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Providing Access & Transforming Health

BluePath HEALTH

Alameda CalAIM PATH Collaborative

February 16, 2024

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

Today's Agenda

#	Agenda Topic	Approximate Time
1.	Welcome and Introduction	10 minutes
2.	Training on the foster youth population	45 minutes
3.	Community Supports for children and youth	5 minutes
4.	Discussion: Best practices for reaching children and youth	15 minutes
5.	Quick updates from MCPs	10 minutes
6.	Data Updates	5 minutes
7.	Collaborative Aim Statement and Objectives	10 minutes
8.	Follow-ups from 1/19 discussion	5 minutes
9.	Reminders and Wrap Up	5 minutes
10.	Optional Office Hours	~ 30 minutes

Focus on Children and Youth

The Children and Youth Population of Focus became eligible for ECM in July 2023.

Includes children and youth who a

- Experiencing homelessness
- At risk for avoidable hospitaliz
- With serious mental health ar needs
- Enrolled in California Children
- Involved in Child Welfare
- Pregnant or have been pregnant within the last 12 months and identify as Black, American Indian, Alaska Native, or Pacific Islander

Experiencing Homelessness
At Risk for Avoidable Hospital or ED Utilization
With Serious Mental Health and/or Substance Use Disorder Needs
Enrolled in California Children's Services (CCS) or CCS WCM
Involved in Child Welfare

DHCS Spotlight on Children and Youth

Highlights:

- What does ECM delivery look like for children and youth?
- How does it link with other programs, particularly the CHW benefit and dyadic services?
- Example cases/vignettes

Access the resource here

How Do Children and Youth Access ECM?

Access to ECM can be created in multiple ways.

- Eligible Members may be referred to the Medi-Cal MCP by a **provider, case manager, or other professional already serving the child or youth**.
  - DHCS expects MCPs to source most ECM referrals in this way. Since children and youth with complex needs are usually already being served by at least one health care or social service delivery system, DHCS expects almost all children and youth to access ECM this way in the first few years of the program.

  - Community-based service providers are encouraged to identify and refer eligible children and youth to their MCPs for ECM, whether or not referring providers are themselves serving as ECM Providers within the MCP contracted network and/or service area.

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Alameda County Social Services Agency

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

Health Care Program for hcpcfc Children in Foster Care

Serving the Foster Youth Population

Carol Brown (Carol.Brown@acgov.org)
and Anne Nadler (Anne.Nadler@acgov.org)

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Health Care Program for Children in Foster Care

ANNE NADLER, RN, PHN, MANAGER

CHILD HEALTH AND DISABILITY PROGRAM (CHDP)

HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE (HCPCFC)

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT, FAMILY HEALTH SERVICES DIVISION

WHO ARE THE HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE PUBLIC HEALTH NURSES?

- Health Care Program for Children in Foster Care (HCPCFC) Foster Care Public Health Nurses (PHNs) are specialized Registered Nurses available to foster children, youth, and non-minor dependents.

- PHNS are consultants, or helpers to foster children's Social Workers.

- There is a page on the California Department of Healthcare Services dedicated to this statewide program:

  https://www.dhcs.ca.gov/services/HCPCFC

WHO ARE HCPCFC FOSTER CARE PUBLIC HEALTH NURSES? (continued)

- HCPCFC Foster Care PHNs focus on helping young people in out-of-home care get the right medical, dental, development and mental health support. HCPCFC PHNS are available for the entire time the child is in the foster care system.

- PHNS are liaisons with healthcare providers and their health care systems.

WHO ARE HCPCFC FOSTER CARE PUBLIC HEALTH NURSES? (continued)

- Along with social workers, they help make sure that the young people are safe. They do this by helping plan health care and supporting treatment.

- They also teach young people, caregivers, and other team members about the health needs of young people in out-of-home care.

A HCPCFC PHN CAN:

1. Help plan health and medical care.
2. Help with referrals or connections for needed health services.
3. Help support the right health services for young people placed out of county or outside of California.
4. Help caregivers and youth understand medical reports.

A HCPCFC PHN CAN: (continued)

5. Explain what a medicine does and its side effects.

6. Review and summarize health information to create the medical section of the Health and Education Passport.

7. Help caregivers get important medical records for young people in out-of-home care. This may mean contacting caregivers to identify past and present health care service providers or teaching caregivers how to ask for records.

A HCPCFC PHN CAN: (continued)

8. Attend Child and Family Team meetings to help team members understand the youth's health care needs.

9. Help school nurses and other team members understand and support a young person's health care plan.

10. Help a young person learn about and get access to birth control, if the young person asks.

A HCPCFC PHN CAN: (continued)

11. Help with court paperwork needed for medical, mental health or medication treatment permission (JV220).

12. Help make sure young people in out of home care are safe by keeping an eye on the use of psychotropic medications.

PSYCHOTROPIC MEDICATION

- Psychotropic medications treat mental health or attention issues.
- Antidepressants, antipsychotics, and stimulants are all types of psychotropic medications.
- Psychotropic medications can have side effects.
- To make sure that children and youth take these medications safely, certain tests and measurements (labs) may be needed and ordered by the person who prescribes the medication. A prescriber may be your child's doctor or other medical professional.
- A PHN can help keep track of medication side effects, labs and lab changes.
- A PHN can work directly with children and youth to support behavioral health care planning.

HOW TO REACH MY HCPCFC PHN?

Three ways to find a HCPCFC PHN:

- Check the Alameda County SSA internal list of foster care nurses for names and unit assignments.
- Call **510-618-2070**, the Alameda County Health Care Program for Children in Foster Care
- Go to the CA Department of Health Care Services list of HCPCFC offices and their contact information: https://www.dhcs.ca.gov/services/HCPCFC/Pages/CountyOffices.aspx

QUESTIONS?

Contact for further information:

Anne Nadler, RN, PHN, Manager

anne.nadler@acgov.org

510. 291-1492

Community Supports for Children and Youth

Which Community Supports are available to children and youth in Alameda County?

- Housing Community Supports (Navigation, Tenancy and Sustaining)
- Asthma Remediation
- Caregiver Respite Services
- Medically Supportive Foods (Home-Delivered Groceries)
- Personal Care and Homemaker Services
- Nursing Home Transition
- Diversion to Assisted Living
- Home Modifications

Referring members to ECM and/or Community Supports

Alameda Alliance for Health

Case and Disease Management Department

Monday – Friday, 8 am – 5 pm

Phone Number: 1.510.747.4512

Toll-Free: 1.877.251.9612

People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929

Email (Community Supports): CSDEPT@alamedaalliance.org

Email (ECM): ECM@alamedaalliance.org

Kaiser Permanente

Monday – Friday (closed major holidays)

9:00 am to 4:45 pm

Phone Number: 1-833-952-1916 (TTY 711)

Email: Send completed referral form to REGMCDURNs-KPNC@kp.org with the subject line “ECM Referral” or “CS Referral”

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Discussion:
What are your emerging best practices for reaching children and youth and their families for ECM and Community Supports?

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ALAMEDA Alliance FOR HEALTH

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MCP updates

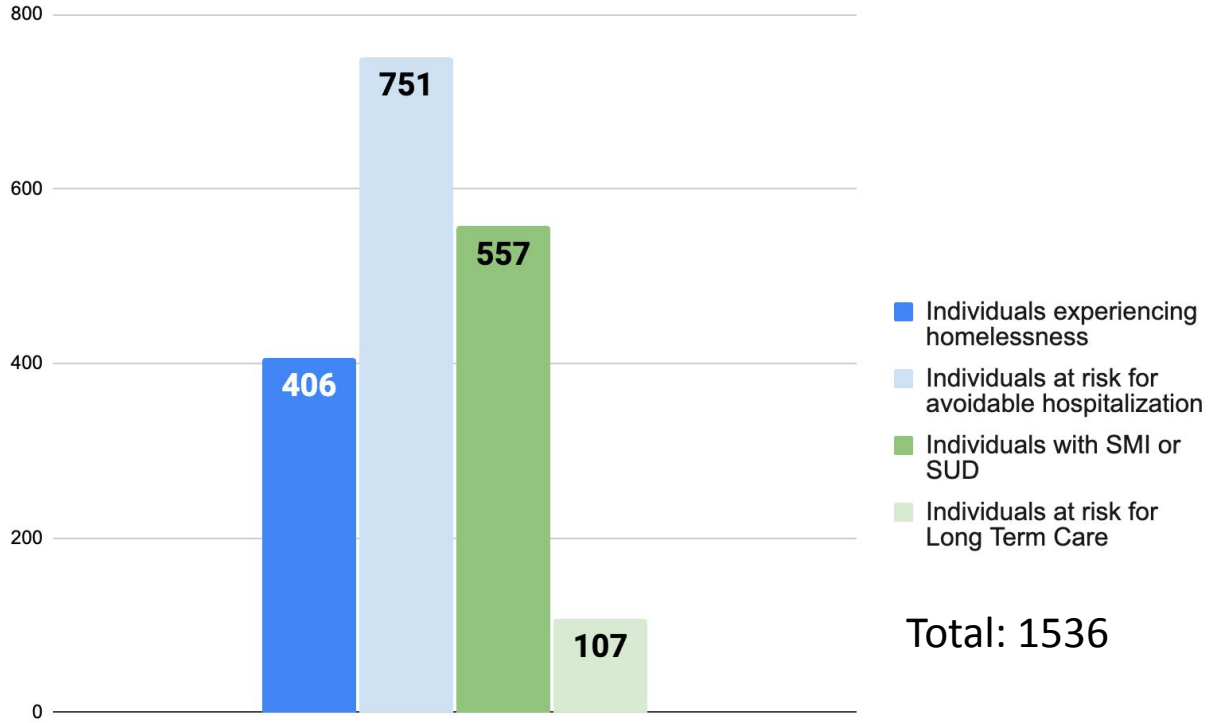
DHCS ECM and Community Supports Data

- **ECM and Community Supports Quarterly Implementation Report released by DHCS, with data through Q2 2023**

View the full report here

Alameda County, ECM Enrollment by PoF

Q2 2023

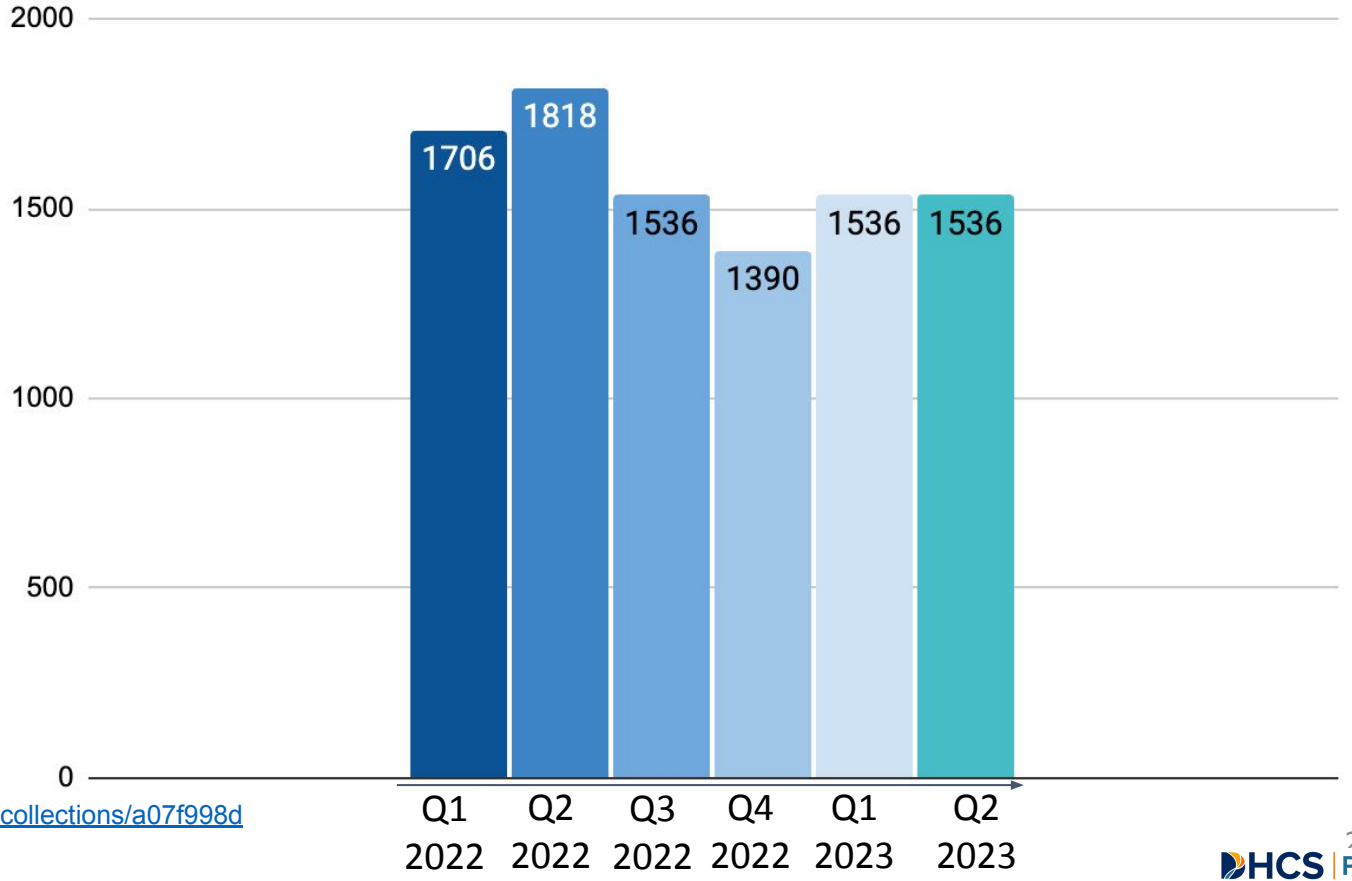


Total: 1536

Unique members may be included in multiple PoFs

Source: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

Alameda County, ECM Enrollment by Quarter

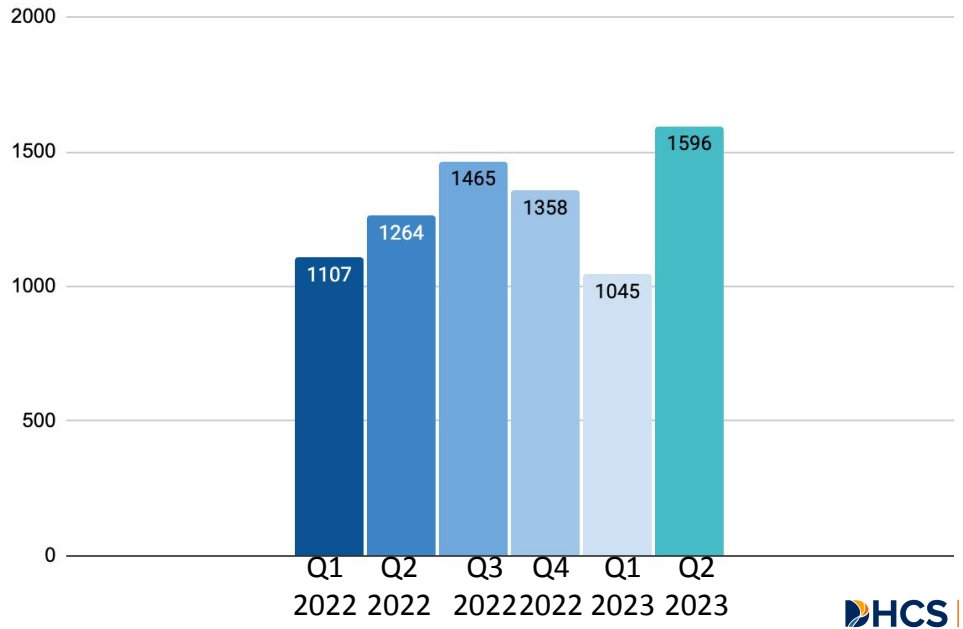


Source:
https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

Alameda County, Community Supports

Success! From 7/1/2022 - 6/30/2023, Alameda had the highest Community Support utilization rate of all California counties, and Alameda Alliance for Health had the 3rd highest utilization rate of all MCPs!

Community Supports Utilization for Alameda County by Quarter



Source: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

January Recap and Next Steps

DRAFT: 2024 Aim & Priority Objectives

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***Draft Aim Statement*: Between January 1, 2024 and December 31, 2024, the Collaborative aims to increase the number of eligible members who are authorized for ECM by 15% and increase the number of Community Supports authorizations by 15%.** The Collaborative will also track this progress by PoF.

Draft Priority Objectives:

Build resources and relationships to drive community referrals to ECM and Community Supports

Strengthen ECM and Community Supports provider capacity through tools, job aids, and education

Facilitate relationship building between providers, plans, and referral partners

1/19 Collaborative Meeting: Discussion Takeaways

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Suggested strategies to build community awareness of CalAIM:

- Question portal on the Resource Center
- ECM/CS eligibility determination resources for providers
- List of community referral partners for ECM and Community Supports
- CalAIM 101 training video for provider in-services
- CalAIM 101 presentation video for a community member audience
- Secret Shopper calling to understand front line staff awareness
- Public Information campaign
- Alameda housing provider summit and network
- Alameda county services summit including sessions on CalAIM

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Resources, Reminders, and Wrap Up

Coming Soon: ECM and CS Provider List

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Community Supports Providers: Quick Reference

	Alamed Alliance	Kaiser
Housing Transition Navigation, Deposits, Tenancy & Sustaining services		
Alameda County Health Care Service Agency (subcontractors are listed on page **19**)	X	
Other Community Housing Supports providers listed below:		
• East Bay Innovations	X	
• Independent Living Systems		X
• Serene Health		X
• Star Nursing		X
• Sterling Hospitalist Medical Group		X
Day Habilitation Programs		
• Serene Health		X
Asthma Remediation		
• Alameda County Public Health ASTHMA START	X	
• Breathe California		X
• Evolve Emod		X
• Roots Community Health Center	X	
Medically Supportive Foods/Medically Tailored Meals		
• Alameda County Community Food Bank	X	
• Alameda County Recipe4Health	X	
• Mom's Meals		X
• Project Open Hand	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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HCPCS Coding Guidance Update

- DHCS released updated Enhanced Care Management (ECM) and Community Supports HCPCS Coding Guidance
- This guidance contains the HCPCS codes and modifiers that must be used to report ECM and Community Supports service encounters
- MCPs and ECM and Community Supports Providers are expected to implement the updates in this latest HCPCS Coding Guidance by March 31, 2024
- Questions? Email CalAIMECMILOS@dhcs.ca.gov

TA Marketplace Vendor Fair February 29

- **Hosted by DHCS, this virtual vendor fair will feature approved vendors in Domain 3 of the TA Marketplace: “Engaging in CalAIM through Medi-Cal Managed Care”**

- **Register here: https://us06web.zoom.us/webinar/register/WN_xiZXHQYmQL-obU5f4jPfww#/registration**

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Thank you for joining us today!

Next Meeting: Friday, March 15 at 10am

Register here

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Office Hours

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Appendix

Community Supports

at Alameda Alliance for Health

ALAMEDA Alliance FOR HEALTH

What are Community Supports?

- Part of the CalAIM initiative by the Department of Health Care Services (DHCS) to **improve the quality of life and health outcomes of Medi-Cal beneficiaries** by implementing broad delivery system, programmatic, and payment system reforms.

- Community Supports are services or settings that managed care plans (Alameda Alliance for Health) may offer in place of services or settings covered under the California Medicaid State Plan that are:
  - medically appropriate
  - cost effective alternatives

Source: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

Community Supports Programs
Housing

Housing is administered by Health Care Services Housing Agency County of Alameda
Criteria: Member is experiencing homelessness and has complex health, disability, and/or behavioral health conditions and is prioritized through the Coordinated Entry System

Referral Process: Member will be assessed through Alameda County by calling 211 or in person at any Housing Resource Center in Alameda County

Navigation – Housing Navigators assist members to find permanent housing
Tenancy – Tenancy Case Managers assist members to maintain permanent housing
Deposits – Funds to assist member with set up costs, deposits, utility arrears

Source:
https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

Community Supports Programs
Medical Respite

Medical Respite is short-term residential care for members who no longer require hospitalization, but still need to heal from an injury or illness (including mental health conditions) and whose condition may be exacerbated by an unstable living environment

Source: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

Medical Respite

Criteria:

Meets HUD criteria for ADULT ONLY homelessness, is alert and oriented to name/place/situation, has unstable living situations and is too ill or frail to recover from an illness, at risk of hospitalization or post-hospitalized, facing housing insecurity or has housing that jeopardize their health and safety without modification

Medical Respite

Referral:

Contact Community Supports Medical Respite with medical records supporting criteria, if accepted the Medical Respite Provider will place a referral with Community Supports

- Cardea Health - https://hcsa2.force.com/fairmontrespite/s/
- Adeline Lifelong- email: Respite@lifelongmedical.org
- BACS – Fax referral to (888)411-4043

Community Supports Programs
Asthma Remediation

Asthma Remediation
Managed by HCSA – Asthma Start Program

Physical modifications to a home environment that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function in the home and without which acute asthma episodes could result in the need for emergency services and hospitalization.

Source:
https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

Asthma Remediation

- Criteria: Poorly controlled asthma with an ED visit, two sick visits or >4 rescue inhalers refills in the past year, a score <20 Asthma Control Test

- Referral: Contact Asthma Start https://acphd.org/asthma/

Asthma Start

- Asthma Start is a NO COST program for **Adults and Children** diagnosed with asthma, providing case management services which addresses the medical, environmental, and psychosocial needs of families.

- Who Qualifies? A person is eligible to participate in the Asthma Start Program if ALL the following requirements are met:
  - Lives in Alameda County
  - Has been diagnosed with asthma

- What Services Are Offered?
  - Asthma education to families (i.e. symptoms, triggers, prevention, medication, etc.).
  - Remote inspections for asthma triggers (i.e. mold, pests, dust, etc.).
  - Referrals for housing, employment, and health insurance.

Asthma Start

- For more information or to participate in the program, please contact:
  Alameda County Public Health Department—Chronic Disease Program
  7200 Bancroft Avenue, Suite 202, Oakland, CA 94605

- https://acphd.org/asthma/

Brochure for mailing to members
https://acphd-web-media.s3-us-west-2.amazonaws.com/media/programs-services/asthma-start-program/docs/program-flyer-eng.pdf

Roots Clinics

- New Provider
- **Providing Asthma Remediation to Adults and Children**
- Providing Asthma Remediation to Roots Clinics Members currently
- Receiving referrals from Root Clinics only
- Beginning 6.1.24 Roots will accept referrals from outside providers

Community Supports Programs Meals Project Open Hand

Provides weekly home delivery of:

Medically tailored meals

Grocery boxes

No Cook boxes

Nutritional counseling by a registered dietician

Alameda County Food Bank

- New Provider

- Weekly Delivery of Medically Tailored Groceries to those who qualify

Recipe For Health

- Provides weekly delivery of organically grown produce and nutritional education

Referral: Member must linked with one of the five clinics listed below who will place referrals:

Tiburcio Vasquez
Bay Area Community Health Liberty
Native American HC
Lifelong Ashby
Alameda Health Systems Hayward Wellness

Meals

Criteria:
Has chronic condition(s), such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes or other high-risk perinatal conditions,

and chronic or disabling mental/behavioral health disorders or discharged from the hospital

or a skilled nursing facility or at high-risk Criteria of hospitalization or nursing facility placement or has intensive care coordination needs

Meals

Referrals:

A referral can be made directly to Community Supports using Alameda Alliance for Health Referral Form: CSDEPT@alamedaalliance.org

Nursing Facility Transition/Diversion to Assisted Living Facilities AND Community Transition Services/Nursing Facility Transition to Home

For our Members who are in Nursing Facilities or at Risk for Placement in a Nursing Facility

Who are Willing and Able to Reside in a Lower Level of Care or
Can Return Home

Nursing Facility Transition/Diversion to Assisted Living Facilities

This Program Assist our Members in making a Transition to a Lower Level of Care by Providing Case Management Services and Support to Transition Successfully to Residential Home Like Settings

Nursing Facility Transition to Home

Case Managers Assist our Members in Returning Home by Providing Services, Support and Home Modifications so our Members can Safely Reside in a Home

Nursing Facility Transition/Diversion to Assisted Living Facilities AND Community Transition Services/Nursing Facility Transition to Home

- East Bay Innovations
- Referral Process

- Please contact

Bea Saki
TCCM Co-Director
East Bay Innovations
2450 Washington Ave, #240
San Leandro, CA 94577
Cell: 510-682-0882
eFax: (510) 373-2170
bsaki@eastbayinnovations.org

Nursing Facility Transition/Diversion to Assisted Living Facilities AND Community Transition Services/Nursing Facility Transition to Home

- New Provider Omatochi
- Referral Process

A referral can be made directly to Community Supports using Alameda Alliance for Health Referral Form:
CSDEPT@alamedaalliance.org

Personal Care and Homemaker Services

Personal Care Services and Homemaker Services provided for individuals who need assistance with Activities of Daily Living (ADLs) such as bathing, dressing, toileting, ambulation, or feeding.

Personal Care Services can also include assistance with Instrumental Activities of Daily Living (IADLs) such as meal preparation, grocery shopping, and money management.

Personal Care and Homemaker Services

Criteria:

Individuals at risk for hospitalization, or institutionalization in a nursing facility; or

Individuals with functional deficits and no other adequate support system; or

Individuals approved for In-Home Supportive Services. Eligibility criteria can be found at: http://www.cdss.ca.gov/In-Home-Supportive-Services

Those who do not qualify for In-Home Supportive Services

Personal Care and Homemaker Services

Providers:

24 Hour Home Care

Can provider services if the member has a potential caregiver

Omatochi

Can provide an agency caregiver

Referrals:

A referral can be made directly to Community Supports using Alameda Alliance for Health Referral Form:

CSDEPT@alamedaalliance.org

Care Giver Respite

Respite Services are provided to **Caregivers** of Members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only.

Care Giver Respite

Criteria:

Individuals who live in the community and are compromised in their Activities of Daily Living (ADLs) and are therefore dependent upon a qualified caregiver who provides most of their support, and who require caregiver relief to avoid institutional placement.

Other subsets may include **Children** who previously were covered for Respite Services under the Pediatrics Palliative Care Waiver, foster care program beneficiaries, Members enrolled in either California Children's Services or the Genetically Handicapped Persons Program (GHPP), and Members with Complex Care Needs.

Care Giver Respite

Providers:

24 Hour Home Care

Can provider services if the member has a potential caregiver

Omatochi

Can provide an agency caregiver

Referrals:

A referral can be made directly to Community Supports using Alameda Alliance for Health Referral Form**:**

CSDEPT@alamedaalliance.org

Home Modifications
(Environmental Accessibility Adaptations)

Environmental Accessibility Adaptations (EAAs also known as Home Modifications) are physical adaptations to a home that are necessary to ensure the health, welfare, and safety of the individual, or enable the individual to function with greater independence in the home: without which the Member would require institutionalization.

Home Modifications

Providers:

East Bay Innovations
Omatochi

Criteria:

Individuals at risk for institutionalization in a nursing facility

Referral:

A referral can be made directly to Community Supports using Alameda Alliance for Health Referral Form**:**

CSDEPT@alamedaalliance.org

Community Supports New Providers and Services 2024

at Alameda Alliance for Health

ALAMEDA Alliance FOR HEALTH

Omatochi

- Personal Care and Homemaker Services
- Caregiver Respite
- Nursing Facility Transition/Diversion to Assisted Living Facilities AND Community Transition Services/Nursing Facility
- Transition to Home
- Home Modifications

Source: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

Alameda County Food Bank

Will provide weekly delivery of medically tailored groceries

Will not provide nutritional counseling or meals

A Provider can be selected by your member or CS Team can determine provider depending on what service your member choses

Source: https://diatribe.org/food-insecurity-and-diabetes-dangerous-combination

Source: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

Asthma Remediation for Adults

- Asthma Start
  - Please refer to Asthma Start

- Roots Clinics
  - If your member is linked with Roots, please refer them to:

  - Young People's Wellness Center
  - Roots Headquarters Clinic
  - Roots Main Clinic
  - Laney Health College
  - Roots at Parker Campus
  - Roots South Bay Headquarters

  - Oakland Street Team
  - South Bay Clinic

New Community Supports Service

- Sobering Centers Coming Spring 2024

- Sobering centers are alternative destinations for individuals who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail.
- Eligibility (Population Subset)
- Individuals age 18 and older who are intoxicated but conscious, cooperative, able to walk, nonviolent, free from any medical distress (including life threatening withdrawal symptoms or apparent underlying symptoms), and who would otherwise be transported to the emergency department or a jail or who presented at an emergency department and are appropriate to be diverted to a Sobering Center.
- This service is covered for a duration of less than 24 hours.

Community Supports Contacts

Susan Baca, MSW | Supervisor, Community Supports
Alameda Alliance for Health | sbaca@alamedaalliance.org | Work Cell: 510-708-4485 | Fax: 510-995-3726

Evelyn Waters-Glover | Community Supports Coordinator
Alameda Alliance for Health | url: www.alamedaalliance.org
Elopez2@alamedaalliance.org | P: 510.747.6247 F: 510.995.3726

RoseAnn Florez | Community Supports Coordinator
Alameda Alliance for Health|www.alamedaalliance.org
P: 510-373-5642 Fax:510-995-3726
rflorez@alamedaalliance.org

Kathleen Decena | Community Support Coordinator
Alameda Alliance for Health | alamedaalliance.org
kdecena@alamedaalliance.org | P: 510 995-1279 | F: (510) 995-1779

Heather Rowell RN | Community Supports
Alameda Alliance for Health | alamedaalliance.org
HRowell@alamedaalliance.org | P: 510-747-6261 F: 510-995-3726