DHCS | PATH

Providing Access & Transforming Health

BluePath HEALTH

Alameda CalAIM PATH Collaborative

June 21, 2024

Welcome! Please introduce yourself in the chat with your name and organization.

2024 Collaborative Aims and Objectives

BluePath HEALTH

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

1. **Build resources and relationships to drive community referrals**
2. **Strengthen ECM and Community Supports provider capacity**
3. **Facilitate relationship building between providers, plans, and referral partners**

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Today's Agenda

Time	Topic
10:00am	***Welcome, agenda, and housekeeping***
10:05am	***Follow-ups from Past Meetings***
10:10am	***Kaiser Permanente Updates - Focus on Referrals***
10:25am	***Alameda Alliance Updates - Focus on Referrals***
10:40am	***Referrals brainstorm -*** *What's working? What are the gaps?*
11:00am	***Resource Updates***
11:20am	***PATH Biannual Survey***
11:30am	***Open Office Hours***

Housekeeping

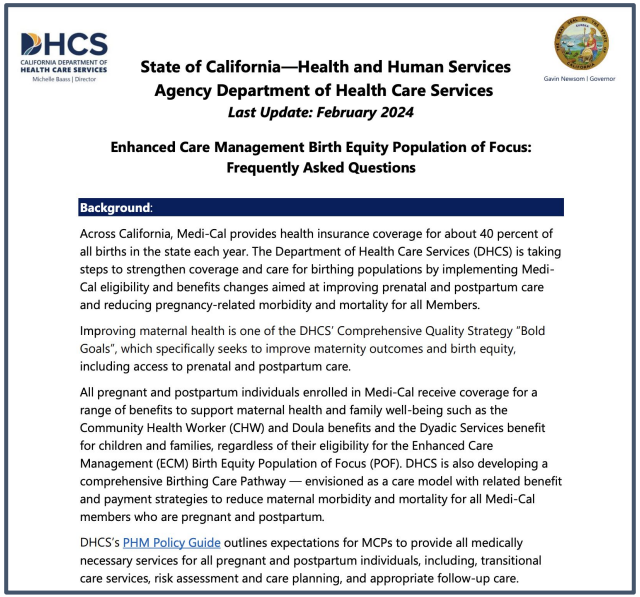
5/17 Collaborative Meeting: Birth Equity

Resources identified include:

- AAH Perinatal Supports for members
- CA Abundant Birth Project
- Complex Care Certificate (training offered by Kaiser Permanente)

Next steps:

- Partner to consider how ECM for Birth Equity can integrate and support existing programs
- Seeking clarification from the state on how ECM enrollment may impact existing programs



DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

Gavin Newsom | Governor

State of California—Health and Human Services Agency Department of Health Care Services

Last Update: February 2024

Enhanced Care Management Birth Equity Population of Focus: Frequently Asked Questions

Background:

Across California, Medi-Cal provides health insurance coverage for about 40 percent of all births in the state each year. The Department of Health Care Services (DHCS) is taking steps to strengthen coverage and care for birthing populations by implementing Medi-Cal eligibility and benefits changes aimed at improving prenatal and postpartum care and reducing pregnancy-related morbidity and mortality for all Members.

Improving maternal health is one of the DHCS' Comprehensive Quality Strategy "Bold Goals", which specifically seeks to improve maternity outcomes and birth equity, including access to prenatal and postpartum care.

All pregnant and postpartum individuals enrolled in Medi-Cal receive coverage for a range of benefits to support maternal health and family well-being such as the Community Health Worker (CHW) and Doula benefits and the Dyadic Services benefit for children and families, regardless of their eligibility for the Enhanced Care Management (ECM) Birth Equity Population of Focus (POF). DHCS is also developing a comprehensive Birthing Care Pathway — envisioned as a care model with related benefit and payment strategies to reduce maternal morbidity and mortality for all Medi-Cal members who are pregnant and postpartum.

DHCS's PHM Policy Guide outlines expectations for MCPs to provide all medically necessary services for all pregnant and postpartum individuals, including, transitional care services, risk assessment and care planning, and appropriate follow-up care.

2024 Ongoing Focus Areas and Follow-up

Care Coordination for Foster Youth (*February 2024)*

- Tracking statewide developments, enrollment data, and new initiatives

Unhoused Population of Focus *(March 2024)*

- Shared data from 2024 Point-in-Time Count

ECM and CS for Long Term Care Population of Focus *(April 2024)*

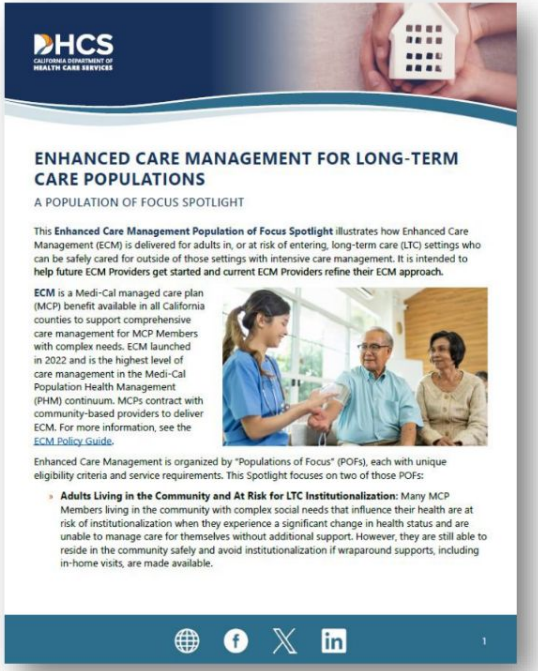
- Sharing new DHCS resources

Released: Spotlight on ECM for LTC Populations

DHCS is excited to release the **Enhanced Care Management (ECM) for Long-Term Care Populations of Focus Spotlight.**

- ✓ Lifts up key DHCS policies and resources on serving individuals in, or at risk of entering institutional Long-Term Care in ECM settings; including, a crosswalk of how members with LTSS needs receive care management support.
- ✓ Contains Member vignettes that illustrated how to implement ECM for these Populations of Focus:
  - **Older adult living with Parkinson's disease who wishes to remain at home**
  - **Older adult temporarily residing in a skilled nursing facility and recovering from a stroke**
- ✓ Explains how Community Supports and Transitional Care Services can be integrated to best serve Members and their caregivers.

This is the third in a **series of Spotlights** on how Providers can deliver ECM models tailored to the needs of different Populations of Focus.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ENHANCED CARE MANAGEMENT FOR LONG-TERM CARE POPULATIONS

A POPULATION OF FOCUS SPOTLIGHT

This **Enhanced Care Management Population of Focus Spotlight** illustrates how Enhanced Care Management (ECM) is delivered for adults in, or at risk of entering, long-term care (LTC) settings who can be safely cared for outside of those settings with intensive care management. It is intended to **help future ECM Providers get started and current ECM Providers refine their ECM approach.**

ECM is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP Members with complex needs. ECM launched in 2022 and is the highest level of care management in the Medi-Cal Population Health Management (PHM) continuum. MCPs contract with community-based providers to deliver ECM. For more information, see the ECM Policy Guide.

Enhanced Care Management is organized by "Populations of Focus" (POFs), each with unique eligibility criteria and service requirements. This Spotlight focuses on two of those POFs:

- **Adults Living in the Community and At Risk for LTC Institutionalization:** Many MCP Members living in the community with complex social needs that influence their health are at risk of institutionalization when they experience a significant change in health status and are unable to manage care for themselves without additional support. However, they are still able to reside in the community safely and avoid institutionalization if wraparound supports, including in-home visits, are made available.

1

To learn more, please visit the ECM and Community Supports webpage.

Update: Community Wellness Fair

The Community Wellness Fair for Aging Adults is an interactive opportunity to **increase awareness** of Enhanced Care Management (ECM) and Community Supports (CS), **cultivate social connections** between community members, and **highlight unique services** offered by participating providers.

- Tentative date: Saturday, August 24, 2024
- Oakland (venue TBD)
- Early participation form ⟶

We value your involvement! Join our planning committee!

BluePath HEALTH

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ALAMEDA Alliance FOR HEALTH

MCP updates

Kaiser Permanente

Alameda PATH CPI Meeting

June 2024

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2024 California Recuperative Care Symposium

Join us for the first statewide gathering focused on recuperative care

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

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

About the Event

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

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

NATIONAL INSTITUTE for MEDICAL RESPITE CARE

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

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Complex care certificate | A free training resource from Kaiser Permanente

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

What is complex care?

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

What is the complex care certificate?

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

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

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

The training curriculum is:

Self-paced

Person-centered

Collaborative

Accredited

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Complex care certificate | Courses included in the program

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

Complex care certificate courses:

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

Courses contain a diverse array of education methods:


Video, audio, and interactive elements


Links to research


Patient and practitioner stories


Reflection and discussion questions


Team activities

ABOUT THE CAMDEN COALITION

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

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How to Submit a Referral for ECM or Community Supports

KP has a no-wrong-door approach for referrals

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

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

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

Enhanced Care Management (ECM) Providers in Alameda County

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

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

Provider	Services/Populations of Focus	Phone Number
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

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Provider	Services/Populations of Focus	Phone Number
Family Resource Navigators	TBA	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 - living 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. ***[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	209-577-3737

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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
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
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 - living in the community at-risk for LTC Adults - NF residents transitioning to the community Adults -Pregnant and Postpartum Individuals at-risk for Adverse Perinatal Children & Youth - Enrolled in California Children's Services (CCS) or WCM w/needs Children & Youth - Involved in Child Welfare Children & Youth - Individuals with Intellectual or Developmental Disabilities (I/DD) Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	844-737-3638
Side by Side	Children & Youth - Individuals with SMI/SUD Children & Youth - Involved in Child Welfare	510-727-9401
Star Nursing Inc	Adults - Individuals Experiencing Homelessness Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community Children & Youth - Individuals Experiencing Homelessness Children & Youth - Individuals at-risk for IP and ED Children & Youth - Individuals with SMI/SUD	877-687-7399

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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 - living 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

Community Supports (CS) Providers in Alameda County

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

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

Provider	Services/Populations of Focus	Phone Number
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 **June 18, 2024.**

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

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
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
Performance Kitchen	Medically Tailored Meals	512-608-1609
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

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How a community-based organization can serve KP members

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

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

Full Circle Health Network

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

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

INDEPENDENT Living Systems

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

Partners in Care FOUNDATION

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

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

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

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Helpful Links and Contacts

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

ECM and CS Provider Capacity Gaps Survey Results

We asked. You answered!

5  Questions Asked

- *What **gaps in ECM/CS provider capacity** have you observed in your county?*
- *What do you think MCPs could do that would be helpful for **closing the ECM/CS gaps**?*
- *Is there anything additional that you would like to share?*

160+  Responses Received

- *We received a wide range of responses from 9 different types of organizations (ECM Providers, CS Providers, CBOs, etc.)*

 Submitted County-specific Narratives for Needs Assessment to DHCS

Community Input on ECM Gaps

We heard several key themes in your responses on ECM gaps...

Detailed ECM Provider Capacity Gaps

Gaps in Education and Awareness

Marketing and Communication Materials for Providers

- *"Found that community members are unaware of ECM services or how/where to access"*
- *"A lot of members are enrolled in ECM services through a clinic that they are unaware of. A lot more advertising would be helpful"*

Gaps in Processes

Referral Volume and Process

- *"The portals and referral system is unknown to case management at the hospital level"*
- *"It is unclear who is an ECM provider in our county and how to refer to each other or support each other building capacity."*

Communication between ECM and CS providers

- *"Knowledge of which providers are currently serving which populations of focus and/or plan to provide services"*
- *"Not all ECM providers are aware of other CS and what they offer"*

Gaps in Capacity Building

Children and Youth Providers

- *"Enrollment for children and youth is low statewide, particularly considering that nearly all foster youth are eligible."*

Start-up Funding to Build Capacity

- *"Our greatest need would be funding to hire staff before we can receive the income from successful claims."*

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Community Input on CS Gaps

We heard several key themes in your responses on CS gaps

Detailed CS Provider Capacity Gaps

Gaps in Awareness and Education/Training

Lack of Understanding About Community Supports

- *"The front-line workers at member services are often not aware of the program or sending the member to unhelpful places to request CS (in one case, they sent the client and advocate to the state)"*
- *"Community understanding of what the plans cover - we see often that many people are not aware that some level of home care can be covered by the plans"*

Additional Marketing and Training to Increase Referrals

- *"Lack of understanding about Community Supports available and how best to get people access"*
- *"Not knowing where to submit for different types of CS referrals"*

Worker Education & Best Practices Across Providers and MCPs

- *"Worker education. Front-line staff lack of understanding of the other services, lack of experience, lack of training. Billing is a huge headache"*

Gaps in Processes

Lack of Referrals and Gaps in Referral Processes

- *"Many case managers and other personnel are uninformed and uncertain who to refer and/or how make the referrals"*

Share Specific Providers When Training about Community Supports

- *"It would be greatly beneficial if KP could share their contracted provider list with organizations, preferably in the form of a MIF or SFTP monthly file. This collaboration would significantly enhance our outreach efforts"*

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Community Supports Referral Process

at Alameda Alliance for Health

ALAMEDA Alliance FOR HEALTH

How to Refer to Community Supports

Community Supports	How to Refer
Housing Transition Navigation Services	Call 211 or walk into a Housing Resource Center
Housing Deposits	Call 211 or walk into a Housing Resource Center
Housing Tenancy and Sustaining Services	Call 211 or walk into a Housing Resource Center
Recuperative Care (Medical Respite)	Outreach to Medical Respite Providers
(Caregiver) Respite Services	Complete Request Form and send to CSDept@alamedaalliance.org
Nursing Facility Transition/Diversion to Assisted Living Facility (ALF)	Please refer to East Bay Innovations (EBI) for further evaluation
Community Transition Services/Nursing Facility Transition to a Home	Please refer to East Bay Innovations (EBI) for further evaluation
Personal Care and Homemaker Services	Complete Request Form and send to CSDept@alamedaalliance.org
Environmental Accessibility Adaptations (Home Modifications)	Please refer to East Bay Innovations (EBI) for further evaluation
Medically Tailored Meals/Medically Supportive Food	Complete Request Form and send to CSDept@alamedaalliance.org
Asthma Remediation (>19 years old)	Refer to Front Door through HCSA or Roots
Asthma Remediation (<19 years old)	Please refer to Asthma Start Program through HCSA
Short-Term Post-Hospitalization Housing	TBD
Day Habilitation Programs	TBD
Sobering Centers	TBD

Authorization Process of Community Supports

Community Supports (CS) Providers submit authorization request to AAH CS department

AAH CS team reviews authorization request and corresponding justification/documentation

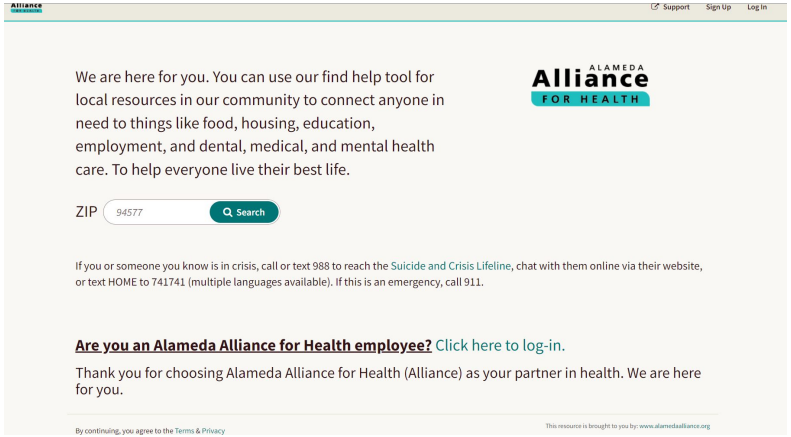
Determination is made

Notification is sent:

Member	Referring provider	Rendering provider	PCP

Modifications to Referral Process

- Closed-Loop Referral Process
  - FindHelp Integration
- Referring entity completes screening application
- Application is sent to CSDept@alamedaalliance.org
- CS team assesses application to ensure criteria is met
- Confirmation e-mail is sent to the referring entity with decision.

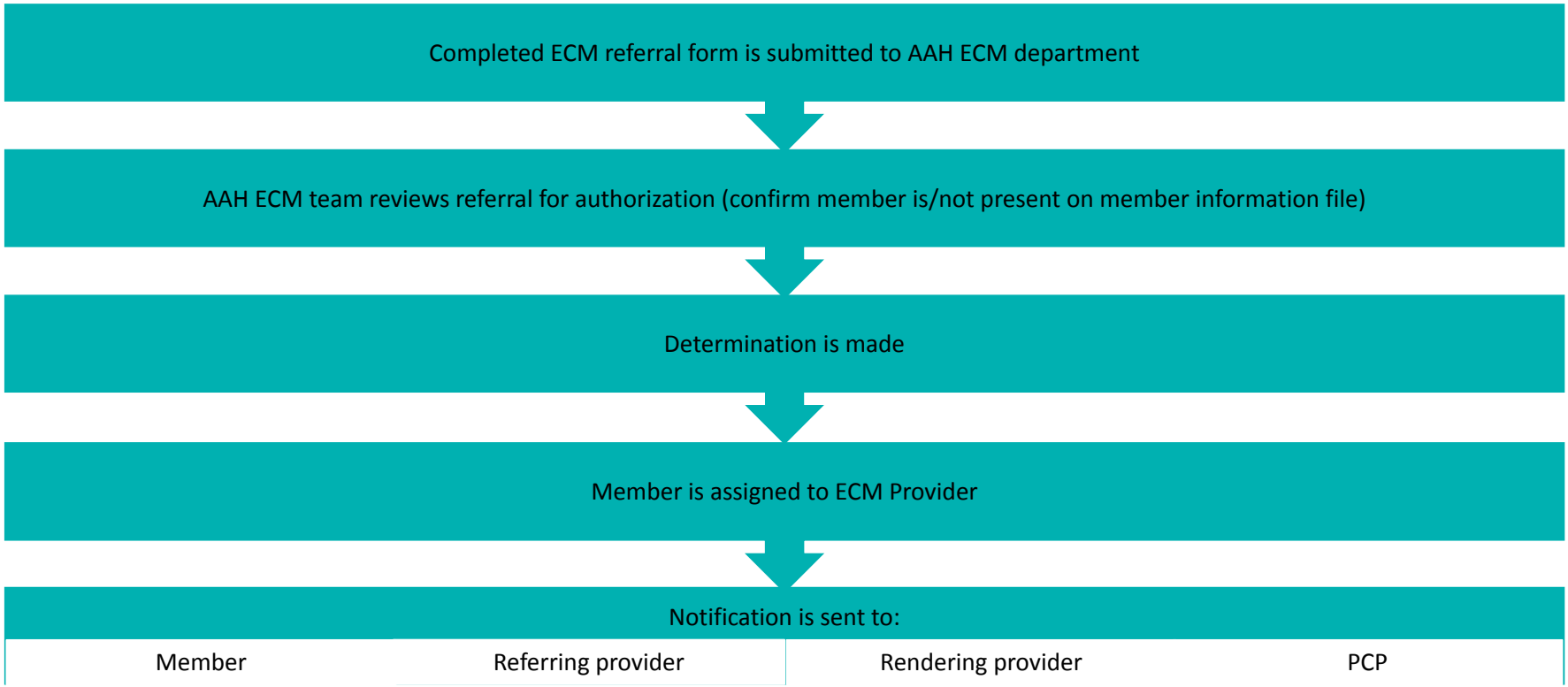


Enhanced Care Management (ECM) Referral Process

at Alameda Alliance for Health

ALAMEDA Alliance FOR HEALTH

Referral and Authorization Process for ECM



Thanks!
Questions?

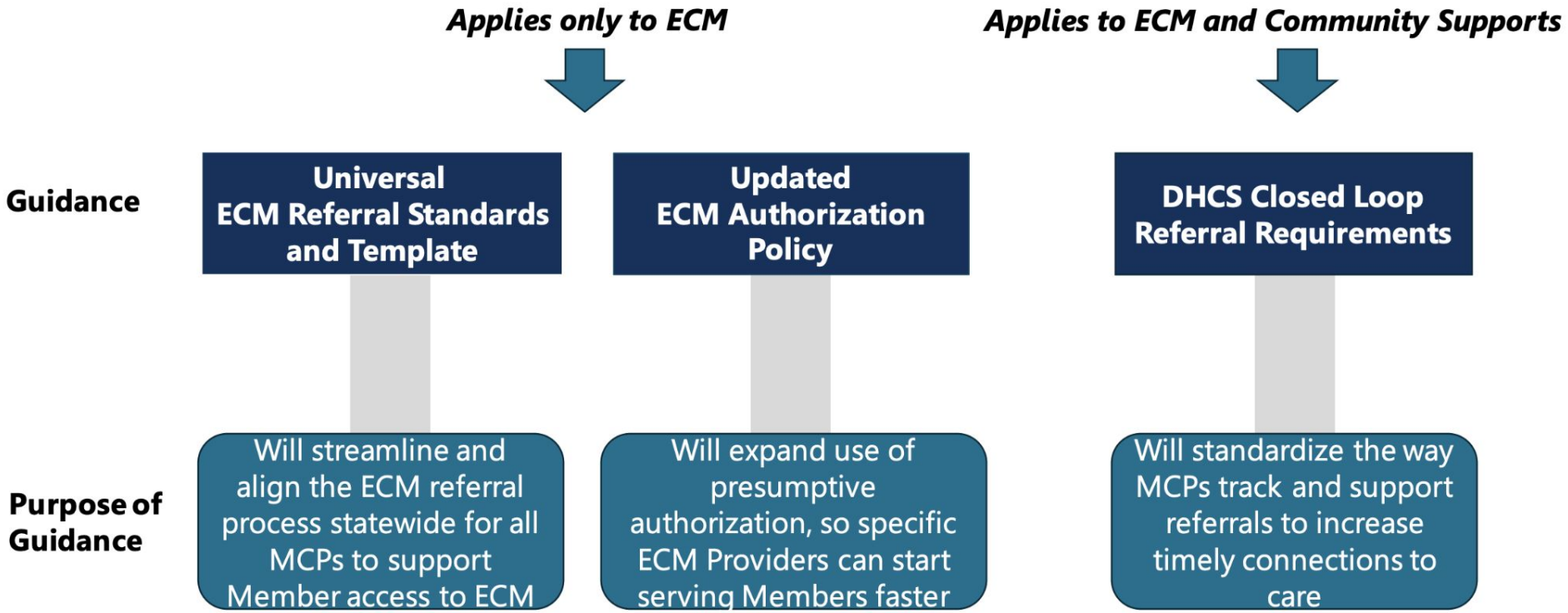
You can contact us at:

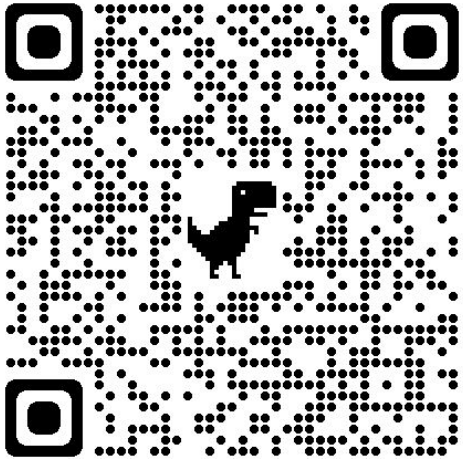
For Community Supports:
CSDept@AlamedaAlliance.org

For ECM:
ECM@AlamedaAlliance.org

Brainstorm and Discussion:
Increasing Community Referrals

Upcoming DHCS Guidance on Referrals and Authorizations





Brainstorm and Discussion:
Increasing Community Referrals

Resource Updates

- Provider List Walkthrough
- ECM and Community Supports Provider Job Aid Walkthrough
- PATHways to Success

Check out the ECM and CS Provider List!

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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	X	
• Breathe California		X
• Evolve Emod		X
• Roots Community Health Center	X	
Community Transition Services/Facility Transition to Home		
• East Bay Innovations	X	
• Independent Living Systems		X
• Omatochi	X	
• Serene Health		X
• Star Nursing		X
Day Habilitation Programs		
• Serene Health		X
Environmental Accessibility Adaptations (Home Modifications)		
• Assured Independence		X
• Connect America West		X
• Lifeline Systems Company		X
• LifewiseCHM		X
• 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

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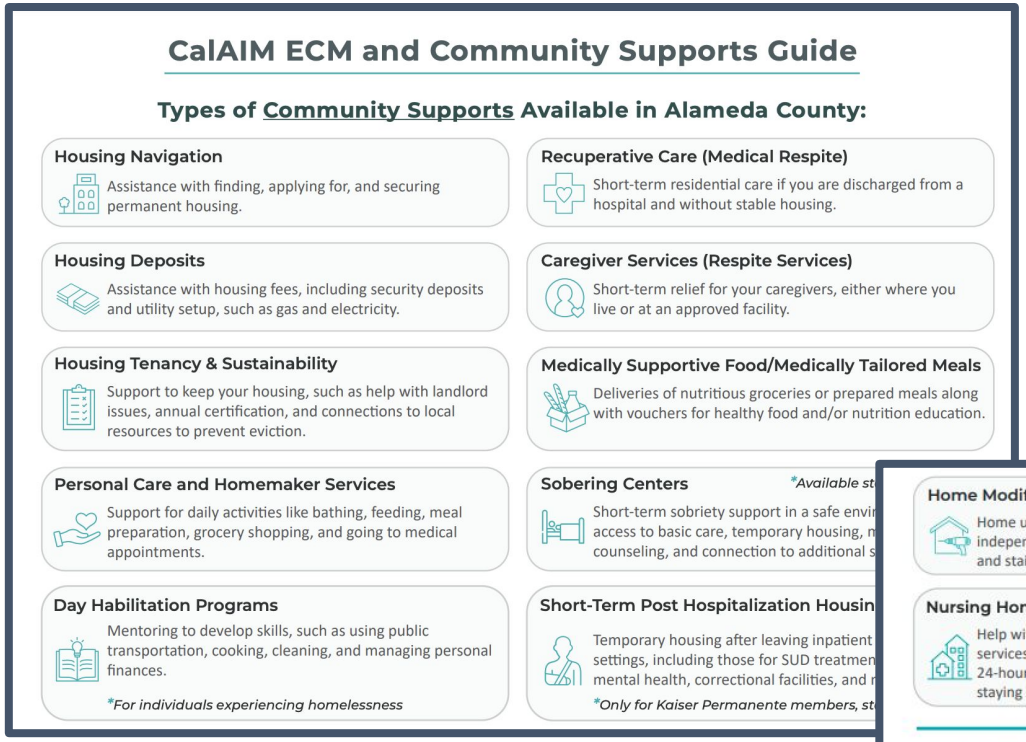
Available now: Sortable Provider List Spreadsheet

Provider *(See the Provider List on our website for detailed information)*	MCP CONTRACT		ECM		
	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	x				x
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				x
Alameda County Health Care Services	x				x
Alameda County Public Health (Asthma Start)	x		x		x
Alameda County Public Health, California Children's Services (CCS)	x		x		
Alameda County Recipe4Health	x				x
Alameda Family Services	x	x	x		
Alameda Health System	x			x	
Alameda Health System, Eastmont Wellness	x			x	
Alameda Health System, Hayward Wellness	x			x	
Alameda Health System, Highland Wellness	x			x	
Alegrecare		x			x
Alternative Family Services	x		x		
Amity Foundation		x		x	



CalAIM ECM and Community Supports Guide

Types of Community Supports Available in Alameda County:

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

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

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

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

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

*For individuals experiencing homelessness

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

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

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

Sobering Centers *Available st
Short-term sobriety support in a safe envi
access to basic care, temporary housing, n
counseling, and connection to additional s

Short-Term Post Hospitalization Housin
Temporary housing after leaving inpatient
settings, including those for SUD treatmen
mental health, correctional facilities, and r

*Only for Kaiser Permanente members, st

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

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

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

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

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

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

Your Lead Care Manager can:

- Find doctors and make appointments
- Arrange free transportation to and from appointments
- Check on prescriptions and help get refills
- Connect you with local resources and Community Supports for food, housing and other social services

ECM does not replace:

Your benefits: It's an additional benefit for Medi-Cal members.
Your doctors: Keep your current doctors and other providers.
Your options: You can cancel ECM at any time.

ECM is free! There is no added cost for ECM for you.
See other side for detailed eligibility criteria

bluepathhealth.com/bluepath-health-calaim

Newly redesigned!
ECM and CS Provider Job Aid

See bottom of other side for details on ECM services.

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

Individuals Experiencing Homelessness:

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

Individuals At Risk for Avoidable Hospital or Emergency Department Utilization:

- Adults with 5 or more avoidable ED visits or 3 or more avoidable unplanned hospital or nursing facility stays in the past year.
- Children and youth with 3 or more avoidable ED visits or 2 or more avoidable unplanned hospital or nursing facility stays in the past year.

Individuals with Serious Mental Health and/or Substance Use Diso

- Adults facing significant challenges with mental health or substance use one complex social factor impacting their health and one or more of the institutionalization, overdose, or suicide; primarily seeking care from cri stays; or 2 or more ED visits or hospitalizations due to mental health or s
- Children and youth experiencing significant challenges with mental heal disorders.

Individuals Transitioning from Incarceration:

- Adults recently released from prison, jail, or correctional facilities in the the following: mental illness, substance use disorder (SUD), chronic or si condition, intellectual or developmental disability, traumatic brain injury
- Children and youth recently released from youth correctional facilities ir

New second page describes populations of focus

Adults in the Community at Risk for Long-Term Care Institutionalization:

- Adults in the community who meet skilled nursing facility criteria or need lower-acuity skilled nursing, face at least one complex social or environmental health factor that affects health, and can remain in the community with comprehensive support.

Adult Nursing Facility Residents Transitioning to the Community:

- Nursing facility residents who are interested in moving out, likely candidates to do so successfully, and able to reside continuously in the community.

Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs:

- Children and youth in CCS or CCS WCM facing at least one complex social factor affecting their health.

Children and Youth Involved in Child Welfare:

- Children and youth meeting any of the following: currently in foster care, received foster care in the last year, aged out of foster care up to age 26, eligible for or in California's Adoption Assistance Program, or receiving or have received California's Family Maintenance program in the last year.

Birth Equity Population of Focus:

- Black, American Indian, Alaska Native, or Pacific Islander adults or youth who are pregnant or have been pregnant in the last 12 months.

For more details on these eligibility criteria, please visit the ECM Policy Guide

bluepathhealth.com/tricountiespathresources

DHCS Best Practices Webinar

Tools to Better Engage Eligible Members CalAIM

Thursday, June 27 | 11am

On Zoom

Advanced registration required

DHCS | SUCCESS

CA Path Home

NOW LIVE: “PATHways to Success”

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

PATH is Growing Local Partnerships and Strengthening Services for Members

June 14, 2024

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

Read More

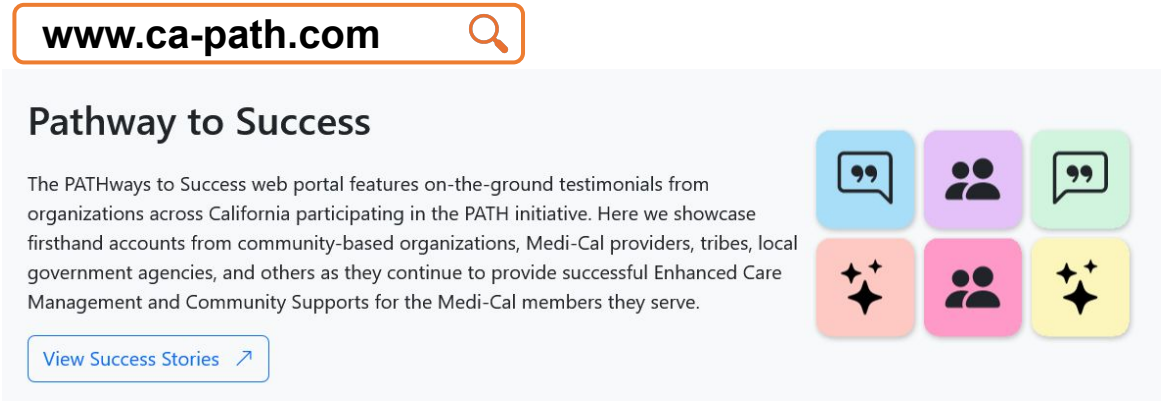
View All Success Stories

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 ca-path.com 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.

PATH CPI Participant Experience Survey

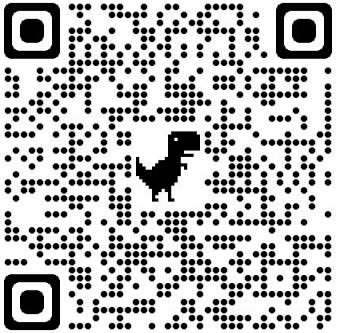
Please take a few minutes now to provide your valuable feedback!

While you fill out the survey, we invite you to listen to two songs by the Grammy-winning Alphabet Rockers, written and performed by lead youth artists based in Oakland

Next meeting:

July 19th, 10am - 12pm

In-Person, Register here:



See you for the 3rd Friday mornings each month in 2024!

Thank you for attending!

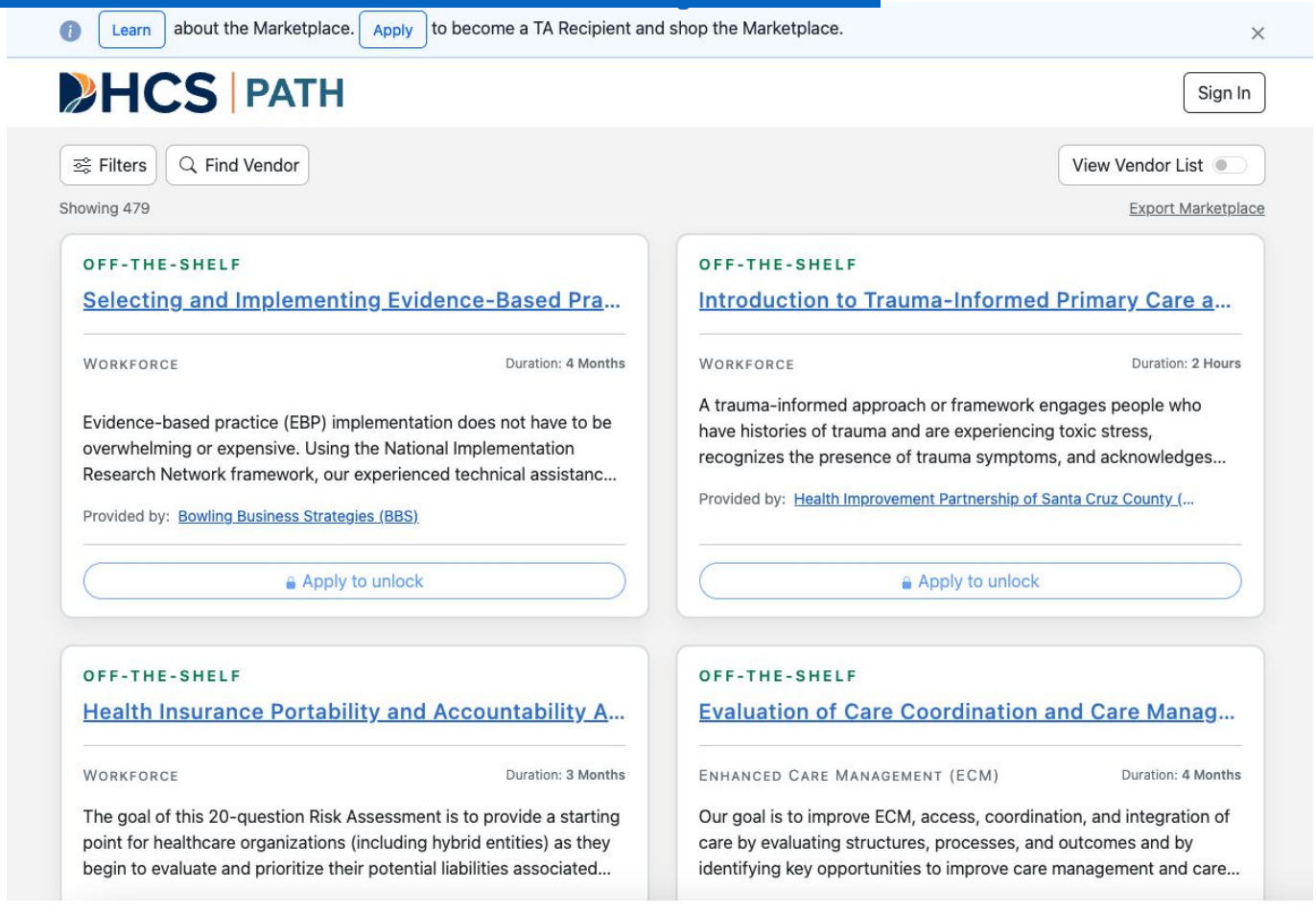
DHCS | PATH

Providing Access & Transforming Health

BluePath HEALTH

Appendix

Check out the TA Marketplace!



2024 Collaborative Aims and Objectives

BluePath HEALTH