

Tri-Counties CalAIM PATH Collaborative: Ventura

February 26, 2025



**Please introduce
yourself in the
chat!**

Today's Agenda

Time	Agenda Topic
11:00-11:05	Welcome and Introductions
11:05-11:15	DHCS Policy Updates
11:15-11:35	ECM for Children and Youth Involved in the Child Welfare System: Provider Voice <ul style="list-style-type: none"> • <i>Egypt Davis, Full Circle Health Network</i> • <i>Andrae Powns, Koinonia Family Services</i>
11:35-11:50	Managed Care Plan Introductions: <ul style="list-style-type: none"> • <i>Ola Ajibola-Stott, Kaiser Permanente</i> • <i>Zulema Hewitt and Megan Hall, Gold Coast Health Plan</i>
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

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 **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:

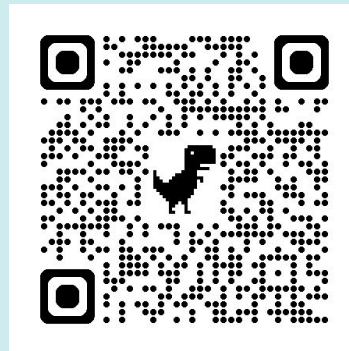


March CITED Office Hours

Monday, March 13, 2025

10:00am-11:00am

Register Here:



ECM for Children and Youth Involved in Child Welfare

Children & Youth Discussion

Managed Care Plan Foster Youth Liaison Introductions

Upcoming Events and Closing

February Meeting Thank you!



DxF Technical Advisory Focus Groups

- Are you a CalAIM provider who cares about **social service data exchange**?
- The CalHHS Center for Data Insights and Innovation is recruiting new applicants to serve on the Technical Advisory Subcommittee which will convene focus groups this year, including on **sharing social services information**.

[Register Here](#)
By Friday, February 28, 12:00pm

2025 Annual California DxF Summit:

The Road to Whole-Person Care

**March
20TH**

Tsakopoulos Library Gallery
828 I St, Sacramento, CA 95814



Join CDII for the 2025 Annual California DxF Summit for a full day of engaging panels, fireside conversations, and networking!

Request a Ticket!

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!

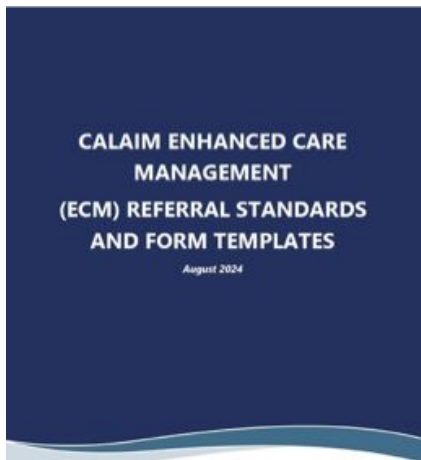
Questions? pathinfo@bluepathhealth.com

Office Hours

Appendix

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

- 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.