

# Tri-Counties CalAIM PATH Collaborative Ventura County Meeting

July 17, 2024

# Welcome!



## Introductions in the chat

- Name
- Organization
- Your role in CalAIM implementation

# July Collaborative Agenda



Topic	Time
Welcome and Introductions	5
Guest Presentation: Ventura County Community Information Exchange	20
Community Information Exchange Discussion	10
Managed Care Plan Updates	15
Resources and Updates	10
Next Steps and Closing	10
Optional Office Hours	30

# 2024 Aim Statement and 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.**

**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**

# Ventura County Community Information Exchange

Ali Danch, VCCIE

# Ventura County Community Information Exchange

CalAIM PATH Meeting  
*July 2024*

# Presentation Objectives



VCCIE: What? Why? How?



Benefits of Joining



Care Operations



MSF Pilot Workflow

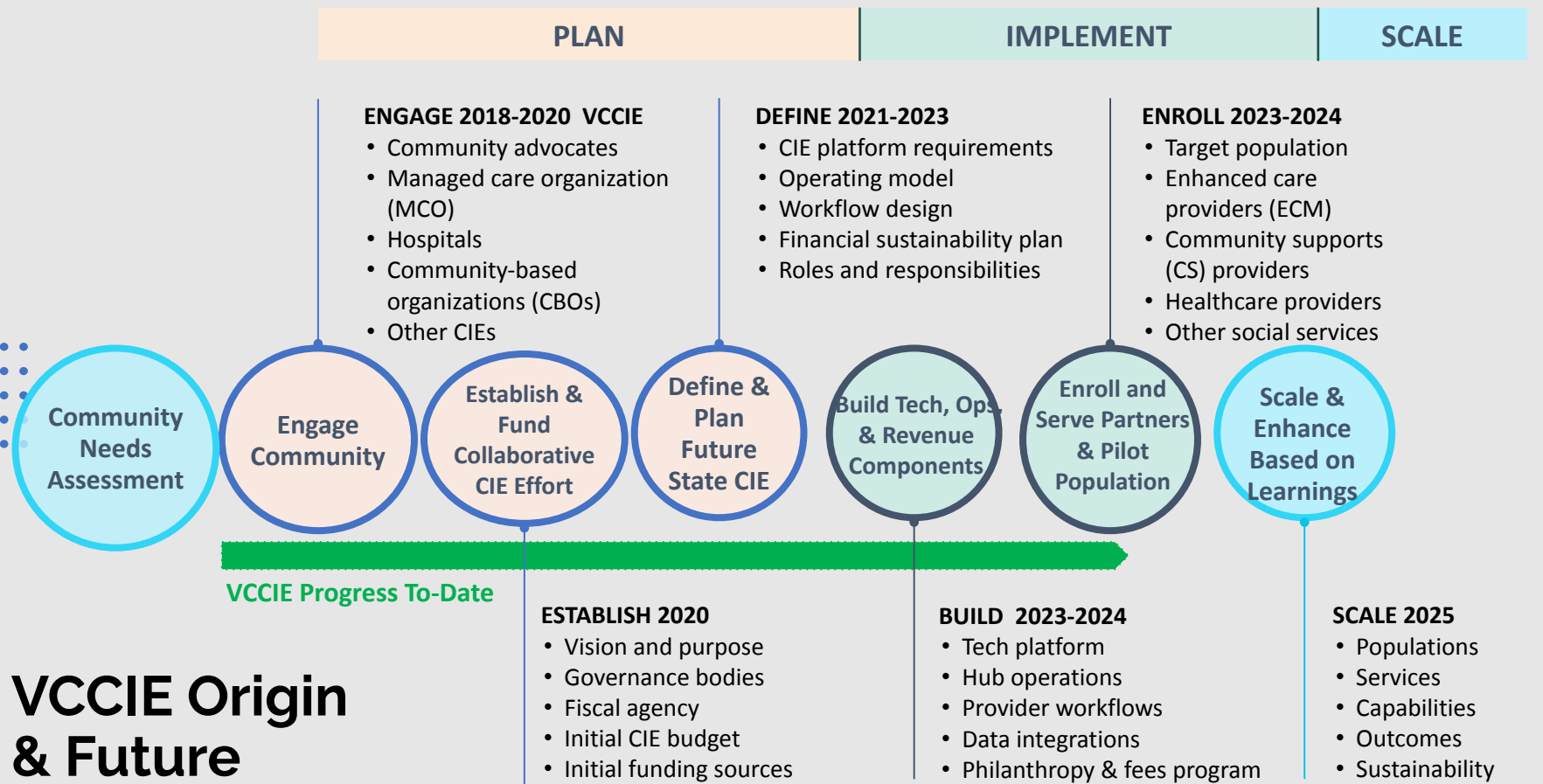


Partner Perspective: GCHP



Discussion

# VCCIE Origin & Future





# VCCIE Key Partnerships

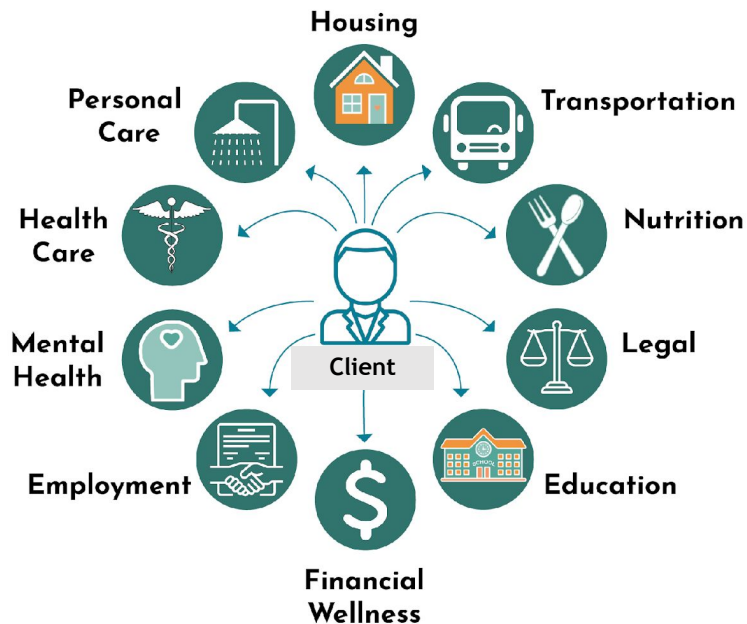


Interface 211 Ventura County

Category	Founding Organization	Current Active Member
Hospital	Community Memorial Health System	Kristine Supple
Hospital	Adventist Health Simi Valley	Lisa Hemenway
Hospital	Dignity Health	George West
County Government Agency	Ventura County Public Health	Katie McKinney
County Government Agency	Ventura County Office of Education	Consuelo Hernandez Williams
Health Plan	Gold Coast Health Plan	Erin Slack
Community Health Centers	Clinicas del Camino Real	Robert Streeter
Community Health Centers	Ventura County HCA/Ambulatory Care	Lizeth Barretto
CBO/Social Service Agency	Camarillo Health Care District	Blair Barker
CBO/Social Service Agency	Child Development Resources	Jack Hinojosa
CBO/Social Service Agency	Many Mansions	Rick Schroeder
CBO/Social Service Agency	Ventura County HSA & AAA	Melissa Livingston
CBO/Social Service Agency	Partnership for Safe Families and Communities	Kathleen Van Antwerp
Foundation	Ventura County Community Foundation	Kirsti Thompson
Victim Client Advocate	Ventura County District Attorney	Rachel Watkins

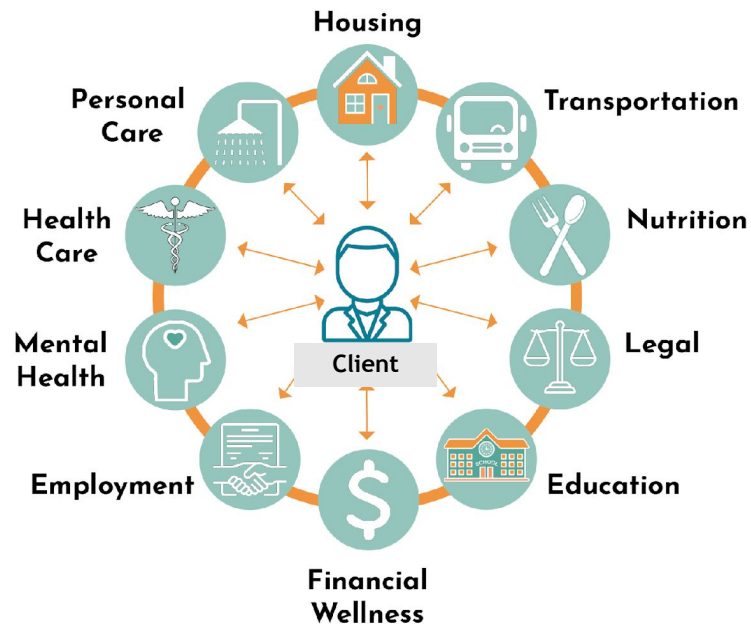
## BEFORE VCCIE

- Limited access to health and social services
- Siloed system of care
- No centralized data tracking



## AFTER VCCIE

- Unified technology
- Agreements to work across sectors (nonprofit, healthcare, government)
- Client permission-based information sharing



# VCCIE Strategic Development Approach

## – *Use-Case*

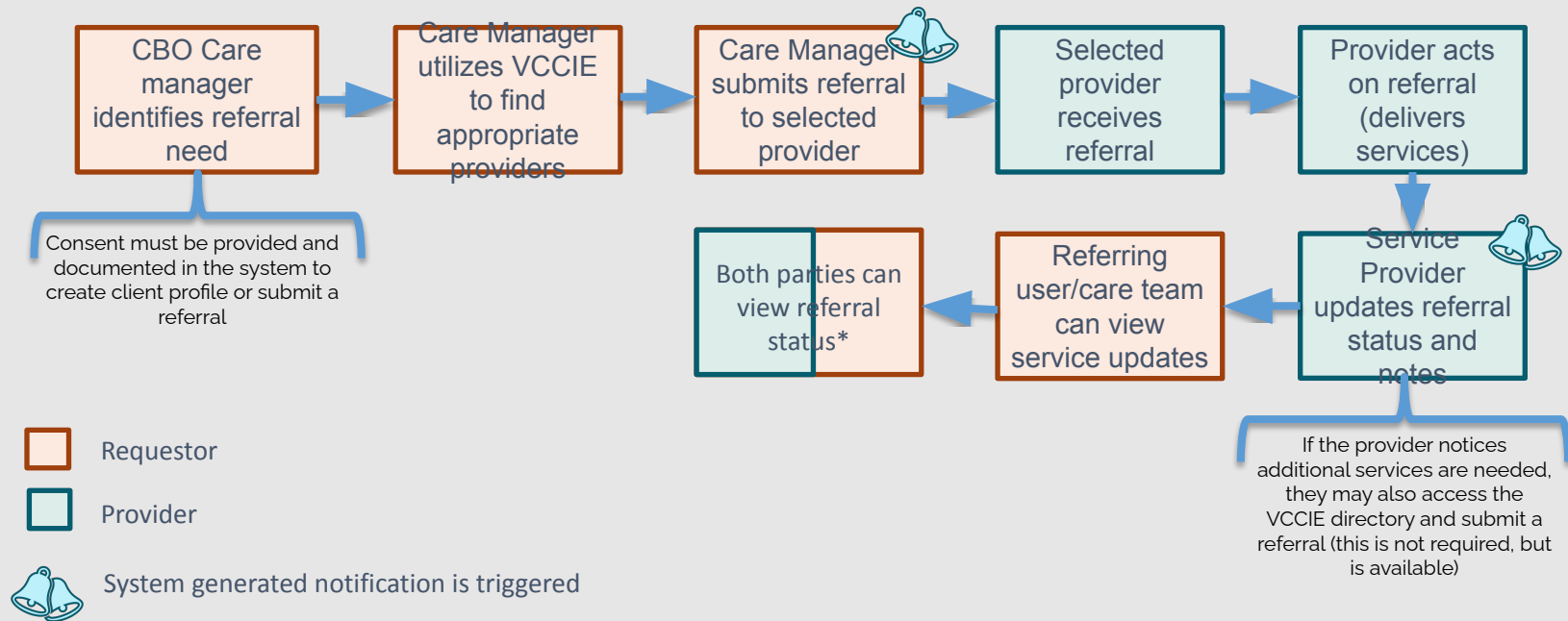
**2-Part Strategic Approach:** Identify current referral patterns within a targeted demographic and/or program area to onboard to the VCCIE platform. The approach takes shape in two ways:

Defined current "Use Cases" to support:

- School Counselors in Referrals for youth social services
- Referrals for Medically supported foods
- HSA: AAA referral processes for senior social services.

# VCCIE High Level Workflow

## MSF Use-Case

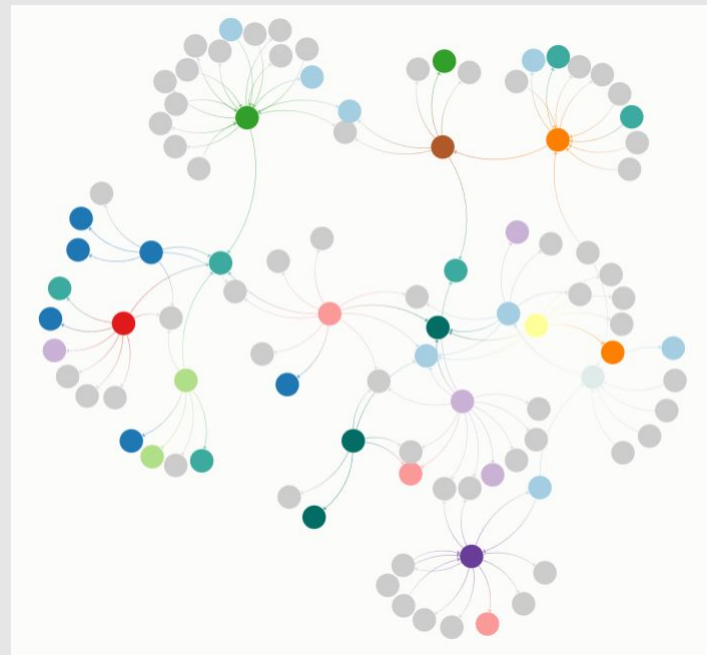


# Identifying Referral Networks

*"Network effect: phenomenon whereby a product or service gains additional value as more people use it."*

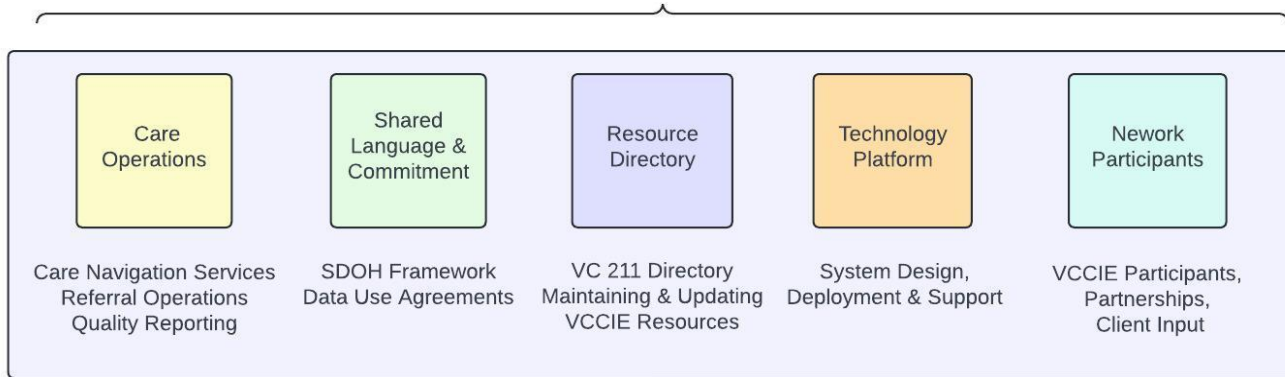
## 2. Identify current referral "network clusters"

- Success of the VCCIE is driven by collective impact
- By onboarding existing referral networks of providers, the system provides the intended efficiency and value at a faster rate



# Integrated Care Network

## VCCIE Activates Ventura County's Integrated Care Network



The VCCIE provides an opportunity to leverage collective impact by developing key functionality that when combined serves to activate an Integrated Care Network for Ventura County.

*The visual outlines the components of this Integrated Care Network\* model.*

# VCCIE Care Operations

- Establish the Care Operations Workgroup to:  
Secure input from field-based care coordinators to understand current state/challenges and best practices to inform Care Operation strategies.
- Review SDOH Assessment Tools ( in place and proposed to facilitate alignment)
- Create internal operational processes to help ensure referrals on VCCIE platform are managed efficiently and effectively.
- Align evaluation metrics with key strategic initiatives such as Wellness Initiative

# Agency-Level Benefits of Joining the VCCIE

## Organization Benefits

### Efficient, Transparent Referral Platform

- Broad network of referral partners
- Client consent and referral processing
- Client assessment and care coordination tools
- Client referral history and medical history\*

### Qualify for Medi-Cal Reimbursements via Gold Coast\*

- Join Gold Coast's network of providers
- Receive reimbursements for qualified services
- Meet Medi-Cal data sharing requirements through VCCIE platform



## Connect and Scale

### Onboarding Operational & Financial Assistance

- We help align your workflow
- We help integrate systems
- We provide financial support for onboarding efforts

### Pay for Performance

- For a limited time, receive incentive payments for reaching volume milestones





Katherine Johnson, MPA  
Program Director



Tarah Ranke, MPH  
Program Administrator



Valerie Salazar  
Community Engagement Manager



Phoenix Rohde-Eckley  
Technical Product Manager



Bianca Baron  
Junior Project Manager



Alison Danch  
Care Operations Manager

# Thank you for your time!

For questions, please contact the VCCIE Team at  
[communications@vccie.org](mailto:communications@vccie.org)

# CIE Discussion

# Managed Care Plan Updates

# Gold Coast Health Plan

# Kaiser Permanente

# 2024 California Recuperative Care Symposium

Join us for the first statewide gathering focused on recuperative care



2024

## CALIFORNIA Recuperative Care SYMPOSIUM

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!



# 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**



# 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

### *Relationship-building in complex care*

Building authentic healing relationships, setting boundaries, and establishing self-care practices

### *Power and oppression in complex care*

Power dynamics in complex care, self-reflection on privilege and bias, and responsible use of power

### *Trauma-informed complex care*

Principles and practices of trauma-informed care in complex care settings

### *Harm reduction in complex care*

Principles and practices of harm reduction in complex care settings

### *Motivational interviewing in complex care*

Principles and practices of motivational interviewing in complex care settings

### *Care planning in complex care*

Generating, implementing, and maintaining strengths-based and person-centered care plans

### *Complex care delivery*

Person-centered language, implementing care plans, and navigating complex systems

### *Collaboration and communication in complex care teams*

Building authentic healing relationships, role clarity, collaborative decision-making, and conflict transformation in teams

### *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.








# 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 <a href="#">referral form</a> to REGMCDURNS-KPNC@kp.org with the subject line "ECM Referral" or "CS Referral"		Send completed <a href="#">referral form</a> to RegCareCoordCaseMgmt@kp.org with the subject line "ECM Referral" or "CS Referral"

# Enhanced Care Management (ECM) Providers in Ventura 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
<b>Among Friends ADHC</b>	Adults - Individuals at-risk for IP and ED Adults - Individuals with SMI/SUD Adults - living in the community at-risk for LTC	805-385-7244
<b>CityServ</b>	TBA	661-558-4441
<b>Independent Living Systems</b>	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 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 with SMI/SUD 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	844-320-5182
<b>Koinonia Foster Homes, Inc.</b>	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	661-273-8122
<b>[Birth Equity Specialty Provider Type]</b>		
<b>Russian Jewish Community Cultural Center DBA L'Chaim ADHC</b>	Adults - Individuals at-risk for IP and ED Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community	323-930-1881
<b>Star Nursing Inc</b>	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

# Community Supports (CS) Providers in Ventura 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
<b>24 Hour Home Care</b>	Personal Care and Homemaker Services	866-311-6265
<b>Arosa Care</b>	Respite Services Personal Care and Homemaker Services	323-933-5880
<b>ASSURED INDEPENDENCE</b>	Home Modifications	425-516-7400
<b>Breathe Southern California</b>	Asthma Remediation Services	323-935-8050
<b>CityServ</b>	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Short-Term Post-Hospital Housing Recuperative Care Sobering Centers Day Habilitation	661-558-4441
<b>Connect America West</b>	Home Modifications	707-200-2138
<b>Connections Care Home Consultants</b>	Nursing Facility Transition/Diversion to Assisted Living Facilities	800-330-5993
<b>Evolve Emod, LLC</b>	Home Modifications Asthma Remediation	844-438-7577
<b>Full Circle Health</b>	Housing Transition Navigation Services	208.954.8727
<b>Horizon Centers</b>	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Short-Term Post-Hospital Housing Recuperative Care Nursing Facility Transition/Diversion to Assisted Living Facilities Community Transition Services/Nursing Facility Transition to a Home Home Modifications Medically Tailored Meals Sobering Centers Asthma Remediation Respite Services Personal Care and Homemaker Services Day Habilitation	323-676-1000



# Community Supports (CS) Providers in Ventura County

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

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Provider	Services/Populations of Focus	Phone Number
<b>Independent Living Systems</b>	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 Short-term Post-Hospitalization Housing Recuperative Care (Medical Respite) Environmental Accessibility Adaptations (Home Modifications) Meals/Medically Tailored Meals Personal Care and Homemaker Services Respite Services	844-320-5182
<b>Lifeline Systems Company</b>	Home Modifications	800-451-0525
<b>Maxim Healthcare Services</b>	Respite Services Personal Care and Homemaker Services	818-837-3775
<b>Mom's Meals</b>	Meals/Medically Tailored Meals	877-508-6667
<b>National Health Foundation</b>	Recuperative Care	888-643-2337
<b>Oxford Services</b>	Respite Services Personal Care and Homemaker Services	323-676-1000
<b>Performance Kitchen</b>	Medically Tailored Meals	512-608-1609
<b>Partners in Care Foundation</b>	Respite Services Personal Care and Homemaker Services	818-643-7451
<b>Star Nursing Inc</b>	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

# 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:



[network@fullcirclehn.org](mailto: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>



[ILSCAProviderRelations@ilshealth.com](mailto:ILSCAProviderRelations@ilshealth.com)

Phone number: 305-262-1292



[Hubinfo@picf.org](mailto: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.

## Helpful Links and Contacts

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

# Resources and Updates

# 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](#)



# ECM & Community Supports Job Aid

## CalAIM ECM and Community Supports Guide

### Types of Community Supports Available in Ventura:

#### 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.

#### Home Modifications

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

#### 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.

#### Day Habilitation Programs

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

*\*For individuals experiencing homelessness*

*\*Only for Kaiser Permanente members, starting July 2024*

#### Re 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.

#### Short-Term Post Hospitalization Housing

Temporary housing after leaving inpatient care settings, including those for SUD treatment, mental health, correctional facilities, and more.

#### Asthma Remediation

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

#### 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

ECM does not replace:

Your benefits: It's an additional benefit for Medi-Cal members.

*\*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 Disorder Needs:

- Adults facing significant challenges with mental health or substance use disorders, who also experience at least one complex social factor impacting their health and one or more of the following: a high risk for institutionalization, overdose, or suicide; primarily seeking care from crisis services, EDs, urgent care, or inpatient stays; or 2 or more ED visits or hospitalizations due to mental health or substance use disorder in the past year.
- Children and youth experiencing significant challenges with mental health conditions or substance use disorders.



#### Individuals Transitioning from Incarceration:

- Adults recently released from prison, jail, or correctional facilities in the past year, also experiencing one of the following: mental illness, substance use disorder (SUD), chronic or significant non-chronic clinical condition, intellectual or developmental disability, traumatic brain injury, HIV/AIDS, or pregnancy/postpartum.
- Children and youth recently released from youth correctional facilities in the past year.

## New second page describes populations of focus

BluePath  
HEALTH

- 

Connecting for Better Health

Advancing data sharing to improve the health of all Californians

**AUGUST 1, 2024**  
**10AM - 1PM PST**

Connecting for Better Health (C4BH) is a non-profit coalition dedicated to advancing health and social data sharing to improve the health of Californians.

Join our Data Exchange Framework (DxF) Bootcamp on August 1st to learn more about the DxF policies and procedures and receive hands-on guidance from experts to develop a DxF implementation roadmap.

Participants will identify priority use cases, existing data assets, and key partners, plus preview engagement in the DxF Sandbox and Design Studio to mimic and accelerate secure, real-time data exchange.

## High-Quality, Coordinated Care Requires Seamless Data Exchange

**Learn How Your Organization Can Leverage  
DxF Implementation To Enhance Data  
Exchange With Partners**

**To RSVP Please Email:**

[info@connectingforbetterhealth.com](mailto:info@connectingforbetterhealth.com)

### MORE INFORMATION

 [info@connectingforbetterhealth.com](mailto:info@connectingforbetterhealth.com)

[www.connectingforbetterhealth.com](http://www.connectingforbetterhealth.com)



# See you in August!



BluePath  
HEALTH

 HCS | PATH

**Wednesday, August 21**

**11:00am**

**Zoom Link**

# CalAIM TA Marketplace

## Step 1: Registrant Eligibility Verification

Applicant completes TA Marketplace registration process



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

**Thank you!**  
**Questions or suggestions?**  
**[pathinfo@bluepathhealth.com](mailto:pathinfo@bluepathhealth.com)**



# Office Hours