

Tri-Counties CalAIM PATH Collaborative

February 21, 2024

Welcome!

Please introduce yourself using Chat.

- Name
- Organization
- Your role in CalAIM implementation

Welcome to our new participants

February Collaborative Agenda



Topic	Time
Welcome and Introductions	5
MCP Updates	15
Collaborative Aim Statement and Drivers	10
DHCS ECM and Community Supports Data Discussion	15
Policy and Funding Updates	10
Next Steps and Closing	5
Optional Office Hours	30

Reminder: 2024 Collaborative Schedule

January 17: Full Collaborative

February 14 (Ventura) / Feb 21 (SLO/SB)

March 20: Full Collaborative

April 17 (Ventura) / April 24 (SLO/SB)

May: In-person meetings in each County

June 26: Full Collaborative

**Full Collaboratives
(Virtual)**

**County-Specific
Working Groups
(Virtual)**

**County-Specific
In-Person Meetings**

CenCal Health Plan Updates



CenCal Health CalAIM Update

Santa Barbara-San Luis Obispo CalAIM PATH
Collaborative Meeting
February 21, 2024



CenCal Health Updates:

Medi-Cal Expansion January 1, 2024—Dr. Do-Reynoso

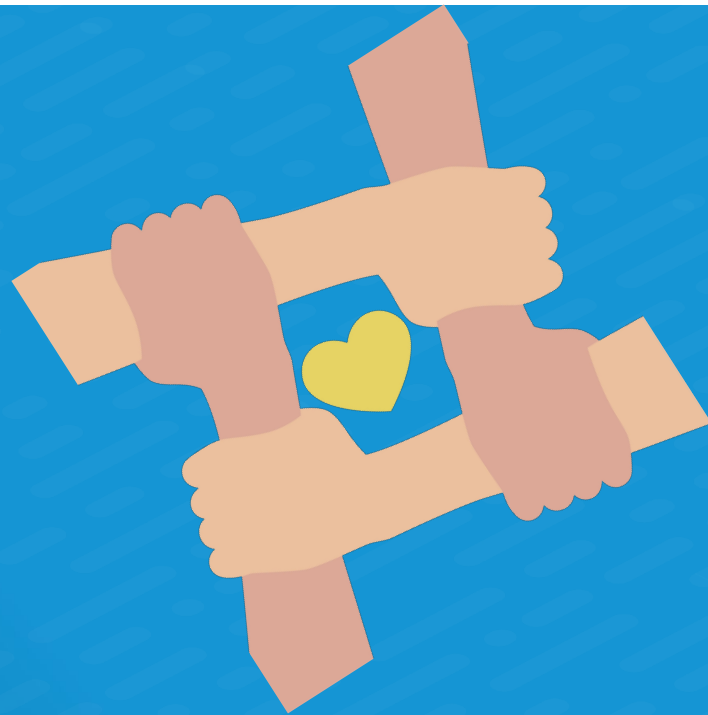
CenCal Health Community Supports Provider list-Cathy Slaughter

ECM Justice Involved Implementation-Diana Meier



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Medi-Cal Expansion



Medi-Cal Expansion

Full-scope Medi-Cal

now covers county residents of all ages regardless of immigration status (effective January 1, 2024).

California is 1st state in the nation to offer full-scope Medicaid to **all residents who qualify.**

Those on **restricted Medi-Cal due to immigration status in December were automatically re-examined** to determine who would now qualify.

New Adult Expansion enrollments
effective January 1, 2024:

Santa Barbara County: 13,437

San Luis Obispo County: 2,337



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Medi-Cal Expansion: Access & Continuity

IMMEDIATE ACCESS

All new members were allowed to see any network PCP for the first 30 days.

CONTINUITY W/PCP

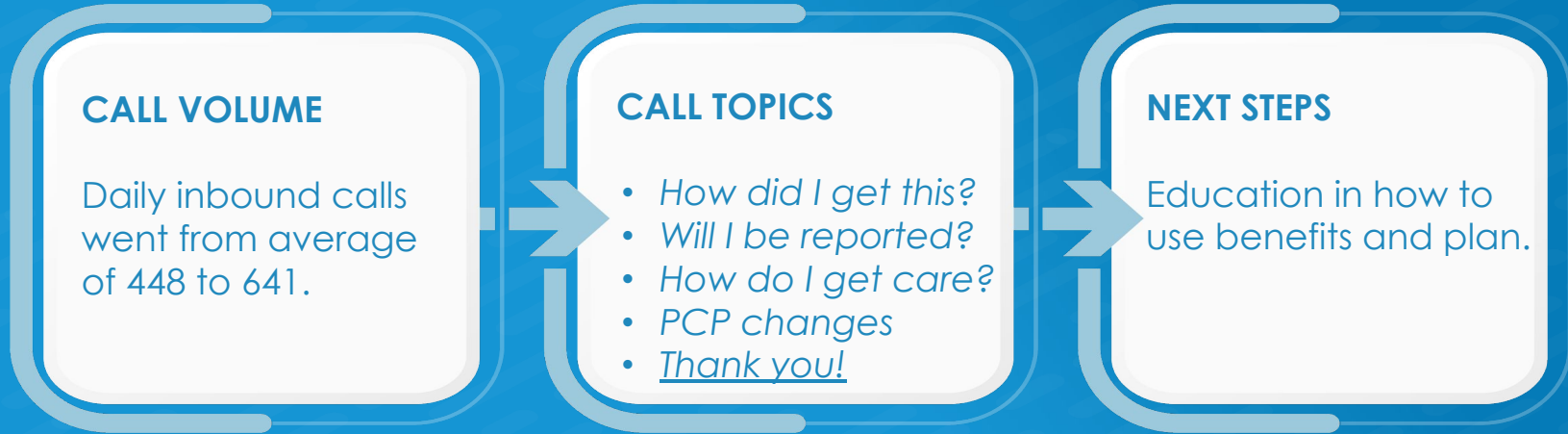
Approx. 2,600 new members were assigned to PCPs they were already seeing.

MAINTAINING CHOICE

New members could select or change their PCP at any time. Those who didn't were auto-assigned.

Any member may change their PCP at any time.

Medi-Cal Expansion Impact



Any member may change their PCP at any time.

Medi-Cal Expansion Impact

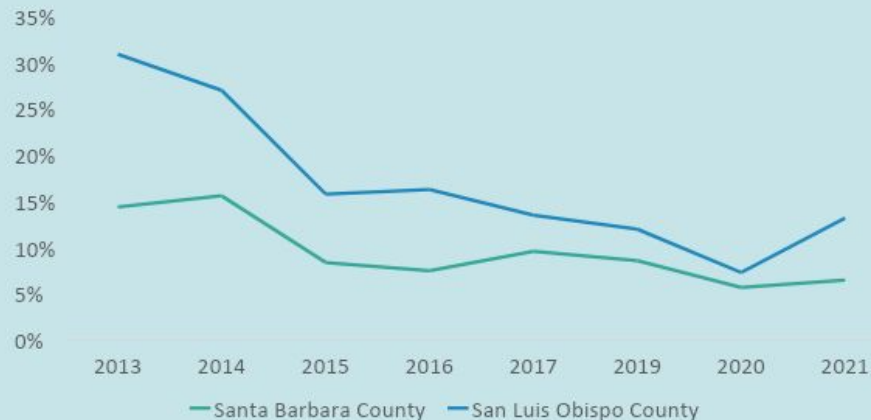
May 1, 2016
Children Expansion (Under age 19)

January 1, 2020
Young Adults Expansion (Ages 19-25)

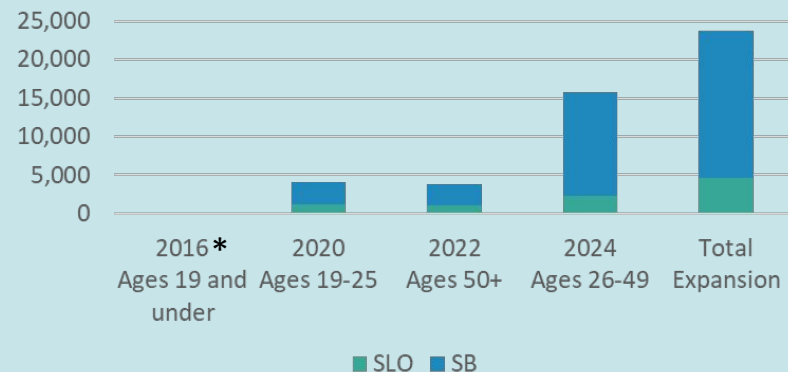
May 1, 2022
Older Adults Expansion (Ages 50+)

January 1, 2024
Adults Expansion (Ages 26-49)

Uninsured Rate



Medi-Cal Expansion





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Community Supports Contracted Provider List



February 2024 CenCal Health Community Supports Contracted Provider List

CenCal Health is contracted with many CalAIM Community Supports providers in the Santa Barbara, and San Luis Obispo County areas. CenCal Health trusts in our providers and the care they deliver to our members. We have made every effort to ensure that this list is accurate each month. The information listed below are based upon information received by contracted providers and may change. Please reference the CenCal Health Provider Directory at <https://provdir.cencalhealth.org/> for a true list of in-network contracted providers as this list may change.

Day Habilitation

Provider Name	Phone	County	Adults or Children Served	Accepting Outside Referrals
PathPoint	(805) 363-1208	Both Counties	All Ages	Yes
Community Action Partnership San Luis Obispo Inc	(805) 544-4004	San Luis Obispo County	All Ages	Yes
Good Samaritan Shelter	(805) 347-3338	Santa Barbara County	All Ages	Yes

Housing Deposits

Provider Name	Phone	County	Adults or Children Served	Accepting Outside Referrals
Good Samaritan Shelter	(805) 623-5304	Both Counties	All Ages	Yes
Independent Living Resource Center Inc	(805) 963-0595	Both Counties	All Ages	No
SCities Homeless Coalition	(805) 574-1638	San Luis Obispo County	All Ages	No
Sterling Hospitalist Medical Group Inc	(714) 897-1071	San Luis Obispo County	18+ Adults	No
Kingdom Causes Inc	(805) 722-4900	Santa Barbara County	All Ages	Yes
Sterling Hospitalist Medical Group Inc	(714) 897-1071	Santa Barbara County	21+ Adults	No

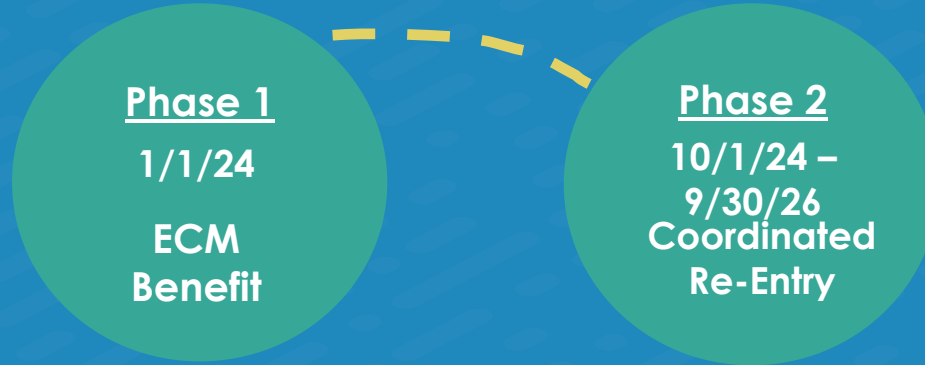


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Justice-Involved (JI) Initiative



CalAIM Justice Involved Implementation



Managed care plans are responsible to deploy a network of Enhanced Care Management (ECM) Providers and County Agencies to collaborate and to connect formerly incarcerated Medi-Cal eligible members to community-based services



To provide intensive coordination with embedded and/or in-reach service providers linked to Medi-Cal provider networks to include extensive data sharing and coordination to ensure continuity of care for inmates returning to the community

Enhanced Care Management (ECM)

Justice-Involved (JI) Go Live on January 1, 2024



Identified approximately 300 Members who meet the ECM Individuals Transitioning from Incarceration Population of Focus (POF) criteria for adults and youth



Established a provider network catering to the specific needs of the JI population inclusive of individuals with lived experience



Implemented a dedicated Justice Involved (JI) Liaison to enhance support for ECM JI Providers with inquiries related to ECM referrals, care coordination, and other CenCal Health services, such as transportation and Community Supports



Communicated to ECM JI providers regarding the ECM referral process, the contact information and availability of the plan's JI Liaison and ECM Team

Coordinated Re-Entry

Readiness Activities for October 1, 2024



Planning interagency collaboration in February to document current processes and workflows in the adult and youth facilities as well as with County agencies supporting the JI population with a focus on the pre-release and post-release warm handoffs



Develop a standardized re-entry care plan for adult and youth that will be used by pre-release and post-release justice involved partners (i.e., county agencies, ECM providers, CBOs, and CenCal) with intent to incorporate into a shared data platform, i.e., Health Information Exchange (HIE)



Engage with County Counsel to initiate discussions on a universal Release of Information (ROI) and Memorandum of Understanding to support data sharing needs



Host a Technical Assistance (TA) Webinar in late February with correctional facilities, community-based organizations, county agencies, ECM providers, and community partners to support information sharing



CalAIM Impact: Sobering Centers

View this video here by scanning this code:



<https://vimeo.com/913035322>

Questions



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Collaborative Aim Statement and Drivers

DRAFT: 2024 Aim Statement

- **Thank you for the feedback on draft aim statements at our January meeting!**
- **Revised statement:**
 - **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.**

DRAFT: 2024 Aim Statement and Key Drivers



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.

- **Measurement 1: Increased number of total referrals by 15% compared with 2023**
- **Measurement 2: Maintaining at least 25% enrollment rate**

DRAFT: 2024 Aim Statement and Key Drivers



Drivers (how do we achieve the aim?)

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

Driver #1

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

Increasing CalAIM Awareness among Community Partners

Social and Cultural Organizations

Alpha Family Resource Center
CAUSE
MICOP
PEP (postpartum education for parents)
Pueblos

Neighborhood Resources

California Home Visiting Program
Faith Based communities
Family Resource Center
Field Nursing Program
Healthy Families America
Parents as Teachers
Promotora and CHW programs
SAFE System of Care

Emergency Resources

CALM Family Services
Via Magella (emergency housing)
Transition House
Good Samaritan
Mothers' Helpers (provides material goods)
Unity Shop

Local & State Government

Department of Social Services
Home Visiting infrastructure
WIC
Nutrition Services
Lactation Consultants
Behavioral Wellness (SUD)

Education

COE Health Linkages Program
(dental/medical/promotoras)
Headstart Storyteller Children's Program
Child Care Planning Council
Migrant Ed
First 5 Pregnancy and Parenting Support -
Bilingual and Perinatal

Healthcare

Santa Barbara Public Health Pediatrics Dept
Tri-Counties Regional Services
Martha's Place
CHCs: Clinicas, North County, Twin Cities Hospital,
Sierra Vista, Herencia Indegina
BH for School Aged Advocates
Oral Health for Pregnant parents



Sharing Success Stories with PATH Collaboratives

- DHCS has requested stories reflecting members' successful experiences with CalAIM programs
- *Do you have a success story we can share?*
- The Tri-Counties Collaborative will host lunch for your team to capture your stories
- Responses requested by March 1:
pathinfo@bluepathhealth.com



Discussion Questions: Driver #1

- What approaches have been successful in presenting “CalAIM 101”?
- Which organizations would benefit from an in-person CalAIM overview?
- What other tools can we provide?
 - CalAIM community FAQs
 - Community elevator pitch for newsletters, radio, social media
 - One pager on services and populations of focus (see example)



<https://www.chcf.org/resource/calaim-in-focus/calaim-explained/>

Qué transmitir a un miembro de ECM

Tendrá un Administrador Principal de Atención (Lead Care Manager) dedicado que coordinará la atención de salud y los servicios relacionados con la salud. Su Administrador Principal de Atención le brindará atención por teléfono, en persona o donde viva. También pueden:



Conseguir médicos y programar sus citas



Coordinar su transporte hacia y desde las citas



Ayudar con el manejo de los medicamentos



Coordinar con recursos locales, llamados Apoyos Comunitarios, según sea necesario para:

Alimentación
Vivienda

Otros servicios sociales

No hay costo adicional para ECM. ECM no reemplaza:

- **Beneficios.** ECM es un beneficio adicional.
- **Médicos.** Mantenga a sus médicos y otros proveedores.
- **Opciones.** Únase, si es elegible, o cancele en cualquier momento.

Destinado a Proveedores

Herramienta oficial desarrollada por Tri-Counties CalAIM PATH Collaborative

Los Apoyos Comunitarios ayudan a satisfacer las necesidades de salud y bienestar de los miembros



Orientación de Vivienda

Si se encuentra sin hogar o corre el riesgo de quedarse sin hogar, puede recibir ayuda para encontrar, solicitar y asegurar una vivienda permanente.



Depósito de Vivienda

También puede recibir ayuda con los gastos de vivienda, como depósitos de seguridad y puesta en funcionamiento de servicios públicos, como gas y electricidad.



Arrendamiento de Vivienda y Sostenibilidad

Una vez que la vivienda esté asegurada, puede recibir apoyo para mantener su arrendamiento, como coordinación con los propietarios para abordar problemas, asistencia con el proceso anual de recertificación de vivienda y conexión con recursos locales para evitar el desalojo.



Servicios de Domésticos y de Cuidado Personal

Es posible que reciba apoyo en el hogar, como bañarse o alimentarse, preparar comidas, hacer compras y que alguien lo acompañe a sus citas médicas si necesita ayuda con las actividades de la vida diaria.



Servicios para Cuidadores (Servicios de Relevo)

Ayuda a corto plazo para sus cuidadores. Puede recibir servicios para cuidadores en su hogar o en un centro aprobado por horas, días o noches, según sea necesario.



Transición de un Centro de Enfermería a un Centro de Vida Asistida

Si vive en su casa o en un centro de enfermería, puede trasladarse a un centro de vida asistida para evitar la institucionalización en un centro de enfermería. Recibirá servicios como apoyo con las actividades de la vida diaria, supervisión de medicamentos y personal de atención directa en el lugar las 24 horas.



Cuidados de Recuperación (Cuidado Médico Temporal)

Después de la hospitalización, si no tiene una vivienda estable y aún necesita recuperarse de una lesión o enfermedad, puede recibir atención residencial a corto plazo, también llamados Cuidados de Recuperación.



Alimentos de Apoyo Médico/Comidas Adaptadas Médicamente

Es posible que reciba entregas de comidas preparadas y nutritivas, y comestibles saludables para satisfacer sus necesidades de salud. También podrá recibir vales para alimentos saludables y/o educación nutricional.



Modificaciones al Hogar

Se pueden realizar cambios físicos en su hogar para mejorar su salud, seguridad e independencia. Los cambios incluyen rampas y barras de apoyo, ampliación de las puertas si usa una silla de ruedas, ascensor para escaleras o hacer que los baños sean accesibles para sillas de ruedas.



Remediación del Asma

Se pueden realizar modificaciones físicas en su hogar para evitar episodios agudos de asma debidos a desencadenantes ambientales como el moho. Las modificaciones pueden incluir aspiradoras con filtro, deshumidificadores, filtros de aire y mejoras en la ventilación.



Alojamiento a Corto Plazo Después de la Hospitalización

Puede recibir alojamiento temporal si ha sido dado de alta de un entorno clínico para pacientes hospitalizados, un centro residencial de recuperación o tratamiento de trastornos por consumo de sustancias, un centro residencial de tratamiento de salud mental, un centro correccional, un centro de enfermería o cuidado de recuperación.



Transiciones de Centros de Enfermería o de la Comunidad a un Hogar

Si está haciendo la transición de un centro de enfermería a una residencia privada donde será responsable de sus gastos, puede recibir fondos para depósitos de seguridad, tarifas de instalación de servicios públicos y electrodomésticos relacionados con la salud, como aires acondicionados, calentadores o camas de hospital.

DHCS ECM and Community Supports Data Discussion

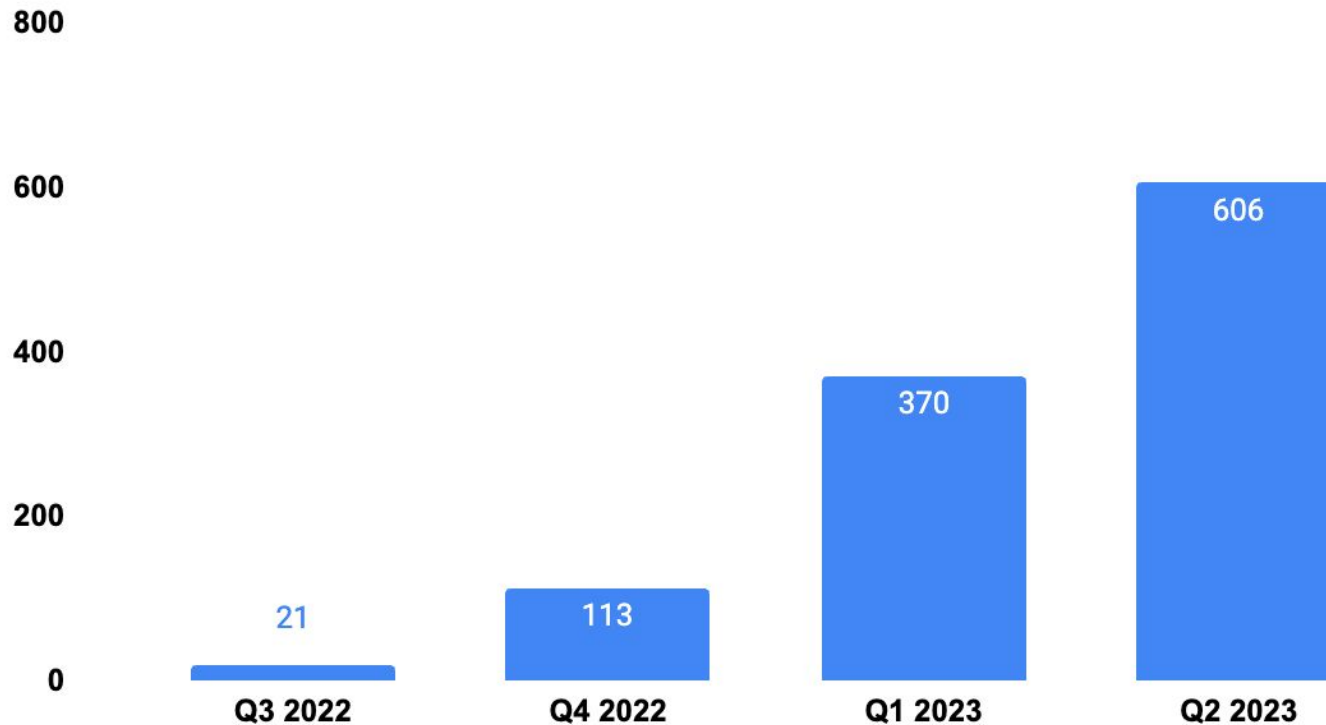
DHCS ECM and Community Supports Data

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

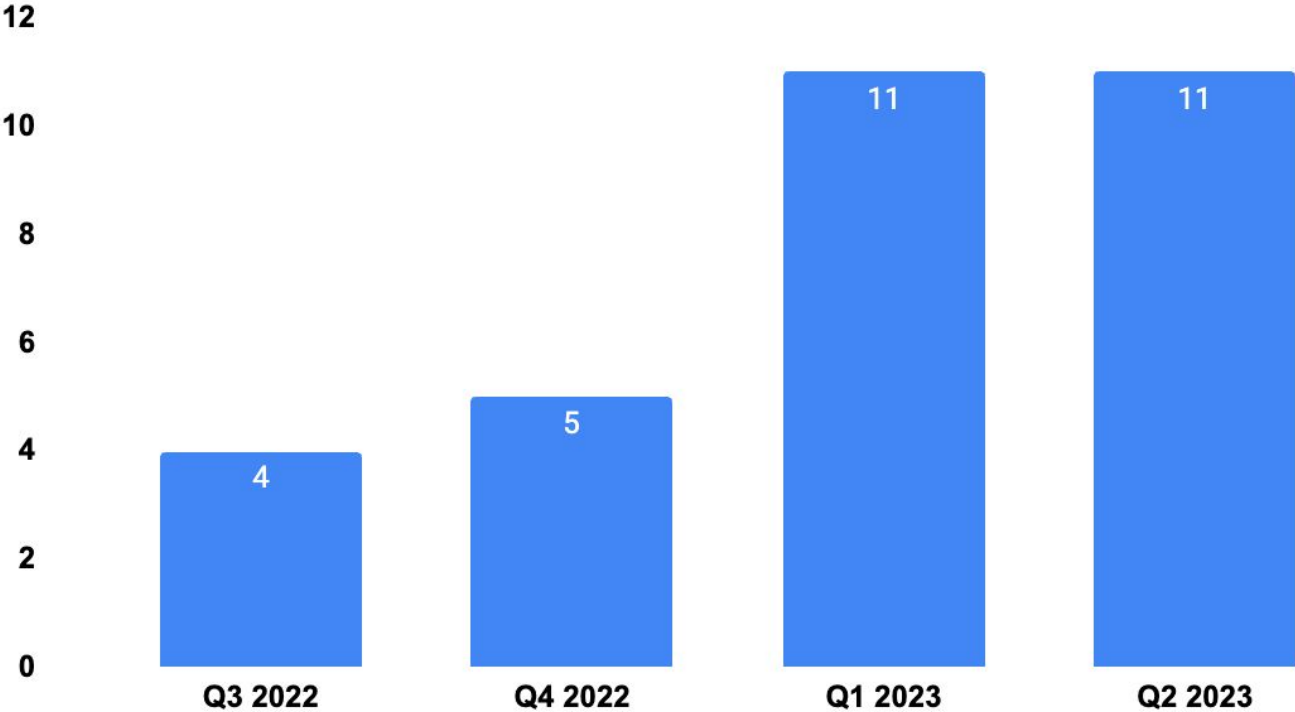


View the full report [here](#)

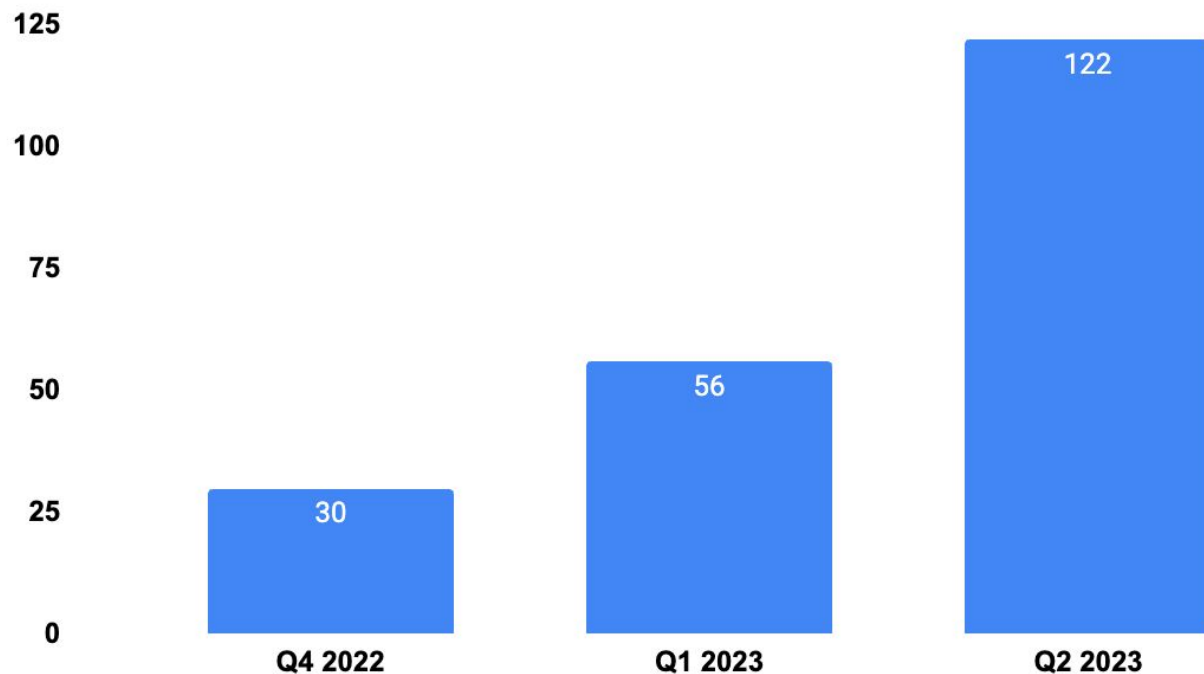
Total Members Who Received ECM in Santa Barbara County, by Quarter



Total Number of ECM Provider Contracts in Santa Barbara County, by Quarter

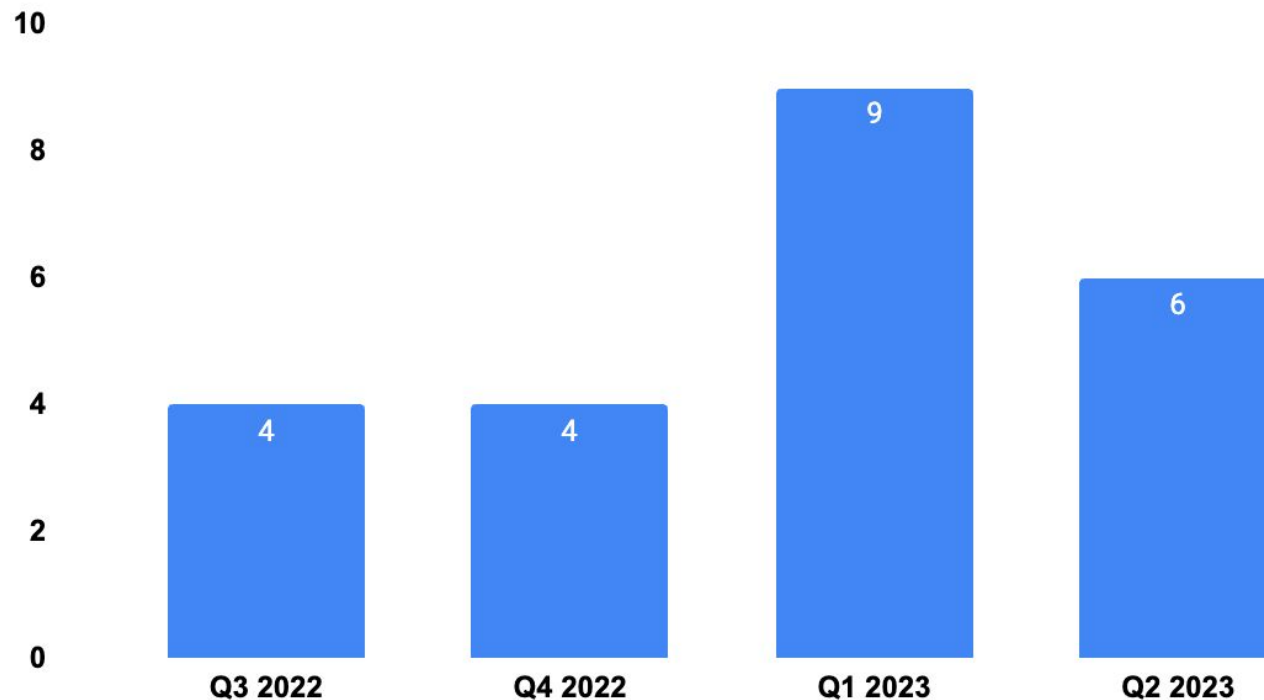


Total Members Who Received ECM in San Luis Obispo County, by Quarter

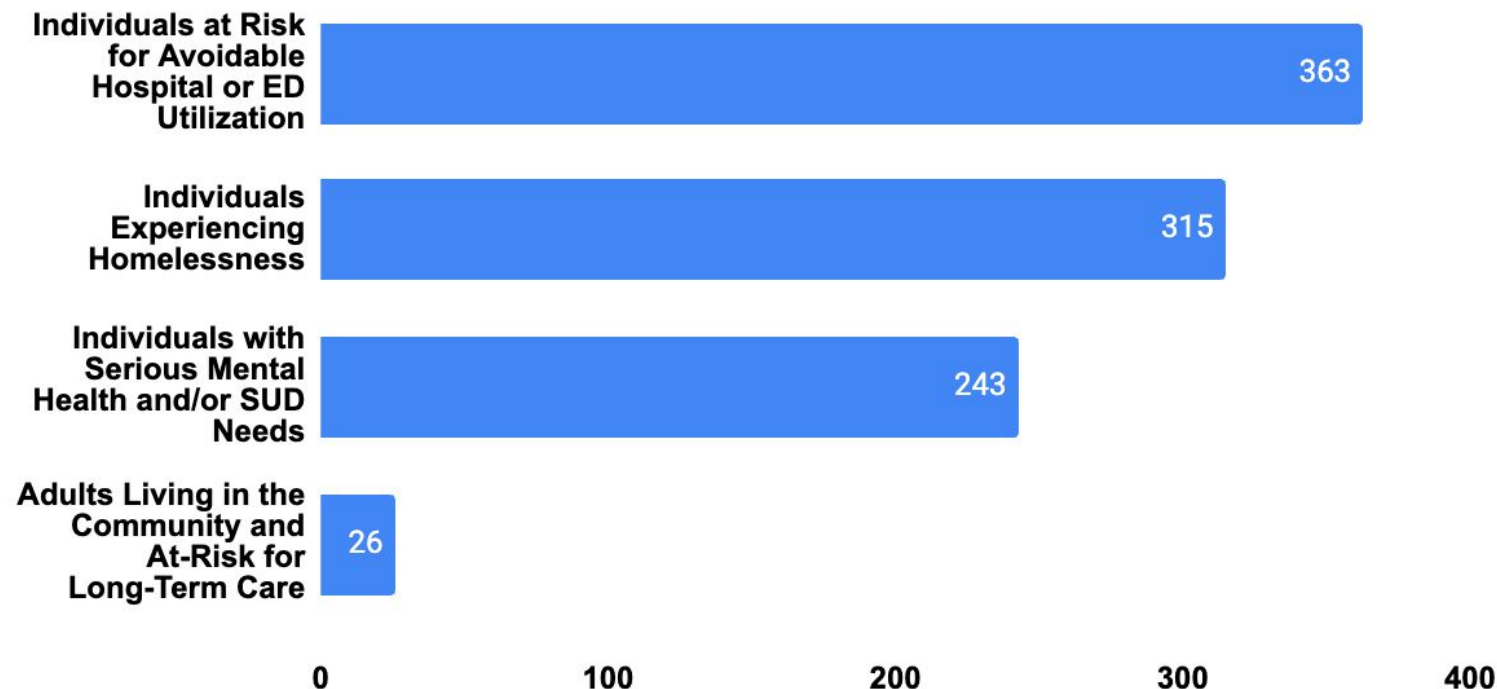


Note: DHCS only reports data for values >11

Total Number of ECM Provider Contracts in San Luis Obispo County, by Quarter

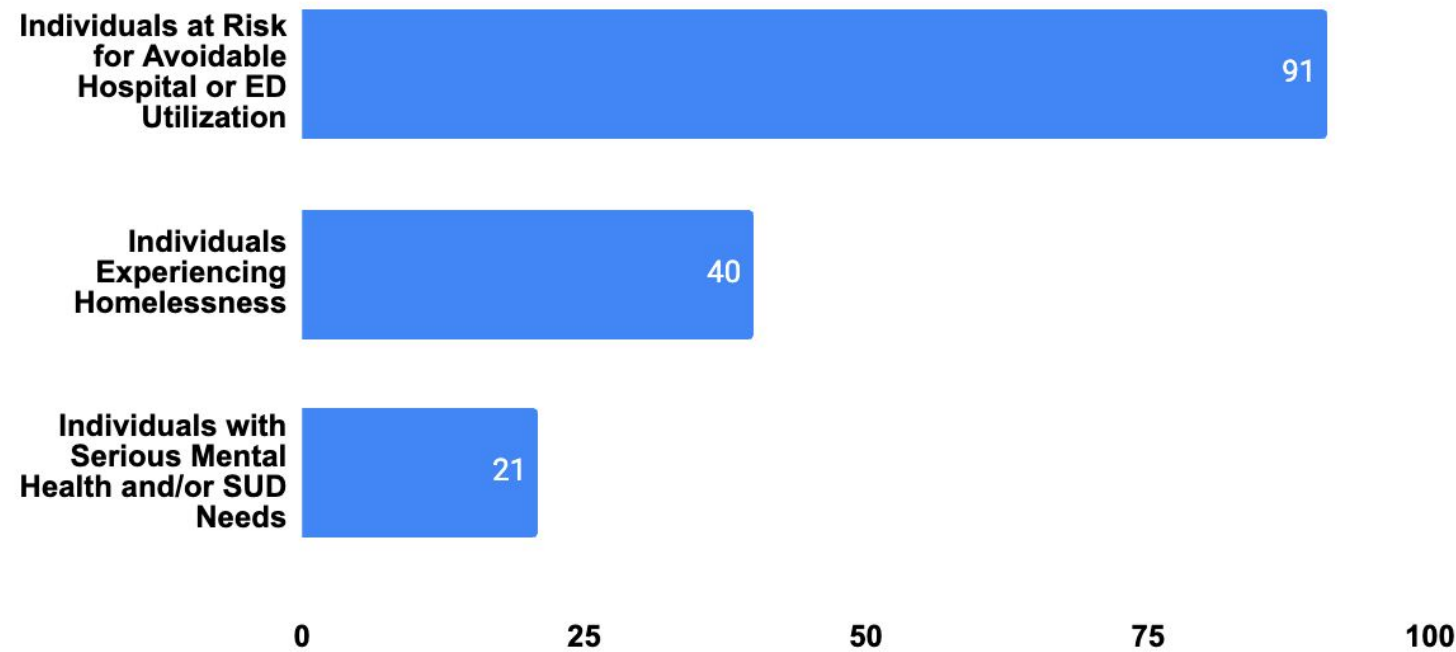


Total Members who Received ECM in Santa Barbara County by POF, Q2 (April - June) 2023



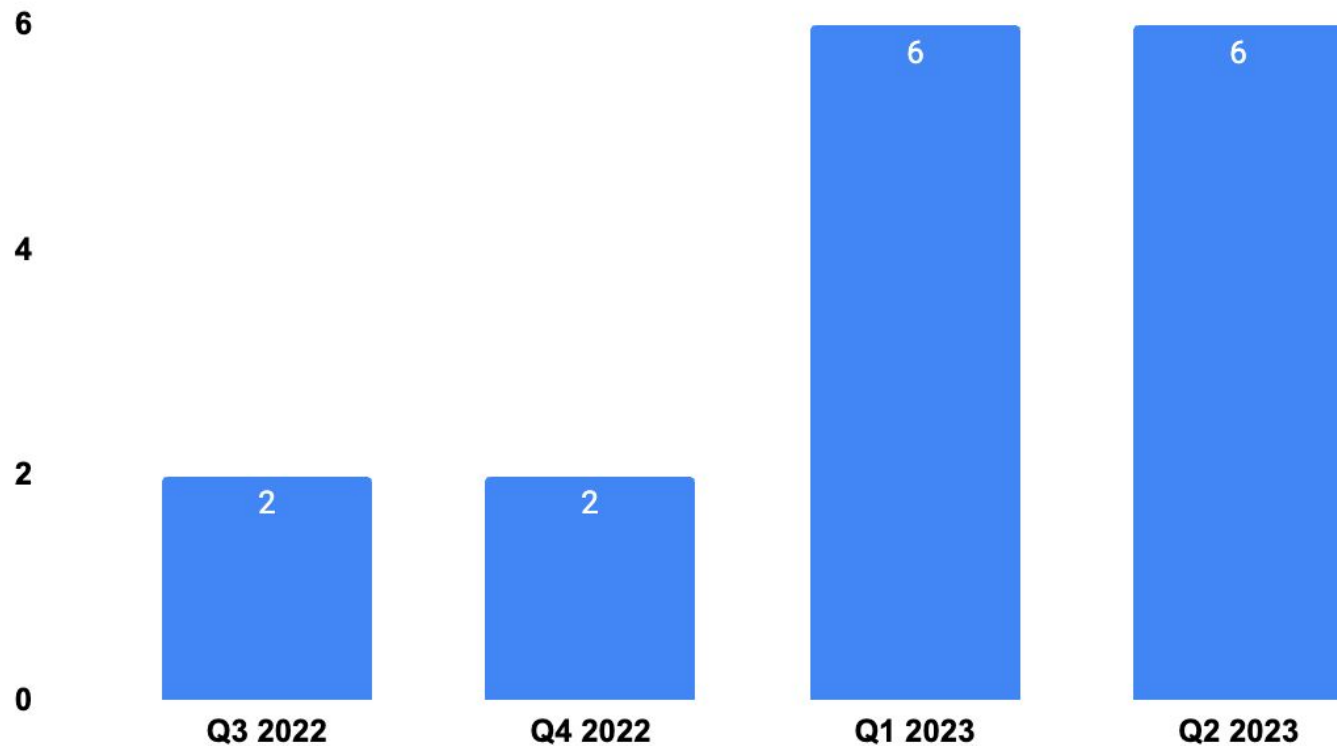
Note: DHCS only reports data for values >11

Total Members who Received ECM in San Luis Obispo County by POF, Q2 (April - June) 2023

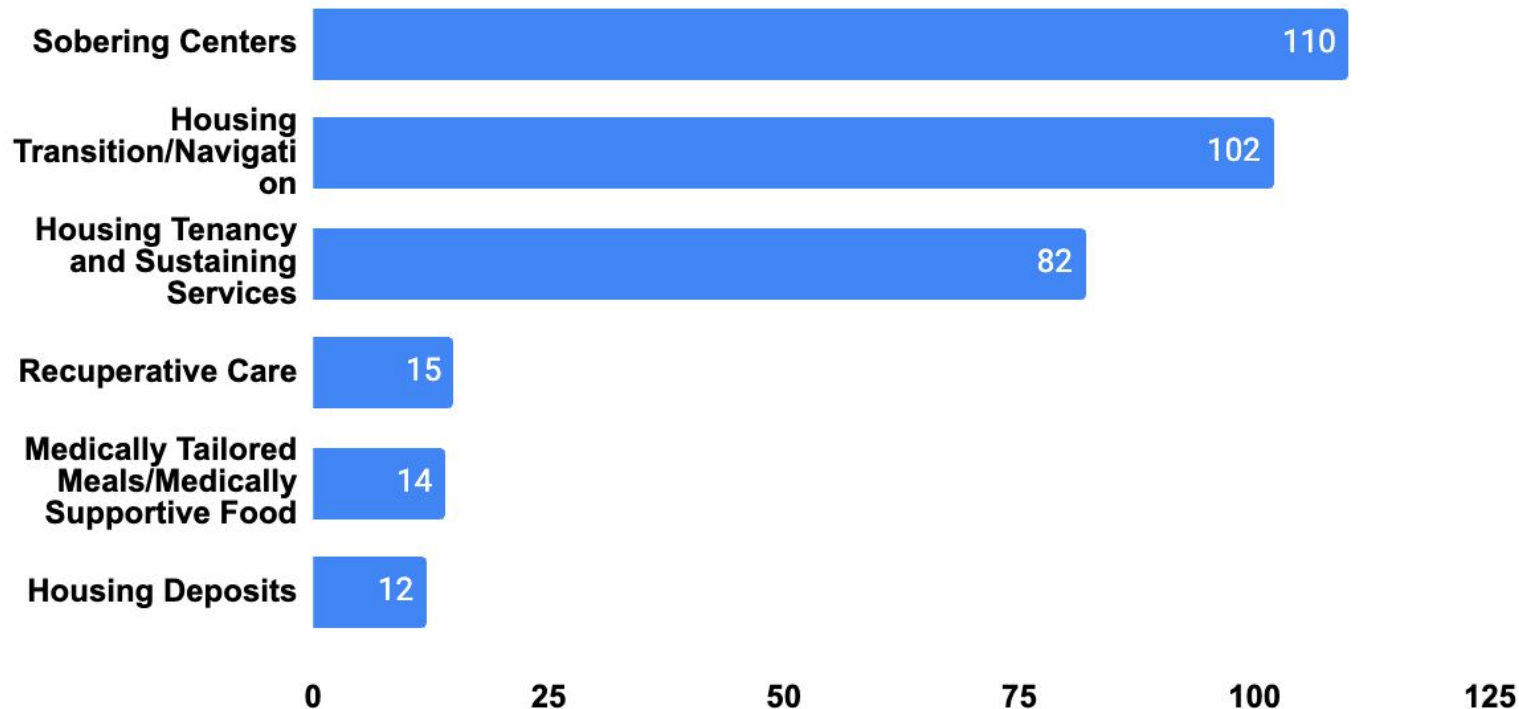


Note: DHCS only reports data for values >11

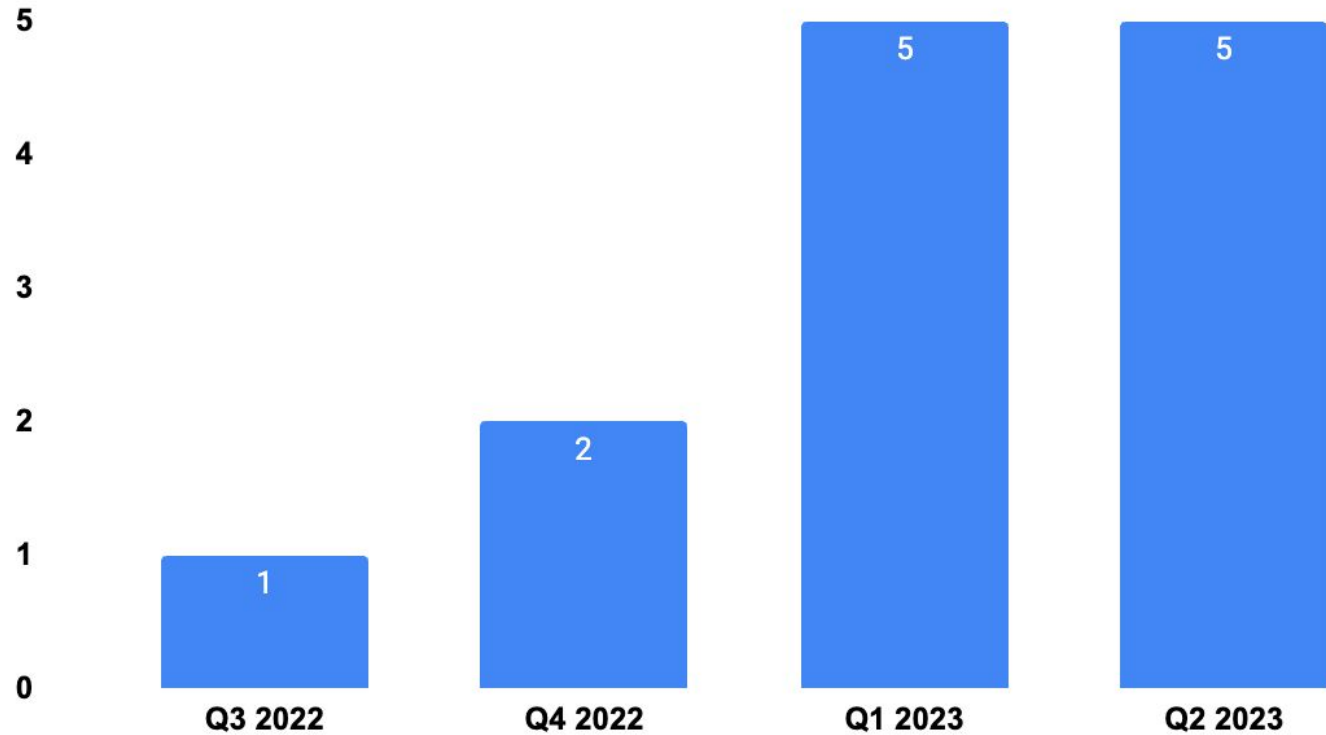
Total Number of Community Supports Provider Contracts in Santa Barbara County, by Quarter



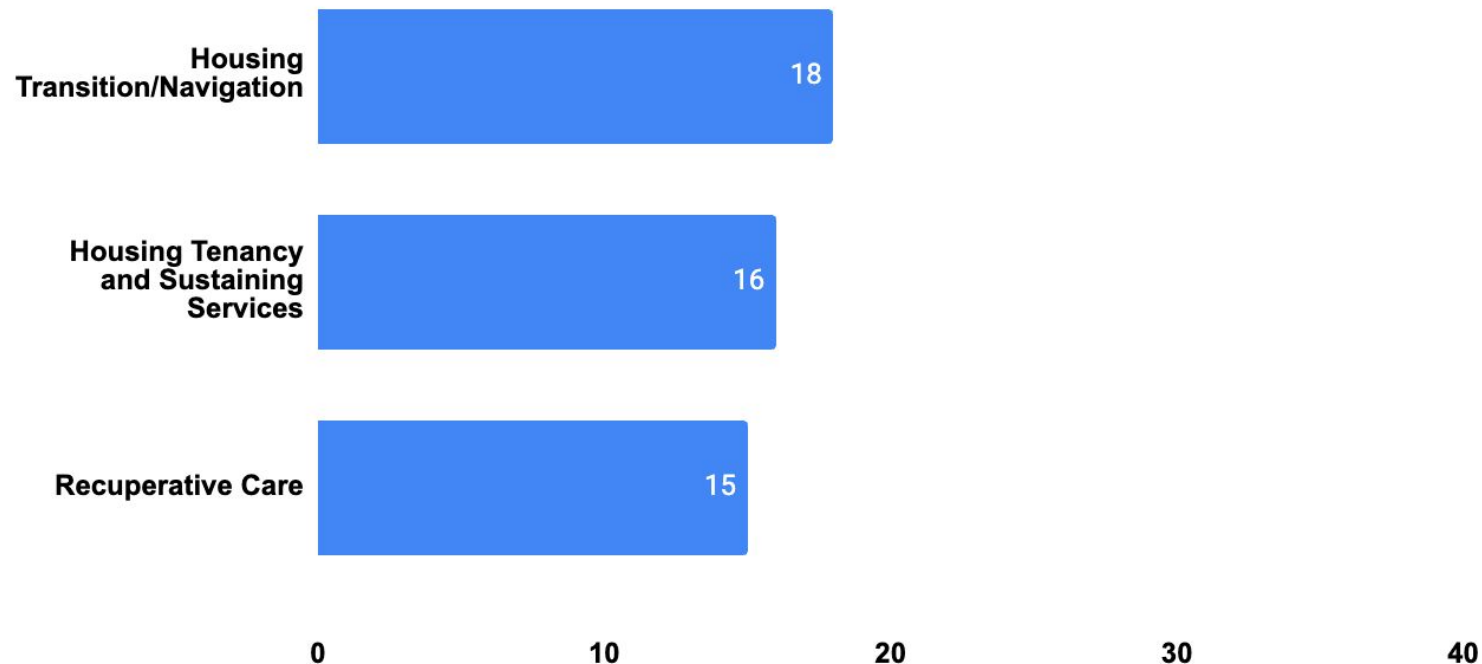
Total Members who Received Community Supports in Santa Barbara County by Service, Q2 (April - June) 2023



Total Number of Community Supports Provider Contracts in San Luis Obispo County, by Quarter



Total Members who Received Community Supports in San Luis Obispo County by Service, Q2 (April - June) 2023



Note: DHCS only reports data for values >11

Policy and Funding Updates

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

Upcoming Events and Reminders

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

CalAIM TA Marketplace

Step 1: Registrant Eligibility Verification

Applicant completes TA Marketplace registration process



Step 2: Project Eligibility Verification

Applicant(s) Identifies Project Associated with PATH



Review TA Marketplace for OTS or Hand-On Services and by Which Vendor?



Applicant completes application form & submits to TPA



Step 3: Project SOW and Budget

PA issues payment directly to TA vendor based on agreed rates upon completion and verification of milestones/deliverables



If approved *Applicant and Vendor co-develop SOW with services description, deliverables & milestones



DHCS makes final decision on approval.



TPA review with Accept/Reject Recommendation to DHCS

See you in March!



Tri-Counties March Meeting
Wednesday, March 20, 2024
11:00am
[Registration Link](#)

Thank you!
Questions or suggestions?
pathinfo@bluepathhealth.com



Office Hours



Appendix

Draft 2024 Aim Statements for Discussion



#1 The Collaborative will build education and awareness of CalAIM in 2024 by providing at least 10 CalAIM 101 presentations in the community to at least 200 individuals in total.

#2 The Collaborative will increase the number of external referrals for ECM & Community Supports by 20% in 2024.

#3 The Collaborative will increase the percentage of members receiving ECM and Community Supports services out of those referred and contacted by X% in 2024.

2023 Aim Statement and Key Drivers

**Increase eligible
members
authorized for ECM
& Community
Supports by 15%**

**Expand communication
channels for providers and
members**

**Improve provider capacity
and administration**

**Increase ECM &
Community Supports Care
Coordination**

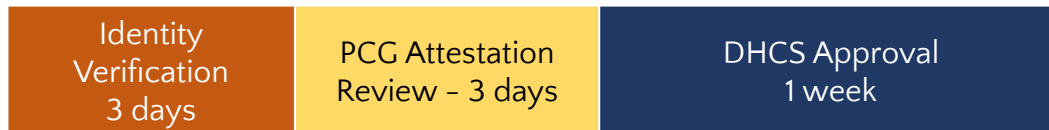
TA Marketplace Application Review Timeline

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Timeliness of Application Review

Recipient Eligibility Applications

Average review time was under 2 weeks, which was primarily dependent on the receipt of identity verification data and the quality of attestations submitted. Where an organization submitted a blank or incorrect attestation, the timeline from submission to approval was significantly longer.



Project Eligibility Applications

Average review by PCG staff was 5 business days, followed by 5 business days to receive DHCS approval. This process proceeded quickly for most applicants, as the majority of requests were for Off-the-Shelf projects, for which the project goals are clearly defined and outlined. Projects with longer reviews at the PEA step of the process were due to unclear goals or applications that contained requests for multiple disparate projects.



Timeliness of Application Review (cont.)

Scopes of Work and Budgets (standard review)

Average review by PCG staff was 5 business days, followed by 5 business days to receive DHCS approval. This process proceeded quickly for most applicants, as the majority of requests were for Off-the-Shelf projects, for which the review is expedited, as project goals are clearly defined and outlined.



Scopes of Work (SOW) and Budgets (heightened scrutiny)

SOW and Budgets may be flagged for heightened scrutiny by the DHCS Team, if concerns are raised at the PEA stage, if there is a concern about duplication of funding from CITED or another grant, or if the project will produce member facing materials.

TA Marketplace Resources

- For technical support or questions, please email ta-marketplace@ca-path.com
- [PATH TPA Website](#)
- [DHCS CalAIM PATH Webpage](#)

Information Needed by Community Members

- **CalAIM member value proposition**
- **Services provided**
- **Eligibility requirements**
- **Roles and responsibilities of ECM/CS participants**
- **Referral sources and process**
- **Care manager/coordinator role**
- **Services and supports are available to ECM and CS staff**