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Providing Access & Transforming Health

BluePath HEALTH

Tri-Counties CalAIM PATH Collaborative

Ventura Meeting

October 16, 2024

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Welcome!

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Introductions in the chat:

- Name
- Organization
- Your role in CalAIM implementation

Today's Agenda

#	Agenda	Time
1.	**Welcome and Review Agenda**	*5 mins*
2.	**Spotlight: Medically Tailored Meals and Medically Supportive Food**	*20 mins*
3.	**DHCS Update: Draft Community Supports Definitions and Revisions**	*15 mins*
4.	**Managed Care Plan Updates** ● *Gold Coast Health Plan* ● *Kaiser Permanente*	*15 mins*
5.	**Upcoming Events and Closing**	*5 mins*
6.	**Optional Office Hours**	*30 mins*

2024 Aim Statement and Drivers

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The Collaborative will increase the number of members referred to ECM and Community Supports, and the number of those successfully enrolled in and utilizing services.

- Build education and awareness of CalAIM among members, providers, and community partners
- Strengthen the provider network to serve all Populations of Focus
- Increase ECM & Community Supports referrals and care coordination among providers

Thank you for joining us in September!

https://www.bluepathhealth.com/bluepath-health-calaim/tri-counties-calaim-path-collaborative/

Updated Resources: Referral Forms are now located on Collaborative Resource Center

- Recent DHCS Policy Updates
- Data Exchange Framework and Other Data Sharing Resources
- ECM & Community Supports Aid- SLO & Santa Barbara
- Referral Forms
  - CenCal Referral Form Hub
  - Kaiser Permanente ECM & CS
  - Gold Coast Community Supports (English)
  - Gold Coast Community Supports (Spanish)
  - Gold Coast ECM (English)
  - Gold Coast ECM (Spanish)

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Community Supports Spotlight: Medically Tailored Meals and Medically Supportive Food

Medically Tailored Meals and Medically Supportive Food

- **Medi-Cal Members receive deliveries of nutritious, prepared meals and/or healthy groceries to support their health needs. Members may also receive vouchers for healthy food and nutrition education**

- **In the last DHCS reporting period (Q4 2023), 3691 members in Ventura County utilized Medically Tailored Meals or Medically Supportive Food**

Meet the Ventura County Meals Providers

Proposed Community Supports Definitions

Proposed Community Supports Revisions

In September, DHCS released proposed definition changes to 7 Community Supports Services:

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Nursing Facility Transition/Diversion to Assisted Living Services
5. Community Transition Services/Nursing Facility Transition to a Home
6. Medically Tailored Meals/Medically Supportive Food
7. Asthma Remediation

Final Community Supports definitions will be finalized this fall. The updated definitions will go live January 1, 2025

Draft Community Supports Definitions:

Housing Trio

- Aligning Housing Trio eligibility with parts of Transitional Rent eligibility (meet the clinical risk factors definition and experiencing or at risk of homelessness as defined by HUD)
- Clarifying that any member who is determined eligible for, or receiving, Transitional Rent is automatically eligible for the Housing Trio
- Proposing to remove the prerequisite to receive one of the Housing Trio before qualifying to receive another
- **Housing Deposits** Proposed Updates:
  - An expanded list of goods and services
  - Expanding access to Housing Deposits once per CalAIM demonstration period as opposed to once per lifetime

Draft Community Supports Definitions:

Medically Tailored Meals/Medically Supportive Food

- Proposed eligibility change: Must have both a chronic or serious condition and a high risk for hospitalization/SNF placement or otherwise have extensive care coordination needs
- Proposed guidance for ensuring medically tailored meals/medically supportive food are medically appropriate:
  - Tailoring of nutrition interventions should include consideration of the range of clinical factors unique to the Member and must engage an RDN or clinician with nutrition expertise
  - Emphasizes that the food provided must meet at least two-thirds of the daily nutrient and energy needs
  - Nutrition education must be paired with medically tailored groceries, food pharmacy, and food voucher interventions

Q&A

Managed Care Plan Updates:
Gold Coast Health Plan and Kaiser Permanente

Kaiser Permanente

Tri-Counties PATH CPI Meeting
Ventura County

October 2024

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ECM Outreach Campaign Pilot

To raise community awareness of ECM, and drive ECM referrals, KP is planning a communications approach leveraging a public health communications firm, Public Good Projects, for a trusted messenger campaign.

WHAT?

- Create and leverage a network of local influencers for targeted messaging
- Leverage social media and other methods to communicate about ECM
- Focus messaging on the two of largest populations of focus for ECM, foster youth and birth equity
- Evaluate performance to expand our evidence base

WHY?

- Community-based providers shared feedback via survey and in various external collaborative forums that there is a critical opportunity to drive referrals and enrollments into ECM and CS by fostering community awareness via trusted messengers.
- DHCS expects that the majority of referrals for ECM will come from the community (providers, CBOs, members, etc.)
- Foster Youth and Birth Equity are two of the largest populations of focus

HOW?

- Focus on birth equity statewide
- Target San Bernardino and Sacramento counties for Foster Youth outreach, counties with large numbers of eligible members
- Partner with Public Good Projects and external stakeholders to implement the pilot in Q4 2024- Q1 2025

WHEN?

- September – mid-October: Planning, identifying messengers and message
- November – January: Activate influencers and messaging
- February-March: Evaluation of pilot

Scan to join the discussion

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We Want to Hear From You!

1. How do you share information regarding health-related benefits and services with your community members / members?
   - What proves to be the most effective?
   - Have you heard feedback from community members on what they prefer?
2. Who do you see as **local** leaders and organizations working in **birth equity**? Who do you see as **statewide** leaders or voices focused on **birth equity**?
3. How do you currently share information on ECM, CS, CHW?
   - What has worked?
   - What is difficult about the process?

Follow-up: If your organization works with birth equity populations and is interested in engaging more deeply, KP alongside our partners at PGP are offering an opportunity for a 30-minute virtual call to provide guidance for communication materials around ECM/CS/CHW benefits, reach out to KP.

Note: there is not compensation associated with this conversation.

Scan to join the discussion

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Sending Referrals

KP has a no-wrong-door approach for referrals

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

	All Northern California Counties	All Southern California Counties
Area		
Phone (Member)	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
Email (Counties/CBOs)	Send completed referral form to REGMCDURNs-KPNC@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”	Send completed referral form to RegCareCoordCaseMgmt@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”
Email (NEW: NLE Contracted providers submitting referrals to their own organization)	Send completed self referral form to contracted Network Lead Entity	Send completed self referral form to contracted Network Lead Entity

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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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Upcoming Events and Announcements

DHCS Updates

- **CITED Round 4 Applications will open January 6, 2025**
  - **Learn more about CITED here**

- **Closed Loop Referral Requirement Go-Live Date is now July 2025**
  - **DHCS anticipates releasing final Closed-Loop Referral Implementation Guidance in late 2024 and will schedule an all comer webinar after release to support implementation and technical assistance.**

Next Steps

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November Meeting:
Wednesday, November 20
11:00am - 12:30pm
On Zoom

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Thank you for completing our brief survey!
Questions or suggestions?
pathinfo@bluepathhealth.com

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Office Hours

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Appendix

CalAIM TA Marketplace