

# Tri-Counties CalAIM PATH Collaborative:

San Luis Obispo and Santa Barbara

February 19, 2025



**Please introduce  
yourself in the  
chat!**

# Today's Agenda

Time	Agenda Topic
11:00-11:05	Welcome and Introductions
11:05-11:20	CenCal Health Plan Updates: ECM for Children and Youth Involved in the Child Welfare System
11:20-11:40	Children and Youth Provider Voice
11:40-11:50	DHCS Policy Updates
11:50-12:00	Resources, Upcoming Events, & Closing
12:00-12:30	Office Hours

# 2025 Collaborative Aim Statement

**By December 2025, the Collaborative will strengthen local implementation of CalAIM by creating a sustainable network of providers.**

**We will accomplish this through hosting quarterly peer learning sessions and at least 2 workforce development trainings.**

Strengthen the capacity of providers to sustainably deliver CalAIM services

Build education and awareness of CalAIM among members, providers, and community partners to drive referrals

Increase ECM & Community Supports referrals and care coordination among providers

# ECM for Children and Youth Involved in the Child Welfare System

# ECM for Children/Youth Involved in Child Welfare (POF 8)

Blanca Zuniga, Associate Director of Care Management  
February 19<sup>th</sup>, 2025



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Local. Quality. Healthcare.

# Enhanced Care Management for Children served by Child Welfare System

## Services and Supports

- Comprehensive care coordination
- Personalized care plans address whole person care
- Stability and continuity one Lead Care Manager
- Family and caregiver support
- Additional layer of support for children treatment team
- Crisis Intervention



# Demographics: What We Learned from Our Data

Grounding in local data supports the development of strategies to serve our unique populations of focus.

**1,100**

Santa Barbara  
County

**887**

San Luis Obispo  
County

**25%**

are located in  
the city of  
Santa Maria

(TIP: Look for a “focus zip  
code” concentration)

**36%**

percent qualify  
for more than  
one of POF

(i.e., in CWS but  
also  
have other needs)







## Our Timeline: Children & Youth

- **July 2023:** Children & Youth in the Welfare system (POF 8) became eligible for ECM services.
- Initially, CenCal Health partnered **with 4 providers to support this POF.**
- **April 2024: 6 of 2,033** presumptively eligible members were enrolled in ECM services. **39 members assigned** for provider outreach.

**Opportunity to galvanize cross-functional team and community partners!**

# Serving Children & Youth from an Equity and Quality Lens

## Current providers needed additional support:

- Data sharing questions
- Staffing needs
- Training opportunities
- Clinical guidance and support
  - Not enough providers with expertise in the unique needs of this POF.
  - Needed to increase member & provider outreach and referrals.



**April 2024:**  
Convened  
**interdepartmental  
workgroup.**

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**May 2024:**  
**CalAIM Steering  
Committee.**  
The call to action.

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**Immediately  
developed  
strategic  
interventions** to  
improve the  
enrollment &  
engagement.

# Action Steps

**Developed efforts to increase POF 8 engagement in ECM services:**

**Expanded capacity & participation** of currently contracted ECM providers positioned to serve these members through targeted retraining & support.

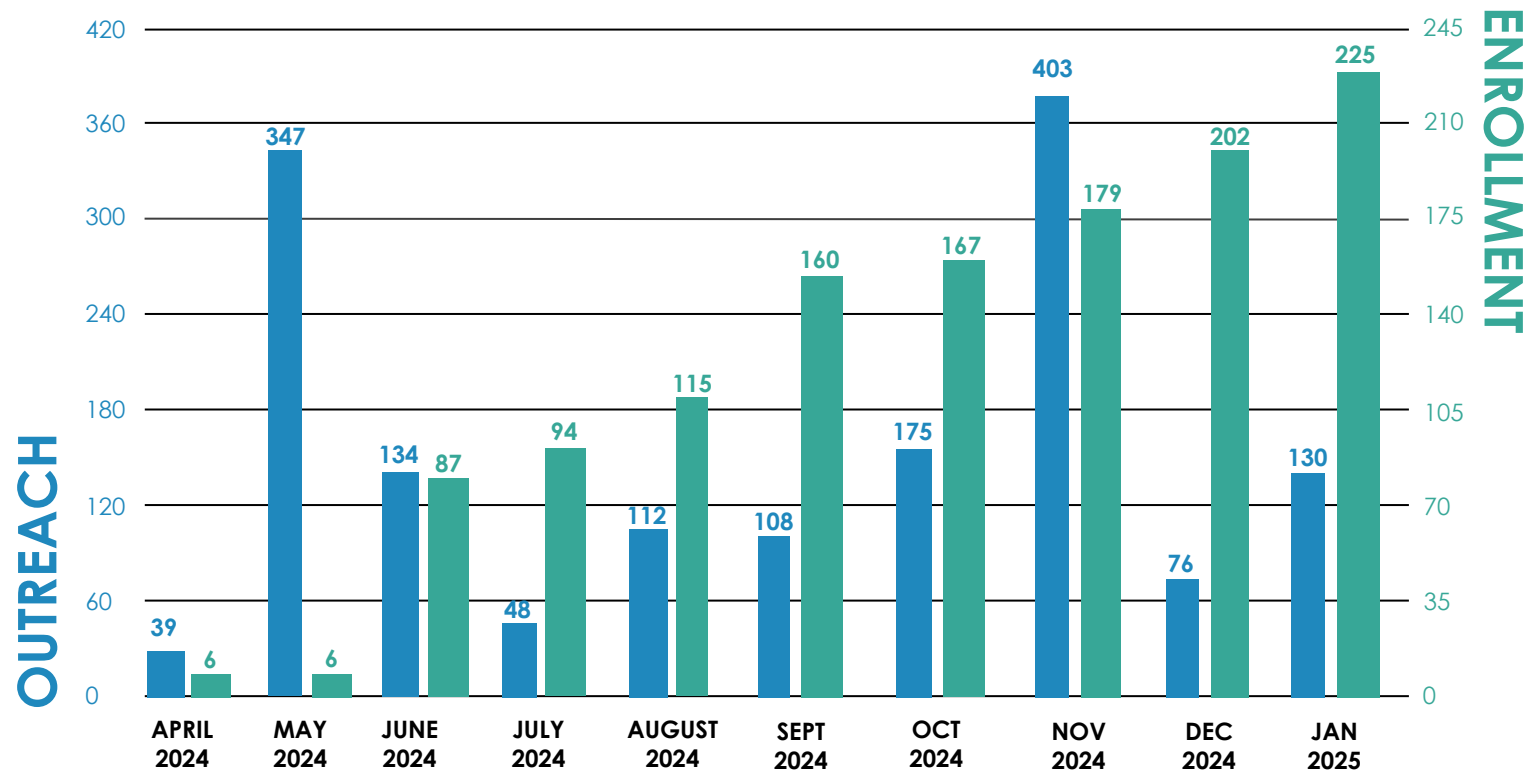
**Use data & community input** on where these members reside & seek services to guide contracting with additional providers who currently provide complementary services.

**Increase community & provider education** on referring POF 8 members into ECM.

**Increase member education** to promote participation in ECM services.

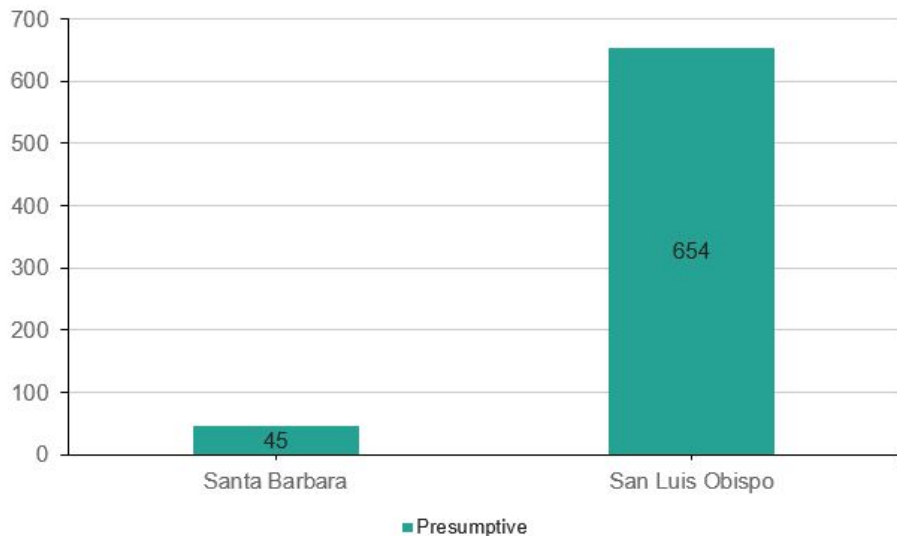


# Outreach & Enrollment Growth: 10 months



# Continued need to increase ECM referrals and enrollment

ECM Eligible Members Pending Assignment per County



## Provider/Capacity

- Ages 0-17
- San Luis Obispo County (Paso Robles, Atascadero, Arroyo Grande)

## Referrals:

- 98% Identified via Aid Codes
- Referrals= increase conversion rates

## GOALS

**Dec. 31, 2024**

Achieve  $\geq 25\%$  enrollment of POF 8 eligible members in ECM.

CenCal Health achieved a 22% penetration rate

**Jan. 1, 2025 & beyond**  
**50%**

# ECM Impact Story

New foster parent with 2 children, who are siblings. Cares for them deeply. Concerned with behavioral challenges and suspects need for autism assessment.

- Through ECM, accessed early interventions services.
- ECM provided quick access (3 days!) to autism assessment appointment.
- Now, ECM is linking to behavioral health services for younger sibling to support easier navigation.





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# Children & Youth Discussion



# Children and Youth Providers: HomeStyle Direct

# Why Homestyle Direct

We serve **Medicare Advantage** and **Medicaid** members with a variety of delicious, medically tailored meals.

1

## Meal Variety

35+ dietitian-curated meal options



2

## Medically Tailored Meals



### Renal Friendly

750mg or less sodium, 700mg or less potassium, 230 mg or less phosphorus



### Diabetes Friendly

55 grams or less of carbohydrate



### Heart Healthy

750mg or less of sodium, 16 grams or less of fat, 5 grams or less of saturated fat



### Gluten Restricted

Prepared in a commercial kitchen with a risk of gluten exposure.

3

## Member Centric

We engage members and prioritize what matters to them



Door to door deliveries



Monthly satisfaction surveys



Phone & email support, M-F



Freezer & Refrigerator Meal Storage



Convenient Delivery Calendar



## Prepare Your Tastebuds-SPRING MENU 2025

Our New Medically Tailored Meals, Expertly Crafted

Thoughtfully curated to cater to diverse palates and dietary needs.  
Members choose the meals they want to eat.



### Heart Healthy

16 grams or less of fat  
5 grams or less of saturated fat  
750mg or less of sodium



### Diabetes Friendly

55 g or less total  
carbohydrates.



### Power Packed

Minimum of 600 calories and 25  
g protein.  
Failure to Thrive Malnutrition



### Renal Friendly

750mg or less of sodium  
700mg or less potassium  
230mg or less phosphorus



### Gluten Restricted

Wheat free. Prepared in a  
commercial kitchen with a risk  
of gluten exposure.

\*Vegetarian choices available



# Family and Child Support

Pediatric-Trained Registered Dietitian support

- Certified Diabetes Educators
- Multi-lingual dietitians
- Provide education resources for the entire family

Flexible to build a program based on your community's needs

Dietitian available to customize for age ranges as needed





# Homestyle Directs Best in Class Partner Journeys

## A REFERRING PARTNER'S PROCESS

1

### Create an account.

Case managers only do this once.

2

### Send Homestyle Direct your referral.

A team member will contact your member to place their first order.

3

### Homestyle Direct notifications.

Homestyle will send email confirmations to case managers.

4

### Delivery and Follow Up.

We process orders, delivery to the members door and follow up with members each month. (member can sign up for FedEx Delivery Manager option)

5

### Automatic Shipping.

We auto-start members when applicable to the program.



[homstyledirect.com](https://homstyledirect.com) – referral portal



1-866-735-0921



[dataentry@homstyledirect.com](mailto:dataentry@homstyledirect.com)



1-208-423-4615

## CONTACT ME:

P: 702-286-5956

E: [katie.hilliard@homstyledirect.com](mailto:katie.hilliard@homstyledirect.com)



# DHCS Policy Updates

# NEW: Community Supports Revisions

- DHCS released [updated Community Supports definitions](#) for the following services:
  - Asthma Remediation
  - Medically Tailored Meals/Medically Supportive Food
  - Nursing Facility Transition/Diversion to Assisted Living Facilities
  - Community Transition Services/Nursing Facility Transition to a Home
- These new definitions are effective **July 1, 2025**

# Community Supports Revisions: Medically Tailored Meals Definitions

**Medically Tailored Meals (MTM):** Meals that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions.

**Medically Tailored Groceries (MTG):** Preselected whole food items that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions.



# Community Supports Revisions: Medically Supportive Food

**Medically Supportive Groceries:** Preselected foods that follow the DGA\* and meet recommendations for the recipients' nutrition-sensitive health conditions.

**Produce Prescriptions:** Fruits and vegetables, typically procured in retail settings, such as grocery stores or farmers' markets, obtained via a financial mechanism such as a physical or electronic voucher or card.

**Healthy Food Vouchers:** Vouchers used to procure pre-selected foods that follow the DGA\* and meet recommendations for the recipients' nutrition-sensitive health conditions, via retail settings such as grocery stores or farmers' markets.

**Food Pharmacy:** Often housed in a health care setting, providing patients with coordinated clinical, food, and nutrition education services targeted at specific nutrition-sensitive health conditions. The healthy food "prescription" includes access to a selection of specific whole foods appropriate for the specific health condition(s) that follow the DGA\* and meet recommendations for the targeted health condition(s).

# Community Supports Revisions: Eligibility Criteria

**Individuals who have chronic or other serious health conditions that are nutrition sensitive, such as (but not limited to):**

Cancer(s) Cardiovascular disorders Chronic kidney disease Chronic lung disorders or other pulmonary conditions such as asthma/COPD Heart failure Diabetes or other metabolic conditions Elevated lead levels End-stage renal disease, High cholesterol Human immunodeficiency virus Hypertension	Liver disease Dyslipidemia Fatty liver Malnutrition Obesity Stroke Gastrointestinal disorders Gestational diabetes High risk perinatal conditions chronic or disabling mental/behavioral health disorders
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# Community Supports Revisions: Asthma Remediation

- Asthma Self-Management Education and In-Home Environmental Trigger Assessments are now covered under the Asthma Preventive Services (APS) Benefit (transition effective January 2026)
- Streamlines eligibility and documentation requirements
- Clarifies eligible supplies
- Confirms that supplies do not need to be delivered at a single point as long as service complies with \$7500 lifetime maximum

# Community Supports Revisions: Nursing Facility Transition

- Clarifies that members residing in private residences or public subsidized housing can be eligible for this support
- Clarifies that there are two distinct components of this Community Support:
  - Time-limited transition services and expenses
  - Ongoing assisted living services (not room and board, but support with Activities of Daily Living, meal prep, transportation, companion services, etc)

# Community Supports Revisions: Community Transition Services

- Clarifies that members may receive Housing Transition Navigation, Housing Deposits, and/or Home Modifications at the same time as Community Transition Services
- Clarifies that there are two distinct components of this Community Support:
  - Transitional coordination services (securing housing, landlord communication, etc.)
  - One-time set-up expenses (security deposits, utility set-up fees, air conditioner or heater, etc.)

# Funding Opportunity: CITED Round 4

- Applications are open from **until May 2, 2025**
- **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 Community-Based Organizations
- Resources about identifying gaps are included in the [CITED Round 4 Guidance Document](#)

# CITED Round 4 Office Hours

## February CITED Office Hours

**Thursday, Feb. 27, 2025**

**10:00am-11:00am**

Register Here:



## March CITED Office Hours

**Monday, March 13, 2025**

**10:00am-11:00am**

Register Here:



# Upcoming Events and Closing



# See you on March 19!

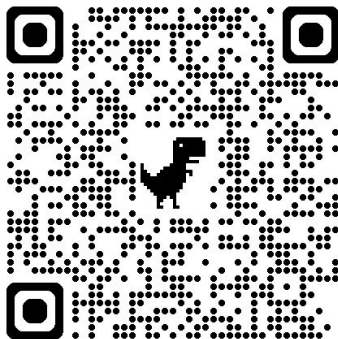
## Tri Counties CalAIM PATH Collaborative

March 19, 2025

11:00am - 12:30pm

On Zoom

**Register for March  
Collaborative:**



# Share your feedback!

**Poll**

# See you in March!

Questions? [pathinfo@bluepathhealth.com](mailto:pathinfo@bluepathhealth.com)

# Office Hours

# Appendix

# TA Marketplace

## Technical Assistance Marketplace

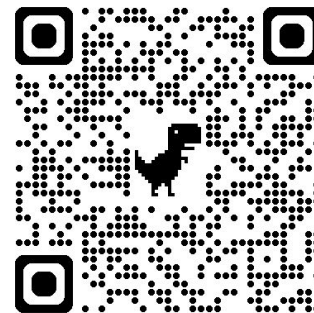
The PATH Technical Assistance (TA) Marketplace serves as a virtual marketplace for TA services, a one-stop-shop website where entities can access TA resources from curated and approved Vendors. The TA Marketplace initiative provides funding for providers, community-based organizations, counties, and others to obtain TA resources to establish the infrastructure needed to implement [Enhanced Care Management \(ECM\)](#) and [Community Supports](#).

The Round 5 Vendor application is now open through January 31, 2025

[Explore the Marketplace](#)



Access the  
TA Marketplace:



# ECM Referral Standards and Form Templates

- » The ECM Referral Standards 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 electronic ECM referrals via 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 and Child/Youth.

# 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*

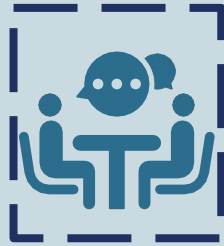
*The ECM Referral Standards will not change the existing processes for the MIF and RTF.*



# ECM Presumptive Authorization

Starting on Jan. 1st 2025, MCPs are required to allow select ECM Providers to quickly initiate ECM services prior 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)



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.

# DHCS Closed Loop Referral Implementation Guidance

- Go-Live Date is now **July 1, 2025**
- [The Closed-Loop Referral requirements](#) are organized around this framework:

A. Tracking	B. Supporting	C. Monitoring
<ol style="list-style-type: none"><li>1. Minimum Data Elements</li><li>2. Data Timeliness</li><li>3. MCP Systems for CLRs</li><li>4. System Compliance with Other Data Sharing Requirements</li><li>5. Roles &amp; Responsibilities</li></ol>	<ol style="list-style-type: none"><li>1. Requirements for Notifying Members &amp; Referring Entities</li><li>2. Supporting Pending &amp; Re-Referrals</li><li>3. Roles &amp; Responsibilities</li></ol>	<ol style="list-style-type: none"><li>1. Roles &amp; Responsibilities<ol style="list-style-type: none"><li>a) MCP Monitoring of CLRs</li><li>b) DHCS Monitoring of CLRs</li></ol></li></ol>

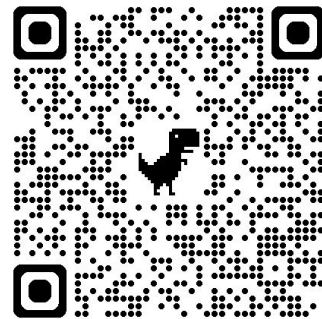
# Referral Hub

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

## Library of CalAIM Informational Materials

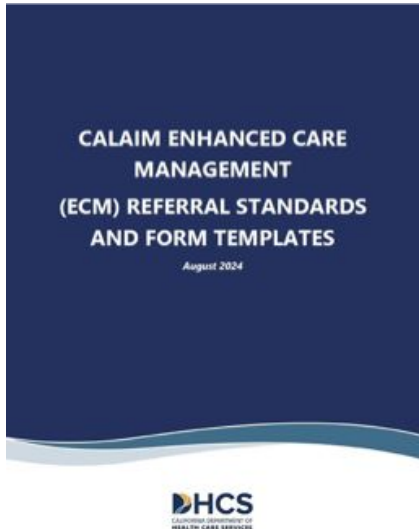
- + Introduction to Medi-Cal and CalAIM
- + Enhanced Care Management Resources: Policy and Tools
- + Community Supports Resources: Policy and Toolkits
- + DHCS Policy and Program Guidance for CalAIM: Data, Billing, and Provider Terms
- + Recent DHCS Policy Updates
- + Alameda County's Community Health 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

## Access BluePath Referral Hub:



# ECM Referral Standards and Form

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



The new ECM Referral Standards 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	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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	<ul style="list-style-type: none"> <li>• County-contracted and County-operated Specialty Behavioral Health Providers</li> </ul>
4) Adults & Children Transitioning from Incarceration	<ul style="list-style-type: none"> <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 <a href="#">Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative</a> for details.</li> </ul>
5) Adults Living in the Community and At Risk for LTC Institutionalization	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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	<ul style="list-style-type: none"> <li>• CCS Paneled Providers and Local Health Department CCS Programs</li> </ul>
8) Children & Youth Involved in Child Welfare	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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>

# ECM Presumptive Authorization

Starting on Jan. 1<sup>st</sup> 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:

- Select 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.

[The ECM Presumptive Authorization Policy](#) 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.