Alameda CalAIM PATH Collaborative Meeting

December 13, 2024







Today's Agenda

Time	Agenda Topic
10:00-10:05	Welcome, Agenda, and Housekeeping
10:05-10:15	Resources, Follow-ups, and Timely Updates
10:15-10:25	2025 CalAIM Policy Updates Overview
10:25-11:15	MCP Updates: Alameda Alliance & Kaiser Permanente
11:15-11:25	2024 Year in Review
11:25-11:30	2025 Meeting Schedule
11:30-12:00	Office Hours



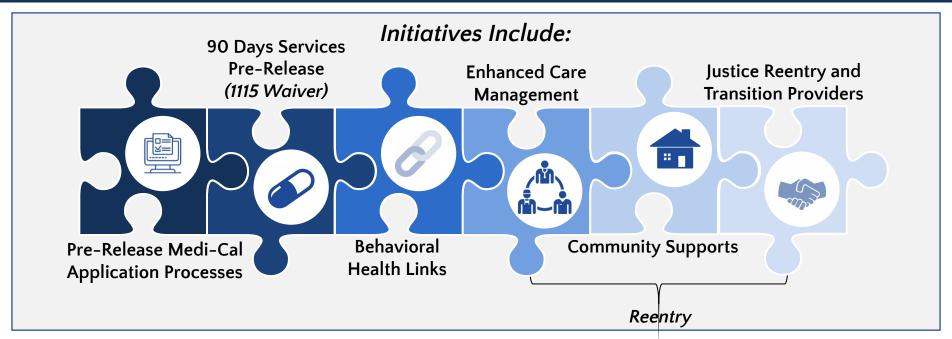
Housekeeping



Follow-Ups & Resources

The CalAIM Justice-Involved Initiative is Comprised of Pre-Release and Reentry Components

CalAIM justice-involved initiative support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry.





Case and Disease Management (CMDM) - Program Referral Form

The Alameda Alliance for Health (Alliance) Case and Disease Management (CMDM) Program Referral Form is confidential. Filling out this form will help us better serve our members.

INSTRUCTIONS

- 1. Please print clearly, or type in all of the fields below.
- 2. Please mail, send by a secure email*, or fax the completed form to:

Alameda Alliance for Health

ATTN: Case and Disease Management Department (CMDM)

1240 South Loop Road, Alameda, CA 94502

Secure Email*: deptcmdm@alamedaalliance.org

Fax: 1.510.747.4130

*If you have questions about how to send a secure email, please visit www.alamedaalliance.org.

For questions, please contact the Alliance CMDM Department via email or call toll-free at 1.877.251.9612.

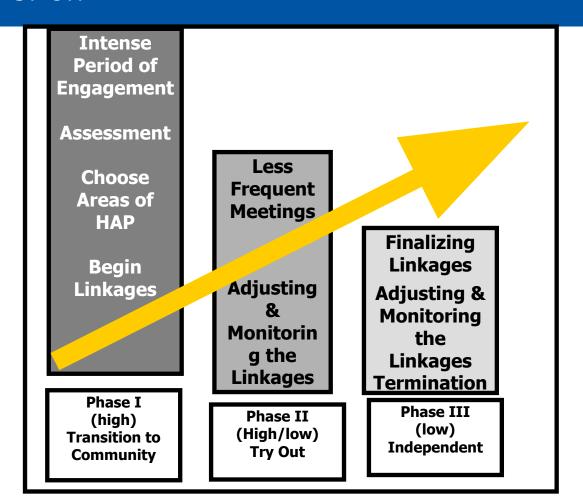
PLEASE NOTE: The Alliance will directly notify the member which CMDM program can provide them with services.

Request Date (MM/DD/YYYY):		
SECTION 1: REFERRING PROVIDER INFORM	MATION	
Last Name:	First Name:	
Facility/Clinic/Organization Name:		
Phone Number:	Fax Number:	
	: Community Partner Hospital PCP Spec	
SECTION 2: MEMBER INFORMATION		
Last Name:	First Name:	
Alliance Member ID #:	A CONTRACTOR OF THE CONTRACTOR	
Phone Number:	Sex: Female Male	
Address (or location, i.e., under 5th St. bridg	ge):	
City:	State: Zip:	
Is the member aware of this referral?	es 🗆 No	
Did the member consent to this referral?	Yes No	
SECTION 3: PROGRAM REFERRAL		
Cardiovascular Disease Management	rdination with mental health and Applied Behavioral Analysis (A	
Depression Disease Management		
Diabetes Disease Management		
Enhanced Care Management (ECM)		
Other (please provide details in Secti	on 4)	



OVERVIEW OF CTI







Children & Youth Workgroup

Kickoff meeting last week identified multiple priority areas and opportunities for collaboration. Areas of focus will include:

- Care coordination for foster youth;
- Community Supports for children and youth; and
- CalAIM education & awareness

Next meeting:

Tuesday, Jan. 21 11am-12pm



Care Workforce Summit

Tuesday December 17 from 11:30am – 1:30pm

California Endowment Oakland Regional Office

Agenda:

- Ice breaker and Introductions
- Care Workforce Opportunities Panel
- Training and Eligibility Information
- Lunch, resource fair and training registration

Who should join?

- Individuals seeking flexible employment
- Unpaid caregivers of family and friends
- Community health and service providers

Free lunch for all who pre-register!

















Training Opportunity:







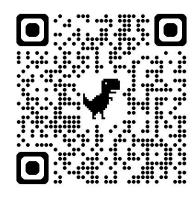
Funding Opportunity: CITED Round 4

- Applications will be open from January 6 to
 March 7
- State priorities for funding include:
 - County-Specific ECM and Community Supports gaps
 - Statewide ECM and Community Supports gaps
 - Birth Equity, Justice-Involved, and Transitional Rent
 - Tribal Entities or other entities serving tribal members
 - Entities serving individuals whose primary language is not English
 - Local CBOs
- Learn more about CITED here

Information Session:

Tuesday, Jan. 7

11:30am-12:30pm





2025 Statewide CalAIM Policy Updates



What's new in 2025?

Launching January 1st:

- ECM Referral Standards
- ECM Presumptive Authorization Policy

Coming later in 2025:

- Closed-Loop Referrals Implementation Policy
- Updated Community Supports Definitions

ECM Referral Standards and Form Templates

- » The <u>ECM Referral Standards</u> create a unified set of information that all MCPs collect as part of any referral for ECM. MCPs must adopt these standards by January 1, 2025.
- » The standards include technical information that MCPs can use to build <u>electronic ECM referrals via</u> provider portals, EMRs, HIE, etc.

» The **ECM Referral Form Templates** are an application of the ECM Referral Standards for use when the referring entity cannot use an electronic format. DHCS always encourages and prefers electronic referrals over PDFs/hard copy forms but understands that not all community entities can refer Members this way. There are two form templates - Adult

Key Information Collected in ECM Referrals

Starting January 1, 2025, all Managed Care Plans must use the ECM Referral Standards for their ECM Referral Forms. so that entities referring to ECM fill out the same information across MCPs.

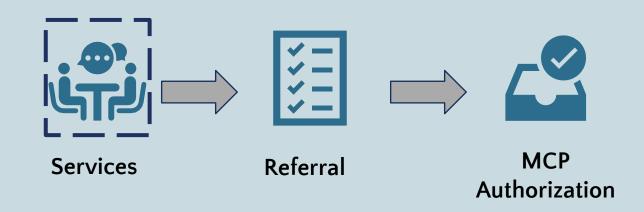
- » The ECM Referral Standards and Forms Templates define the following areas:
 - Medi-Cal Member Information
 - Referral Source Information
 - Eligibility Criteria for Adults and Children/Youth
 - Enrollment In Other Programs
 - **Referral Transmission Methods** *Including guidance encouraging batch referrals*

The ECM Referral Standards will not change the existing processes for the MIF and RTF.

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.

New Presumptive
Authorization Process
(For Select ECM
Providers & POFs)



Under the ECM presumptive authorization process, select ECM Providers can start services **before** a referral is submitted to an MCP to authorize ECM services.



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 are being finalized by DHCS. The updated definitions will likely go live in Summer 2025.



Closed Loop Referral Implementation Guidance

- 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.



Managed Care Plan Updates

Kaiser Permanente

Alameda PATH CPI Meeting

December 2024

What is the Community Health Care Program?

Kaiser Permanente's Community Health Care Program is for Californians who can't get any other health coverage. As of June 2024, 324 Northern Californians are enrolled.



Great coverage is now within your reach

Now Serving Adults

On November 1, 2023, Kaiser Permanente (KP) relaunched its Charitable Health Coverage (CHC) program, replacing the Child Health Plan as a single statewide program serving eligible adults.

CHCP is unique to KP



Eligibility

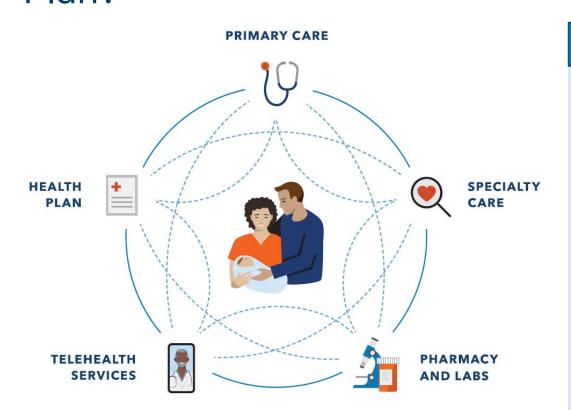
- Do not qualify for other health coverage (e.g., Medi-Cal, Medicare, a job-based health plan, or Covered California)
- Reside in KP service area
- Income between 139-300% FPL (up to roughly \$45K for single person or \$93K for family of 4)



CHCP Enrollees are KP Members

CHCP recipients are enrolled in the Individuals and Families Kaiser Permanente Platinum 90 HMO plan. Monthly premiums are paid for by a KP subsidy, as are most out of pocket costs for covered services at KP facilities. CHCP is not a public benefit program.

What's covered under the KP Platinum 90 HMO Plan?



Some of the health plan benefits covered

\$0 Out-Of-Pocket Costs

for KP Platinum 90 HMO members for covered services at KP facilities:

- Chat, Email, Phone and Video Visits
- Preventive Care, Screening, Immunizations
- Primary Care Office Visit
- Specialty Care Office Visit
- Most X-rays & Lab Tests
- Prescription Drugs (up to a 30-day supply at KP plan pharmacy or through mail order)
- Mental Health Services
- Emergency and Urgent Care
- Inpatient Hospital Stay

CHCP Open Enrollment 2024-25









Aug – Sept 2024

- Community Informational Session Kick Off (9/23)
- Outreach & Social Media Planning
- Collateral Development
- Re-Enrollment Notification

Oct-Nov 2024

- Trainings for Enrollers/Partner
 s
- Social Media + Media Outreach
- Open Enrollment Starts 11/1

Jan 2025

Open Enrollment Ends 1/31

Ongoing 2025

Outside of Open Enrollment, people who experience a Qualifying Life Event can apply during the Special Enrollment Period

Who's eligible?



Not eligible for other health coverage (e.g., Medi-Cal, Medicare, a job-based health plan, or Covered California)



Income between 139% - 300% FPL (up to \$45,180 for single person or \$93,600 for family of 4)



Reside in KP service area



US Citizenship/legal status is <u>not</u> a requirement

Kaiser Permanente Cares About Privacy

Kaiser Permanente keeps all applicant information private, as required by law, and uses the information to determine eligibility for other programs. CHCP is not a public benefit program. It is a KP-sponsored program to address community needs.

Comparing Medi-Cal and CHCP

	Medi-Cal	Community Health Care Program
Geography	All California residents	Californians who live in KP service areas
Age	No age restriction	No age restriction
Income	<138% FPL	Up to 300% FPL
Immigration Status	No restriction	No restriction
Enrollment Period	Enrolls all year	Enrolls Nov 1–Jan 31 except for Qualifying Life Events
Re-Applying	Annual redetermination required	Annual subsidy reapplication required

Note: this is not an exhaustive list, and other rules may apply

How to apply for CHCP



CHCP Open Enrollment starts November 1, 2024, and ends January 31, 2025. Applications will be available on 11/1 at kp.org/chcp.



Two applications are needed:

- The Kaiser Permanente Individuals and Families (KPIF application)
- 2) Subsidy application to determine eligibility

Required Documentation

Household Income: Such as pay stubs, W2 forms, profit and loss forms, or signed attestations. Cash Income: Applicants with

Cash Income: Applicants with cash income can submit a signed attestation.

Submitting Applications

Email is recommended but fax and snail mail are okay.

Processing applications can take up to 6 weeks.

Coverage Start Date

Application received	Coverage starts
Dec 31, 2024	Jan 1, 2025
Jan 31, 2025	Feb 1, 2025

Find enrollment assistance organizations

Applicants are encouraged to apply through one of our Enrollment Partners.

kp.org/chcp/gethelp





"We never thought we'd have any insurance before we found this."

- New CHCP enrollees, Eduardo and Erandy, who went without health insurance or health care for two years before enrolling in the program.

ECM Updates





Agenda

- Referral Standards and Template
- Presumptive Authorization
- Auth Status First Come, First Serve
- What Remains the Same



Referral Standards and Template

- DHCS mandating Referral Standards and Templates
 - Specific fields Alameda Alliance is required to ask
 - Specific fields the ECM Provider required to complete
 - Changes for Alameda Alliance ECM network:
 - No longer required to complete additional referral form/questions for PoF 3 (SMI/SUD)



Changes to Referral Form

- Type of Referral
 - Routine
 - Expedited

SECTION 1: REFERRING PROVID	ER INFORMATION	
Last Name*:	First Name*:	
Title:	NPI Number:	
Organization Name*:		
Phone Number*:	Fax Number:	
Email*:		
Relationship to Member*:		

Benefit start date

SECTION 1: REFERRING PROV	IDER INFORMATION (cont.)
	an ECM provider that is eligible for presumptive authorization, Il benefit start date?
If yes, please provide the s If the referring organization is ECM provider? Yes	a community partner, does the member have a preferred
	an ECM provider's full name:an ECM provider, does the referring organization recommend
	to it as their ECM provider? Yes No



Presumptive Authorization

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





Referral MCP Authorization

In the traditional ECM authorization process, ECM services start **after** a referral is submitted to an MCP to authorize ECM services.

New Presumptive Authorization Process (For Select ECM Providers & POFs)



Services Referral MCP Authorization

Under the ECM presumptive authorization process, select ECM Providers can start services **before** a referral is submitted to an MCP to authorize ECM services.



Presumptive Authorization

- DHCS Requirements for Presumptive Authorization for specific providers for specific Populations of Focus
- Alameda Alliance is expanding this and will be creating a one-month authorization to allow providers to gather all necessary information to support justification of member's eligibility (for members who are not on the MIF)
- Changes for Alameda Alliance ECM Network:
 - The ECM Provider has 30 days to gather eligibility information under the presumptive authorization (if not already done)
 - Alameda Alliance's ECM team will no longer be researching justification if not provided as supporting documentation. If not present at submission, the authorization will be delayed or denied.



Authorization Status

- Please submit enrollment information to Alameda Alliance as soon as it is known
- The reimbursement for services rendered will go to the authorization on file
- There will no longer be duplicative ECM providers
 - Default will go to the ECM provider with the authorization on file (first)



What Remains the Same

- Outreach efforts
 - Continue to submit outreach efforts on the RTF and Encounter files per usual
- To seek reimbursement for services after they start:
 - Alameda Alliance still requires an authorization
 - This type of authorization is called a retro request (aka reverse referral)
 - Retro Requests are allowed up to 90 days from the first date of engagement
 - Alameda Alliance still requires a Return Transmission File (RTF) and Encounter File by the 10th of every month
 - · Both files must be submitted together

Community Supports Updates





Services AAH Offers-11 Programs

- Housing Navigation
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Asthma Remediation
- Medically Tailored Meals
- Recuperative Care (Medical Respite)
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care & Homemaker Services
- Nursing Facility Transition/Diversion to ALF
- Respite Services
- Environmental Accessibility Adaptations

Referral vs Authorization Request



> Referral

☐ A notification from a non-Community Supports provider, identifying a member who may benefit from a Community Support.

Authorization Request

A request from the provider to the health plan to review and determine the appropriateness of a Community Support (submitted by a Community Support provider, or a provider that has already collaborated with that Community Support provider and received the member's consent)





Support For Providers

- Questions related to eligibility requirements
- Questions related to authorization processes
- Department Contact Info:
 - Email: CSDEPT@alamedaalliance.org
 - o Phone: 1.510.747.4545
- Individual Provider Meetings



Thanks!

If you have any questions please contact us.



CSDEPT@alamedaalliance.org



2024 Year in Review



2024 Collaborative Aims & Objectives

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



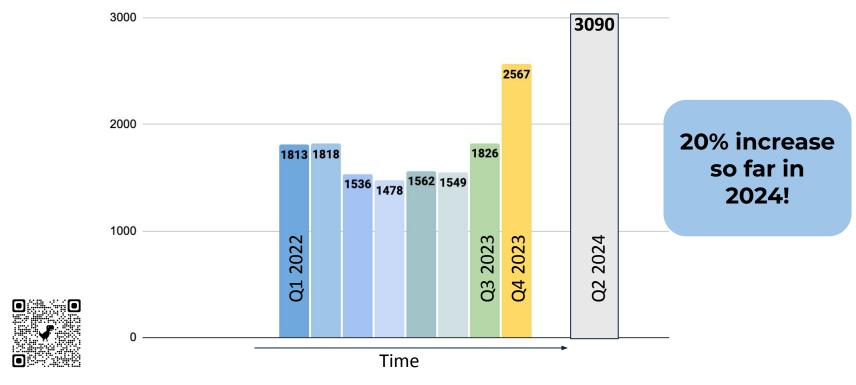
Build resources and relationships to drive community referrals

Strengthen ECM and Community Supports provider capacity

Facilitate
relationship
building between
providers, plans, &
referral partners



Alameda County, ECM Enrollment by Quarter



Source:

https://storymaps.arcgis.com/collections/a07f998d fefa497fbd7613981e4f6117



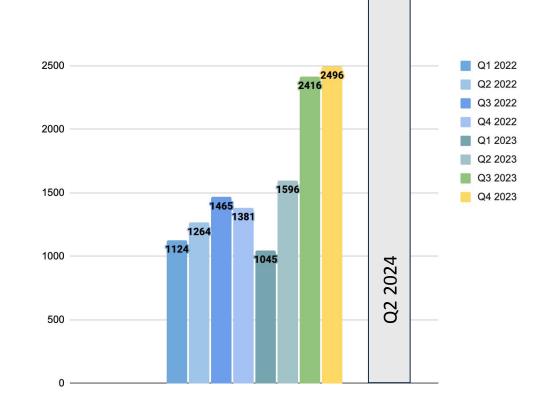
Alameda County, Community Supports Utilization by Quarter 4267

71% increase so far in 2024!



Source:

https://storymaps.a rcgis.com/collection s/a07f998dfefa497f bd7613981e4f6117





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	



Collaborative meetings

- 12 collaborative meetings, including 4 in-person meetings
- Over **130** participating organizations
- Over **500** participating individuals
- Average meeting attendance of over 80 participants







Peer Learning







Until everyone's fed

CARDEA 🖖 HEALTH







- Care coordination for foster youth
- Street Medicine and Housing Supports
- Birth Equity
- Adults at risk for long-term care institutionalization
- ECM and Community Supports Referral Strategies
- Alameda County Community Health Needs Assessment
- Medically Supportive Food
- Justice Involved Initiative
- Statewide CalAIM Policy Updates
 - MCP updates

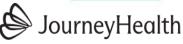
























Senior Wellness Fairs





Two Senior Wellness Fairs drew over 100 participants to promote access to CalAIM services and build community.





ECM and Community Supports Provider List





CalAIM PATH Care Coordination Provider List ECM and Community Supports Providers March 2024

Community Supports Providers: Quick Reference

	Alameda Alliance	Kaiser
Asthma Remediation		
Alameda County Public Health ASTHMA START. Breathe California. Evolve Emod.		X X
Roots Community Health Center	Х	
Community Transition Services/Facility Transition to Home		
East Bay Innovations Independent Living Systems	Х	Х
Omatochi Serene Health.	1000	х
Star Nursing		Х
Day Habilitation Programs		
Serene Health		Х
Environmental Accessibility Adaptations (Home Modifications)		
Assured Independence		Х
Connect America West		Χ
Lifeline Systems Company		Х
LifewiseCHM	26.00	Х
East Bay Innovations	X	

*	EAST BAY INNOVATIONS		
About	East Bay Innovations (EBI) is a private non-profit organization providing services to people throughout Alameda County. EBI offers a variety of services supporting more than 500 individuals with disabilities to live as independently as possible in their own homes, to be successfully employed, and to feel a sense of membership in their community.		
Location	2450 Washington Avenue, Suite 240 San Leandro, CA 94577		
Website	https://www.eastbayinnovations.org/		
Main Line	510.618.1580		
Provider Type	Enhanced Care Management		
Population of Focus	Adults At Risk for Hospital or ED Utilization Adults/Families experiencing Homelessness Adults At Risk for LTC Institutionalization Adult SNF Residents Transitioning to the Community		



Sortable Provider List Spreadsheet

	MCP CONTRACT		ECM		
Provider (See the Provider List on our website for detailed information)	Is this provider contracted with Alameda Alliance for Health (AAH)?	Is this provider contracted with Kaiser Permanente (KP)?	Does this provider offer ECM for Children/Youth?	Does this provider offer ECM for Adults?	Does this provider offer CS?
24 Hour Home Care	х				х
AAT Home Placement Agency		x			
A Better Way, Inc.		x	x		
Accentcare of California		x			x
Agape Village		x	x		
Alameda County Behavioral Health Care Services	x			x	
Alameda County Behavioral Health, Eastmont Health Center	x			x	
Alameda County Community Food Bank	x				х
Alameda County Health Care Services	x				x
Alameda County Public Health (Asthma Start)	x		х		х
Alameda County Public Health, California Children's Services (CCS)	x		x		
Alameda County Recipe4Health	x				х
Alameda Family Services	x	х	x		
Alameda Health System	x			x	
Alameda Health System, Eastmont Wellness	x			x	
Alameda Health System, Hayward Wellness	х			x	
Alameda Health System, Highland Wellness	x			x	
Alegrecare		х			х
Alternative Family Services	х		x		
Amity Foundation		v		v	

Apoyo comunitario (CalAIM) y Gestión Mejorada de la Atención (ECM)

Tipos de apoyo comunitario disponibles en el Condado de Alameda:

Búsqueda de vivienda



Asistencia para encontrar, postular y asegurarse una vivienda en forma permanente.

Cuidados de recuperación (Relevo médico)



Cuidados residenciales de corta duración si le dan de alta en el hospital sin vivienda estable.

Depósitos para la vivienda Servicios de cuidadores (Servicios de relevo)



Servicios de relevo de corta duración para asistentes, en el domicilio o en instituciones aprobadas.

Asistencia con gastos de vivienda, incluvendo depósitos



de seguridad, configuración y gestión de servicios, como gas y electricidad.

Dietas de apoyo médico/Comidas adaptadas individualmente



SAR Entrega de alimentos nutritivos o de comidas preparadas, con vales para alimentos saludables y/o educación alimentaria.

Alquiler de vivienda y sostenibilidad



Apovo para conservar la vivienda, como problemas con el propietario(a), certificaciones anuales y apoyo con recursos locales para prevenir desaloios.

Cuidados personales y servicios domésticos



Asistencia en actividades diarias, como bañarse, alimentarse, preparar comidas, comprar comestibles y asistir a citas médicas.

Programas de habilitación para actividades diarias



Guía para desarrollar competencias, tales como usar el transporte público, cocinar, limpiar y ocuparse de su gestión financiera personal.

> *Para personas en situación de calle o sin hogar *Sólo para miembros permanentes de Kaiser

Centros de desintoxicación



Avuda a corto plazo para la desintoxicación ambiente seguro, con acceso a cuidados de alojamiento temporal, alimentación, aseso servicios adicionales.

*Disponible después del

Aloiamiento despues de hospitalizacion duración



Alojamiento temporal para pacientes en cu incluvendo tratamientos para adicciones. establecimientos penitenciarios y otros.

*Sólo para miembros perman

Modificaciones en el domicilio



Actualizaciones y mejoramientos de domicilio que contribuyen a la buena salud, seguridad e independencia, tales como rampas, barras de apoyo, entradas más amplias v elevadores.

ECM and **CS**

and Spanish!

Provider Job Aid:

Available in English

De hogares de ancianos a asistencia en la vida diaria



Apovo para hacer la transición a una vida asistida y recibir servicios diarios de asistencia, vigilancia médica v presencia de personal durante las 24 horas, en lugar de residir en un hogar de ancianos.

Remediación del asma



Actualizaciones en el domicilio para prevenir episodios asmáticos agudos, gracias a filtros al vacío, deshumidificadores, filtros de aire y ventilación mejorada.

Transición de hogar de ancianos a la casa



Asistencia para retornar a casa desde un hogar de ancianos. tales como financiamiento de depósitos de seguridad, gastos en infraestructura de salud, como camas de hospital.

Explicando los servicios de Administración de la Atención Mejorada (ECM) a los miembros:

Su gerente de atención principal especializado coordinará los servicios de salud y atención médica, por teléfono, presencialmente o donde usted vive.

Su gerente de atención principal puede:

- · Encontrar el médico y hacer una cita
- Gestionar el transporte gratuitamente hacia y desde las citas
- Verificar las prescripciones y ayudar a renovarlas
- · Conectarlo con recursos locales y ayuda alimentaria en la comunidad, alojamiento y otros servicios sociales

Los servicios de ECM no reemplazan:

Sus beneficios: Es un beneficio adicional para miembros de Medi-Cal. Sus médicos: Mantiene sus actuales médicos y otros proveedores.

Sus opciones: Usted puede cancelar ECM en cualquier momento.

ECM es gratis! Sin costos adicionales para usted.

*Ver reverso para detalles sobre los criterios de elegibilidad

bluepathhealth.com/bluepath-health-calaim

Referral Form Hub



All referral forms are now posted on the collaborative resource center!

Library of CalAIM Informational Materials ★ Introduction to Medi-Cal and CalAIM ■ Enhanced Care Management Resources: Policy and Tools **♣** Community Supports Resources: Policy and Toolkits ■ DHCS Policy and Program Guidance for CalAIM: Data, Billing, and Provider Terms ■ Recent DHCS Policy Updates Alameda County's Community Health Record and Social Health Information Exchange ■ Data Exchange Framework and Other Data Sharing Resources ➡ Medi- Cal Managed Care Plan 2024 Transition Policy: Alameda County Referral Forms for Alameda Alliance Members to ECM and Community Supports ■ Referral Information for Kaiser Permanente members to ECM and Community Supports





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

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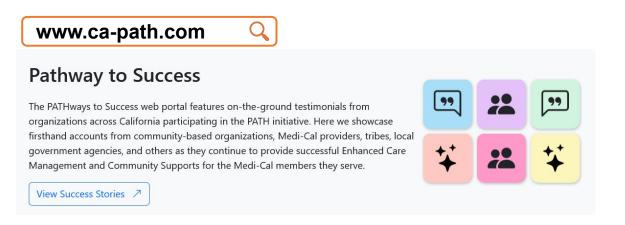
View All Success Stories

DHCS is featuring PATH success stories from organizations across California

As community-based organizations, Medi-Cal providers, tribes, local government agencies, and others continue to participate in the PATH initiative, DHCS will share their firsthand accounts of providing Enhanced Care Management (ECM) and Community Supports for the members they serve.

"PATHways to Success" showcases how PATH is helping organizations build relationships and make the investments needed to transform Medi-Cal and better serve California's highest need members.

Visit <u>ca-path.com</u> and scroll to "Pathway to Success" to view success stories from organizations participating across PATH.



Does your organization have a PATH success story to share?

Please send an email to communications@ca-path.com to get started.



2025 Meeting Calendar



2025 Scheduling

Join us on Fridays in 2025!



Register today to add the meetings to your calendar!

Add to Calendar(ics) | Add to Google Calendar | Add to Yahoo Calendar
To edit or cancel your registration details, click here.

Please submit any questions to: info@connectingforbetterhealth.com.

WAYS TO JOIN ZOOM

Join from PC, Mac, iPad, or Android

Join Meeting

Meeting Calendar

January 31 (Fifth Friday for In-Person Networking Lunch)

February 28

March 28

April 25 (In-person)

May 23

June 27

July 25 (In-person)

August 22

September 26

October 24 (In-person)

November 21 (Third Friday)

December 12 (Second Friday)

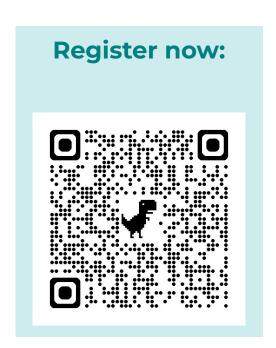


January 31: Provider Networking Lunch

January 31, 2024 | 11:00am - 12:30pm Alameda Alliance for Health Building 1240 S Loop Rd, Alameda Lunch provided!

Objectives:

- Build relationships between CalAIM providers
- Facilitate peer learning and problem-solving
- Enable peer support





January Office Hours: Data Exchange Framework Listening Session with State Leadership

Join us for an opportunity to meet with leaders from the Center for Data Insights and Innovation (CDII) to learn more about the California Data Exchange Framework, share your perspective on data sharing challenges and successes, and think together about the next steps for data sharing in Alameda County.

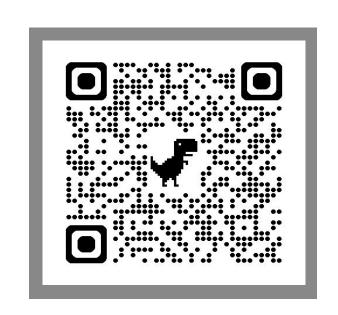
Tentative: January 31



Share your feedback!

We value your input!

Please take a few minute to complete the Collaborative Planning and Implementation Initiative biannual Participant Survey!





See you in the New Year!

Friday, January 31 | 11am - 12:30pm In-Person Provider Networking Lunch



Register here:



Thank you for attending!



Appendix



- Add slides about aims and objectives for 2025 if we need additional content

ECM Referral Standards and Form



DHCS developed new <u>ECM Referral Standards and Form Template</u> to streamline and standardize ECM Referrals made to Managed Care Plans (MCPs) from providers, community-based organizations, and other entities.

CALAIM ENHANCED CARE
MANAGEMENT
(ECM) REFERRAL STANDARDS
AND FORM TEMPLATES
August 2024

The new <u>ECM Referral Standards</u> define the information that MCPs are expected to collect for Medi-Cal members being referred to an MCP for ECM.

The new **ECM Referral Form Templates** are forms for use by MCPs and referring organizations that prefer a PDF or hard copy form to make a referral.



ECM Referral Standards and Form



The ECM Referral Standards and Form Templates define the following:

- Medi-Cal Member Information
- Referral Source Information
- Eligibility Criteria for Adults and Children/Youth
- Enrollment In Other Programs
- Referral Transmission Methods including guidance encouraging batch referrals

^{*}Note: The ECM Referral Standards will not change the existing processes for the MIF and RTF.

ECM Referral Standards and Form



» Effective January 1, 2025:

- All ECM Referrals **must** follow the guidelines established in the ECM Referral Standards *regardless* of referral modality (electronic, EMR, hard copy, etc.).
- MCPs choose which referral modalities (electronic, EMR, hard copy, etc.)
 they want to deploy in the community. Electronic referrals are encouraged.
- MCPs may not require additional documentation (e.g., ICD-10 codes, supplemental checklists, Treatment Authorization Request (TAR) forms) from referring partners or ECM Providers beyond the information in the ECM referral.
- DHCS expects that many MCPs will embed the referral standards into their existing provider portals but may also offer other electronic referral pathways.

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	 Street Medicine Providers Community Supports Providers of the Housing Trio Services: Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services County-contracted and County-operated Specialty Behavioral Health Providers
2) Adults & Children At Risk for Avoidable Hospital or ED Utilization	 Primary Care Provider practices (including Federally Qualified Health Centers (FQHCs), County-operated primary care, and other primary care)
3) Adults & Children with SMI/SUD Needs	County-contracted and County-operated Specialty Behavioral Health Providers
4) Adults & Children Transitioning from Incarceration	 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.
5) Adults Living in the Community and At Risk for LTC Institutionalization	 California Community Transitions (CCT) Lead Organizations Community Supports Providers of the Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
6) Adult SNF Residents Transitioning to the Community	 California Community Transitions (CCT) Lead Organizations Community Supports Providers of Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
7) Children & Youth Enrolled in CCS/CCS WCM	CCS Paneled Providers and Local Health Department CCS Programs
8) Children & Youth Involved in Child Welfare	 County-contracted and County-operated Specialty Behavioral Health Providers High Fidelity Wraparound Providers Health Care Program for Children in Foster Care Providers Department of Social Services (DSS) Offices Foster Family Agencies Transitional Housing Programs Current and Former Foster Youth Children's Crisis Residential Programs
9) Birth Equity Population of Focus	 OB/GYN Practices Midwifery Practices 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)

ECM Presumptive Authorization

Starting on Jan. 1st 2025, select ECM Providers will be able to quickly initiate ECM services *prior to submitting an ECM referral to an MCP* and be reimbursed for services during a 30-day timeframe.

What ECM Presumptive Authorization IS:

- <u>Select</u> ECM Providers will be able to directly authorize ECM for Medi-Cal Members in select POFs they serve and be paid for ECM services for a 30-day timeframe until the MCP communicates the authorization or denial of ECM based on a complete assessment of Member eligibility for ECM.
- ECM Providers under presumptive authorization will still check for Member eligibility and submit an ECM referral to the MCP within the 30-day timeframe to receive the full, 12-month ECM authorization.

What presumptive authorization is NOT:

- ECM presumptive authorization is different from "presumptive eligibility" policies for Medi-Cal coverage that allow special populations to more rapidly access Medi-Cal insurance (children, pregnant individuals, individuals experiencing homelessness).
- ECM presumptive authorization is different from "retrospective authorization" in which MCPs pay for ECM services provided in the past, but only if a Member is ultimately authorized for ECM.

<u>The ECM Presumptive Authorization Policy</u> is included beginning on page 107 in the August 2024 version of the ECM Policy Guide.

ECM Presumptive Authorization

ECM Presumptive Authorization Reimbursement

Start of Payment: MCPs must allow network ECM Providers under presumptive authorization to start billing and be reimbursed for ECM services from the date the Member first receives ECM services.

Timeframe for MCP Payment: 30 days or up to the date the MCP communicates the authorization decision to the ECM Provider, whichever is sooner.

Does payment occur if a MCP does not authorize ECM for a Member after the presumptive authorization timeframe because the Member is enrolled in an overlapping program or plan (1915c waiver, D-SNP, etc.)?

Answer: The MCP must still reimburse for services delivered during the presumptive authorization timeframe for Members who are later denied for the full, 12-month ECM authorization due to enrollment in programs that may overlap with ECM.

ECM Presumptive Authorization

Exceptions to MCP Payment In the Presumptive Authorization Timeframe

- If the Member has an existing, open ECM authorization with another ECM Provider, the MCP is not required to reimburse for services delivered in the presumptive authorization period. DHCS allows for this exception in MCP payment to limit instances of payment for duplicative services.
- If the individual is not an active Member of the MCP during the dates of ECM service delivery.

MCP Provider Portal Active ECM Authorizations

Required by January 1, 2025:

To reduce the risk that ECM Providers are not reimbursed for services due to an existing ECM authorization, MCPs must make Members' ECM authorization statuses accessible to ECM Providers via their Plan Portal or similar online system by January 1, 2025.

CHCP eligibility compared to other programs

	Medi-Cal		Community Health Care Program		Covered California
Income	Adults up to 138% FPL	Kids up to 266% FPL	Adults: >138% - 300% FPL	Kids: >266% - 300% FPL	>138% - 400% FPL qualifies for subsidy
H 1	\$20,783	\$40,060	\$20,784 - \$45,180	\$40,061 - \$45,180	\$20,784 - \$60,240
u 2	\$28,208	\$54,371	\$28,209 - \$61,320	\$54,372 - \$61,320	\$28,209 - \$81,760
e h 3	\$35,632	\$68,682	\$35,633 - \$77,460	\$68,683 - \$77,460	\$35,633 - \$103,280
0 1 4 d	\$43,056	\$82,992	\$43,057 - \$93,600	\$82,993 - \$93,600	\$43,057 - \$124,800
S i 5 z e	\$50,481	\$97,303	\$50,482 - \$109,740	\$97,304 - \$109,740	\$50,482 - \$146,320
US Citizenship Status	Not red	•	Not red	•	Must be lawfully present in the U.S. to qualify

Note: Eligibility for other health coverage is most common reason for CHC

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

Accredite

Registration code: kp2024 |

https://courses.camdenhealth.org/redeem



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



Patient and practitioner stories



Team activities

Reflection and Links to research discussion questions





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.



Submitting ECM & CS Referrals

KP has a no-wrong-door approach for referrals

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- · Referrals may be placed via email or via phone or KP Health Connect
- NEW: For providers/organizations submitting referrals to your own ECM/CS/CHW organization, please send the referral form directly to your contracted Network Lead Entity



Area







All Northern California Counties

1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.

Send completed referral form to REGMCDURNs-KPNC@kp.org with the subject line "ECM Referral" or "CS Referral" or "CHW services request"

Send completed self <u>referral form</u> to contracted Network Lead Entity All Southern California Counties

1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.

Send completed <u>referral form</u> to RegCareCoordCaseMgmt@kp.org with the subject line "ECM Referral" or "CS Referral" or "CHW services request"

Send completed self <u>referral form</u> to contracted Network Lead Entity



Process for Community Providers to Refer to Own Organization (NEW)

If you are a **contracted** community provider and want to refer a KP member **directly** to your **ECM/CS/CHW** organization, please send the referral directly to your **contracted Network Lead Entity** rather than KP.



Email ECM/CS/CHW referral directly to contracted NLE:

- Full Circle Health Network: referral@fullcirclehn.org
- ILS: <u>kpreferrals@ilshealth.com</u>
- Partners in Care Foundation:
 - ECM: <u>ECM@picf.orq</u>
 - Personal Care/Non-Medical Respite: <u>privateduty@picf.or</u>
 - Housing Trio: <u>HousingCS@picf.org</u>

Send any questions regarding self-referrals to your contracted NLE

For issue resolution, email Network Lead Entity and cc medi-cal-externalengagement@kp.org



ECM Referral Process













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INITIAL REFERRAL	MEMBER ELIGIBILITY	NLE OUTREACH	ECM ENGAGEMENT	MEMBER OUTCOME MEASUREMENT
No wrong door referrals from: Providers (KP / External) Community-based entities referrals KP Call Center Referrals Member / family member self-referral via phone /email	KP California Medi-Cal Teams evaluate member eligibility for ECM. KP sends member authorization letter Daily Authorization File is sent from KP to NLE.	NLE initiates outreach to member to enroll them via multiple modalities.	If the member consents, the ECM Lead Care Manager reaches out to begin engagement. Bi-weekly enrollment and declination data are sent from NLEs to KP.	Continuous monitoring, analysis, and intervention to meet Key Performance Indicators and regulatory requirements.
Day 1	Day 5-6	Day 7-11 + Minimum 2 attempts per month for 2		oals are met or for up to one year eed a new referral after one year)

months



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:

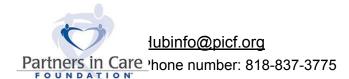


etwork@fullcirclehn.org

'hone number: 888-749-8877

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





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.



Q3 Alameda ECM and CS Utilization Data

Enrollment by Populations of Focus (Total Members: 373)							
Adult – Individuals Experiencing Homelessness	Adult – Families Experiencing Homelessness	Adult – Avoidable Hospital or ED Utilization		Adult – Transitioning from Incarceration	Adult – at Risk for LTC Institutionalization	Adult – NF Transitioning to Community	Adult – Birth Equity
65	1	50	123	0	30	3	84
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
8	0	5	33	1	21	0	1

Community Supports Received (Total Members: 349)						
Housing Transition/ Navigation Services	Housing Deposits	Housing Tenancy and Sustaining Services	Short-Term Post-Hospitalization Housing	Recuperative Care	Respite Services	Day Habilitation Programs
215	26	37	1	8	34	1
NF Transition to ALF	NF Transition to a Home	Personal Care and Homemaker Services	Environmental Accessibility Adaptations	Medically-Supportive Food	Sobering Centers	Asthma Remediation
3	7	65	15	2	0	5



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



Provider	Services/Populations of Focus	Phone Number
A Better Way Inc	Children & Youth - Individuals with SMI/SUD Children & Youth - Involved in Child Welfare	510-433-8600
AAT Home Placement Agency	Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community	209-594-5980
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 - Involved in Child Welfare	(510) 268-3770
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 executed contracts with KP as of **November 4th, 2024.**



Provider	Services/Populations of Focus	Phone Number
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 - 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) 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
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 - Individuals with Intellectual or Developmental Disabilities (I/DD)	209-577-3737

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



Provider	Services/Populations of Focus	Phone Number
Lincoln Families	Children & Youth - Involved in Child Welfare	510-273-4700
New Dimensions Foster Family Agency	TBA	209-526-1837
Resolution Care (dba Vynca Care) [Birth Equity Specialty Provider Type]	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 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 - 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 executed contracts with KP as of **November 4th, 2024.**



Provider	Services/Populations of Focus	Phone Number
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 - Iiving 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 - Iiving 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 executed contracts with KP as of **November 4th, 2024.**



Provider	Services/Populations of Focus	Phone Number
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
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 executed contracts with KP as of **November 4th, 2024.**



Provider	Services/Populations of Focus	Phone Number
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
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	TBA	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
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 Services	844-320-5182

Community Supports (CS) Providers in Alameda County

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



Provider	Services/Populations of Focus	Phone Number
J&M Homecare Services, LLC	Respite Services Personal Care and Homemaker Services	925-552-6500
Lifeline Systems Company	Home Modifications	800-451-0525
Maxim Healthcare	Respite Services Personal Care and Homemaker Services	(510) 982-3773
Mom'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
24 Hour Home Care	Personal Care and Homemaker Services	866-311-6265



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: <u>Link</u>
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
Medi-Cal External Engagement	For general Cal AIM and CS/ECM inquiries, medi-cal-externalengagement@kp.org