

Tri Counties CalAIM PATH Collaborative: San Luis Obispo & Santa Barbara

April 16, 2025



Today's Agenda

Time	Topic
12:00-12:10	Welcome and Introductions
12:10-12:20	Celebrating Progress: Local CalAIM Success Stories
12:20-12:35	CenCal Health Plan Update
12:35-12:45	ECM and Community Supports Data Update
12:45-1:30	Provider Networking Lunch and Roundtable Conversations

2025 Collaborative Aim Statement

By December 2025, the Collaborative will strengthen local implementation of CalAIM by creating a sustainable network of providers.

We will accomplish this through hosting quarterly peer learning sessions and at least 2 workforce development trainings.

Strengthen the capacity of providers to sustainably deliver CalAIM services

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

Increase ECM & Community Supports referrals and care coordination among providers

Celebrating Progress: Local CalAIM Success Stories

Sarah Montes Reinhart, San Luis Obispo County

Roxana Aranda, PathPoint

CenCal Health Plan Update



Closed-Loop Referrals (CLR)



CenCalHEALTH
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Closed-Loop Referral Definition and Goals

DHCS defines a Closed-Loop Referral (CLR) as a referral initiated on behalf of a Medi-Cal Managed Care Member that is tracked, supported, and monitored and results in a Known Closure.

» Examples of Known Closures:

- Services Received
- Service Provider Declined
- Member No Longer Needs/Declines Services

The goal of CLR is to increase the number of Medi-Cal Members successfully connected to the services they need by:

- Improving MCP information collection to **support individual referrals.**
- Identifying and **addressing system level gaps** in referral practices and service availability that impact Members.

Closed Loop Referral (CLR) Requirements

Initial CLR requirements go live on **July 1, 2025** and will apply to ECM (all POFs) and 13 Community Supports.

Sobering Centers are not included because services are often delivered in real-time and authorized after provision of care

Definition: A referral initiated on behalf of a Medi-Cal Managed Care Member that is tracked, supported, and monitored and results in a Known Closure.



TRACKED: PLANS ARE REQUIRED TO TRACK A MINIMUM SET OF DATA ELEMENTS ON MEMBERS EACH REFERRAL UNDER CLR REQUIREMENTS.



SUPPORTED: PLANS ARE REQUIRED TO SUPPORT REFERRALS, NOTIFYING MEMBERS AND REFERRING ENTITIES, AND WORK WITH PROVIDERS TROUBLESHOOT CHALLENGES.



MONITORED: PLANS ARE REQUIRED TO REGULARLY MONITOR DATA COLLECTED THROUGH CLR TRACKING TO RESOLVE CHALLENGES ACROSS REFERRAL PARTNERS, INTERNAL OPERATIONS, AND PROVIDERS.

CLR – DHCS Required Supporting Notifications For Communications

- To support communications with Members and Referring Entities on a referral status and progress, notices on authorization and referral loop closure is required.

Category	Recipient(s)	Required Time Frame
Service Authorization	Referring Entity	Within 24 hours of the decision
	Member	Within 2 business days of the decision
Referral Loop Closure	Referring Entity	Within 2 business days of receiving the RTF

CLR New DHCS Required Tracking & Reporting Data Elements*



Referral Initiation – Collected through Request for Authorization

- Referral Type: Captures whether the Member's referral was generated by CenCal Health through available data or was submitted to CenCal Health from the community.



Referral Processing - Collected through Internal Data and RTF

- Referral Status: Accepted, Declined, Waitlist, Closed
- Date of Referral Status: MM/DD/YYYY



Referral Loop Closure - Collected through Internal Data & RTF

- Reason for Referral Loop Closure: Services Received, Service Provider Denied, Unable to Reach Member, Member No Longer Eligible for Services, Member No Longer Needs Services, Member Refused Services, Other and or Unknown
- Date Referring Entity Notified of Referral Loop Closure

DHCS requires CenCal Health to build systems for collecting updates on CLR status on at least a **monthly basis** with Providers.



*For reference:

- [Member-Level-Information-Sharing-Between-MCPs-ECM-Providers](#)
- [CS-Member-Information-Sharing-Guidance](#)



CALAIM Best Practices



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Common Intake Mistakes (and How to Fix Them!)

Even the best teams hit a few bumps. Here are some common intake slip-ups—and how to stay ahead:

- ❌ Missing supporting documents → Use a **Submission Checklist**
- ❌ Incomplete demographics → Cross-check DOB, name spelling is identical to CenCal Health Eligibility Screen on the Provider Portal
- ❌ Duplicate submissions → Happens when Members don't know multiple requests aren't allowed

Tips & Tricks:

- ✅ Educate Members on working with one provider
- ✅ Always check the CenCal Health Provider Portal before submitting
- ✅ Coordinate across agencies, when possible






Smart Strategies for Seamless Submissions

Keep it smooth with these best practices:

- ✓ Submit only when all required documents are gathered
- ✓ Verify member info and eligibility beforehand
- ✓ Review the Case Management list on the member eligibility screen to verify if member is already receiving services from a CalAIM provider
- ✓ Use the **updated provider portal** to view open authorizations
- ✓ Reassignment forms = key to a smooth provider switch
- ✓ Prioritize continuity by keeping services within one agency when possible
 - ECM and CS services with the same provider

Tools to Save Time & Simplify Intake


Templates & Resources at Your Fingertips:

-  **IHSP Template** – Available online; shows what's needed for housing support
-  Use your own forms if they cover required info—no duplicates needed!
-  **Quick Reference Guide for CS and ECM** – Clear doc requirements & codes
-  **Service Bundling Cheat Sheets** – Combine services for greater impact
 - Day Habilitation + Housing Supports
 - Day Habilitation + Recuperative Care/ Short term Post Hospitalization
 - Respite + Personal Care + Medically Tailored Meals
 - Transitions to Home + Environmental Accessibility Adaptations + Housing Deposits
 - Asthma Remediation + ECM
-  **Recorded Micro Trainings**

Find provider micro trainings under Provider Engagement Roundtables & Training Resources at:

[CalAIM](#) | [CenCal Health Insurance Santa Barbara and San Luis Obispo Counties](#)

Ongoing Support: We're in This Together

-  **Contracted CalAIM Provider Bi-Weekly Drop-In Sessions**

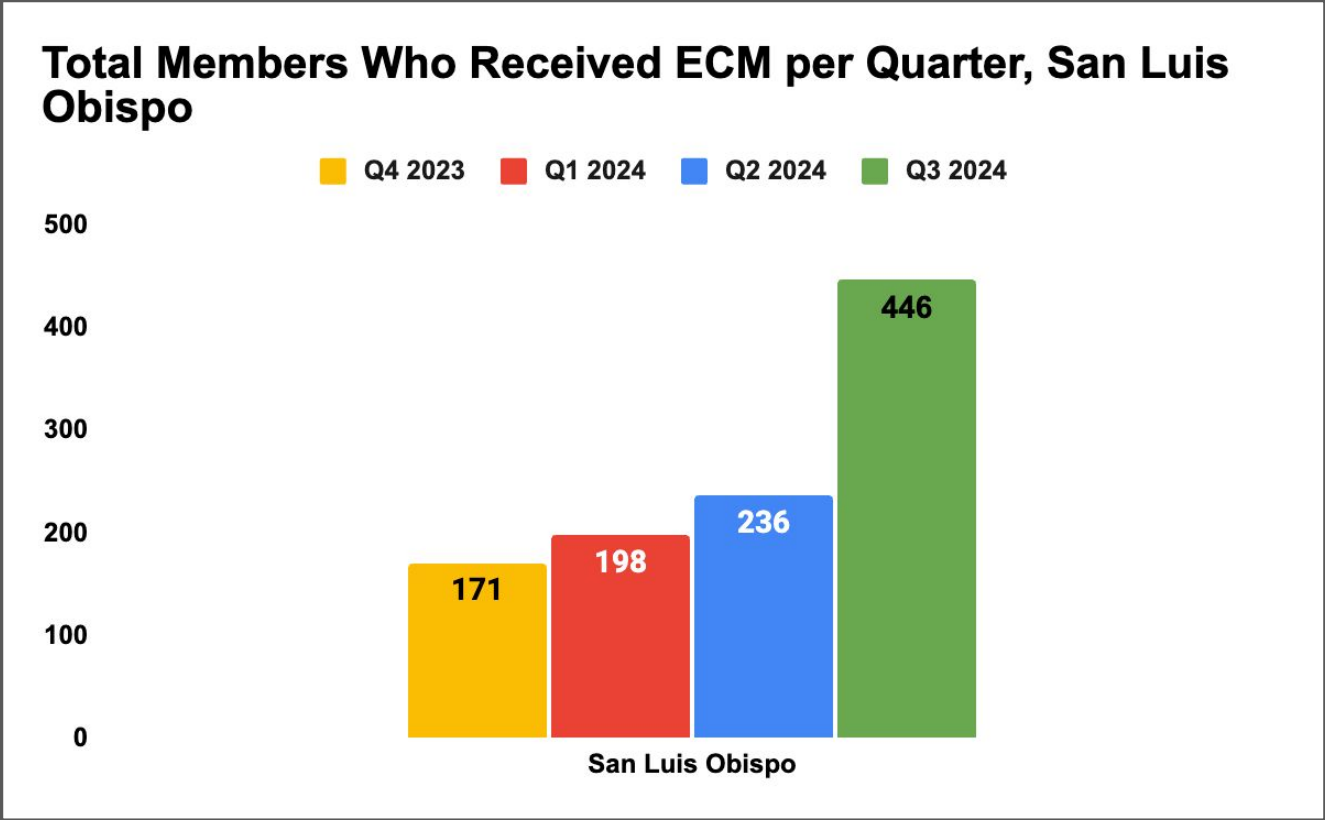
- Live Q&A
- Trends & challenges
- Best practices
- Peer networking

 **Pro Tip:** Bring your questions—we love to problem-solve with you!

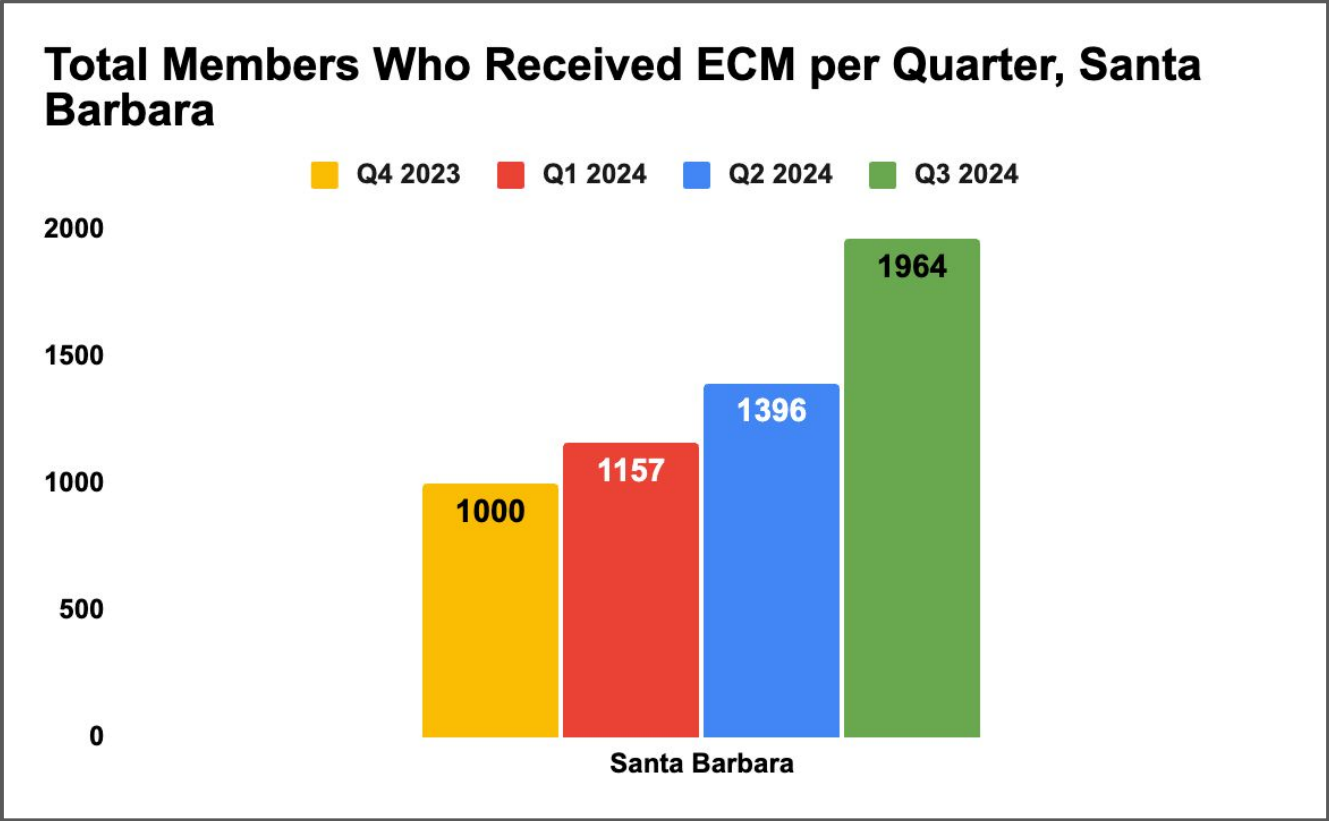
 Your work transforms lives. Let's keep making the process better—together.

ECM and Community Supports Data Update

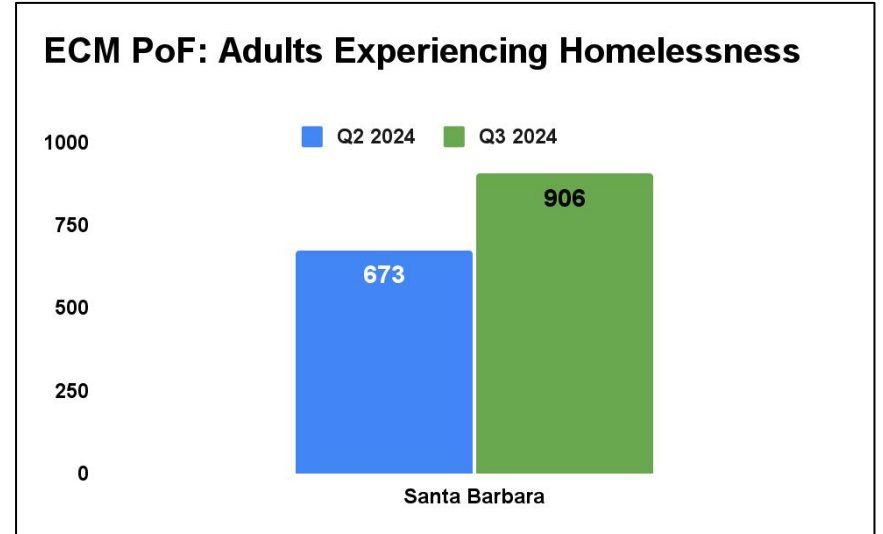
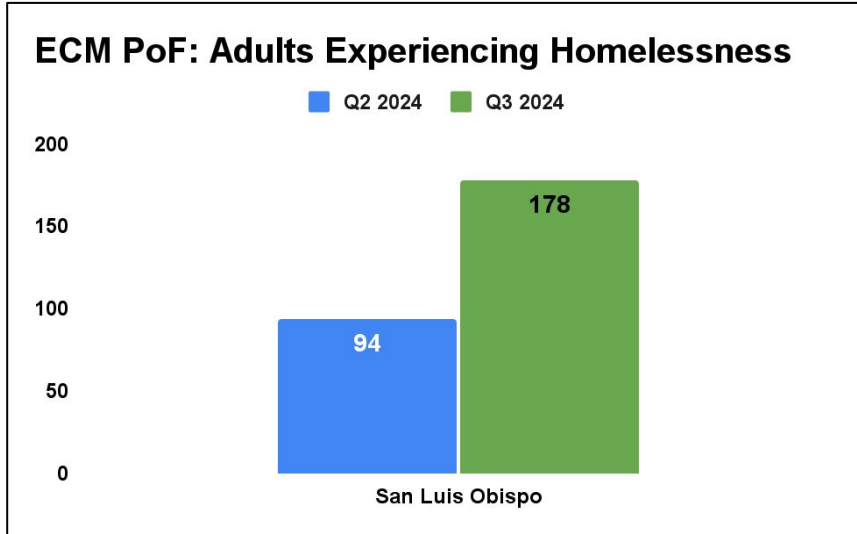
San Luis Obispo: ECM Enrollment Increased by 88% from Q2 2024 to Q3 2024



Santa Barbara: ECM Enrollment Increased by 41% from Q2 2024 to Q3 2024



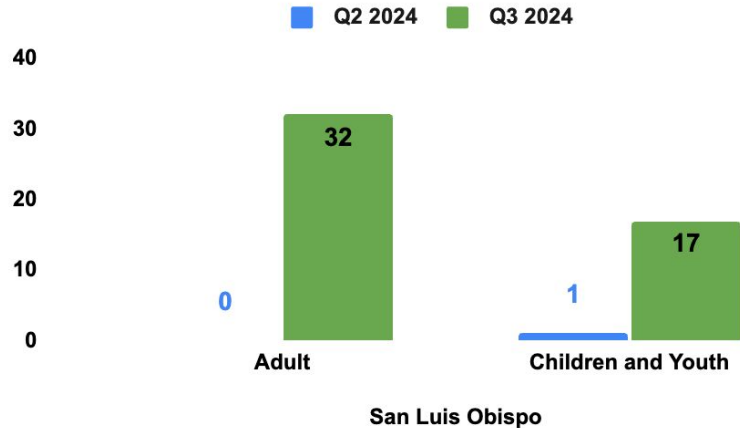
ECM PoF Growth: Adults Experiencing Homelessness



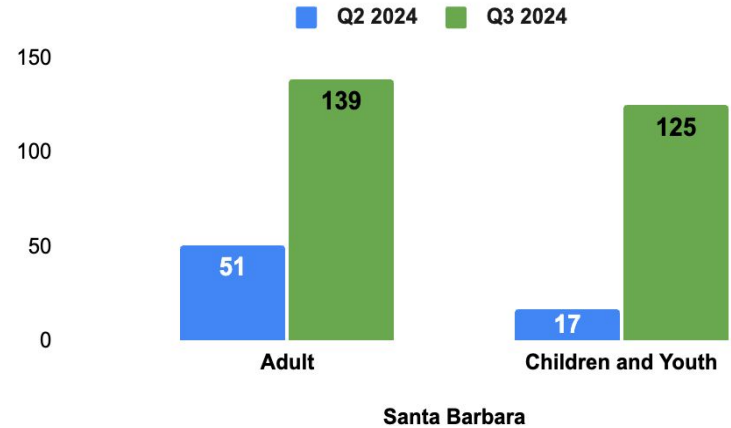
From Q2 to Q3 2024, enrollment in this PoF in **San Luis Obispo** increased from **94** to **178**, and increased from **673** to **906** in **Santa Barbara**.

ECM PoF Growth: Birth Equity

ECM PoF: Birth Equity (Adults and Children/Youth) in San Luis Obispo

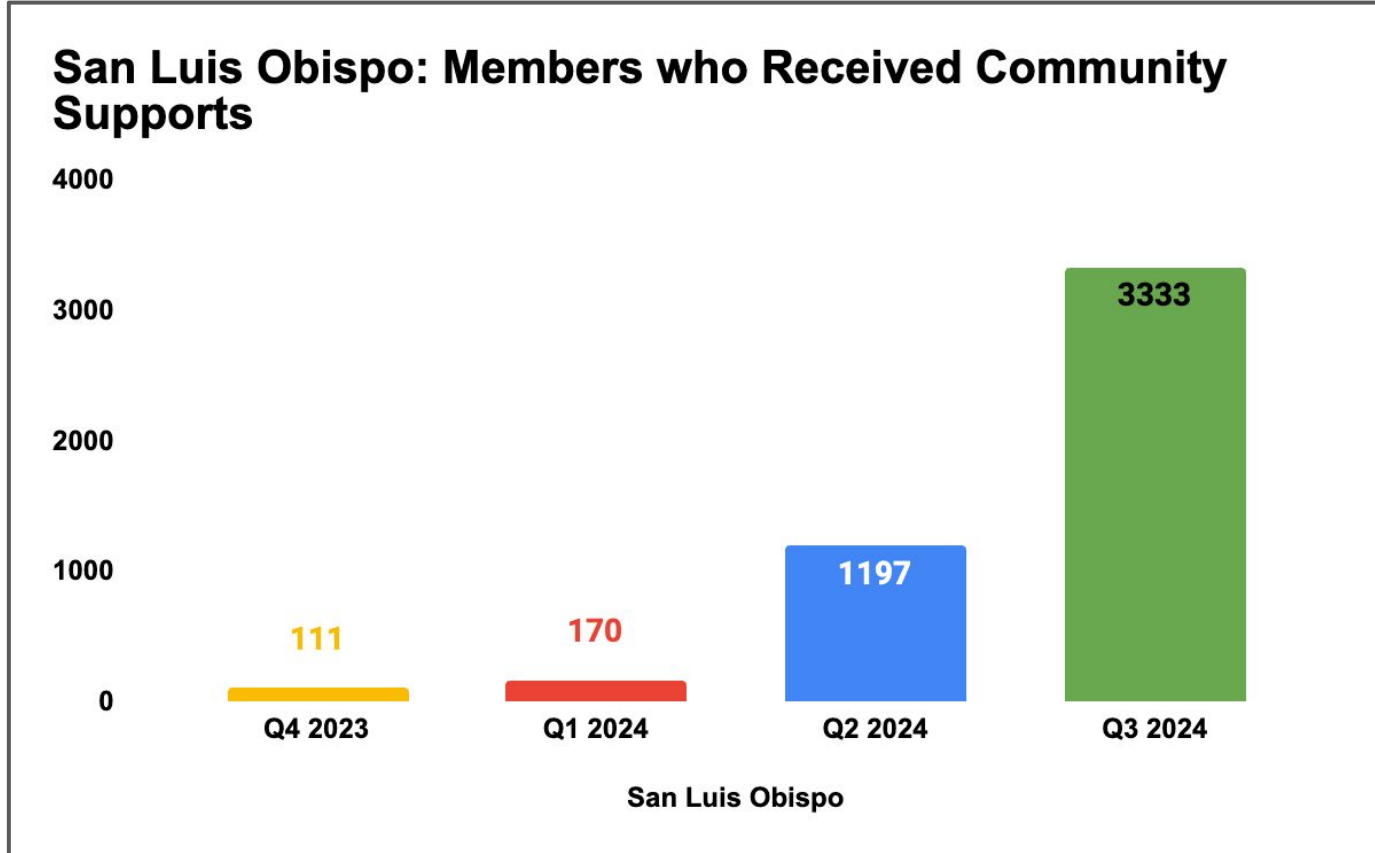


ECM PoF: Birth Equity (Adults and Children/Youth) in Santa Barbara

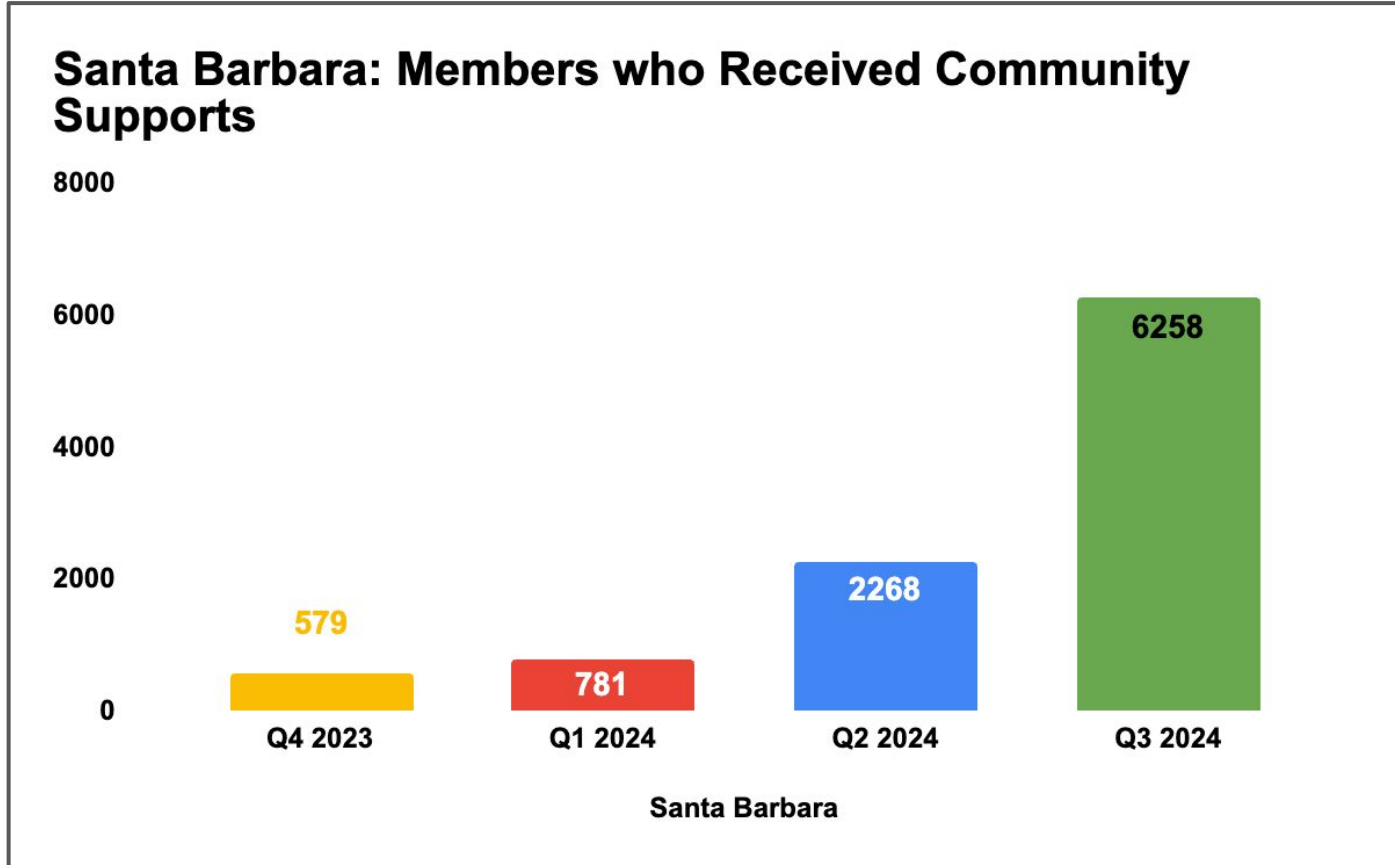


From Q2 to Q3 2024, enrollment in this PoF in San Luis Obispo **increased to 32 adults and 17 children/youth**. In Santa Barbara, enrollment **increased to 139 adults and 125 children/youth**.

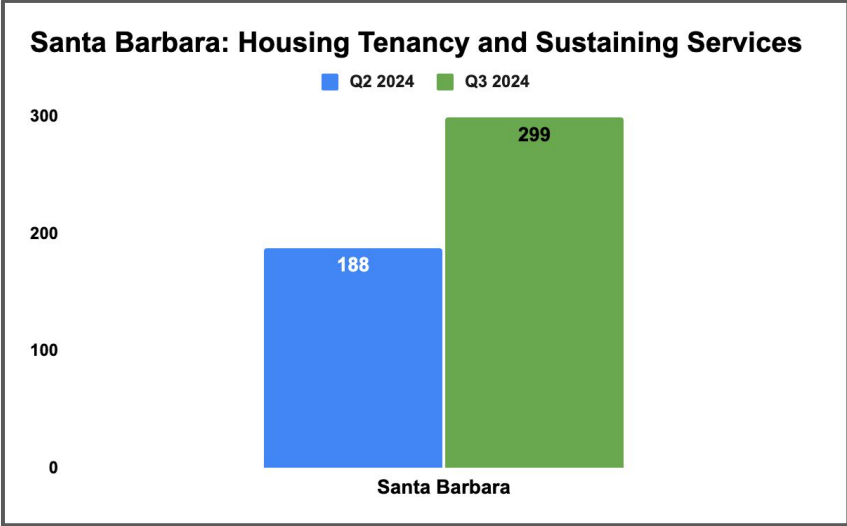
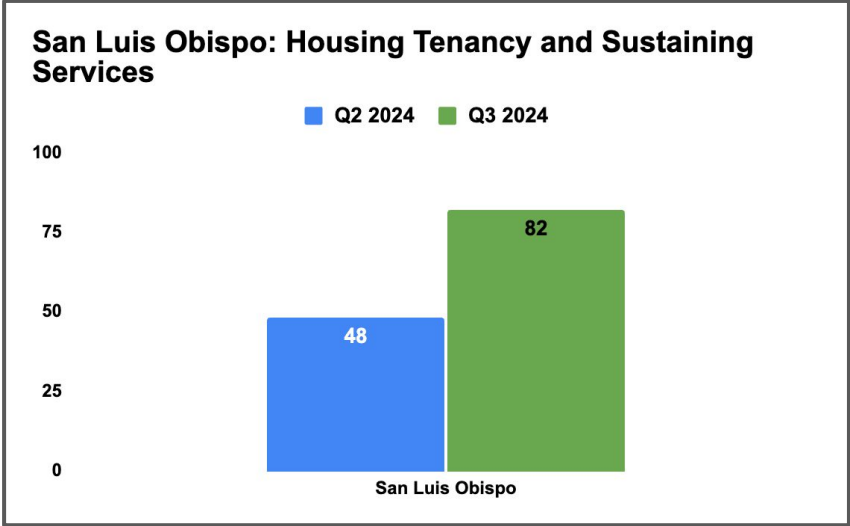
San Luis Obispo: Community Supports



Santa Barbara: Community Supports



Community Supports Growth: Housing Tenancy and Sustaining Services



From Q2 to Q3 2024, members receiving Housing Tenancy and Sustaining Services **increased by 100% in San Luis Obispo and by 60% in Santa Barbara.**

Additional DHCS Updates

CITED Round 4 Applications due May 2

- Applications are open **until May 2, 2025**
- **State priorities** for funding include:
 - County-Specific ECM and Community Supports gaps
 - Statewide ECM and Community Supports gaps (Birth Equity, Justice-Involved, and Transitional Rent)
 - Tribal Entities or other entities serving tribal members
 - Entities serving individuals whose primary language is not English
 - Local Community-Based Organizations
- Resources about identifying gaps are included in the [CITED Round 4 Guidance Document](#)

Lunch and Table Topic Discussions

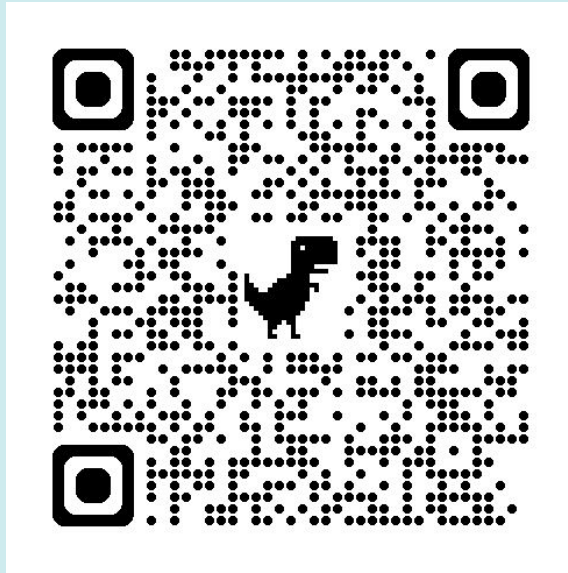
Grab your lunch and choose a table:

- **Community Referrals**
- **CITED Grant Application**
- **ECM/Community Supports Program Administration**
- **Streamlined Authorization**
- **EHRs and Case Management Tools**

**Thank you for
completing an
evaluation!**

See you on May 21!

Register for our May 21 Zoom
Collaborative meeting here:





New Resources on Referrals

SLO + Santa Barbara Referral 101 Flyer

Enhanced Care Management & Community Supports Referrals:

How to Make a CalAIM Referral in San Luis Obispo and Santa Barbara Counties

Individuals and organizations can refer eligible Medi-Cal members to request CalAIM ECM and Community Supports services

Access the CenCal Health Plan ECM Referral Form [here](#)

Find Community Supports Services Forms [here](#)

- 1 Call ECM/Community Supports Department:
(805) 562-1698
- 2 Fax the ECM/Community Supports Referral Form
(805) 562-1698
- 3 Email the ECM Referral Form
ECMReferrals@cencalhealth.org

Most up-to-date Information and Referral forms:
<https://www.cencalhealth.org/providers/calaim>

Additional Referral Resources

For San Luis Obispo and Santa Barbara Counties

Providers

Online Provider Portal - For Enhanced Care Management Referrals
web.cencalhealth.org/Account/Login

Online Provider Resources - Find the latest *provider-focused* Enhanced Care Management and Community Supports Information here:
www.cencalhealth.org/providers/calaim/

Members

Online Member Resources - Find the latest *member-focused* Enhanced Care Management and Community Supports Information here:
www.cencalhealth.org/providers/calaim/

Ventura Referral 101 Flyer

Enhanced Care Management & Community Supports Referrals:

How to Make a CalAIM Referral in Ventura County

All individuals *and* organizations can refer eligible Medi-Cal members to request CalAIM ECM and Community Supports services

Gold Coast Referrals:	Kaiser Permanente Referrals:
Access ECM Referral Form here	Access Ventura ECM and Community Supports Referral Form here
Access Spanish ECM Referral Form here	Call ECM/Community Supports Team: 1-866-551-9619
Access Community Supports Referral Form here	Send completed referral form to RegCareCoordCaseMgmt@kp.org with subject line "ECM Referral" or "CS Referral"
Access Spanish Community Supports Referral Form here	

For More Gold Coast Information:

Call ECM/Community Supports Team:
(805) 437-5911

Email ECM/Community Supports Team:
calaim@goldchp.org

For more Kaiser Permanente Information:

Access the Kaiser Permanente Reference Guide [here](#).

Appendix

Updated Community Supports Revisions

- DHCS released [updated Community Supports definitions](#) for the following services:
 - Asthma Remediation
 - Medically Tailored Meals/Medically Supportive Food
 - Nursing Facility Transition/Diversion to Assisted Living Facilities
 - Community Transition Services/Nursing Facility Transition to a Home
- These new definitions are effective **July 1, 2025**

Community Supports Revisions: Medically Tailored Meals Definitions

Medically Tailored Meals (MTM): Meals that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions.

Medically Tailored Groceries (MTG): Preselected whole food items that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions.

Community Supports Revisions: Medically Supportive Food

Medically Supportive Groceries: Preselected foods that follow the DGA* and meet recommendations for the recipients' nutrition-sensitive health conditions.

Produce Prescriptions: Fruits and vegetables, typically procured in retail settings, such as grocery stores or farmers' markets, obtained via a financial mechanism such as a physical or electronic voucher or card.

Healthy Food Vouchers: Vouchers used to procure pre-selected foods that follow the DGA* and meet recommendations for the recipients' nutrition-sensitive health conditions, via retail settings such as grocery stores or farmers' markets.

Food Pharmacy: Often housed in a health care setting, providing patients with coordinated clinical, food, and nutrition education services targeted at specific nutrition-sensitive health conditions. The healthy food "prescription" includes access to a selection of specific whole foods appropriate for the specific health condition(s) that follow the DGA* and meet recommendations for the targeted health condition(s).

Community Supports Revisions: Eligibility Criteria

Individuals who have chronic or other serious health conditions that are nutrition sensitive, such as (but not limited to):

Cancer(s) Cardiovascular disorders Chronic kidney disease Chronic lung disorders or other pulmonary conditions such as asthma/COPD Heart failure Diabetes or other metabolic conditions Elevated lead levels End-stage renal disease, High cholesterol Human immunodeficiency virus Hypertension	Liver disease Dyslipidemia Fatty liver Malnutrition Obesity Stroke Gastrointestinal disorders Gestational diabetes High risk perinatal conditions chronic or disabling mental/behavioral health disorders
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Community Supports Revisions: Asthma Remediation

- Asthma Self-Management Education and In-Home Environmental Trigger Assessments are now covered under the Asthma Preventive Services (APS) Benefit (transition effective January 2026)
- Streamlines eligibility and documentation requirements
- Clarifies eligible supplies
- Confirms that supplies do not need to be delivered at a single point as long as service complies with \$7500 lifetime maximum

Community Supports Revisions: Nursing Facility Transition

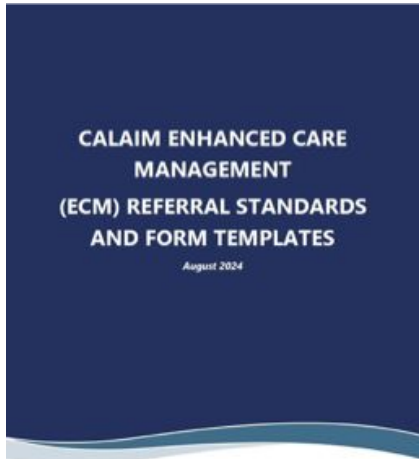
- Clarifies that members residing in private residences or public subsidized housing can be eligible for this support
- Clarifies that there are two distinct components of this Community Support:
 - Time-limited transition services and expenses
 - Ongoing assisted living services (not room and board, but support with Activities of Daily Living, meal prep, transportation, companion services, etc)

Community Supports Revisions: Community Transition Services

- Clarifies that members may receive Housing Transition Navigation, Housing Deposits, and/or Home Modifications at the same time as Community Transition Services
- Clarifies that there are two distinct components of this Community Support:
 - Transitional coordination services (securing housing, landlord communication, etc.)
 - One-time set-up expenses (security deposits, utility set-up fees, air conditioner or heater, etc.)

ECM Referral Standards and Form

DHCS developed new ECM Referral Standards and Form Template to streamline and standardize ECM Referrals made to Managed Care Plans (MCPs) from providers, community-based organizations, and other entities.



The new ECM Referral Standards define the information that MCPs are expected to collect for Medi-Cal members being referred to an MCP for ECM.

The new ECM Referral Form Templates are forms for use by MCPs and referring organizations that prefer a PDF or hard copy form to make a referral.

ECM Referral Standards and Form

The ECM Referral Standards and Form Templates define the following:

- Medi-Cal Member Information
- Referral Source Information
- Eligibility Criteria for Adults and Children/Youth
- Enrollment In Other Programs
- Referral Transmission Methods – including guidance encouraging batch referrals

***Note: The ECM Referral Standards will not change the existing processes for the MIF and RTF.**

ECM Referral Standards and Form

» Effective January 1, 2025:

- All ECM Referrals **must** follow the guidelines established in the ECM Referral Standards *regardless* of referral modality (electronic, EMR, hard copy, etc.).
- MCPs choose **which** referral modalities (electronic, EMR, hard copy, etc.) they want to deploy in the community. Electronic referrals are encouraged.
- MCPs **may not** require additional documentation (e.g., ICD-10 codes, supplemental checklists, Treatment Authorization Request (TAR) forms) from referring partners or ECM Providers beyond the information in the ECM referral.
- DHCS expects that many MCPs will embed the referral standards into their existing provider portals but may also offer other electronic referral pathways.

Presumptive Authorization: POFs and Providers

Column 1: ECM Population of Focus	Column 2: ECM Providers That Can Serve Members Through Presumptive Authorization
1) Adults & Children Experiencing Homelessness	<ul style="list-style-type: none"> • Street Medicine Providers • Community Supports Providers of the Housing Trio Services: Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services • County-contracted and County-operated Specialty Behavioral Health Providers
2) Adults & Children At Risk for Avoidable Hospital or ED Utilization	<ul style="list-style-type: none"> • Primary Care Provider practices (including Federally Qualified Health Centers (FQHCs), County-operated primary care, and other primary care)
3) Adults & Children with SMI/SUD Needs	<ul style="list-style-type: none"> • County-contracted and County-operated Specialty Behavioral Health Providers
4) Adults & Children Transitioning from Incarceration	<ul style="list-style-type: none"> • Existing DHCS guidance governs authorizations and warm handoffs to support Members receiving pre-release services in the JI POF. See Section 13.3.d of the Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative for details.
5) Adults Living in the Community and At Risk for LTC Institutionalization	<ul style="list-style-type: none"> • California Community Transitions (CCT) Lead Organizations • Community Supports Providers of the Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
6) Adult SNF Residents Transitioning to the Community	<ul style="list-style-type: none"> • California Community Transitions (CCT) Lead Organizations • Community Supports Providers of Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
7) Children & Youth Enrolled in CCS/CCS WCM	<ul style="list-style-type: none"> • CCS Paneled Providers and Local Health Department CCS Programs
8) Children & Youth Involved in Child Welfare	<ul style="list-style-type: none"> • County-contracted and County-operated Specialty Behavioral Health Providers • High Fidelity Wraparound Providers • Health Care Program for Children in Foster Care Providers • Department of Social Services (DSS) Offices • Foster Family Agencies • Transitional Housing Programs Current and Former Foster Youth • Children's Crisis Residential Programs
9) Birth Equity Population of Focus	<ul style="list-style-type: none"> • OB/GYN Practices • Midwifery Practices • Entities that deliver the following services: Entities that deliver the following services: Black Infant Health (BIH) Program, Perinatal Equity Initiative (PEI), Indian Health Program, American Indian Maternal Support Services (AIMSS)

ECM Presumptive Authorization

Starting on Jan. 1st 2025, select ECM Providers will be able to quickly initiate ECM services *prior to submitting an ECM referral to an MCP* and be reimbursed for services during a 30-day timeframe.

» What ECM Presumptive Authorization IS:

- Select ECM Providers will be able to directly authorize ECM for Medi-Cal Members in select POFs they serve and be paid for ECM services for a 30-day timeframe until the MCP communicates the authorization or denial of ECM based on a complete assessment of Member eligibility for ECM.
- ECM Providers under presumptive authorization will still check for Member eligibility and submit an ECM referral to the MCP within the 30-day timeframe to receive the full, 12-month ECM authorization.

» What presumptive authorization is NOT:

- ECM presumptive authorization is different from “*presumptive eligibility*” policies for Medi-Cal coverage that allow special populations to more rapidly access Medi-Cal insurance (children, pregnant individuals, individuals experiencing homelessness).
- ECM presumptive authorization is different from “*retrospective authorization*” in which MCPs pay for ECM services provided in the past, but only if a Member is ultimately authorized for ECM.

[The ECM Presumptive Authorization Policy](#) is included beginning on page 107 in the August 2024 version of the ECM Policy Guide.

ECM Presumptive Authorization

ECM Presumptive Authorization Reimbursement

Start of Payment: MCPs must allow network ECM Providers under presumptive authorization to start billing and be reimbursed for ECM services from the date the Member first receives ECM services.

Timeframe for MCP Payment: 30 days or up to the date the MCP communicates the authorization decision to the ECM Provider, whichever is sooner.

Does payment occur if a MCP does not authorize ECM for a Member after the presumptive authorization timeframe because the Member is enrolled in an overlapping program or plan (1915c waiver, D-SNP, etc.)?

Answer: The MCP must still reimburse for services delivered during the presumptive authorization timeframe for Members who are later denied for the full, 12-month ECM authorization due to enrollment in programs that may overlap with ECM.

ECM Presumptive Authorization

Exceptions to MCP Payment In the Presumptive Authorization Timeframe

- If the Member has an **existing, open ECM authorization** with another ECM Provider, the MCP is not required to reimburse for services delivered in the presumptive authorization period. DHCS allows for this exception in MCP payment to limit instances of payment for duplicative services.
- If the individual is **not an active Member** of the MCP during the dates of ECM service delivery.

MCP Provider Portal Active ECM Authorizations

Required by January 1, 2025:

To reduce the risk that ECM Providers are not reimbursed for services due to an existing ECM authorization, MCPs must make Members' ECM authorization statuses accessible to ECM Providers via their Plan Portal or similar online system by January 1, 2025.