

# Alameda CalAIM PATH Collaborative

## July 19, 2024

Welcome! Please grab some coffee, find a table, and introduce yourself to someone you haven't met before.

# 2024 Collaborative Aims and Objectives

**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**

# Today's Agenda

<i>Time</i>	<i>Topic</i>
<b>10:05am</b>	<b><i>Welcome, agenda, and housekeeping</i></b>
<b>10:10am</b>	<b><i>Follow-ups from Past Meetings</i></b>
<b>10:20am</b>	<b><i>Resources &amp; Updates</i></b>
<b>10:25am</b>	<b><i>Kaiser Permanente Updates - Data Updates</i></b>
<b>10:35am</b>	<b><i>Alameda Alliance Updates - Intro to Find Help</i></b>
<b>10:45am</b>	<b><i>5-minute break!</i></b>
<b>10:50am</b>	<b><i>Referral Partner Presentations</i></b> <ul style="list-style-type: none"><li>- <i>Community Health Center Network (CHCN)</i></li><li>- <i>Alameda Health System</i></li><li>- <i>Alta Bates Summit Medical Center with Journey Health</i></li></ul>
<b>11:30am</b>	<b><i>Identifying next steps: rapid idea generation</i></b>
<b>11:35am</b>	<b><i>Lunch and Open Office Hours</i></b>

# Housekeeping



# Follow-ups from previous meetings

## Care Coordination for Foster Youth (*February 2024*)

- Elevated the strategies identified in February to DHCS

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

- New DHCS resource demonstrates how to weave ECM and Community Supports for this PoF

## Birth Equity (*May 2024*)

- Following up on resources about how to integrate ECM with existing home visiting programs



**HCS**  
CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES

### 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.

🌐 📱 ✕ 🌐

# Follow-ups from previous meetings

## Community Referrals (*June 2024*)

- All referral forms are now posted on the collaborative resource center!

### Library of CalAIM Informational Materials

- + Introduction to Medi-Cal and CalAIM
- + Enhanced Care Management Resources: Policy and Tools
- + Community Supports Resources: Policy and Toolkits
- + DHCS Policy and Program Guidance for CalAIM: Data, Billing, and Provider Terms
- + Recent DHCS Policy Updates
- + Alameda County's Community Health Record and Social Health Information Exchange
- + Data Exchange Framework and Other Data Sharing Resources
- + Medi- Cal Managed Care Plan 2024 Transition Policy: Alameda County
- + Referral Forms for Alameda Alliance Members to ECM and Community Supports
- + Referral Information for Kaiser Permanente members to ECM and Community Supports



# Omatochi

## 2024 Wellness Fair

Promoting Senior Well-being



# Event Details

**Location :** San Lorenzo Library - Greenhouse Community Room

**Date:** August 24th, 2024

**Time:** 11 am - 1 pm

An enriching and interactive experience tailored to our cherished senior community's diverse interests and needs. During our fair, we will cover the following topics:

- **Social Interaction:** Encouraging seniors to stay socially connected with family, friends, and the community can help reduce feelings of loneliness and isolation.
- **Physical Activity:** Regular exercise and physical activity can improve seniors' physical health, mobility, and mental well-being.
- **Healthcare Access & Resources:** Ensuring seniors have easy access to healthcare services, regular check-ups, and appropriate medical support can enhance their overall health and address any medical concerns promptly. We also will discuss signs of elder abuse.
- **CalAim Education:** Educating seniors and their families on CS and ECM benefits through CalAIM.





## Day-Of-Details

- Wellbeing Tables- Physical Health ex. Senior boxing exercises and activities promoting mindfulness
- Social-Emotional Session- Candidly Speaking: Conversations Across Cultures
- Craft Tables--Stop by and build a craft with new friends.
- Tech Tables- Learn how to use your phone and applicable apps.
- Medi-Cal Education Table- Learn more about YOUR benefits.
- Omatochi Booth- Learn about Omatochi's offerings.
- Live Band- Dance or sit with others while enjoying some music. ???
- TBD: Yoga, Cooking class, Etc.?

## Topics

- How to Stay Socially Connected To Your Community
- How to Safely Use Technology
- The Benefits of Physical Activity
- Healthcare Access & Resources
- Medi-Cal (CalAIM) benefits



# Why Participate?

The "Senior Wellness Fair," is a 2-hour in-person event dedicated to enhancing the overall well-being of seniors in the community. This collaborative effort brings together local organizations committed to supporting seniors in leading healthy and fulfilling lives.

The fair will feature health screenings, fitness demonstrations, informative workshops, and access to valuable resources, all aimed at empowering seniors to take proactive steps toward their health and happiness. With a focus on inclusivity and engagement, the event aims to foster social connections among seniors while promoting awareness of available support services.

## Brought To You By:



For Questions Please Email:

Omatochi

[kiley.giebel@omatochi.com](mailto:kiley.giebel@omatochi.com)

BluePath:

[ellen.badley@bluepathhealth.com](mailto:ellen.badley@bluepathhealth.com)



Please Sign Up

# Resource Updates

- ECM and Community Supports Provider Job Aid
- PATHways to Success
- Data Exchange Framework Bootcamp



## Apoyo comunitario (CaAIM) y Gestión Mejorada de la Atención (ECM)

### Tipos de apoyo comunitario disponibles en el Condado de Alameda:

#### Búsqueda de vivienda



Asistencia para encontrar, postular y asegurarse una vivienda en forma permanente.

#### Depósitos para la vivienda



Asistencia con gastos de vivienda, incluyendo depósitos de seguridad, configuración y gestión de servicios, como gas y electricidad.

#### Alquiler de vivienda y sostenibilidad



Apoyo para conservar la vivienda, como problemas con el propietario(a), certificaciones anuales y apoyo con recursos locales para prevenir desalojos.

#### Cuidados personales y servicios domésticos



Asistencia en actividades diarias, como bañarse, alimentarse, preparar comidas, comprar comestibles y asistir a citas médicas.

#### Programas de habilitación para actividades diarias



Guía para desarrollar competencias, tales como usar el transporte público, cocinar, limpiar y ocuparse de su gestión financiera personal.

*\*Para personas en situación de calle o sin hogar  
\*Sólo para miembros permanentes de Kaiser*

#### Cuidados de recuperación (Relevo médico)



Cuidados residenciales de corta duración si le dan de alta en el hospital sin vivienda estable.

#### Servicios de cuidadores (Servicios de relevo)



Servicios de relevo de corta duración para asistentes, en el domicilio o en instituciones aprobadas.

#### Dietas de apoyo médico/Comidas adaptadas individualmente



Entrega de alimentos nutritivos o de comidas preparadas, con vales para alimentos saludables y/o educación alimentaria.

#### Centros de desintoxicación



Ayuda a corto plazo para la desintoxicación en un ambiente seguro, con acceso a cuidados de alojamiento temporal, alimentación, asesoramiento y servicios adicionales.

*\*Disponible después del alta*

#### Alojamiento después de hospitalización duración



Alojamiento temporal para pacientes en cuarentena, incluyendo tratamientos para adicciones, servicios de establecimientos penitenciarios y otros.

*\*Sólo para miembros permanentes de Kaiser*

# ECM and CS Provider Job Aid- Redesign now available in Spanish!

#### Modificaciones en el domicilio



Actualizaciones y mejoramientos de domicilio que contribuyen a la buena salud, seguridad e independencia, tales como rampas, barras de apoyo, entradas más amplias y elevadores.

#### Remediación del asma



Actualizaciones en el domicilio para prevenir episodios asmáticos agudos, gracias a filtros al vacío, deshumidificadores, filtros de aire y ventilación mejorada.

#### De hogares de ancianos a asistencia en la vida diaria



Apoyo para hacer la transición a una vida asistida y recibir servicios diarios de asistencia, vigilancia médica y presencia de personal durante las 24 horas, en lugar de residir en un hogar de ancianos.

#### Transición de hogar de ancianos a la casa



Asistencia para retornar a casa desde un hogar de ancianos, tales como financiamiento de depósitos de seguridad, gastos en infraestructura de salud, como camas de hospital.

### Explicando los servicios de Administración de la Atención Mejorada (ECM) a los miembros:

Su gerente de atención principal especializado coordinará los servicios de salud y atención médica, por teléfono, presencialmente o donde usted vive.

#### Su gerente de atención principal puede:

- Encontrar el médico y hacer una cita
- Gestionar el transporte gratuitamente hacia y desde las citas
- Verificar las prescripciones y ayudar a renovarlas
- Conectarlo con recursos locales y ayuda alimentaria en la comunidad, alojamiento y otros servicios sociales

#### Los servicios de ECM no reemplazan:

- Sus beneficios:** Es un beneficio adicional para miembros de Medi-Cal.
- Sus médicos:** Mantiene sus actuales médicos y otros proveedores.
- Sus opciones:** Usted puede cancelar ECM en cualquier momento.

**ECM es gratis! Sin costos adicionales para usted.**

*\*Ver reverso para detalles sobre los criterios de elegibilidad*

# 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](http://ca-path.com) and scroll to “Pathway to Success” to view success stories from organizations participating across PATH.

[www.ca-path.com](http://www.ca-path.com)



## Pathway to Success

The PATHways to Success web portal features on-the-ground testimonials from organizations across California participating in the PATH initiative. Here we showcase firsthand accounts from community-based organizations, Medi-Cal providers, tribes, local government agencies, and others as they continue to provide successful Enhanced Care Management and Community Supports for the Medi-Cal members they serve.

[View Success Stories](#) ↗



**Does your organization  
have a PATH success story to  
share?**

**Please send an email to  
[communications@ca-path.com](mailto:communications@ca-path.com)  
to get started.**

# Data Exchange Framework Bootcamp



BluePath  
HEALTH

HCS | PATH



Connecting for Better Health

Advancing data sharing to improve the health of all Californians

## Join The Data Exchange Framework Bootcamp!

AUGUST 1, 2024  
10AM - 1PM PST

HELD  
VIRTUALLY ON  
ZOOM

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*

## Connecting for Better Health invites you to a Data Exchange Framework (DxF) Bootcamp - Only a few spots remain!

- Held virtually on August 1, 10am-1pm
- Email [info@connectingforbetterhealth.com](mailto:info@connectingforbetterhealth.com) to register



**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)



# MCP updates

**Kaiser Permanente**

**Alameda PATH CPI Meeting**

**July 2024**

# Updates

Baseline Q1 ECM & CS Enrollment Data

California Recuperative Care Symposium

Complex Care Certificate

ECM/CS Provider Lists and Information

# Q1 Alameda ECM and CS Enrollment Data

## Enrollment by Populations of Focus

Adult – Individuals Experiencing Homelessness	Adult – Families Experiencing Homelessness	Adult – Avoidable Hospital or ED Utilization	Adult – SMI or SUD	Adult – Transitioning from Incarceration	Adult – at Risk for LTC Institutionalization	Adult – NF Transitioning to Community	Adult – Birth Equity
<b>38</b>	<b>0</b>	<b>43</b>	<b>74</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>56</b>
Child – Individuals Experiencing Homelessness	Child – Families Experiencing Homelessness	Child – Avoidable Hospital or ED Utilization	Child – SMI or SUD	Child – CCS/CCS WCM with Additional Needs	Child – Child Welfare	Child – Transitioning from Incarceration	Child – Birth Equity
<b>3</b>	<b>0</b>	<b>6</b>	<b>33</b>	<b>3</b>	<b>11</b>	<b>0</b>	<b>1</b>

## Community Supports Received (Total: 246)

Housing Transition/ Navigation Services	Housing Deposits	Housing Tenancy and Sustaining Services	Short-Term Post-Hospitalization Housing	Recuperative Care	Respite Services	Day Habilitation Programs
<b>94</b>	<b>4</b>	<b>14</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>76</b>
NF Transition to ALF	NF Transition to a Home	Personal Care and Homemaker Services	Environmental Accessibility Adaptations	Medically-Supportive Food	Sobering Centers	Asthma Remediation
<b>0</b>	<b>1</b>	<b>14</b>	<b>1</b>	<b>36</b>	<b>0</b>	<b>0</b>



# 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-ecuperative-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 of 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**

**Registration code: kp2024 |**

<https://courses.camdenhealth.org/redeem>


# 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:

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

## 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 Alameda County

Organizations listed have executed contracts with KP as of **June 30, 2024**.

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



Provider	Services/Populations of Focus	Phone Number
<b>A Better Way Inc</b>	Children & Youth - Individuals with SMI/SUD Children & Youth - Involved in Child Welfare	510-433-8600
<b>AAT Home Placement Agency</b>	Adults - living in the community at-risk for LTC Adults - NF residents transitioning to the community	209-594-5980
<b>Agape Village</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 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
<b>Alameda Family Services</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 Children & Youth - Pregnant and Postpartum Individuals at-risk for Adverse Perinatal	925-474-2154 (Pleasanton)
<b>Alternative Family Services</b>	Children & Youth - Individuals with SMI/SUD Children & Youth - Individuals transitioning from incarceration Children & Youth - Involved in Child Welfare	530-283-3330
<b>CityServ</b>	TBD	(559) 802-3667
<b>EA Family Services</b>	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
<b>East Bay Agency of Children</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	510-547-7322

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Provider	Services/Populations of Focus	Phone Number
<b>Family Resource Navigators</b>	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	858-444-8827
<b>Fred Finch Youth &amp; Family Services.</b>	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
<b>Independent Living Systems</b>	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
<b>J&amp;M Homecare Services, LLC</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	925-552-6500
<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 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
<b>Lincoln Families</b>	Children & Youth - Involved in Child Welfare	510-273-4700
<b>New Dimensions Foster Family Agency</b>	TBA	209-526-1837
<b>Resolution Care (dba Vynca Care)</b> <i>[Birth Equity Specialty Provider Type]</i>	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	888-227-8884
<b>Seneca Family of Agencies</b> <i>[Birth Equity Specialty Provider Type]</i>	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



**Providers with blue text are newly added**

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Provider	Services/Populations of Focus	Phone Number
<b>Serene Health IPA</b>	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
<b>Side by Side</b>	Children & Youth - Individuals with SMI/SUD Children & Youth - Involved in Child Welfare	510-727-9401
<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



# Enhanced Care Management (ECM) Providers in Alameda County

Organizations listed have executed contracts with KP as of **June 30, 2024**.

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

Provider	Services/Populations of Focus	Phone Number
<b>Stars Behavioral Health Group</b>	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
<b>Sterling Hospitalist Medical Group, 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 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
<b>Unity Care Group, 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 Children & Youth - Involved in Child Welfare	(408) 971-9822
<b>WestCoast Children's Clinic</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 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 30, 2024**.

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



Provider	Services/Populations of Focus	Phone Number
<b>AAT Home Placement Agency</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	209-594-5980
<b>AccentCare of California</b>	Respite Services Personal Care and Homemaker Services	818-837-3775
<b>Aging Assistant LLC</b>	Respite Services Personal Care and Homemaker Services	916-753-7622
<b>Alegrecare, Inc</b>	Personal Care and Homemaker Services	800-598-4777
<b>ASSURED INDEPENDENCE</b>	Home Modifications	425-516-7400
<b>Breathe California of the Bay Area, Golden Gate and Central Coast</b>	Asthma Remediation	408-998-5865
<b>CityServ</b>	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Short-Term Post-Hospital Housing Recuperative Care Sobering Centers Day Habilitation	(559) 802-3667
<b>Connect America West</b>	Home Modifications	707-200-2138
<b>EA Family Services</b>	TBA	530-283-3330
<b>Eddie's Place "Cardea Health"</b>	Recuperative Care	615-226-2292
<b>Evolve Emod, LLC</b>	Home Modifications Asthma Remediation	844-438-7577
<b>Home Safety Services, Inc</b>	Home Modifications	888-388-3811
<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 Environmental Accessibility Adaptations (Home Modifications) Asthma Remediation Personal Care (beyond In Home Services and Supports) and Homemaker Services Respite Services Day Habilitation Programs	844-320-5182

# Community Supports (CS) Providers in Alameda County

Organizations listed have executed contracts with KP as of **June 30, 2024**.

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

Provider	Services/Populations of Focus	Phone Number
<b>J&amp;M Homecare Services, LLC</b>	Respite Services Personal Care and Homemaker Services	925-552-6500
<b>Lifeline Systems Company</b>	Home Modifications	800-451-0525
<b>Mom's Meals</b>	Meals/Medically Tailored Meals	877-508-6667
<b>Pear Suite, Inc</b>	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services Asthma Remediation	628-204-4124
<b>Performance Kitchen</b>	Medically Tailored Meals	512-608-1609
<b>Serene Health IPA</b>	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
<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
<b>Sterling Hospitalist Medical Group, Inc</b>	Housing Transition/Navigation Services Housing Deposits Housing Tenancy & Sustaining Services	714-897-1071
<b>Uncuffed Project Inc</b>	Recuperative Care	415-320-8798
<b>WINETEER INC DBA LIFEWISECHM</b>	Home Modifications	913-653-0766
<b>24 Hour Home Care</b>	Personal Care and Homemaker Services	866-311-6265



# 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

**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**

**Medi-Cal External Engagement**

For general Cal AIM and CS/ECM inquiries,  
**[medi-cal-externalengagement@kp.org](mailto:medi-cal-externalengagement@kp.org)**




# FindHelp

at Alameda Alliance for Health


# Closed Loop Referral

- Entity 1 sends referral for member to Entity 2 to receive services.
  - Entity 2 receives referral, outreaches to member and coordinates to provide services.
  - Entity 2 'closes' the communication loop and replies back to Entity 1 to communicate if member was served (or not).
- 
- The latest DHCS Population Health Management Policy Guide states that further details regarding Closed Loop Referral definition will be shared in future guidance.

# FindHelp

 [Support](#) [Sign Up](#) [Log In](#)

We are here for you. You can use our find help tool for local resources in our community to connect anyone in need to things like food, housing, education, employment, and dental, medical, and mental health care. To help everyone live their best life.



ZIP  [Search](#)

If you or someone you know is in crisis, call or text 988 to reach the [Suicide and Crisis Lifeline](#), chat with them online via their website, or text HOME to 741741 (multiple languages available). If this is an emergency, call 911.

**[Are you an Alameda Alliance for Health employee? Click here to log-in.](#)**

Thank you for choosing Alameda Alliance for Health (Alliance) as your partner in health. We are here for you.

By continuing, you agree to the [Terms & Privacy](#) This resource is brought to you by: [www.alamedaalliance.org](http://www.alamedaalliance.org)

English

[Site Map](#) [Suggest Program](#) [Claim Programs](#) [Accessibility](#) [Terms](#) [Privacy](#)



# Narrow Your Search

**Alliance** Support Site Tools My Program Tools People I'm Helping LH Lily

ZIP or keyword or program name

English

We are here for you. You can use our find help tool for local resources in our community to connect anyone in need to things like food, housing, education, employment, and dental, medical, and mental health care. To help everyone live their best life.

FOOD HOUSING GOODS TRANSIT HEALTH MONEY CARE EDUCATION WORK LEGAL

↑

**3,387 programs**  
in the alameda, ca 94502 area

Choose from the categories above and browse local programs

This curated database of resources is provided by **Alameda Alliance for Health Staff Site**.

If the program name is known it can be entered  
The search can be narrowed by category

Site Map [Suggest Program](#) [Claim Programs](#) [Accessibility](#) [Terms](#) [Privacy](#)  
© 2011-2023. Powered by findhelp.

# Narrow Your Search

ALAMEDA Alliance FOR HEALTH

Support Site Tools My Program Tools People I'm Helping LH Lily

ZIP or keyword or program name

English

EDUCATION WORK LEGAL

alameda, ca (94502) / food / food delivery (17)

Sort by RELEVANCE CLOSEST

Personal Filters Program Filters Income Eligibility

Map Satellite

Map data ©2023 Google

Notice out-of-date information or see a program you work for? Click **Suggest** to share an update or claim your program listing to get access to free tools and data.

**CaAIM Alameda Alliance for Health Medically Tailored Meals / Supportive Food Services**  
by Project Open Hand  
Reviewed on: 06/22/2023

CaAIM Community Supports Provider

Project Open Hand provides Medically Tailored Meals / Supportive Food services for Alameda Alliance for Health members for CaAIM. POH provides up to 14 medically-tailored meals, groceries, and...  
Main Services: food delivery, food pantry, meals, nutrition education  
Serving: seniors, adults 18+, all disabilities

Next Steps:  
Call 510-622-0221.  
5.43 miles (Serves your local area)  
1921 San Pablo Avenue, Oakland, CA 94612  
Closed Today See open hours

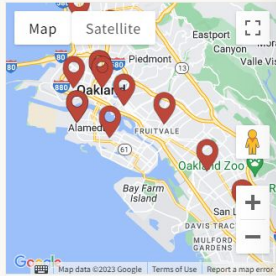
MORE INFO SAVE SHARE NOTES SUGGEST APPLY HERE

**AAH- Meals Test File**  
by Community Supports Test File  
Reviewed on: 06/22/2023

To received Medically Tailored Meals/Medically Supportive Food to begin authorization process  
Main Services: food delivery, food pantry, meals, nutrition education

Next Steps:  
4.26 miles (Serves your area)

# Apply Here



Notice out-of-date information or see a program you work for? Click **Suggest** to share an update or claim your program listing to get access to free tools and data.

The screening questions should pop down  
 Complete as appropriate

**AAH- Meals Test File**  
 by Community Supports Test File  
 Reviewed on: 06/24/2023

Alameda Alliance offers Community Supports service: Medically Supportive Food/Medically Tailored Meals. This may include: Meals delivered to the home immediately following discharge from a...

Main Services: food delivery, food pantry, meals, nutrition education

Serving: anyone in need, all ages

Next Steps:  
 4.26 miles (Serves your state)  
 Main Street, Alameda, CA 94501  
 Open Now: Open 24 Hours

MORE INFO | SAVE | SHARE | NOTES | SUGGEST | **APPLY HERE**

---

**Start a screener for this program** x

**Eligibility**

- chronic condition, or
- recent hospitalization, or
- many care coordination needs
- This program is available to anyone in need.

Who is this for?  For myself or my family  
 I'm referring someone else

Your Name \*

---

**Tell us about the person you're helping:**

Someone you've Connected before:

Use contact info on file \*  x

Or

Connecting someone new:

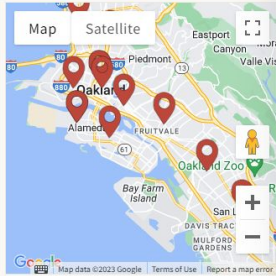
Their Name \*

Their Email Address

Their Phone Number

Their Language

# Apply Here



Notice out-of-date information or see a program you work for? Click **Suggest** to share an update or claim your program listing to get access to free tools and data.

Once complete, select 

**Their Email Address**

**Their Phone Number**

**Their Language**

**Their Member Client Identification Number (CIN)**

**Best way to reach them\***

Email

Text message

Phone call

Select email or text as the preferred contact method if you want us to email or text them next steps.

Next Steps:

Don't reach out

**Comment**

**Confirm Consent\***

I have appropriate consent from the person or their guardian (if under 18) to:

- Send their contact info and additional info through this system to this agency, and
- Send them info **about this program** through the Alameda Alliance for Health Staff Site platform (including any responses sent to them by the program).

**The program provider has a few more questions!**

Choose "Next" to continue to the program's form.



**Important!** We'll do our best to send them your information, but it's possible that we may not be able to reach the agency or get a quick response. If you are in an emergency situation, call 911.

**AAH- POH Meals Test File**



# Screening Application

The screenshot shows the Alliance for Health website interface for a screening application. At the top, there is a navigation bar with links for Support, Site Tools, My Program Tools, and People I'm Helping, along with a user profile for 'LH Lily'. The main header area is teal and contains the title 'Screening Application for AAH- Meals Test File Program' and a 'Select Language' dropdown menu. Below the title is a disclaimer: 'This form must be completed in one sitting, you can not save and return to this form later. Please fill out this form as completely as you can, and make sure you have any reference documents on hand. You may be asked for documentation later to confirm what you've listed here. If you are filling out this form for someone else, answer how they would answer. This form is to help us find out if you might be eligible for services, filling it out does not guarantee services.' Below the disclaimer is a form section titled 'Living Situation' with the following fields: 'Street Address\*' (containing '123 Main St.'), 'City\*', and 'State\*' (a dropdown menu with 'Select an option' selected). The bottom of the form section is partially cut off, showing 'ZIP Code\*'. On the left side of the teal header, there is a white box with the text: 'The screening application appears Complete questions pertaining to member as appropriate'.

# Screening Application

Once complete, select

REVIEW AND SUBMIT

Patient's Qualifying Condition (please select all that apply, must meet at least one (1) to be eligible: \*

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

Is being discharged from the hospital or a skilled nursing facility or at high-risk of hospitalization or nursing facility placement

Has intensive care coordination needs

Associated Diagnostic ICD-10 Code: \*

write something here

Please upload appropriate supporting documentation here

Drag & drop a file or click to browse

## Extension Request

Member's Medical Necessity (please describe) (Medical necessity for an extension would be an acute worsening of the member's condition or the patient is at high-risk for re-developing significant illness.)

REVIEW AND SUBMIT

# Screening Application

Please review your  
responses  
If you need to edit, select

EDIT RESPONSES

Otherwise, select

SUBMIT

## Initial Request

Patient's Qualifying Condition (please select all that apply, must meet at least one (1) to be eligible:

- 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

Associated Diagnostic ICD-10 Code:

write something here

Please upload appropriate supporting documentation here

No Response

## Extension Request

Member's Medical Necessity (please describe) (Medical necessity for an extension would be an acute worsening of the member's condition or the patient is at high-risk for re-developing significant illness.)

No Response

EDIT RESPONSES

SUBMIT

# Screening Application

Once complete, there should be a confirmation of completion

## Thank You

 [START ANOTHER SEARCH](#)

We will review your submission to see if you are eligible, and reach out to you when our review is complete.  
Continue searching to find other programs that may be able to help you.



# Inbound Referrals

The screenshot shows the Alameda Alliance for Health website interface. At the top right, the navigation menu includes 'Support', 'Site Tools', 'My Program Tools', and 'People I'm Helping'. The 'My Program Tools' dropdown menu is open, with 'Inbound Referrals' circled in red. Below the navigation, a teal button labeled 'Community Supports Assessment' is visible. The main content area features a paragraph: 'We are here for you. You can use our find help tool for local resources in our community to connect anyone in need to things like food, housing, education, employment, and dental, medical, and mental health care. To help everyone live their best life.' Below this is a search bar with the text 'ZIP 94577' and a 'Search' button. A callout box on the right side of the page contains the text: 'Select My Program Tools' and 'Select Inbound Referrals'. At the bottom, there is a link for crisis support and a log-in link for employees.


# Inbound Referrals

Support Site Tools My Program Tools People I'm Helping LH Lily

AM AAH- Meals Test File











Referred On Referral Status Eligibility

36 results

When there are new or unaddressed referrals a  will appear with the appropriate number of referrals needing attention. Select the folder of choice to follow up.

+ Add Referral Settings

Rows per page: 20 1-20 of 36

Referred On	Applicant	Referred By	Last Updated	Language
7/15/2024	Dolly Parton 	Alameda Alliance for Health	7/15/2024	English
7/15/2024	Dolly Parton 	Alameda Alliance for Health	7/15/2024	English
7/13/2024	JODY ABEL 	Alameda Alliance for Health Staff Site	7/13/2024	English
7/13/2024	JODY ABEL 	Alameda Alliance for Health Staff Site	7/13/2024	English
7/13/2024	JODY ABEL 	Alameda Alliance for Health Staff Site	7/13/2024	English
6/28/2024	Jane Doe-TEST 	Alameda Alliance for Health Staff Site	6/28/2024	English
6/28/2024	Jane Doe-TEST 	Alameda Alliance for Health Staff Site	6/28/2024	English
6/12/2024	dolly parton 	Alameda Alliance for Health Staff Site	6/12/2024	English
6/1/2024	Joseph Angenete 	Alameda Alliance for Health Staff Site	6/1/2024	English
6/1/2024	JODY ABEL 	Alameda Alliance for Health Staff Site	6/1/2024	English

# Inbound Referrals

Support Site Tools My Program Tools People I'm Helping LH Lily

AM AAH- Meals Test File Search by name or email

Referred On Referral Status Eligibility Last Updated

+ Add Referral Settings

36 results Rows per page: 20 1-20 of 36

Referred On	Applicant	Referred By	Screener	Referral Status	Comment	Last Updated	Language
7/15/2024	Dolly Parton <span>New</span>	Alameda Alliance for Health Staff Site	<a href="#">View</a>	<input type="radio"/> Not Updated		7/15/2024	English
7/15/2024	Dolly Parton <span>New</span>	Alameda Alliance for Health Staff Site	<a href="#">View</a>	<input type="radio"/> Not Updated		7/15/2024	English
7/13/2024	JODY ABEL <span>New</span>	Alameda Alliance for Health Staff Site	None	<input checked="" type="radio"/> Not Eligible		7/13/2024	English
7/13/2024	JODY ABEL <span>New</span>	Alameda Alliance for Health Staff Site		<input type="radio"/> Not Updated		7/13/2024	English
7/13/2024	JODY ABEL <span>New</span>	Alameda Alliance for Health Staff Site		<input type="radio"/> Not Updated		7/13/2024	English
6/28/2024	Jane Doe-TEST <span>New</span>	Alameda Alliance for Health Staff Site	None	<input type="radio"/> Not Updated		6/28/2024	English
6/28/2024	Jane Doe-TEST <span>New</span>	Alameda Alliance for Health Staff Site	None	<input type="radio"/> Not Updated		6/28/2024	English
6/12/2024	dolly parton <span>New</span>	Alameda Alliance for Health Staff Site	<a href="#">View</a>	<input type="radio"/> Not Updated		6/12/2024	English
6/1/2024	Joseph Angenete <span>New</span>	Alameda Alliance for Health Staff Site	<a href="#">View</a>	<input type="radio"/> Not Updated		6/1/2024	English
6/1/2024	JODY ABEL <span>New</span>	Alameda Alliance for Health Staff Site	<a href="#">View</a>	<input type="radio"/> Not Updated		6/1/2024	English

The Status of  Not Updated is associated with 3

# Inbound Referrals

Support Site Tools My Program Tools People I'm Helping LH Lily

AM AAH- Meals Test File

Referred On Referral Status Eligibility Last Updated







+ Add Referral Settings

36 results Rows per page: 20 1-20 of 36






Referred On	Applicant	Referred By	Screener	Referral Status	Comment	Last Updated	Language
7/15/2024	Dolly Parton	Alameda Alliance for Health Staff Site		<input type="radio"/> Not Updated			English
7/15/2024	Dolly Parton	Alameda Alliance for Health Staff Site		<input type="radio"/> Not Updated			English
7/13/2024	JODY ABEL	Alameda Alliance for Health Staff Site	None	<input checked="" type="radio"/> Not Eligible			English
7/13/2024	JODY ABEL	Alameda Alliance for Health Staff Site		<input type="radio"/> Not Updated			English
7/13/2024	JODY ABEL	Alameda Alliance for Health Staff Site		<input checked="" type="radio"/> Pending		7/13/2024	English
6/28/2024	Jane Doe-TEST	Alameda Alliance for Health Staff Site	None	<input type="radio"/> Not Updated		6/28/2024	English
6/28/2024	Jane Doe-TEST	Alameda Alliance for Health Staff Site	None	<input type="radio"/> Not Updated		6/28/2024	English
6/12/2024	dolly parton	Alameda Alliance for Health Staff Site		<input type="radio"/> Not Updated		6/12/2024	English
6/1/2024	Joseph Angenete	Alameda Alliance for Health Staff Site		<input type="radio"/> Not Updated		6/1/2024	English
6/1/2024	JODY ABEL	Alameda Alliance for Health Staff Site		<input type="radio"/> Not Updated		6/1/2024	English

**Next Steps:**  
Review Screener and update Referral Status

# Definitions

Referral Status	Definitions
 Not updated	No status selection has been made Referral has not yet been reviewed
 Needs client action	More information is needed to process this referral
 Pending	Referral is being processed
 Referred elsewhere	Referral could not be fulfilled, member referred to a different program Only to be used in the event that there are other programs/resources that can be offered, otherwise Not Eligible should be selected
 Eligible	Member has been authorized for requested service (to be used by AAH only)
 Got help	Member has received help and services have started (to be used by external providers only)

# Definitions

Referral Status	Definitions
 Couldn't contact	Member was unable to be contacted (Internal to AAH: place referral for CM to assist with researching additional contact details)
 Not eligible	More information is needed to process this referral
 No capacity	Program doesn't have the capacity to help the member. Member should be referred to different program.
 Couldn't get help	Member was unable to get help (reason could vary). Refer member to a different program
 No longer interested	Member has indicated they no longer need or are interested in this program.

**05:00**

**5-minute break**



COMMUNITY HEALTH  
CENTER NETWORK

# CHCN ECM Referral Workflow



# Content



CHCN Population of Focus



ECM Referral Process



ECM Referral Review



ECM Referral Approval/Denial



# CHCN Population of Focus

Adults and  
Children/Youth

Experiencing  
Homelessness

At Risk for  
Avoidable Hospital  
or ED

Serious Mental  
Health and/or  
Substance Use  
Disorder

Transitioning from  
Incarceration

At Risk for  
Long-Term Care

Pregnant or  
Postpartum



# CHW Referral Process

- When CHWs receive a referral, they first check eligibility
- IF the patient meets ECM eligibility, then the CHW will fill out the ECM referral form and send it to the ECM Operation Specialist



# ECM Referral Process

- Community Health Workers (CHWs) sends ECM referral forms to the ECM Operation Specialist
- ECM Operation Specialist reviews all the ECM referral forms before sending them to Alameda Alliance
- ECM referrals are tracked using an Excel sheet



# ECM Referral Review

- Check dates on ECM referral forms
- All boxes must be checked under the Option selected on the ECM referral form

## Correct

### Option 2 – Adults at Risk for Avoidable Hospital or ED Utilization (must meet A. OR B.):

- A. Four (4) or more Emergency Department (ED) visits in a 12-month period which may have been avoided with appropriate outpatient care or improved treatment adherence.
- B. Two (2) or more unplanned hospital and/or short-term skilled nursing facility (SNF) stays in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

## Wrong

### Option 2 – Adults at Risk for Avoidable Hospital or ED Utilization (must meet A. OR B.):

- A. Four (4) or more Emergency Department (ED) visits in a 12-month period which may have been avoided with appropriate outpatient care or improved treatment adherence.
- B. Two (2) or more unplanned hospital and/or short-term skilled nursing facility (SNF) stays in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

- All ECM referral forms needs to include Supporting Documentation



# Example of Supporting Documentation

	05/30/2024			ED
	05/01/2024			ED
	04/14/2024			ED
	04/03/2024			ED
	04/03/2024			ED
	02/28/2024			ED

 **Option 2 – Adults at Risk for Avoidable Hospital or ED Utilization (must meet A. OR B.):**

- A.** Four (4) or more Emergency Department (ED) visits in a 12-month period which may have been avoided with appropriate outpatient care or improved treatment adherence.
- B.** Two (2) or more unplanned hospital and/or short-term skilled nursing facility (SNF) stays in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.



# ECM Referral Approval/Denial



Alameda Alliance processes ECM referrals within 5 business days, and informs the referrer of approval or denial via email



Denied ECM referrals can be appealed by filling out Alameda Alliance's appeal/grievance form



# Approved ECM Referrals

- Notify CHW of referral approval
- Ensure Return Transmission Files include all approved ECM referral forms
- The ECM eligibility is based on the approved date, not the ECM referral submission date
- ECM eligibility is valid for 12 months. After 12 months a reauthorization is required





# Summary

- Use Correct ECM referral form
- Include Current Date on ECM referral forms
- Make sure to include mental health screeners if Option 3: SMI/SUD is selected
- Be mindful to only submit ECM referrals if you plan to engage with the patient
- Check in with patient to see if they are interested in participating in ECM before submitting a referral



# AHS Enhanced Care Management



# Complex Care Management at AHS

## teams that provide ECM services

*Teamlets* at Hayward, Eastmont and Highland Wellness



Interdisciplinary teams of Community Health Workers, RN Care Managers and Social Workers







# *CCM Staffing*

**The Community Health Worker (CHW)** acts as Lead Care Manager

**The RN Care Manager** support care plan development focused on improving the patient's overall health status; provides patients medication and condition counseling, clinical coordination and symptom triage

**The Clinical Social Worker** provides mental health assessments, brief therapy as needed and linkage to including psychiatry, counseling and case management.

# Enhanced Care Management

## Low barrier referrals from a variety of sources

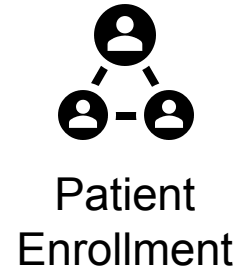
Hospital and  
Emergency  
Departments



Ambulatory  
Services



Community  
Partners



# Low barrier referrals from a variety of sources

Hospital and  
Emergency  
Departments



Patient  
Enrollment



- Hospitalized patients are prioritized, considered “urgent referral” Outreach begins prior to discharge
- Leverage face to face interaction at the bedside for increased engagement
- Epic Report shows all ECM-eligible patients currently hospitalized, daily assignments
- For patients that are eligible and not on MIF, “reverse referral” sent to the Alliance. These account for apx 20% of AHS ECM patients.
- Inpatient CM refers non-AHS assigned patients to Alliance for ECM assignment

# Low barrier referrals from a variety of sources

Ambulatory  
Services



Patient  
Enrollment



- Primary Care Providers refers to CCM via Epic
- Leverage relationship with provider and medical home for increased engagement
- Specialty Clinics refer AHS-assigned to CCM or non AHS-assigned to Alliance for ECM assignment

# Low barrier referrals from a variety of sources

Community  
Partners



Patient  
Enrollment



- Refer to AHS CCM via email
- Leverage cross-sector services for increased stability
- For example, recuperative housing, specialty mental health, substance use treatment programs, housing Community Supports



# Community Supports

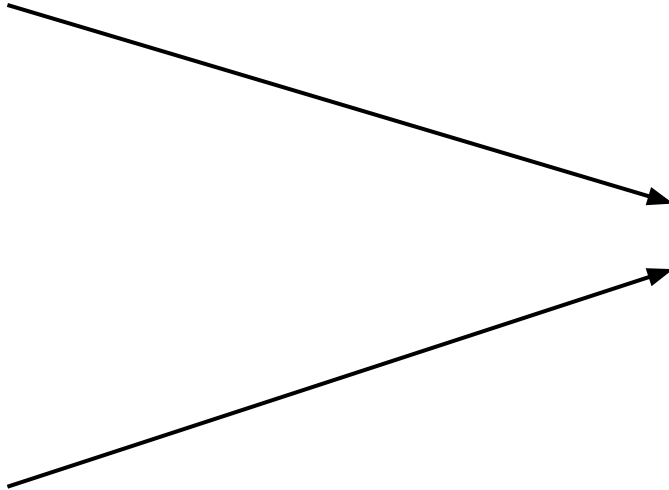
ECM Teams



Ambulatory  
and Acute Care  
Services



Resource  
Linkage



# Community Supports

ECM Teams



Resource  
Linkage

- Assessments include health-related social needs
- Referrals to CS embedded in care plan
- Most frequently referred – housing and meals

# Community Supports

Ambulatory and  
Acute Care  
Services



Resource  
Linkage

- Standard screenings of health-related social needs, positives trigger referral
- Most frequently referred – meals
- Ambulatory partnership with *Recipe for Health*



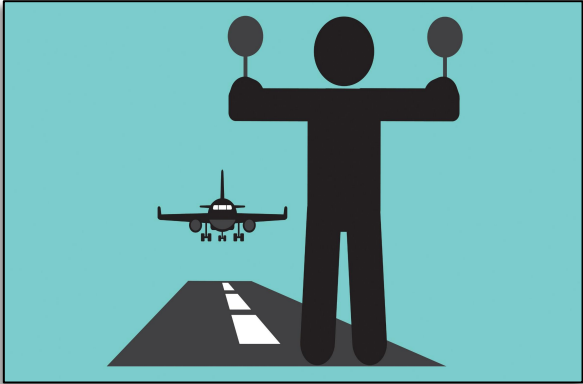
# Questions?

For additional program or referral information, please email Lilly MacRae Director of  
Community Health

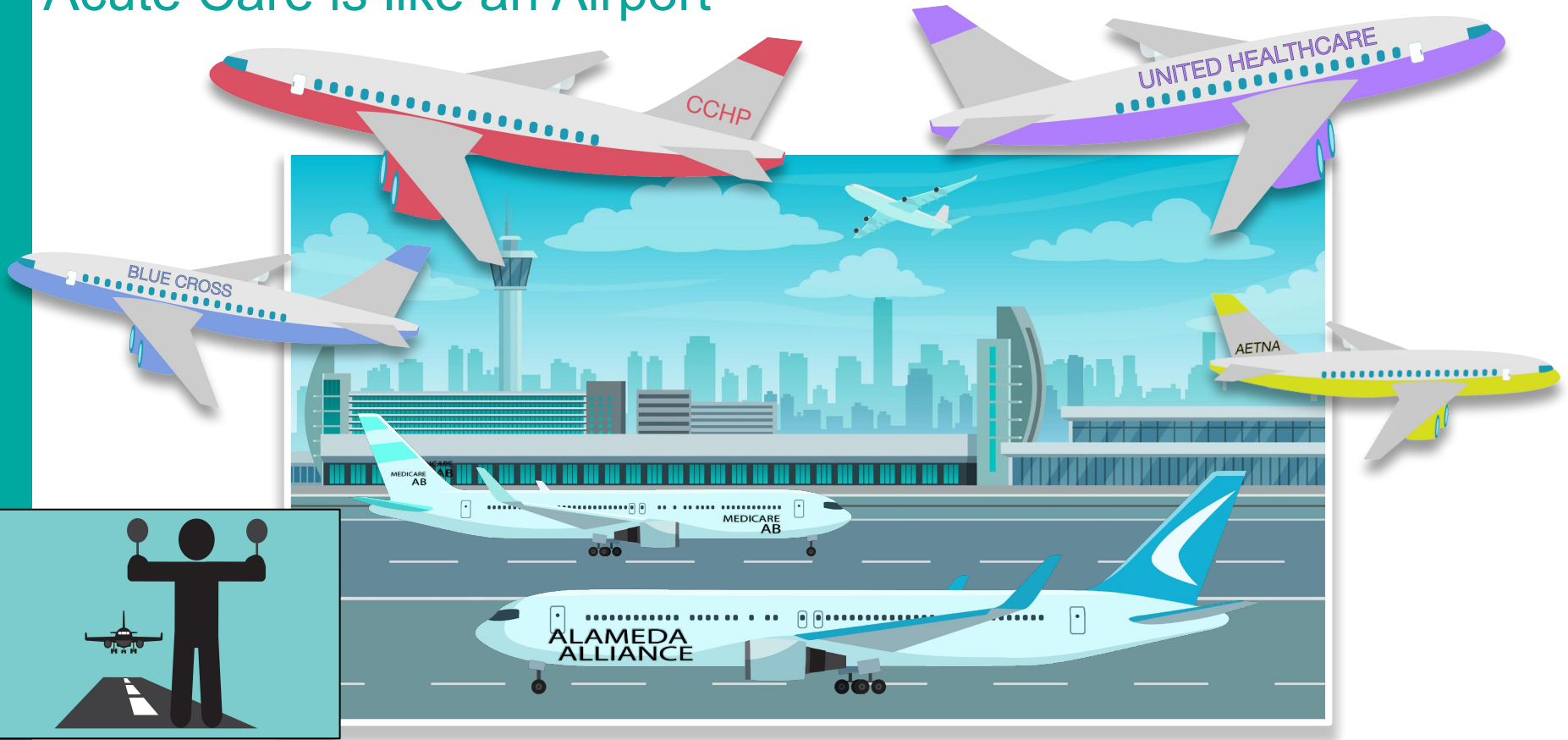
[lemacrae@alamedahealthsystem.org](mailto:lemacrae@alamedahealthsystem.org)

# Community Network

Air Travel Analogy



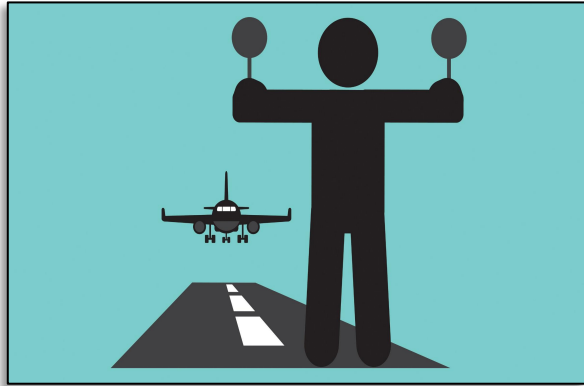
# Acute Care is like an Airport



# Guiding Patients From Various Populations



## 4 Key Steps



- ❑ **Define Target Population**
- ❑ **Identify At-Risk Individual  
Within Target Population**
- ❑ **Notify Current Care Team**
- ❑ **Handoff**



# Journey Health

**Air Traffic Controller to the  
community**



# Comprehensive overhaul of Medi-Cal

California Advancing and Innovating Medi-Cal (CalAIM)

## GOAL

Improve the quality of life and health outcomes of Medi-Cal members through broad delivery system, program and payment reform

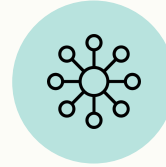
INITIATED IN  
2022



**Population Health Management**



**Enhanced Care Management**



**Integrated Care for Dual Eligible Members**



**Community Supports**



**Behavioral Health Initiative**



**Supporting Health + Opportunity for Children and Families**

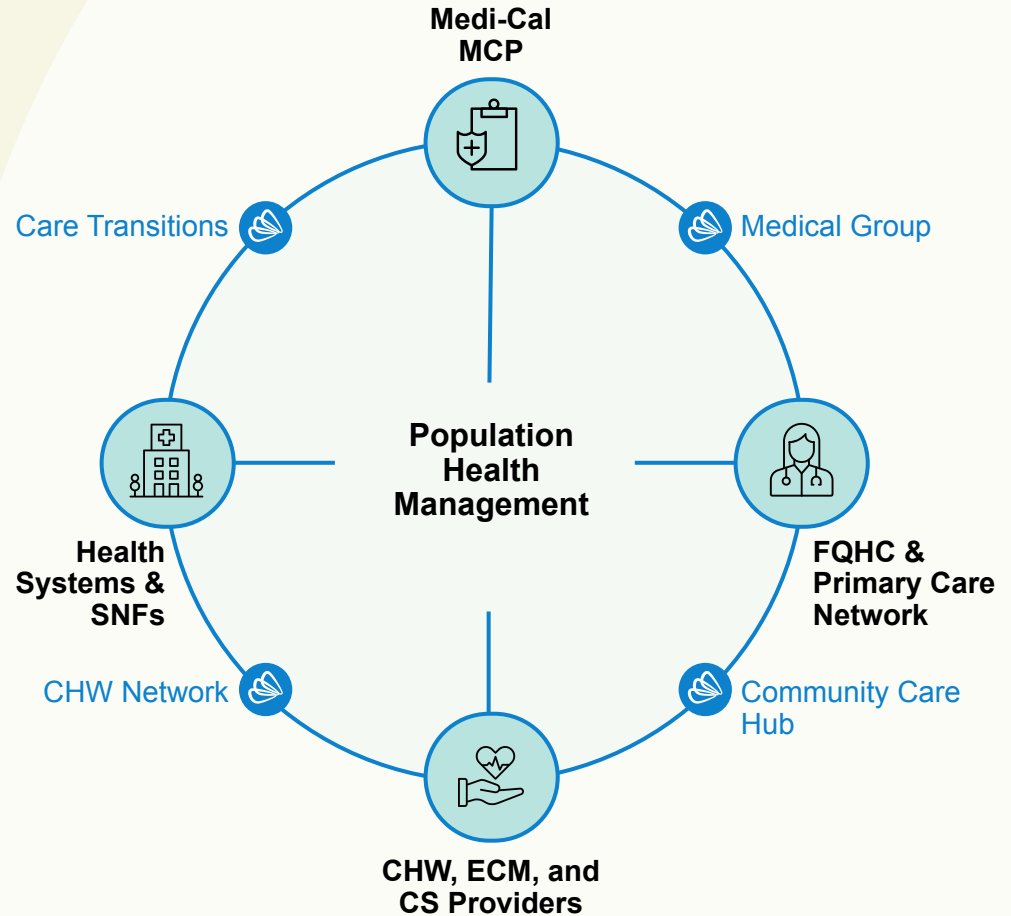
# Journey Health offers services and builds capacity where community gaps exist

## Core Services

- Population Health Management
  - Transitional Care Services
  - CHW Services
- Social Care Coordination
  - Enhanced Care Management
  - Community Supports
- Medi-Cal Delivery System Optimization
  - Health Plan alignment
  - CBO engagement

## Care Team

- Community Health Workers (CHW)
- LCSWs
- RNs
- Providers (Physicians and APPs)



# CalAIM: Community Health Worker Services

## Community Health Workers (CHWs)

CHW services are preventive health services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health

### CHW Services

Health Education

Health Navigation


Screening and Assessment

Individual Support or Advocacy

# Building a Social Care Delivery System:

## CalAIM Community Care Network

**Health Care Delivery System**



The Health Care Delivery System is represented by three icons: a shield with a plus sign, a hospital building, and a doctor.



**Social Care Delivery System (SCDS)**



The Social Care Delivery System (SCDS) is represented by six icons: a house with a heart, two people, a grocery bag with an apple, a door, hands holding a heart, and a bed.



COMMUNITY HEALTH  
CENTER NETWORK



# Q&A

# June Poll Top Themes: Community Referrals

**What is going well with referring clients to ECM and Community Supports?**

**Timely approvals and responsiveness**

**What are the gaps related to referrals that we can work together as a collaborative to fill?**

**Education and awareness**

**Streamlined referral systems**

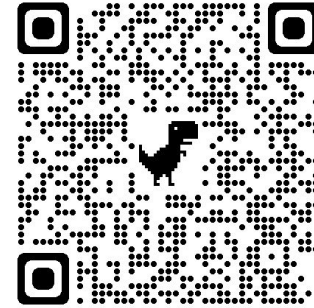
**Enhanced communication**

## Rapid Idea Generation

At your table, document 1 idea for a strategy we can take together as a collaborative to address improve referral processes or spread best practices.



**Next meeting:**  
**August 16th, 10am - 12pm**  
**On Zoom, Register here:**



**<https://us02web.zoom.us/meeting/register/tZwuf-6trzq-pHtxCQ1uxMMiv2xZiTS8yuLmA#/registration>**

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

**Thank you for attending!**



# Appendix

# Check out the TA Marketplace!



Learn

about the Marketplace.

Apply

to become a TA Recipient and shop the Marketplace.



Sign In

Filters

Find Vendor

View Vendor List

Showing 479

Export Marketplace

OFF-THE-SHELF

[Selecting and Implementing Evidence-Based Pra...](#)

WORKFORCE

Duration: 4 Months

Evidence-based practice (EBP) implementation does not have to be overwhelming or expensive. Using the National Implementation Research Network framework, our experienced technical assistanc...

Provided by: [Bowling Business Strategies \(BBS\)](#)

Apply to unlock

OFF-THE-SHELF

[Introduction to Trauma-Informed Primary Care a...](#)

WORKFORCE

Duration: 2 Hours

A trauma-informed approach or framework engages people who have histories of trauma and are experiencing toxic stress, recognizes the presence of trauma symptoms, and acknowledges...

Provided by: [Health Improvement Partnership of Santa Cruz County \(...\)](#)

Apply to unlock

OFF-THE-SHELF

[Health Insurance Portability and Accountability A...](#)

WORKFORCE

Duration: 3 Months

The goal of this 20-question Risk Assessment is to provide a starting point for healthcare organizations (including hybrid entities) as they begin to evaluate and prioritize their potential liabilities associated...

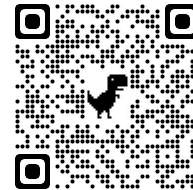
OFF-THE-SHELF

[Evaluation of Care Coordination and Care Manag...](#)

ENHANCED CARE MANAGEMENT (ECM)

Duration: 4 Months

Our goal is to improve ECM, access, coordination, and integration of care by evaluating structures, processes, and outcomes and by identifying key opportunities to improve care management and care...



# 2024 Collaborative Aims and Objectives

