# Alameda CalAIM **PATH Collaborative** Meeting October 18, 2024

Thank you for being here! We will get started at 10:10.







## **2024 Collaborative Aims & Objectives**

By December 2024, increase eligible members authorized for ECM by 15% & Community Supports by 15%

Build resources and relationships to drive community referrals

Strengthen ECM and Community Supports provider capacity Facilitate relationship building between providers, plans, & referral partners



### Today's Agenda

Time	Agenda Topic
9:00-9:45	Welcome, Introductions, and Objectives
10:10-10:15	Welcome and housekeeping
10:15-10:20	Follow-up from previous meetings
10:20-10:40	MCP Updates (Kaiser Permanente and Alameda Alliance for Health)
10:40-10:45	Break
10:45-10:50	Overview of Medically Tailored Meals and Medically Supportive Food
10:50-11:25	Medically Tailored Meals and Medically Supportive Food Provider Panel
11:25-11:30	Policy Updates, Events, & Resources
11:30-12:15	Lunch with optional Office Hours with the facilitators
1:00-3:00	Optional Food Insecurity Training with TDU





# Housekeeping



# Follow-ups from September



### **Public Health Accreditation Foundational Plans**







#### WOMEN INFANT AND CHILDREN (WIC)

Results Addressed: Access to care Food security Economic Security Peaceful families Premature child death



#### SEXUAL AND REPRODUCTIVE HEALTH

Results Addressed: Access to care Economic security Premature death

#### IMMUNIZATION

Results Addressed: Early Access to Care Prevention services Screening Economic security Premature death

## CHIP SIGNATURE PROGRAMS 2024

#### **FRONT DOOR**

Results addressed: Access to care Economic security Peaceful families and communities

#### EMBRACEHER

Results Addressed: Access to early care Mental health Economic security Peaceful families

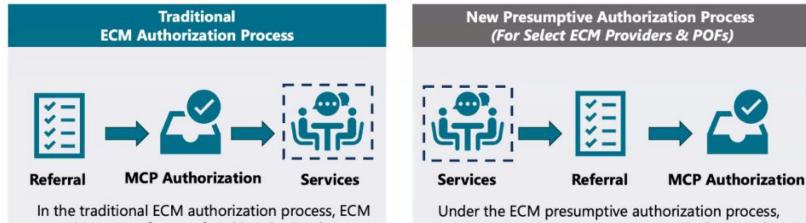


Results addressed: Economic security Peaceful families and communities



### **Overview: ECM Presumptive Authorization**

Starting on Jan. 1st 2025, MCPs are required to allow select ECM Providers to quickly initiate ECM services <u>prior</u> to submitting an ECM referral to an MCP and reimburse Providers for services during a 30-day timeframe.



services start **after** a referral is submitted to an MCP to authorize ECM services.

select ECM Providers can start services **before** a referral is submitted to an MCP to authorize ECM services.

### **Presumptive Authorization: POFs and Providers**

Column 1: ECM Population of Focus	Column 2: ECM Providers That Can Serve Members Through Presumptive Authorization
1) Adults & Children Experiencing Homelessness	<ul> <li>Street Medicine Providers</li> <li>Community Supports Providers of the Housing Trio Services: Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services</li> <li>County-contracted and County-operated Specialty Behavioral Health Providers</li> </ul>
2) Adults & Children At Risk for Avoidable Hospital or ED Utilization	<ul> <li>Primary Care Provider practices (including Federally Qualified Health Centers (FQHCs), County-operated primary care, and other primary care)</li> </ul>
3) Adults & Children with SMI/SUD Needs	County-contracted and County-operated Specialty Behavioral Health Providers
4) Adults & Children Transitioning from Incarceration	<ul> <li>Existing DHCS guidance governs authorizations and warm handoffs to support Members receiving pre-release services in the JI POF. See Section 13.3.d of the <u>Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative</u> for details.</li> </ul>
5) Adults Living in the Community and At Risk for LTC Institutionalization	<ul> <li>California Community Transitions (CCT) Lead Organizations</li> <li>Community Supports Providers of the Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services</li> </ul>
6) Adult SNF Residents Transitioning to the Community	<ul> <li>California Community Transitions (CCT) Lead Organizations</li> <li>Community Supports Providers of Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services</li> </ul>
7) Children & Youth Enrolled in CCS/CCS WCM	CCS Paneled Providers and Local Health Department CCS Programs
8) Children & Youth Involved in Child Welfare	<ul> <li>County-contracted and County-operated Specialty Behavioral Health Providers</li> <li>High Fidelity Wraparound Providers</li> <li>Health Care Program for Children in Foster Care Providers</li> <li>Department of Social Services (DSS) Offices</li> <li>Foster Family Agencies</li> <li>Transitional Housing Programs Current and Former Foster Youth</li> <li>Children's Crisis Residential Programs</li> </ul>
9) Birth Equity Population of Focus	<ul> <li>OB/GYN Practices</li> <li>Midwifery Practices</li> <li>Entities that deliver the following services: Entities that deliver the following services: Black Infant Health (BIH) Program, Perinatal Equity Initiative (PEI), Indian Health Program, American Indian Maternal Support Services (AIMSS)</li> </ul>



# Managed Care Plan Updates



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### Combined ECM enrollment for both AAH and KP (Q2 2024)

	ECM Populations of Focus	Adults	Children & Youth	
1a	Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experience Homelessness	429	N/A	
1b	Individuals Experience Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	N/A	322	
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	738	216	
3	Individuals with Serious Mental Health and/or SUD Needs	328	198	
4	Individuals Transitioning from Incarceration	180	1	
5	Adults Living in the Community and At Risk for LTC Institutionalization	376	N/A	
6	Adult Nursing Facility Residents Transitioning to the Community	4	N/A	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	N/A	68	
8	Children and Youth Involved in Child Welfare	N/A	91	
9	Birth Equity Population of Focus	134	5	
	Total	2,189	901	

### **Kaiser Permanente**

### Alameda PATH CPI Meeting October 2024



### **Q2 ECM Enrollment**

Summary: ECM enrollment data is the quarterly report sent from Kaiser Permanente to DHCS (from April 1 – June 30, 2024). Six populations for focus increased enrollment and three populations of focus decreased enrollment.

Q2 Enrollment by Populations of Focus							
Adult – Individuals Experiencing Homelessness	Adult – Families Experiencing Homelessness	Adult – Avoidable Hospital or ED Utilization	Adult – SMI or SUD	Adult – Transitioning from Incarceration	Adult – at Risk for LTC Institutionalization	Adult – NF Transitioning to Community	Adult – Birth Equity
55	0	62	104	0	13	0	81
Child – Individuals Experiencing Homelessness	Child – Families Experiencing Homelessness	Child – Avoidable Hospital or ED Utilization	Child – SMI or SUD	Child – CCS/CCS WCM with Additional Needs	Child – Child Welfare	Child – Transitioning from Incarceration	Child – Birth Equity
5	0	5	15	1	9	0	1



### **Reminder: ECM Outreach Campaign Pilot**

To raise community awareness of ECM, and drive ECM referrals, KP is planning a communications approach leveraging a public health communications firm, Public Good Projects, for a trusted messenger campaign.



#### WHAT?

•Create and leverage a network of local influencers for targeted messaging

•Leverage social media and other methods to communicate about ECM

•Focus messaging on the two of largest populations of focus for ECM, foster youth and birth equity

•Evaluate performance to expand our evidence base



#### WHY?

•Community-based providers shared feedback via survey and in various external collaborative forums that there is a critical opportunity to drive referrals and enrollments into ECM and CS by fostering community awareness via trusted messengers.

•DHCS expects that the majority of referrals for ECM will come from the community (providers, CBOs, members, etc.)

•Foster Youth and Birth Equity are two of the largest populations of focus



#### HOW?

•Focus on birth equity statewide

•Partner with Public Good Projects and external stakeholders to implement the pilot in Q4 2024- Q1 2025



#### WHEN?

- September mid-October: Planning, identifying messengers and message
- November January: Activate influencers and messaging
- February-March: Evaluation of pilot





### **Reminder: We Want to Hear From You!**

- 1. How do you share information regarding health-related benefits and services with your community members / members?
  - What proves to be the most effective?
  - Have you heard feedback from community members on what they prefer?
- 2. Who do you see as **local** leaders and organizations working in **birth equity**? Who do you see as **statewide** leaders or voices focused on **birth equity**?
- 3. How do you currently share information on ECM, CS, CHW?
  - What has worked?
  - What is difficult about the process?

**Follow-up:** If your organization works with birth equity populations and is interested in engaging more deeply, KP alongside our partners at PGP are offering an opportunity for a 30-minute virtual call to provide guidance for communication materials around ECM/CS/CHW benefits, reach out to KP.

Note: there is not compensation associated with this conversation.





# Data for Q2 of 2024 for Enhanced Care Management (ECM) and Community Supports

Lily Hunter, BSN, RN, MBA Director of Social Determinants of Health Alameda Alliance for Health





## **Q2 2024 ECM Program Participation**

	ECM Populations of Focus	Adults	Children & Youth
1a	Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experience Homelessness	374	N/A
1b	Individuals Experience Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	N/A	317
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	676	211
3	Individuals with Serious Mental Health and/or SUD Needs	224	183
4	Individuals Transitioning from Incarceration	180	1
5	Adults Living in the Community and At Risk for LTC Institutionalization	363	N/A
6	Adult Nursing Facility Residents Transitioning to the Community	4	N/A
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	N/A	67
8	Children and Youth Involved in Child Welfare	N/A	82
9	Birth Equity Population of Focus	53	4
	Total	1,874	865

# **Q2 2024 Members Served**

Community Supports	Percentage of CS Services	Number of Unique Members Authorized	Number of Unique Members Served
Housing Tenancy and Sustaining Services	32.5%	1422	1388
Medically Tailored Meals/Medically-Supportive Food	21.7%	1837	925
Housing Transition Navigation Services	27.0%	1299	1152
Housing Deposits	5.9%	317	252
Recuperative Care (Medical Respite)	3.4%	159	145
Asthma Remediation	2.2%	107	92
Nursing Facility Transition/Diversion to Assisted Living Facility	<1%	35	30
Community Transition Services/Nursing Facility Transition to a	<1%	18	2
Personal Care and Homemaker Services	6.3%	330	268
Environmental Accessibility Adaptations (Home Modifications)	<1%	8	6
(Caregiver) Respite Services	<1%	10	7
Total		5,542	4,267



# 5-Minute Break

# 05:00



# Medically Tailored Meals & Medically Supportive Food



# Medically Tailored Meals and Medically Supportive Food

Medi-Cal Members receive deliveries of nutritious, prepared meals and/or healthy groceries to support their health needs. Members may also receive vouchers for healthy food and nutrition education.

In the last reporting period (Q4 2023), **771 members** in Alameda County utilized Medically Tailored Meals or Medically Supportive Food.





## **Proposed Eligibility Updates for Jan. 2025**

### Medically Tailored Meals/Medically Supportive Food

- Proposed eligibility change: Must have both a chronic or serious condition **and** a high risk for hospitalization/SNF placement or otherwise have extensive care coordination needs
- Proposed guidance for ensuring medically tailored meals/medically supportive food are medically appropriate:
  - Tailoring of nutrition interventions should include consideration of the range of clinical factors unique to the Member and must engage an RDN or clinician with nutrition expertise
  - Emphasizes that the food provided must meet at least two-thirds of the daily nutrient and energy needs
  - Nutrition education must be paired with medically tailored groceries, food pharmacy, and food voucher interventions



# MTM/MSF Providers in Alameda County

Alameda Alliance for Health Providers:



Until everyone's fed



Project Open Hand meals with love



Kaiser Permanente Provider:



# PROGRAM OVERVIEW

- Community Support offering Medically Supportive Groceries
- Groceries include ~24 lbs of food home delivered weekly
- Welcome bag during first week- oils, spices, recipes, and contact letter
- Patients are approved for 12 units of service
- All patients surveyed 2x during service about self-reported health measures, food quality,

food quantity, etc

# PROGRAM CAPACITY

- Began with small caseload of 5 monthly patients while growing staff
- Can now take on 100+ weekly patients with goal of reaching 200 weekly patients by June 2025
- Currently does not offer nutrition counseling outside of paper resources- looking to add in 2025
- Currently receiving referrals from one clinic expanding to more clinics now



### BOX COMPONENTS

- Welcome Bag- Oils, spices, chia seeds, quinoa, program overview, nutrition ed, recipes
- **Dry Box** Whole grains, canned beans, peanut butter, canned vegetables, etc
- Produce Box- Organic seasonal produce
   that rotates weekly
- Fresh Protein Ground Turkey
  - Food components meet HER Guidelines and are minimally processed

# FAQS



### Who qualifies?

- Chronic conditions
- Not for food insecurity alone

### How can we send referrals?

 Normal food referral form + supporting documentation

### What is your program capacity?

- Can serve 100 weekly clients now, currently below 50
- Capacity will increase to 200 weekly clients by next summer

## **CONTACT INFO**

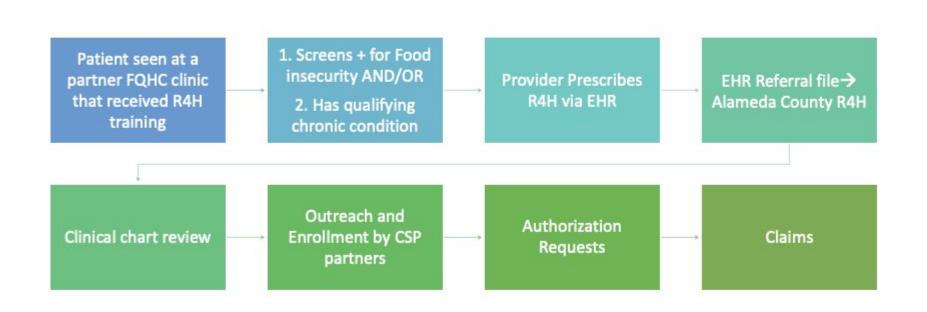
Rebecca Murillo (rmurillo@accfb.org) Sam Vazquez (svazquez@accfb.org)

### **Recipe4Health: Training and Administrative Hub**





### **Recipe4Health: Referral Journey**





### **Recipe4Health: Patient Story**



My doctor told me about Food as Medicine. The first group visit gave me hope. It literally saved my life. It gave me my spark back. I started to care about myself and about others. Before, I was overweight, and my blood pressure was sky high. I had stomach problems. All of that has cleared up. I'm walking. I'm doing the online Zumba classes. My blood pressure is within normal range, and I'm working to get off my medication. I've lost 77 pounds and am still going strong.



## **Project Open Hand Referral to Enrollment Process**

Client receives 12 weeks of meals AAH sends Medical provider POH Program Coordinator and/or groceries + up to three authorization to submits referral POH (denial contacts member to complete Nutrition Assessments with a form to AAH notifications routed intake for services Project Open Hand Registered The Alameda Alliance for directly to client) Dietitian Health referral form can be found on the POH website: AAH confirms if unable to connect https:// member contact Upon completion of 12 weeks of w/ member after information and services, client is referred to other www.openhand.org/getthree attempts interest in services local food services and/or meals/how-apply connected with AAH Case Management to discuss eligibility for Community Supports renewal POH contacts AAH for assistance



## **Project Open Hand Client Success**

#### Aug 2023:

Andy, a 65-y/o CalAIM Community Supports client with Type 2 Diabetes, begins receiving frozen meals and groceries from POH

#### Nov 2023:

Andy receives authorization for 3month service period renewal

#### Feb 2024:

Andy receives authorization for 3month service period renewal

#### Oct 2023:

Andy meets with POH RD, reporting having lost 10lbs unintentionally after a recent major amputation surgery. Notes POH food is helping him increase intake of nutritional foods.

#### Dec 2023:

Andy meets with POH RD, noting that his weight has returned to normal, blood sugar levels have improved, and mobility has increased post-surgery.

#### April 2024:

Andy meets with POH RD upon completion of POH services, reporting that his A1C has decreased to 5.6%, down from 10.5% one year prior. Client believes POH support allowed him to heal from surgery faster. He feels well-equipped to continue preparing foods himself after POH services end using other local food resources recommendations, RD guidance, and POH meals as a model.



Project Open Hand meals with love

### CALAIM COMMUNITY SUPPORTS MTM FROM MOM'S MEALS

- We serve <u>all</u> POF, including children ages 2 and up.
- Individuals can submit an inquiry to determine if they are eligible to receive medically tailored meals under the CalAIM Community Supports Program
- Webpage: <u>www.momsmeals.com/communitysupports</u>
  - Learn more about the CalAIM program
  - Browse and download menus
  - -Submit an inquiry
  - -Direct Link to referral: www.momsmeals.com/csform

Scan here to make an inquiry



The Mom's Meals Difference

Kaiser Permanente.



Confidential and Proprietary

### **BEST PRACTICE – SCREENING FOR MEALS**

### **Determining Nutritional Risk when Screening**

Here are a few simple questions (Hunger Vital Sign) that can help organizations determine if a CS referral may be appropriate:

- Within the past 12 months, you worried that your food would run out before you got money to buy more.
  - Often true
  - Sometimes true
  - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - Often true
  - Sometimes true
  - Never true

The Hunger Vital Sign questions are most commonly used throughout healthcare, including by CMS.

Reference: Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pediatrics, 126(1), 26-32. doi:10.1542/peds.2009-3146 Center for Medicare and Medicaid Innovation

- Food Insecurity alone is not an indicator for CS, per DHCS policy. However, food insecurity is often co-occurring with chronic conditions or recent hospitalization, which does make an individual eligible for meals.
- Success Story: Member reports she has been able to maintain her weight loss (260 pounds to 251 pounds) since starting Mom's Meals. Member reports she has been utilizing the information she learned during our first nutrition counseling session. Member reports she has tried Mrs. Dash in her cooking to cut down on her sodium intake. She also has been including more fruit in her diet and following MyPlate recommendations for a general, healthy diet. Member also reports she has started walking every other day to increase her physical activity. Member is very proud of herself and the changes she has made since starting Mom's Meals.









# **Proposed Community Supports Revisions**

### In September, DHCS released proposed definition changes to 7 Community Supports Services:

- 1. Housing Transition Navigation Services
- 2. Housing Deposits
- 3. Housing Tenancy and Sustaining Services
- 4. Nursing Facility Transition/Diversion to Assisted Living Services
- 5. Community Transition Services/Nursing Facility Transition to a Home
- 6. Medically Tailored Meals/Medically Supportive Food
- 7. Asthma Remediation

### Final Community Supports definitions will be finalized this fall. The updated definitions will go live January 1, 2025.



# **Proposed Community Supports Revisions**

### Housing

- Aligning Housing Trio eligibility with parts of Transitional Rent eligibility (clinical risk factors and homelessness/at risk of homelessness)
- Clarifying that any member who is determined eligible for or receiving Transitional Rent is automatically eligible for the Housing Trio
- Proposing to remove the prerequisite to receive one of the Housing Trio before qualifying to receive another
- Housing Deposits Proposed Updates:
  - An expanded list of goods and services
  - Expanding access to Housing Deposits once per CalAIM demonstration period as opposed to once per lifetime



# **DHCS Updates**

- Closed Loop Referral Requirement Go-Live Date is now July 2025
  - DHCS anticipates releasing final Closed-Loop Referral Implementation Guidance in late 2024 and will schedule an all comer webinar after release to support implementation and technical assistance.



# **Children & Youth Workgroup**

We're launching a new workgroup focused on outreach, referrals, and enrollment for children and youth!

Specific goals and objectives will be determined by workgroup members at the first meeting in December. Sign up here to stay informed on future meetings!





# Senior Wellness Fair

Location: San Francisco Bay University

Date: October 19, 2024

Time: 11 am - 1 pm

#### Share widely and invite your clients!





#### Oct 19, 2024 11 AM-1 PM San Francisco Bay University 161 Mission Falls Ln, Fremont, CA 94539

Join us at the free wellness fair to explore your Medi-Cal benefits, enjoy fitness demos, and participate in workshops. Socialize with fellow seniors, discover valuable resources, and have fun learning together! **Pre-register now for free lunch and transportation options!** 



bit.ly/fremontwellness

For questions and support with registration, please contact francesca.veverka@bluepathhealth.com or call (925) 905-1662.





SAN FRANCISCO BAY





# See you in November!

# Friday, November 15 | 10am-12pm On Zoom

# **Register here:**



# Thank you for attending!





# Appendix

## 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.) ٠
- Use of the KP referral form is recommended; however, KP will accept any referral form created by another Medi-Cal plan. ٠ 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
O 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 <u>referral form</u> to REGMCDURNs-KPNC@kp.org with the subject line "ECM Referral" or "CS Referral"		Send completed <u>referral form</u> to RegCareCoordCaseMgmt@kp.org with the subject line "ECM Referral" or "CS Referral"
41		ral Valley: 93618, 93631, 93646, 93654, 93666, 93673; ern CA: 93238, 93261	KAISER PERMANENTE

Tulare Southern CA: 93238, 93261.

<b>0</b>	Provider	Services/Populations of Focus	Phone Number
Organizations listed have executed contracts with KP as of October 4th, 2024.	A Better Way Inc	Children & Youth - Individuals with SMI/SUD Children & Youth - Involved in Child Welfare	510-433-8600
Other providers are welcomed to	AAT Home Placement Agency	Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community	209-594-5980
apply to join our provider network via the NLEs.	Agape Village	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 Children & Youth - Enrolled in California Children's Services (CCS) or WCM w/needs Children & Youth - Involved in Child Welfare Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	510-835-2641
	Alameda Family Services	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 Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	925-474-2154 (Pleasanton)
	Alternative Family Services	Children & Youth - Individuals with SMI/SUD Children & Youth - Individuals transitioning from incarceration Children & Youth - Involved in Child Welfare	530-283-3330
	CityServ	TBD	(559) 802-3667
	EA Family Services	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals transitioning from incarceration (Adult) 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 transitioning from incarceration Children & Youth - Individuals transitioning from incarceration	(510) 268-3770
42	East Bay Agency of Children	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	510-547-7322

Organizations listed have	Provider	Services/Populations of Focus	Phone Number
executed contracts with KP as of October 4th, 2024. Other providers are welcomed to apply to join our provider network via the NLEs.	Family Resource Navigators	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	858-444-8827
	Fred Finch Youth & Family Services.	Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Individuals transitioning from incarceration Children & Youth - Involved in Child Welfare	530-283-3330
	Independent Living Systems	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - Individuals transitioning from incarceration (Adult) Adults - Individuals transitioning to the community Adults - NF residents transitioning to the community Adults - Individuals with Intellectual or Developmental Disabilities Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Individuals with Intellectual or Developmental Disabilities (I/DD) Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	844-320-5182
	J&M Homecare Services, LLC	Adults - Individuals at-risk for IP and ED Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community	925-552-6500
43	Koinonia Foster Homes, Inc.	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 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)	209-577-3737

Organizations listed have	Provider	Services/Populations of Focus	Phone Number
executed contracts with KP as of October 4th, 2024.	Lincoln Families	Children & Youth - Involved in Child Welfare	510-273-4700
	New Dimensions Foster Family Agency	ТВА	209-526-1837
Other providers are welcomed to apply to join our provider network via the NLEs.	Resolution Care (dba Vynca Care) [ <i>Birth Equity Specialty Provider Type</i> ]	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - Iving 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 - Individuals with Intellectual or Developmental Disabilities (I/DD) Children & Youth - Individuals with Intellectual or Developmental Disabilities (I/DD) Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	888-227-8884
	Seneca Family of Agencies [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 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	510-654-4004



Organizations listed have	Provider	Services/Populations of Focus	Phone Number
executed contracts with KP as of October 4th, 2024. Other providers are welcomed to apply to join our provider network via the NLEs.	Serene Health IPA	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - Individuals transitioning from incarceration (Adult) Adults - Individuals transitioning for mincarceration (Adult) Adults - Iving in the community at-risk for LTC Adults - NF residents transitioning to the community Adults - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal 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	844-737-3638
	Side by Side	Children & Youth - Individuals with SMI/SUD Children & Youth - Involved in Child Welfare	510-727-9401
	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

Organizations listed have	Provider	Services/Populations of Focus	Phone Number
executed contracts with KP as of October 4th, 2024. Other providers are welcomed to apply to join our provider	Stars Behavioral Health Group	Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Individuals transitioning from incarceration Children & Youth - Involved in Child Welfare	510-352-9200
network via the NLEs.	Sterling Hospitalist Medical Group, Inc	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - Iiving in the community at-risk for LTC Adults - NF residents transitioning to the community Adults - Individuals with Intellectual or Developmental Disabilities Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD Children & Youth - Individuals with Intellectual or Developmental Disabilities (I/DD)	714-897-1071
	Unity Care Group, Inc.	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 Children & Youth - Involved in Child Welfare	(408) 971-9822
	WestCoast Children's Clinic	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 Children & Youth - Enrolled in California Children's Services (CCS) or WCM w/needs Children & Youth - Involved in Child Welfare Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	510-269-9030
	Your Home Assistant LLC	Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community	916-970-9001

### **Community Supports (CS) Providers in Alameda County**

Organizations listed have	Provider	Services/Populations of Focus	Phone Number
executed contracts with KP as of October 4th, 2024. Other providers are welcomed to apply to join our provider	AAT Home Placement Agency	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	209-594-5980
network via the NLEs.	AccentCare of California	Respite Services Personal Care and Homemaker Services	818-837-3775
	Aging Assistant LLC	Respite Services Personal Care and Homemaker Services	916-753-7622
	Alegrecare, Inc	Personal Care and Homemaker Services	800-598-4777
	ASSURED INDEPENDENCE	Home Modifications	425-516-7400
	Breathe California of the Bay Area, Golden Gate and Central Coast	Asthma Remediation	408-998-5865
	CityServ	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Short-Term Post-Hospital Housing Recuperative Care Sobering Centers Day Habilitation	(559) 802-3667
	Connect America West	Home Modifications	707-200-2138
	EA Family Services	ТВА	530-283-3330
	Eddie's Place "Cardea Health"	Recuperative Care	615-226-2292
	Evolve Emod, LLC	Home Modifications Asthma Remediation	844-438-7577
	Home Safety Services, Inc	Home Modifications	888-388-3811
47	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 Environmental Accessibility Adaptations (Home Modifications) Asthma Remediation Personal Care (beyond In Home Services and Supports) and Homemaker	844-320-5182

#### **Community Supports (CS) Providers in Alameda County**

Organizations listed have executed contracts with KP as of **October 4th, 2024.** 

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



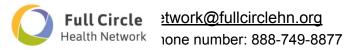
Provider	Services/Populations of Focus	Phone Numbe
&M Homecare Services, LLC	Respite Services Personal Care and Homemaker Services	925-552-6500
ifeline Systems Company	Home Modifications	800-451-0525
Maxim Healthcare	Respite Services Personal Care and Homemaker Services	(510) 982-377
Nom's Meals	Meals/Medically Tailored Meals	877-508-6667
Pear Suite, Inc	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Asthma Remediation	628-204-4124
Serene Health IPA	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Short-Term Post-Hospital Housing Community Transition Services/Nursing Facility Transition to a Home Day Habilitation	844-737-3638
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
Sterling Hospitalist Medical Group, Inc	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services	714-897-1071
Uncuffed Project Inc	Recuperative Care	415-320-8798
WINETEER INC DBA LIFEWISECHM	Home Modifications	913-653-0766



## How a community-based organization can serve KP members

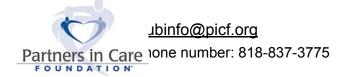
KP is working with three Network Lead Entities (NLEs) to develop a network of community-based ECM, CS, and CHW providers.

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



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





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.



### **Helpful Links and Contacts**

KP Medi-Cal Resource Center:

KP 2024 Medi-Cal Direct Contract:

KP Designated Medi-Cal Call Center:

KP Medi-Cal Programs (ECM, CS, CHW):

KP Medi-Cal Continuity of Care:

KP Self-Service Community Resource Directory:

KP Community Health Care Program:

Medi-Cal Redeterminations Toolkit: Medi-Cal Rx:

**Medi-Cal Dental:** 

Medi-Cal External Engagement Dution only

#### **Resource Center Link**

#### KP.org/Medi-Cal2024

1-855-839-7613 Call to speak to a live Medi-Cal trained agent

For current information, go to our website: Link

For current information, go to our website: Link

#### KP.org/communityresources

**1-800-443-6328** Toll-free number to speak with a resource specialist (M-F, 8a-5p local time)

Available to California residents without access to other health coverage. For current information, go to our website: <u>Link</u>

For current information, go to DHCS website: Link

1-800-977-2273

#### 1-800-322-6384

For general Cal AIM and CS/ECM in the ser PERMANENTE.