Alameda CalAIM PATH Collaborative

May 23, 2025

2025 Aim and Drivers

By December 2025, the Collaborative will build provider capacity to deliver high-quality CalAIM services to eligible members, as evidenced by an increased proportion of enrollees with high-quality care plans in place and an increase in care coordination among CalAIM providers.

1 Ensure delivery of high quality CalAIM services through education and training on CalAIM policies and program design

2 Enhance available resources and supports to help providers deliver CalAIM services to underutilizing Populations of Focus, including children and youth

3 Strengthen relationships between providers, plans, & referral partners to enable efficient, high-quality referrals and strong care coordination

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Agenda

| Time	Agenda Item
10:00-10:05am	Welcome and Introductions
10:05-10:10am	April Meeting Recap
10:10-10:35am	Policy Overview: Community Supports & Closed-Loop Referrals
10:35-11:05am	MCP Updates
11:05-11:20am	Resources & Events Overview
11:20am-12:00pm	Office Hours

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Housekeeping

April Recap

Thank you for joining us in April!

Agenda included:

- Alameda County Behavioral Health Services presentation
- National Coalition Against Prescription Drug Abuse training
- Office Hours with facilitators
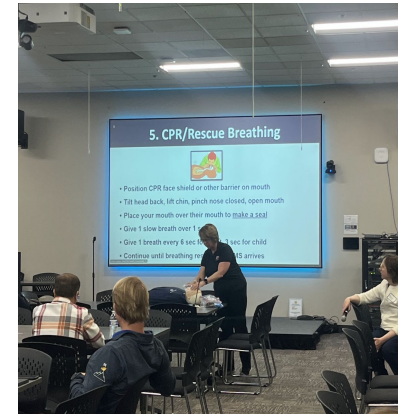
DHCS Policy Updates: Community Supports

Volume 1 Community Supports Revisions

- DHCS released [updated Community Supports definitions](#) for the following services in February 2025, with minimal changes released in April:

  - Assisted Living Facility Transitions

  - Asthma Remediation

  - Community or Home Transition Services

  - Medically Tailored Meals/Medically Supportive Food

- DHCS released new updates for **Personal Care and Homemaker Services**

- These new definitions are effective **July 1, 2025**

- Added **HCPCS Codes** for all Community Supports definitions

Community Supports With No Significant Updates (Volume 1)

- The following services do not have major definition updates:

  - Environmental Accessibility Adaptations (Home

    Modifications)

  - Respite Services

  - Sobering Centers

Community Supports Revisions:
Personal Care and Homemaker Services (PCHS)
(Updated April 2025)

- Eligibility: Clarifies that **IHSS** must be offered before PCHS; Members can receive PCHS in the following contexts:
  - PCHS may be authorized prior to and until IHSS application is approved/in place
  - When IHSS hours are exhausted
  - If ineligible for IHSS and PCHS is deemed medically appropriate to prevent short-term SNF stay
- Clarifies that Members **cannot receive Waiver Personal Care Services** provided through the HCBA waiver at the same time as PCHS.
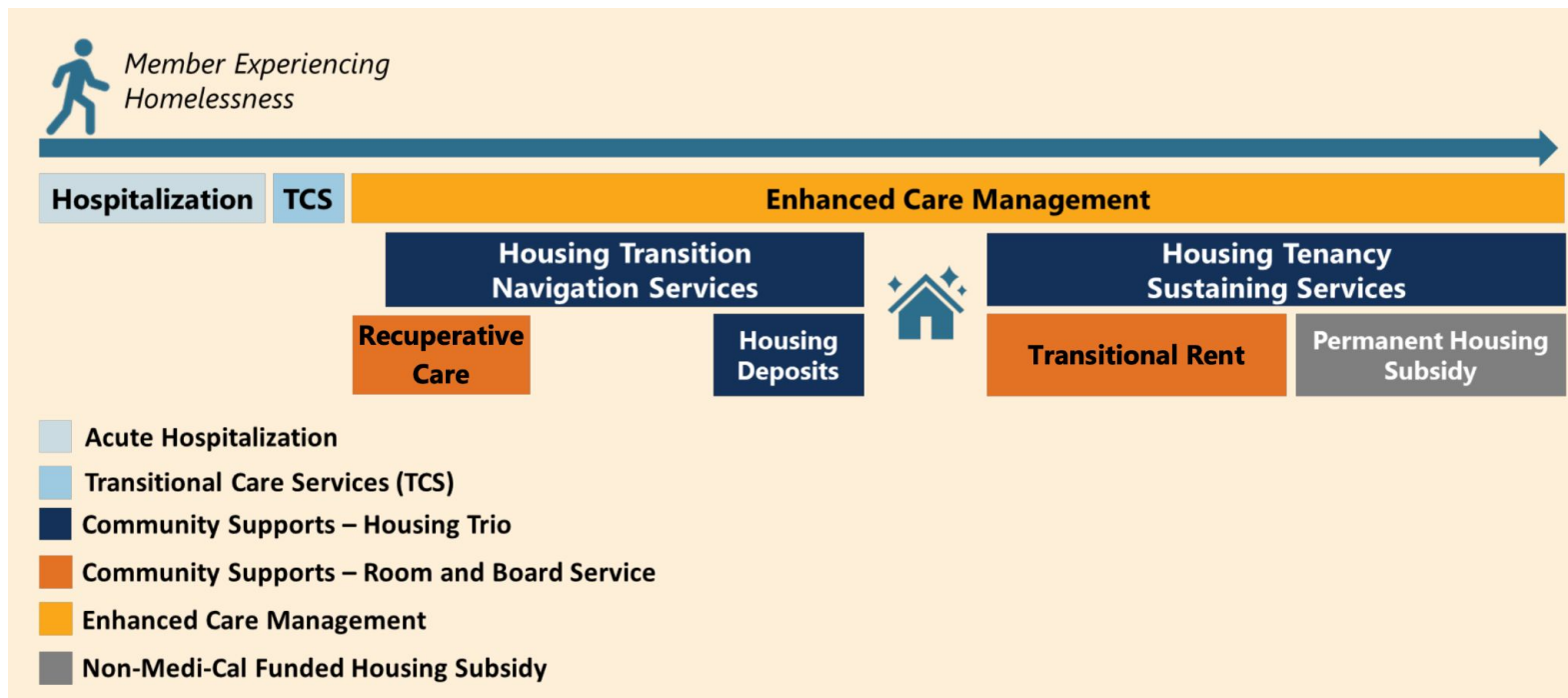
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Volume 2 Community Supports Revisions

- In April 2025, DHCS released [updated Community Supports definitions](#) for the following services:

  - Housing Transition Navigation Services (HTNS)

  - Housing Deposits

  - Housing Tenancy and Sustaining Services (HTSS)

  - Day Habilitation Programs

  - Recuperative Care (Medical Respite)

  - Short-Term Post-Hospitalization Housing

  - Transitional Rent **(NEW)**

Key Themes for Updated Community Supports Guidance Volume 2

- **Global Cap on Room and Board Services**, 6-month limit per 12 rolling month period for room and board services:
  - Recuperative Care
  - Short-Term Post-Hospitalization Housing
  - Transitional Rent
- Coordination with County Behavioral Health
- **NEW** Community Support: Transitional Rent
- All Members who receive Housing Community Supports must also be offered ECM

Volume 2: Housing Community Supports and ECM Across a Member's Journey

DHCS Policy Updates: Closed-Loop Referrals

Closed-Loop Referrals Implementation Guidance

- In early 2025, DHCS released **Closed-Loop Implementation (CLR) Guidance** applicable to Medi-Cal Managed Care Plans and contracted providers
- Go-Live date for CLR implementation is **July 1, 2025**
- For now, requirements **only apply to ECM and Community Supports**, not other Medi-Cal services
- Updates to the guidance were released in early May, and changes were primarily clarifications
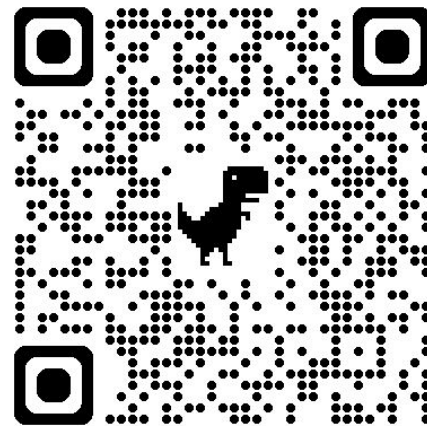
DHCS CLR Definition

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

Known Closures are the final result of a referral loop closure, which include:

1. Services Received
2. Service Provider Declined
3. Unable to Reach Member
4. Member No Longer Eligible for Services
5. Member No Longer Needs Services or Declines Services
6. Other
7. Authorization Denied

Closed-Loop Referral Services and Phasing

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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.

ECM and Community Supports are the initial services for CLR requirements because:

- Both services are **critical** for Medi-Cal's highest need Members.
- The **MCP plays a pivotal role in the "referral loop"** by authorizing services and assigning the Member to a Network Provider.
- **Data is already regularly shared** between Providers, MCPs and DHCS. CLR requirements build on existing data sharing pathways without overburdening Providers.

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What to Expect from CLR Requirements

Members

- Receive notice from their MCP when the service is authorized.

- Receive support from MCPs to identify other services or providers if re-referral is needed.

ECM / Community Supports Providers

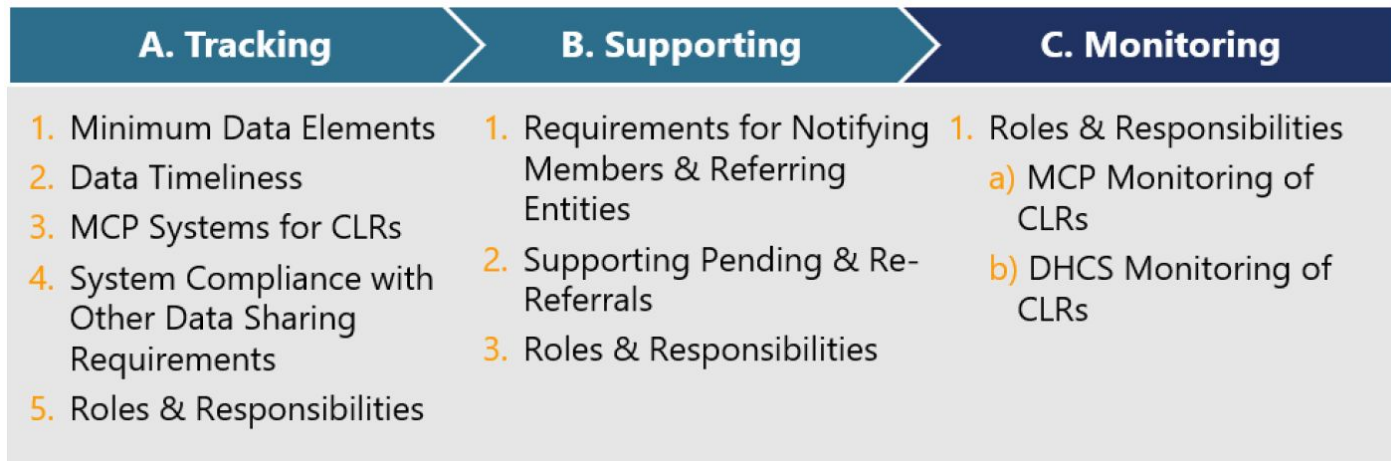- Submit 3 new data elements to MCPs via the Return Transmission File each month.

Ex: Referral Status, Date of Referral Status Update, Reason for Referral Closure

Referring Entities

- Receive notices from MCPs when the service is authorized and referral is closed.

- If not authorized, MCPs include why.

- MCPs include referral closure reason.

DHCS Closed Loop Referral Implementation Guidance

- The Closed-Loop Referral requirements are organized around this framework:

A. Tracking	B. Supporting	C. Monitoring

1. Minimum Data Elements
2. Data Timeliness
3. MCP Systems for CLRs
4. System Compliance with Other Data Sharing Requirements
5. Roles & Responsibilities
	1. Requirements for Notifying Members & Referring Entities
	2. Supporting Pending & Re-Referrals
	3. Roles & Responsibilities
		1. Roles & Responsibilities
		  a) MCP Monitoring of CLRs
		  b) DHCS Monitoring of CLRs

CLR Tracking Requirements

MCPs will collect and store data to ensure they have sufficient information to support and monitor CLRs:

- **MCP Systems:** DHCS will not require or provide a universal system to store data and process CLRs

- **Minimum Data Elements:** MCPs will collect and store data on Member Information, Referral Initiation, Referral Authorization, Referral Processing, and Referral Loop Closure

- **Data Collection:** There will be some changes to the MIF, RTF, and JSON files to align with the minimum data elements

Data Timeliness

- **MCPs will collect CLR status updates** at least on a monthly basis with service providers
  - Requires processes to troubleshoot monthly update challenges, and MCPs may directly follow up with service providers for more timely updates
- **Service Authorization notification** required for the referring entity within 24 hours and for the Member within 2 days
- **Referral Loop Closure** required to be delivered to the referring entity within 2 days of receiving the RTF

Example Data Elements and Sources

Data Element	Example Values	Data Source
Date of Referral	MM/DD/YYYY	Referring Entity via the referral sent to the MCP for authorization
Referral Authorization Status	Approved; Under Review; Need Additional Information from Referral Source; Denied.	Internal MCP Data
Referral Status	Accepted; Declined; Pending; Outreach Initiated; Referral Loop Closed.	ECM/Community Supports Provider via the Return Transmission File (RTF)
Reason for Referral Loop Closure	Services Received; Service Provider Declined; Unable to Reach Member; Member No Longer Eligible for Services	ECM/Community Supports Provider via the Return Transmission File (RTF) OR Internal MCP data if due to denied authorization

Recent Updates to Closed Loop Referral Guidance

- DHCS released an updated version of the CLR Implementation Guidance this month
- Changes are **primarily clarifications**
- July 1, 2025 go-live date remains unchanged
- Changes include: updated legal references and references related to HIPAA; clarification that CLR requirements will not apply to Sobering Centers but will apply to Transitional Rent

Cross-County Meeting: Children and Youth Workgroup

Tuesday, June 10 | 1:00 - 2:00pm
On Zoom | Registration Coming Soon
Participating Counties: Contra Costa, San Mateo, Santa Clara, San Francisco, and Alameda

Objectives:
- Enable outreach, referrals, and enrollment for children into ECM and Community Supports
- Spotlight best practices in youth services
- Develop resources to connect foster youth to CalAIM services

Register for Upcoming Trainings

Foundations of Harm Reduction

June 6 | *On Zoom*

10:00am - 12:00pm
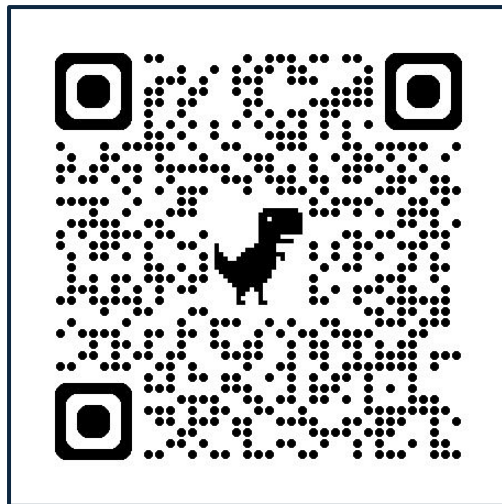
Social Determinants of Health

June 17 | *In Person*

8:30am - 5:00pm

Managing Burnout

June 23 | *Virtual*

1:00pm - 3:00pm

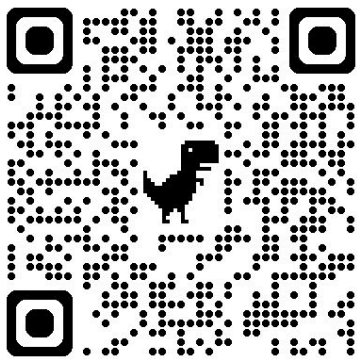Email **TDU@ucsf.edu** with any questions.

Register here:

TDU Community Summit

Thursday, May 29, 2025
8:30am - 4:30pm
2000 Franklin St, Oakland, CA

2025 Collaborative Schedule

Join us on Fridays in 2025!
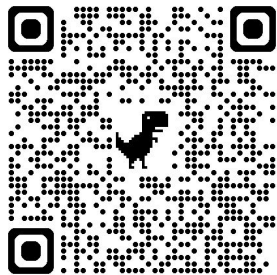
Register today to add the meetings to your calendar!

Add to Calendar(.ics) | Add to Google Calendar | Add to Yahoo Calendar
To edit or cancel your registration details, click here.
Please submit any questions to: info@connectingforbetterhealth.com.

WAYS TO JOIN ZOOM

Join from PC, Mac, iPad, or Android

Join Meeting

Meeting Calendar
June 27
July 25 (In-person)
August 22
September 26
October 24 (In-person)
November 21 (Third Friday)
December 12 (Second Friday)

See you in June!

June 27, 2025

10:00am - 12:00pm

Meeting Spotlight:

Justice-Involved Initiative

Register now:
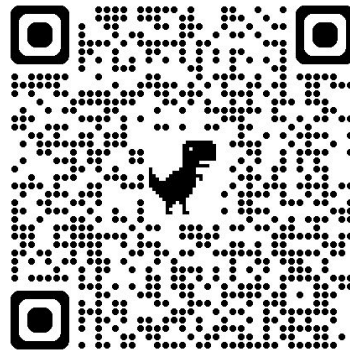
Thank you for attending!

Appendix

TDU Community Summit

Thursday, May 29, 2025
8:30am - 4:30pm
2000 Franklin St, Oakland, CA

Join us for a FREE, interactive in-person event to build develop and support CalAIM providers' capacity to serve members. In multiple sessions we will discuss the possibilities and challenges of the CalAIM landscape with a focus on networking.

Register now:

Volume 1 Community Supports Revisions

- DHCS released [updated Community Supports definitions](#) for the following services in February 2025, with minimal changes released in April:
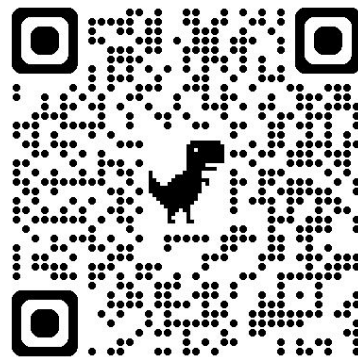
  - Assisted Living Facility Transitions

  - Asthma Remediation

  - Community or Home Transition Services

  - Medically Tailored Meals/Medically Supportive Food

- DHCS released new updates for **Personal Care and Homemaker Services**

- These new definitions are effective **July 1, 2025**

- Added **HCPCS Codes** for all Community Supports definitions

Community Supports With No Significant Updates (Volume 1)

- The following services do not have major definition updates:

  - Environmental Accessibility Adaptations (Home Modifications)

  - Respite Services

  - Sobering Centers

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

Source: DHCS - Community Supports Policy Guide Volume 1

Community Supports Revisions: Community or Home 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.)

Source: DHCS - Community Supports Policy Guide Volume 1

Community Supports Revisions: Medically Tailored Meals/Medically Supportive Food

- **Streamlined eligibility:** Members qualify based on a specified list of nutrition sensitive chronic or serious health conditions (e.g., diabetes, cardiovascular disease, kidney disease, cancer).

- Greater detail on nutritional needs/differences between three services:
  - **Medically Tailored Meals (MTM):** Fully prepared meals designed for specific health conditions.
  - **Medically Tailored Groceries (MTG):** Preselected foods supporting condition management.
  - **Medically Supportive Food (MSF):** Supplemental food interventions categorized as medically supportive groceries, produce prescriptions, food vouchers, or food pharmacies.
- **Limitation:** Services must be a part of a clinical care plan and MTM/MTGs must meet 2/3 of daily nutrient and energy needs of an average individual.

Source: DHCS - Community Supports Policy Guide Volume 1

Community Supports Revisions: Assisted Living Facility Transitions

- 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:
Personal Care and Homemaker Services (PCHS)
(Updated April 2025)

- Eligibility: Clarifies that **IHSS** must be offered before PCHS; Members can receive PCHS in the following contexts:
  - PCHS may be authorized prior to and until IHSS application is approved/in place
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- Clarifies that Members **cannot receive Waiver Personal Care Services** provided through the HCBA waiver at the same time as PCHS.

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Source: DHCS - Community Supports Policy Guide Volume 1

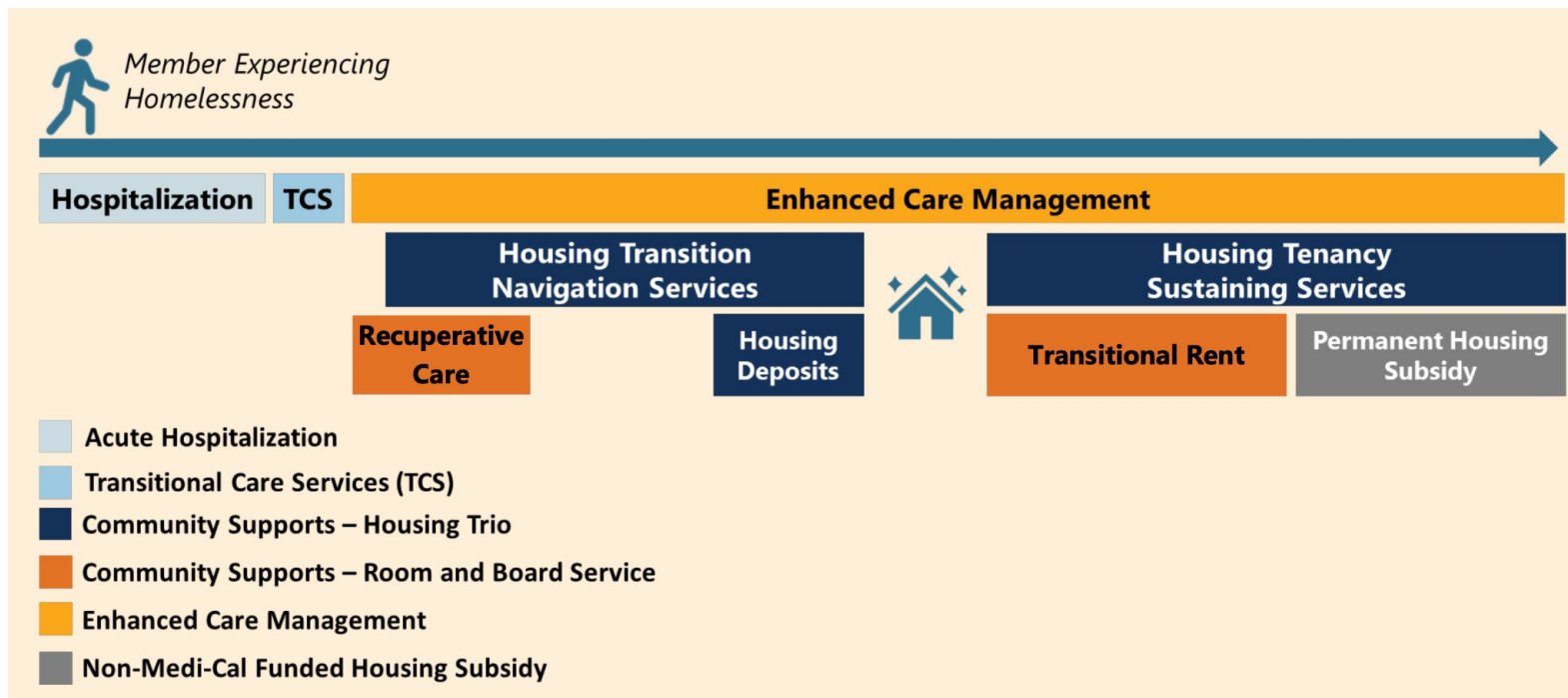# Volume 2 Community Supports Revisions

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  - Day Habilitation Programs
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  - Transitional Rent **(NEW)**

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- **Global Cap on Room and Board Services**, 6-month limit per 12 rolling month period for room and board services:
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- Coordination with County Behavioral Health
- **NEW** Community Support: Transitional Rent
- All Members who receive Housing Community Supports must also be offered ECM

Volume 2: Housing Community Supports and ECM Across a Member's Journey

Source: DHCS - Community Supports Policy Guide Volume 2

Community Supports Revisions: Housing Transition Navigation Services (HTNS)

- **Eligibility Criteria**:
  - Experiencing or at risk of homelessness and meeting certain clinical risk factors; OR
  - Determined eligible for Transitional Rent; OR
  - Prioritized for permanent supportive housing or rental subsidies.
- Adds helping members find and apply for housing in addition to maintaining it
- Expands housing assessment to include Member preferences and strengths
- Updated service duration to **as long as necessary**

Community Supports Revisions: Housing Deposits

- **Eligibility Criteria**:
  - Experiencing or at risk of homelessness and meeting certain clinical risk factors; OR
  - Determined eligible for Transitional Rent; OR
  - Prioritized for permanent supportive housing or rental subsidies.
- Removed coverage of first and last month's rent
- Added coverage of application fees
- Minor updates to service activities to improve clarity
- Available **once per CalAIM demonstration** period
- Members **no longer required to receive HTNS** as condition of eligibility

Source: DHCS - Community Supports Policy Guide Volume 2

Community Supports Revisions: Housing Tenancy and Sustaining Services (HTSS)

- **Eligibility Criteria**:
  - Experiencing or at risk of homelessness and meeting certain clinical risk factors; OR
  - Determined eligible for Transitional Rent; OR
  - Prioritized for permanent supportive housing or rental subsidies.
- Minor updates to service activities to improve clarity, marked with footnotes for explanation
- Updated service duration to **as long as necessary**
- Members **cannot receive HTSS and HTNS** at the same time.

Community Supports Revisions: Day Habilitation Programs

- Updated that services can include **assistance with providing a referral to a non-CS housing resource** in the case that the Member does not meet eligibility for HTNS, Housing Deposits, HTSS, or Transitional Rent.

- Added provision to require **MCPs to offer ECM services** if Member meets eligibility of Day Habilitation

- Added a provision that Members needing assistance with housing-related support should be **referred to the Housing Trio** and may be referred for **Transitional Rent**.

- Added a **list of providers a MCP may choose to contract** with for these services (e.g. county agencies, mental health or substance use disorder treatment providers, community-based providers, vocational skills agencies)

Community Supports Revisions: Recuperative Care (Medical Respite)

- Updated **Eligibility Requirements** (must meet both requirements):
    - Required to be in recovery from an injury or illness
    - Experiencing or at risk of homelessness

- Added **Peer Respite setting** as a licensing/allowable provider for recuperative care

- Restriction/Limitation: **global cap** to receive services for durations of 6 months on a 12 month rolling basis

- Added provision to require **MCPs to offer ECM services** if Member meets eligibility of Recuperative Care and should be offered HTNS/transitional rent if applicable

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Community Supports Revisions: Short-Term Post-Hospitalization Housing

- Updated **Eligibility Requirements** (must meet **ALL** requirements):
    - Exiting an institution;
    - Experiencing or at risk of homelessness;
    - Receiving ECM; have a serious chronic condition; have a serious mental illness; or are at risk of institutionalization or requiring residential SUD services;
    - Have ongoing physical or behavioral health needs as determined by a qualified health professional that would otherwise require continued institutional care.
- Added **Peer Respite setting** as a licensing/allowable provider for recuperative care
- Restriction/Limitation: **global cap** to receive services for durations of 6 months on a 12 month rolling basis
- Added provision to require **MCPs to offer ECM services** if Member meets eligibility of STPPH

Source: DHCS - Community Supports Policy Guide Volume 2

Transitional Rent

Transitional Rent: Implementation Timeline

Starting July 1, 2025, MCPs have the option to launch coverage of Transitional Rent.

Starting January 1, 2026, all MCPs are required to cover Transitional Rent for Members meeting the Behavioral Health Population of Focus. MCPs may also elect to cover one or more additional Populations of Focus, with DHCS approval.

Source: DHCS - Community Supports Policy Guide Volume 2

Transitional Rent: Populations of Focus

1. Behavioral Health
2. Pregnant and postpartum
3. Transitioning out of an institutional or congregate residential setting
4. Transitioning out of a carceral setting
5. Transitioning out of interim housing
6. Transitioning out of recuperative care or short-term post-hospitalization housing
7. Transitioning out of foster care
8. Experiencing unsheltered homelessness

Source: DHCS - Community Supports Policy Guide Volume 2

Transitional Rent: Service Definition

- Transitional Rent may be used to cover the following expenses:
    - Rental assistance in allowable settings
    - Storage fees, amenity fees, and landlord-paid utilities that are charged as part of the rent payment
- Transitional Rent can provide up to six months of support per demonstration. The six months do not have to be continuous.
- Members authorized for Transitional Rent must also be authorized for ECM

Source: DHCS - Community Supports Policy Guide Volume 2

Transitional Rent: Eligibility Criteria

Eligible Members must meet all 3 criteria:

1. Clinical Risk Factor Requirement: Must have one or more of the following risk factors:
    a. Meets access criteria for mental health services via SMHS , DMC, or DMC-ODS
    b. Serious chronic physical condition
    c. Physical, intellectual, or developmental disability
    d. Pregnant up through 12-months postpartum
2. Social Risk Factor Requirement: Experiencing or at risk of homelessness
3. Meet one of the following additional criteria:
    a. Transitioning Population (Transitioning from institutional, congregate residential, carceral, interim housing, recuperative care, short-term post hospitalization housing, or foster care settings)
    b. Experiencing unsheltered homelessness
    c. Eligible for Full-Service Partnership (FSP)

Source: DHCS - Community Supports Policy Guide Volume 2