strengthen protective factors.
- Decrease formal system involvement.
- Increase wellness for generations to come.



San Luis Obispo County
CHILD & FAMILY
WELLNESS
COLLABORATIVE

Countywide Prevention Plan:

Coordinate Primary & Secondary Child Abuse Prevention through high-functioning partnerships.

Elevate Family Resource Centers & Family Strengthening Programs as the primary pathway to support children, youth and families.

Steward the SAFE System of Care, a countywide interagency collaboration for the benefit of families and students.

Build capacity in the family strengthening field through education, training and leadership development.

The role of the SLO County Child & Family Wellness Collaborative:

- **Convene the Collaborative partners**
- **Knowledge-sharing & professional development**
- **Guide the implementation of the *SLO County Comprehensive Prevention Plan***
- **Strengthen primary prevention pathways**

Shandon Wellness Center

Innovative partnerships serving Shandon children and families

The Shandon Joint Unified School District in cooperation with SLO SELPA, SLO County Office of Education, The Link Family Resource Center, SLO County Behavioral Health, The Food Bank Coalition and SAFE System of Care partners provide coordinated services to students and their families.

Cultivating Student Wellness:

- Mental Health Services
- Physical Health Services
- Family Support Services
- Educational Support

The Shandon Wellness Center is an accessible hub of support to help students and families thrive.

To learn more about the San Luis Obispo County Child & Family Wellness Collaborative, please contact: *Lisa Fraser, Executive Director, Center for Family Strengthening: lfraser@cfsslo.org | (805) 439-1994*

Spotlight on Children and Youth: Santa Barbara

Children and Youth Discussion Questions

1. What needs to happen to support organizations in making CalAIM referrals?
2. How should existing networks of care and coalitions support referrals to CalAIM?
3. What would be the highest impact actions the Collaborative could take to support more ECM and Community Supports referrals for children and youth?

CenCal Health Plan Updates

Resources and Updates

DHCS | SUCCESS

CA Path Home

NOW LIVE: “PATHways to Success”

Learn about the difference PATH is making for organizations and the Medi-Cal members they serve across California.

PATH is Growing Local Partnerships and Strengthening Services for Members

June 14, 2024

For more than 20 years, Lifespring Home Nutrition has provided Southern Californians with special dietary needs access to nutritious, medically tailored meals (MTM) to heal their bodies and manage their...

Read More

View All Success Stories

ECM & Community Supports Job Aid

CalAIM ECM and Community Supports Guide

Types of Community Supports Available in Ventura:

Housing Navigation
Assistance with finding, applying for, and securing permanent housing.

Housing Deposits
Assistance with housing fees, including security deposits and utility setup, such as gas and electricity.

Housing Tenancy & Sustainability
Support to keep your housing, such as help with landlord issues, annual certification, and connections to local resources to prevent eviction.

Personal Care and Homemaker Services
Support for daily activities like bathing, feeding, meal preparation, grocery shopping, and going to medical appointments.

Home Modifications
Home updates that help improve health, safety, and independence, such as ramps, grab-bars, wider doorways, and stair lifts.

Nursing Home Diversion to Assisted Living
Help with transferring to assisted living and receive services like daily living support, medication oversight, and 24-hour onsite direct care staff, instead of going to or staying in a nursing facility.

Day Habilitation Programs
Mentoring to develop skills, such as using public transportation, cooking, cleaning, and managing personal finances.

*For individuals experiencing homelessness
*Only for Kaiser Permanente members, starting July 2024

Recuperative Care (Medical Respite)
Short-term residential care if you are discharged from a hospital and without stable housing.

Caregiver Services (Respite Services)
Short-term relief for your caregivers, either where you live or at an approved facility.

Medically Supportive Food/Medically Tailored Meals
Deliveries of nutritious groceries or prepared meals along with vouchers for healthy food and/or nutrition education.

Short-Term Post Hospitalization Housing
Temporary housing after leaving inpatient care settings, including those for SUD treatment, mental health, correctional facilities, and more.

Asthma Remediation
Home updates to help prevent acute asthma episodes through filtered vacuums, dehumidifiers, air filters, and better ventilation.

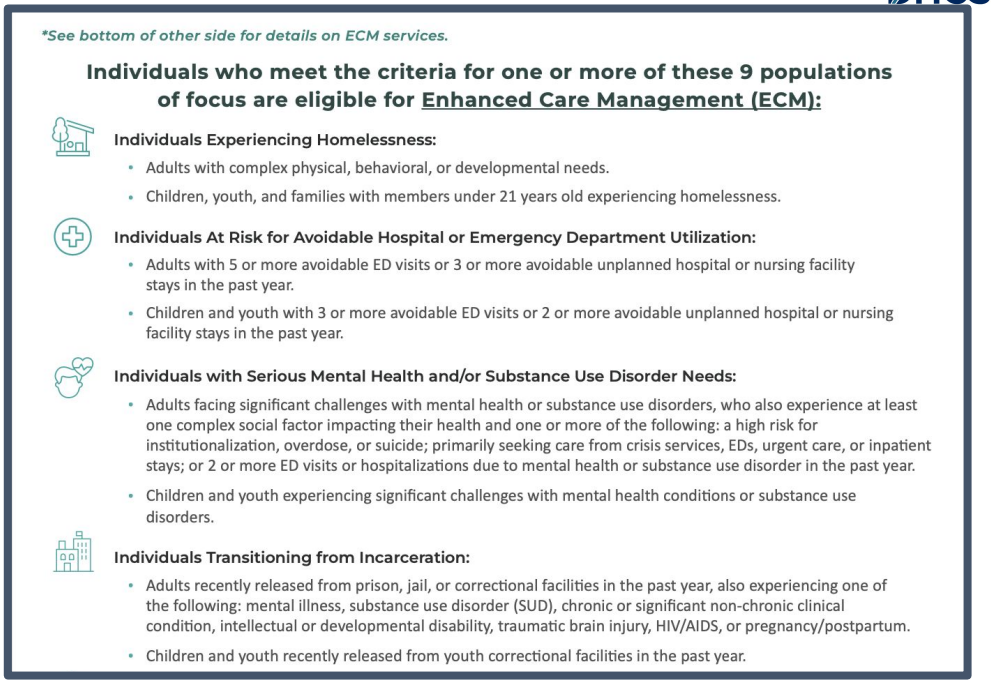
Nursing Facility Transition to a Home
Assistance returning home from a nursing facility, such as funding for security deposits, utility set-up fees, and health-related appliances like hospital beds.

Explaining Enhanced Care Management (ECM) Services to a Member:

Your dedicated Lead Care Manager will coordinate health and health-related services, offering care on the phone, in-person, and/or where you live.

Your Lead Care Manager can:
- Find doctors and make appointments

ECM does not replace:
Your benefits: It's an additional benefit for Medi-Cal members.



*See bottom of other side for details on ECM services.

Individuals who meet the criteria for one or more of these 9 populations of focus are eligible for Enhanced Care Management (ECM):

Individuals Experiencing Homelessness:
- Adults with complex physical, behavioral, or developmental needs.
- Children, youth, and families with members under 21 years old experiencing homelessness.

Individuals At Risk for Avoidable Hospital or Emergency Department Utilization:
- Adults with 5 or more avoidable ED visits or 3 or more avoidable unplanned hospital or nursing facility stays in the past year.
- Children and youth with 3 or more avoidable ED visits or 2 or more avoidable unplanned hospital or nursing facility stays in the past year.

Individuals with Serious Mental Health and/or Substance Use Disorder Needs:
- Adults facing significant challenges with mental health or substance use disorders, who also experience at least one complex social factor impacting their health and one or more of the following: a high risk for institutionalization, overdose, or suicide; primarily seeking care from crisis services, EDs, urgent care, or inpatient stays; or 2 or more ED visits or hospitalizations due to mental health or substance use disorder in the past year.
- Children and youth experiencing significant challenges with mental health conditions or substance use disorders.

Individuals Transitioning from Incarceration:
- Adults recently released from prison, jail, or correctional facilities in the past year, also experiencing one of the following: mental illness, substance use disorder (SUD), chronic or significant non-chronic clinical condition, intellectual or developmental disability, traumatic brain injury, HIV/AIDS, or pregnancy/postpartum.
- Children and youth recently released from youth correctional facilities in the past year.

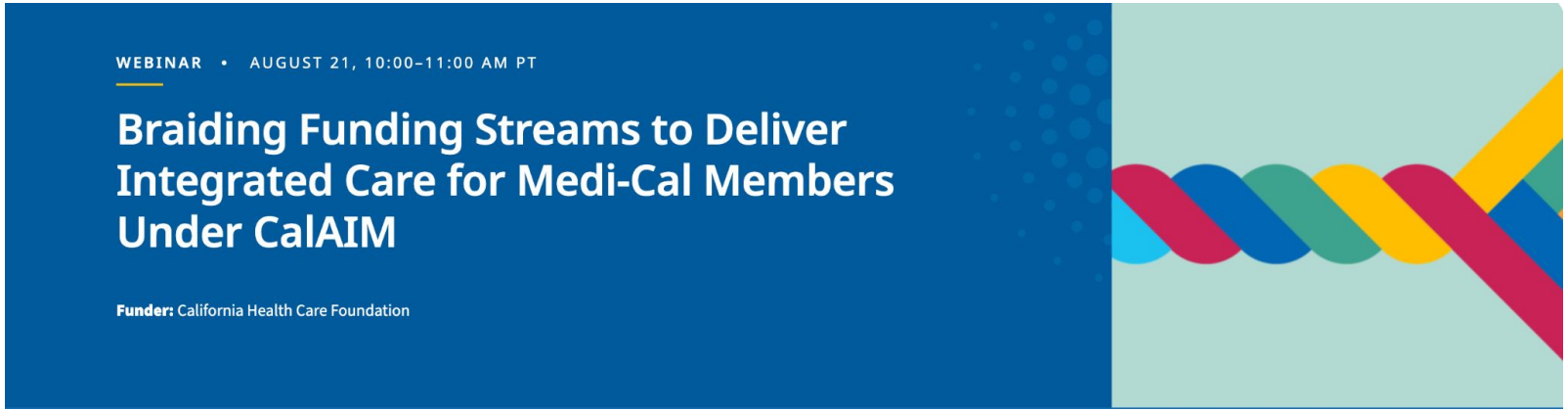
New second page describes populations of focus

Upcoming Events

- ITUP Central Coast Regional Equity Collaborative, July 23
  - https://us02web.zoom.us/meeting/register/tZUqcuiqqzMtHNIiH7vpu_em-lygGj3YEXp6#/registration

- Data Exchange Framework (DxF) Bootcamp - only a few spots remain!
  - August 1, 10am-1pm via Zoom
  - Email info@connectingforbetterhealth.com to register

Upcoming Events



August 21, 10-11am
Center for Health Care Strategies
Register Here

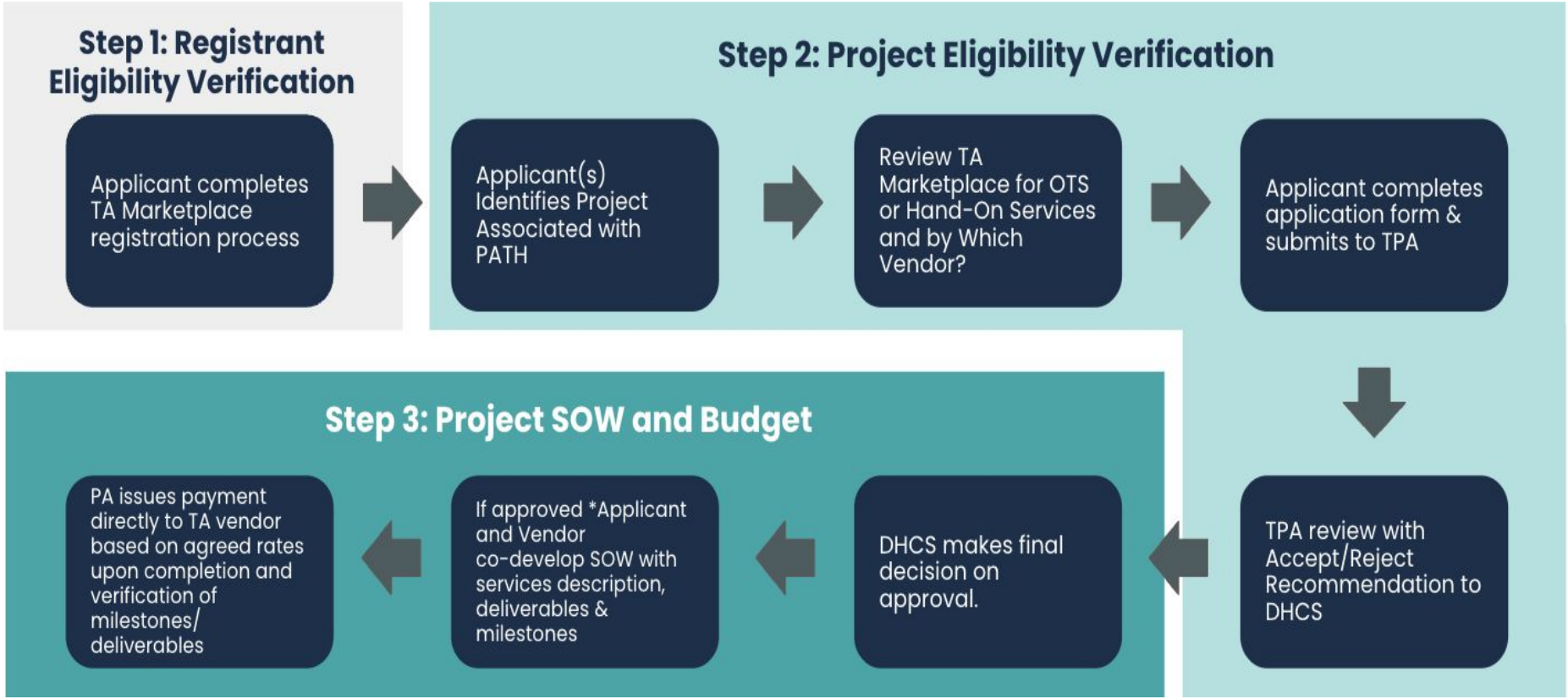
See you in August!

BluePath HEALTH

DHCS | PATH

Wednesday, August 21
11:00am
Zoom Link

CalAIM TA Marketplace



BluePath HEALTH

Thank you!
Questions or suggestions?
pathinfo@bluepathhealth.com

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Office Hours