

Alameda CalAIM PATH Collaborative

June 27, 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**

Agenda

Time	Agenda Item
10:00-10:10am	Welcome and Introductions
10:10-10:25am	Policy Updates: Transitional Rent
10:25-10:40am	Alameda County Health: Flex Pool Overview
10:40-10:45am	Implementation Updates: Closed Loop Referrals
10:45-11:15am	MCP Updates
11:15-11:30am	Resources & Events Overview
11:30am-12:00pm	Office Hours

Housekeeping

Resources for Supporting Immigrant Communities



Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights



Alameda County Immigration Legal Education Partnership Resources and Hotline



Migrant Family Safety Plan Toolkit (English and Spanish)

May Recap

Thank you for joining us in May!

Agenda included:

- **Policy Overview of Community Supports Revisions:**
 - **Volume 1** Revisions including Assisted Living Facility Transitions, Asthma Remediation, Community or home Transition Services, and Medically Tailored Meals/Medically Supportive Food
 - **Volume 2** Revisions are housing focused, including Housing Transition Navigation Services, Transitional Rent, and more
- **Policy Overview of Closed Loop Referrals and CLR Implementation**

DHCS Policy Updates: Transitional Rent

Housing Trio Updates: Effective Dates

Housing Transition Navigation Services	Volume 2 (pp. 25-30)	1/1/2026
Housing Deposits	Volume 2 (pp. 31-36)	1/1/2026
Housing Tenancy and Sustaining Services	Volume 2 (pp. 37-42)	1/1/2026
NEW Transitional Rent	Volume 2 (pp. 57-80)	7/1/2025 for MCPs that elect to launch at this time 1/1/26 for all MCPs for the Behavioral Health Populations of Focus (POF) (and any other populations the MCP has elected to cover)

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

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.
- Coverage for Transitional Rent is approved through 2029.

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

Transitional Rent: Eligibility Criteria

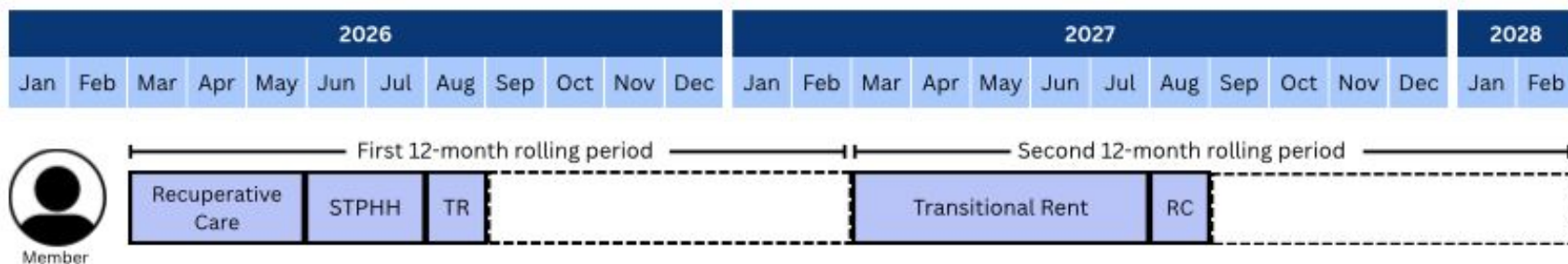
Eligible Members must meet all 3 criteria:

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)

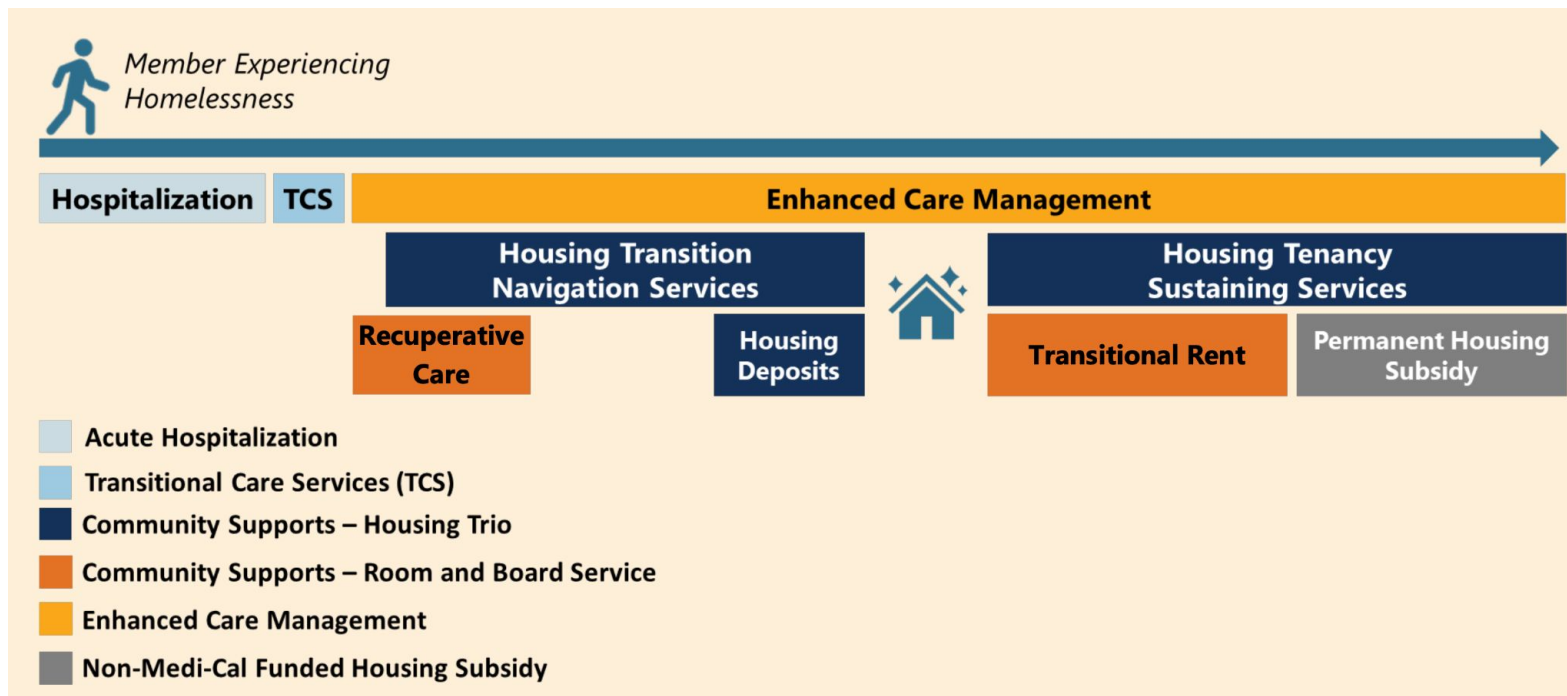
Global Cap on Room & Board Services

Members may access **up to 6 months of Recuperative Care, Short-Term Post-Hospitalization Housing, and Transitional Rent within any 12-month period**. However, Transitional Rent is limited to a total of 6 months over the entire 5-year demonstration period.

Example Member Journey:



Housing Community Supports and ECM Across a Member's Journey



Housing-Related Services

DHCS is broadening its housing-related services and supports, both within Medi-Cal (Transitional Rent), and beyond Medi-Cal (BH Transformation).

Medi-Cal Community Supports

- » Housing Transition Navigation Services
- » Housing Tenancy and Sustaining Services
- » Housing Deposits
- » Recuperative Care*
- » Short-Term Post-Hospitalization Housing*
- » Day Rehabilitation



Transitional Rent*

- » Includes coverage of up to six months of rent for members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria.
- » **7/1/25** Optional for MCPs to provide.
- » **1/1/26** Mandatory for MCPs to provide for select populations.

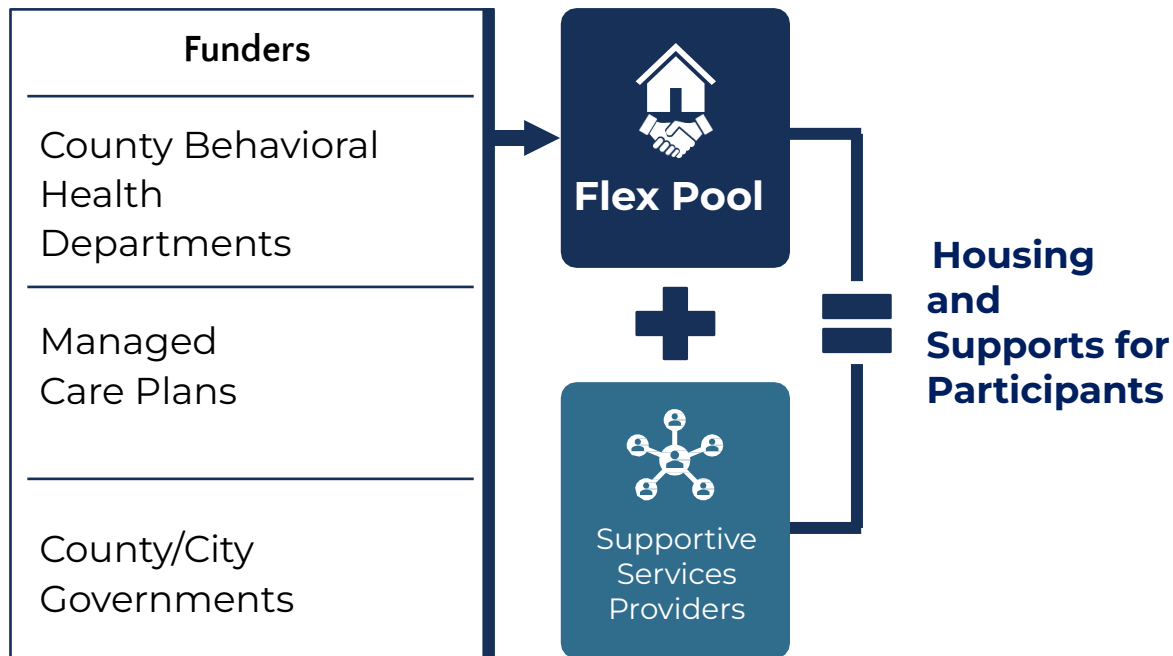
Behavioral Health Service Act (BHSA) Housing Interventions*

- » Counties will receive funding for Housing Interventions which will place and sustain individuals with significant BH needs in permanent and interim housing settings, including permanent supportive housing.
- » **7/1/26** Required for County Behavioral Health (BH) Departments.

*Can be used to cover room and board.

Encouragement of Flexible Housing Subsidy Pools (“Flex Pools”)

DHCS is promoting Flex Pools as an effective model to streamline and simplify administering rental assistance and related housing supports.



Flexible Housing Subsidy Pool: Alameda County

Alameda County CalAIM PATH Collaborative
June 27, 2025



Alameda County Health

Agenda

1. Alameda County Housing Goals
2. Flexible Housing Subsidy Pools “Flex Pools”
3. Alameda County Flex Pool Roles by Agency

Alameda County Housing Goals

Home Together System Needs

- In order to drastically reduce homelessness and racial inequities, the 5-year Home Together 2026 Community Plan calls for the **addition of more than 24,000 housing resources** in a variety of programs.
- The total estimated **cost of operating this inventory over 5-years is \$2.5 billion** (and \$731M annually for years 5 and beyond). This cost **does not include** capital development or the cost of additional operations such as prevention, street outreach, or administrative activities.

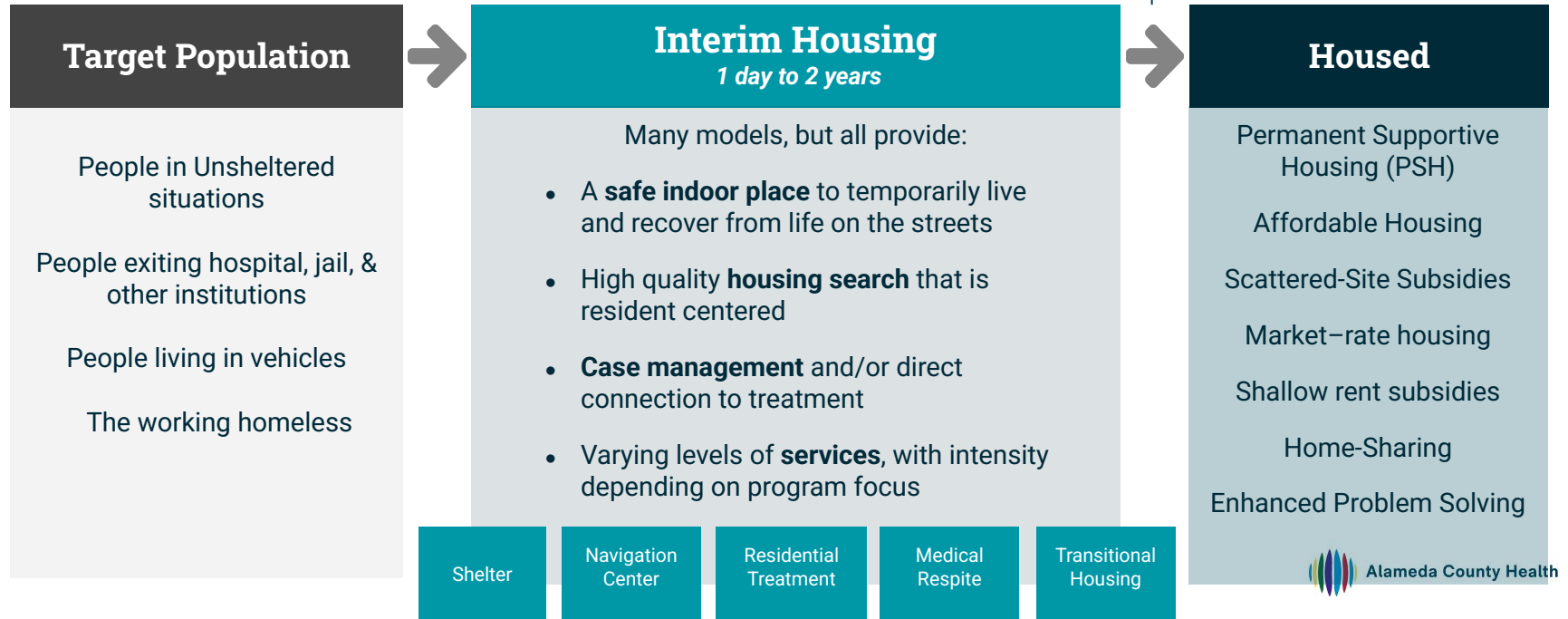
The total cost of scaling up shelter and housing inventory over 5-years to fully meet system needs is **\$2.5 billion**.

- \$430M for additional shelter
- \$1B for permanent supportive housing
- \$814M for dedicated affordable housing and shallow subsidies
- \$196M for rapid rehousing

4,195	Additional supportive housing units
3,190	New supportive housing units for older/frail adults
10,070	New dedicated affordable units or subsidies
5,240	New shallow subsidies
1,645	Additional rapid rehousing slots
24,340	Total units & subsidy slots

Housing Continuum

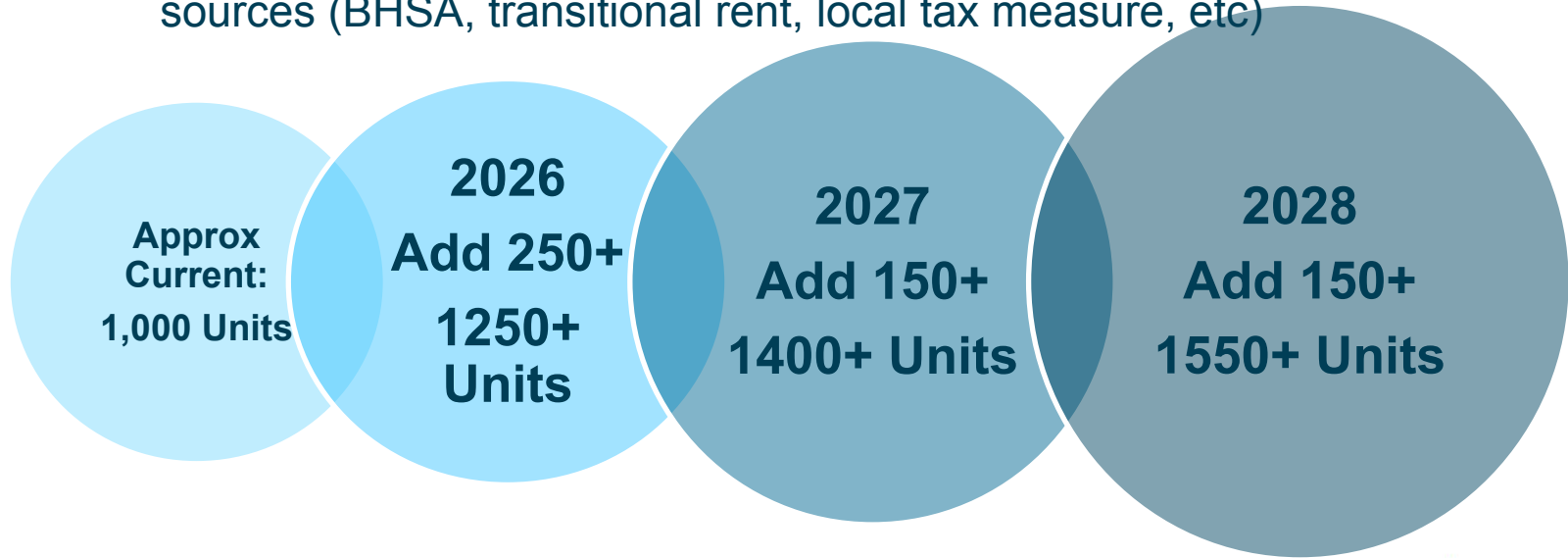
A Flexible Housing Subsidy Pool is a mechanism to help find **permanent** housing units and administer rental subsidies (referrals will go through coordinated entry)



Alameda County Flex Pool Goals

Create a flexible model to do what it takes to get housing

- Identify scattered site units to house more people (towards overall goals)
- Build from existing infrastructure and help maximize new funding sources (BHSA, transitional rent, local tax measure, etc)



Flexible Housing Subsidy Pools

What is a Flexible Housing Subsidy Pool (Flex Pool)

A model for centrally administering and coordinating multiple streams of funding for rental subsidies and engaging landlords:

- **Centralized unit acquisition:** Find and contract for affordable and market rate units
- **Rental Administration:** Pay rental subsidies for approved households
- **Administer flexible funding:** incentives, housing deposits, unit holds, etc.

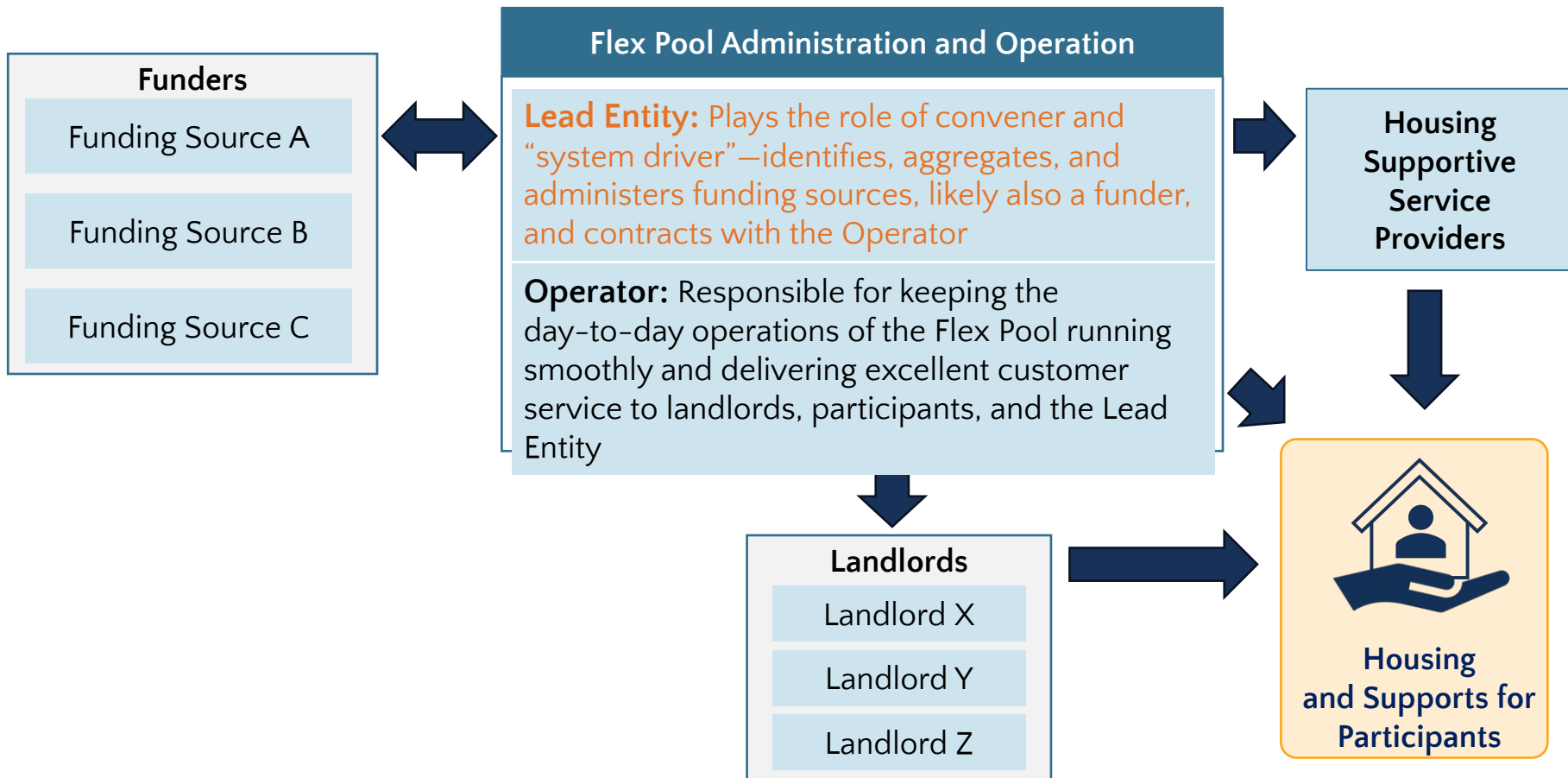
Benefits of a Flex Pool

- Consolidate existing mini-pools
- Aggregate and braid multiple funding streams
- Standard operating procedures
- Stronger relationships with landlords = more units

Why now?

- DHCS interest
- Transitional Rent
- BHSA requirements
- Measure W

Flex Pool Model and Key Roles



Example: Los Angeles County Flex Pool

- LA County's Flex Pool is **led by the Department of Health Services' Housing for Health (HFH) Division**, which coordinates and braids funding streams and has delegated authority to execute contract amendments with the contractor (initial 5-year contract with option for two five-year extensions).
- **HFH contracts with Brilliant Corners** to focus on the landlord and participant facing activities, like engaging property owners and tenants, identifying and securing units, and acting as a fiscal intermediary.
- Funders of the LA County's Flex Pool include:
 - LA county departments- DHS, DMH, others
 - Revenue from LA's Measure H
 - MCPs for Housing Deposits (and soon to deliver Transitional Rent); MCPs also contract with DHS's HFH for other housing-related Community Supports coordinated with the Flex Pool.

In the first year (2015), the LA County Flex Pool housed **171** individuals

In 2024, the LA County Flex Pool housed **2,468** individuals,, a **cumulative total of 14,372**

[Brilliant Corner's LA County Flex Pool Website](#)


Alameda County Flex Pool Roles by Agency

AC Health as Flex Pool Lead Entity


- Existing programs and contracts providing rental assistance
- Experience braiding multiple funding streams for sustainability
- Ability to aggregate multiple funding streams
 - General Fund/Measure W
 - MHSA/BHSA (existing source for rental subsidies)
 - HHAP (existing source for rental subsidies)
 - HDAP (existing source for rental subsidies)
 - Transitional Rent *implementation starting January 1, 2026*
- Experience as intermediary for CalAIM Community Supports
- Relationships with housing contractors and homeless system of care

Flexible Housing Subsidy Pool Proposed Roles

Managed Care Plans: Alameda Alliance for Health, Kaiser Permanente	Lead Entity: Alameda County Health (Housing and Homelessness Services + Behavioral Health Department)	Operator <i>(Proposals currently under review)</i>
<ul style="list-style-type: none"> • Contract with AC Health for Transitional Rent for members • Participate in planning and implementation workgroup <p><u>Other Initial Funders</u></p> <ul style="list-style-type: none"> • Alameda County Health-Behavioral Health, Housing and Homelessness Services 	<ul style="list-style-type: none"> • Coordinate referrals through Coordinated Entry to non-profit operator based on funding stream eligibility • Coordinate, aggregate and braid funding streams • Contract with Non-profit Operator (<i>tbd</i>) • Facilitate authorization requests, billing/claiming for Transitional Rent including streamlined provisional authorizations for Behavioral Health Population of Focus 	<ul style="list-style-type: none"> • Connect people to housing • Administer rental subsidies • Identify, secure, and maintain rental units across Alameda County appropriate for the target populations • Coordinate with supportive services providers

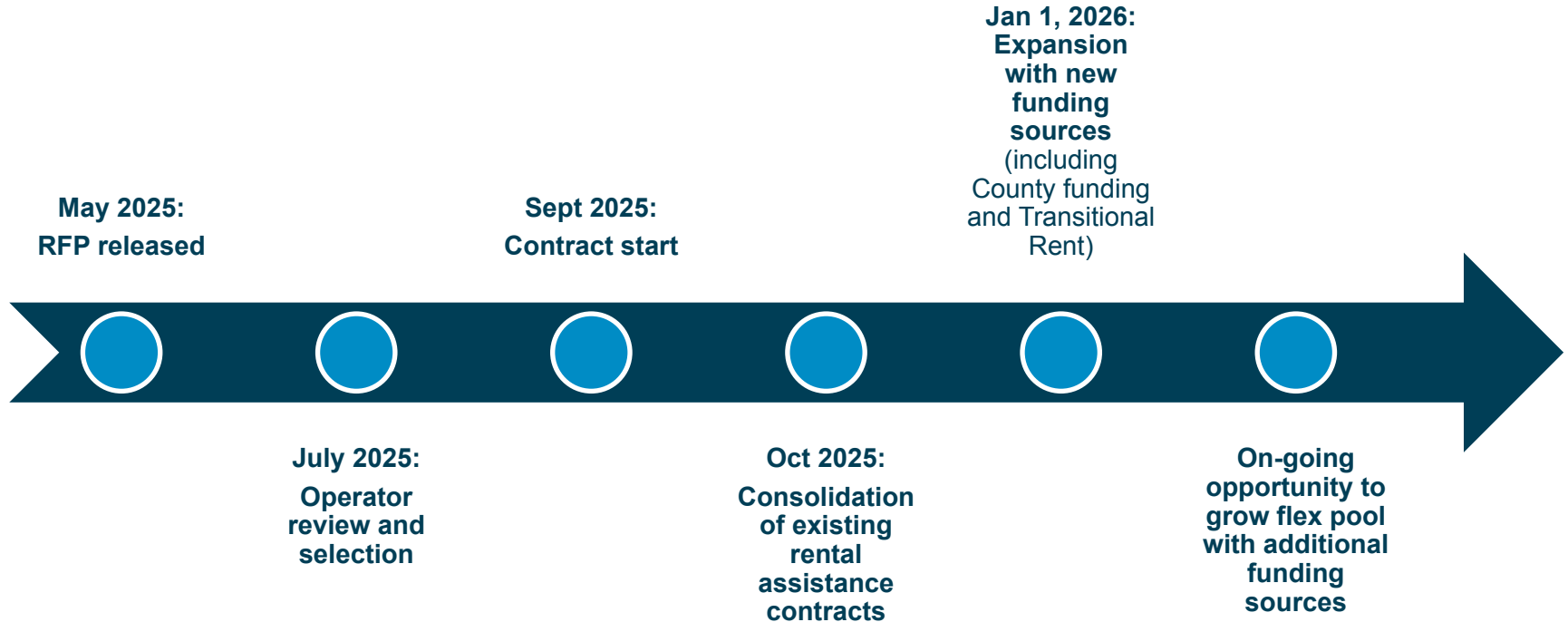


Funding



Referrals

Alameda County Flex Pool: Implementation Timeline

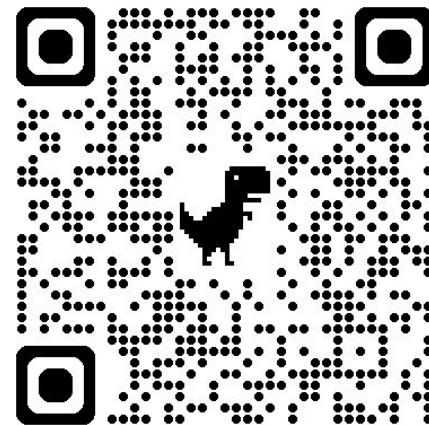


Questions?

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



Closed-Loop Referral Services and Phasing

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.

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.

MCP Updates

Closed Loop Referral

At Alameda Alliance for Health

Closed Loop Referrals

A. Tracking	B. Supporting	C. Monitoring
<ol style="list-style-type: none"> 1. Minimum Data Elements 2. Data Timeliness 3. MCP Systems for CLRs 4. System Compliance with Other Data Sharing Requirements 5. Roles & Responsibilities 	<ol style="list-style-type: none"> 1. Requirements for Notifying Members & Referring Entities 2. Supporting Pending & Re-Referrals 3. Roles & Responsibilities 	<ol style="list-style-type: none"> 1. Roles & Responsibilities <ol style="list-style-type: none"> a) MCP Monitoring of CLRs b) DHCS Monitoring of CLRs

Closed Loop Referrals - Supporting

- The Alliance is responsible for coordinating efforts to support referral navigation and to make sure members (or their guardians) are aware referrals are placed on their behalf.
- The Alliance will use the data collected to identify individual CLRs that have been open for extended periods of time with Referral Status updates from the Service Provider and must take actions to follow up with the Service Provider to support Member outreach and engagement in the services they need.

Closed Loop Referrals – Referral Status

Status Options	Example Application to ECM Referral	Example Application to Community Supports Referral
Pending	Provider received the referral but has not yet reviewed or taken action on the referral	Provider received the referral but has not yet taken action on the referral
Accepted	ECM Provider received the referral and intends to outreach for services but has not yet initiated outreach	Community Supports provider received the referral and intends to outreach for services but has not yet initiated outreach
Outreach Initiated	Provider received the referral and initiated outreach and is in active outreach with the Member	Provider received the referral and initiated outreach and is in active outreach with the member
Referral Loop Closed	Provider closed the referral loop using one of the Reason Codes	Provider closed the referral loop using one of the Reason Codes
Declined	Provider received the referral but has declined the referral (e.g., ECM Provider is at capacity)	Provider received the referral but has declined the referral (e.g., Community Support Provider is at capacity)

Closed Loop Referrals – Referral Loop Closure Options

Status Options	Example Application to ECM Referral	Example Application to Community Supports Referral
Services Received	Member received their first billable ECM service, excluding outreach services.	Member received their first billable Community Support service
Service Provider Declined	ECM referral was denied by the ECM Provider	Community Supports referral was denied by the Community Supports Provider
Unable to Reach Member	ECM Provider was unable to reach the member after multiple attempts	Community Supports Provider was unable to reach the member after multiple attempts
Member No Longer Eligible for Services	Member is no longer eligible for ECM (e.g., due to member enrolling in another plan)	Member is not longer eligible for Community Supports (e.g., due to member incarceration)
Member No Longer Needs Services or Declines	Member states they no longer require ECM services	Member states they do not wish to receive Community Supports services
Other	Member referral loop is closed for a reason not listed above	Member referral is closed for a reason not listed above

Closed Loop Referrals – continued

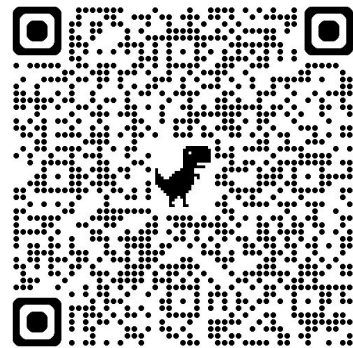
- The information in the previous tables is not available to the Alliance unless the ECM or Community Supports provider informs the plan of this information.
(Therefore, it is not part of the authorization)
- Once the Alliance is informed of this information via the RTF, the Alliance will mail out letters to inform others (including, but not limited to: referring entities, member, etc.) of the 'Referral Status'.
- Go-Live, 7/1/25

Updates, Events, & Resources

Medi-Cal Voices and Vision Council Application

The Voices and Vision Council offers a dedicated space for Medi-Cal members, MCPs, providers, community-based organizations, and state partners that work with Medi-Cal members to provide direct input to the DHCS executive leadership team regarding Medi-Cal program policies, programs, and implementation.

**Access the
Application here:**



DHCS Community Supports Cost Report



**9 out of 12
Community Supports
are already *demonstrating
cost effectiveness within
the study period.***

- » Members who used at least one of the **Housing Trio Community Supports (which includes Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services)** had reduced inpatient (24.3%) and emergency department use (13.2%) in the six months that followed receipt of the service(s).

The recently published [DHCS Community Annual Report](#) highlights the cost-effectiveness of Community Supports and their impact on reducing ED visits, hospitalizations, and long-term care

DHCS Community Supports Report

**Respite Services:
61.3% Cost Reduction**

**Personal Care and Homemaker Services:
58.4% Cost Reduction**

**Housing Deposits:
31.6% Cost Reduction**

Children & Youth Cross-County Meeting Recap

Participating Counties: Alameda, Contra Costa, San Francisco, Santa Clara, & San Mateo

Discussion topics included:

- **Assessment Practices**
- **Trauma-Informed Training**
 - Resources:
 - [SF Family Services Alliance](#)
 - [Wellbeing for LA Learning Center](#)
 - [A Better Way](#)
 - [TDU Training](#)
- **Advancing Birth Equity**
- **Immigration-Related Challenges**
 - Resource: [Safe & Sound Family Safety Toolkit](#)

Children and Youth Workgroup

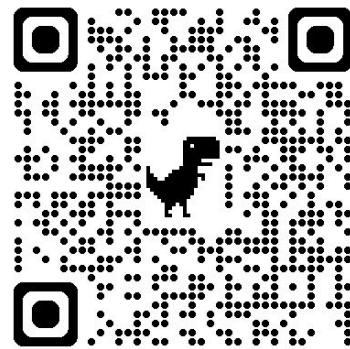
Tuesday, July 15, 2025

11:00am - 12:00pm

On Zoom

The Alameda Children and Youth Workgroup addresses implementation barriers for ECM and Community Supports for children and youth. Meetings also include relevant DHCS and MCP updates as well as Children and Youth provider best practices, spotlight presentations, and success stories.

Register now:



Register for Upcoming Training

Foundations of Harm Reduction

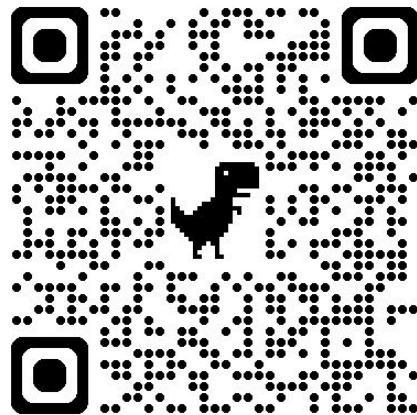
July 9 | *On Zoom*

10:00am - 12:00pm

TRAINING
DEVELOPMENT
UNIT



Register here:



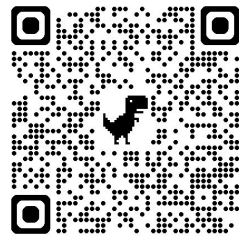
Email TDU@ucsf.edu
with any questions.

Resource Center Refresh

Our Resource Center has a new look and format for clearer resource and event access. Check out the new *Past Materials Page* for all recordings and slide decks of collaborative meetings since January 2024!

 PAST MEETING MATERIALS

Check it out:



Events

The Alameda County PATH Collaborative brings together health plans, county leaders, community-based organizations, hospitals, clinics, and other CalAIM stakeholders to discuss CalAIM implementation and the rollout of Enhanced Care Management (ECM) and Community Supports (CS). The Collaborative is a space to share innovative strategies, problem-solve together, and build relationships to better serve Medi-Cal members in Alameda County.



📅 June 27 @ 10:00 am

📍 Zoom

Alameda CalAIM PATH Collaborative

The Alameda County PATH Collaborative brings together health plans, county leaders, community-based organizations, hospitals, clinics, and other CalAIM stakeholders to discuss CalAIM implementation and the rollout of Enhanced Care Management ... [Read more](#)

[RSVP](#)



📅 July 25 @ 10:00 am

📍 Alameda Alliance for Health Building

Alameda CalAIM PATH Collaborative IN PERSON

Please join the Alameda County PATH Collaborative IN PERSON on July 25th, 2025. The Alameda County PATH Collaborative brings together health plans, county leaders, community-based organizations, hospitals, clinics, and other ... [Read more](#)

[RSVP](#)



📅 August 22 @ 10:00 am

📍 Zoom

Alameda CalAIM PATH Collaborative

The Alameda County PATH Collaborative brings together health plans, county leaders, community-based organizations, hospitals, clinics, and other CalAIM stakeholders to discuss CalAIM implementation and the rollout of Enhanced Care Management ... [Read more](#)

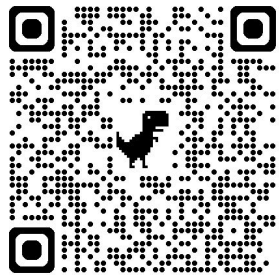
[RSVP](#)

Poll

*Please share your feedback
about today's meeting!*

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

July 25 (In-person)

August 22

September 26

October 24 (In-person)

November 21 (Third Friday)

December 12 (Second Friday)

See you in person in July!

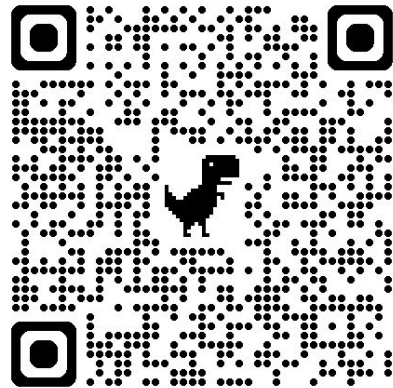
July 25, 2025

10:00am - 12:00pm

*Alameda Alliance for Health
Building*

Peer Networking and
Motivational Interviewing Training

Register now:



Thank you for attending!