

Tri Counties CalAIM PATH Collaborative

June 18, 2025



**Please introduce
yourself in the
chat!**

Today's Agenda

Time	Agenda Topic
11:00-11:05	Welcome and Introductions
11:05-11:15	Local Spotlight: 5 Cities Homeless Coalition and Santa Barbara County Continuum of Care (CoC)
11:15-11:20	DHCS Community Supports Annual Evaluation
11:20-11:50	Housing-Related Community Supports Transitional Rent: <i>Ariel Land, CenCal Health Plan</i>
11:50-12:00	Announcements and Upcoming Events
12:00-12:30	Office Hours

Resources for Supporting Immigrant Communities



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



805 Immigrant Rapid Response Network Resources (English and Spanish) and Upcoming Trainings



Migrant Family Safety Plan Toolkit (English and Spanish)

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

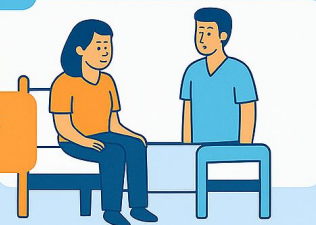
Increase ECM & Community Supports referrals and care coordination among providers

MEMBER EXPERIENCING HOMELESSNESS WHO IS HOSPITALIZED

HOSPITALIZATION



RECUPERATIVE
CARE



ENHANCED CARE
MANAGEMENT

COMMUNITY
SUPPORTS-
HOUSING TRIO



TRANSITIONAL RENT



PERMANENT
SUPPORTIVE HOUSING

Local CalAIM Successes: 5 Cities Homeless Coalition

5Cities Homeless Coalition: Client Success Story

Client, S.C., was suddenly displaced by a fire at their property, and needed to locate new housing before their voucher expired. S.C. lives on a fixed disability income, and was not financially prepared for this displacement. S.C. came into our office seeking help with housing navigation.

- S.C.'s 5CHC case manager referred this client to CenCal Community Supports, HTNS
- S.C. worked alongside 5CHC case manager to guide them on shelter resources and provide food resources to help them save as much of their disability income as possible
- 5CHC case manager helped S.C. apply for housing opportunities that were within their voucher guidelines
- Case manager helped S.C. gather all necessary documents to help the process move as quickly as possible when housing was located
- S.C. was accepted for a property in May 2025, and we were able to help S.C. with their deposit through CenCal Housing Deposits program



S.C. is now back in stable housing, and has more knowledge of resources in the community.

Santa Barbara County Continuum of Care

Continuum of Care (CoC) and CalAIM: Challenges and Opportunities

- Identifying shared clients to enable coordinated care.
- Discovering clients' Medi-Cal enrollment status, member ID, and assigned MCP.
- Accessing homelessness system data, including case manager contact information.
- Documenting successful ECM and Community Supports referrals in HMIS without manual entry.
- Sharing housing status updates to close the loop on care coordination.

DHCS Community Supports Cost Report

DHCS Community Supports 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**

Housing-Related Community Supports

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)**

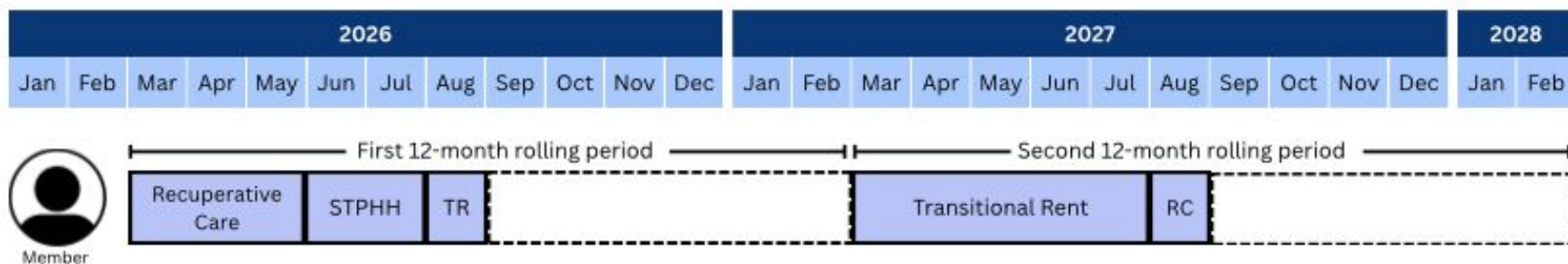
Key Themes for Updated Community Supports Guidance Volume 2

- **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

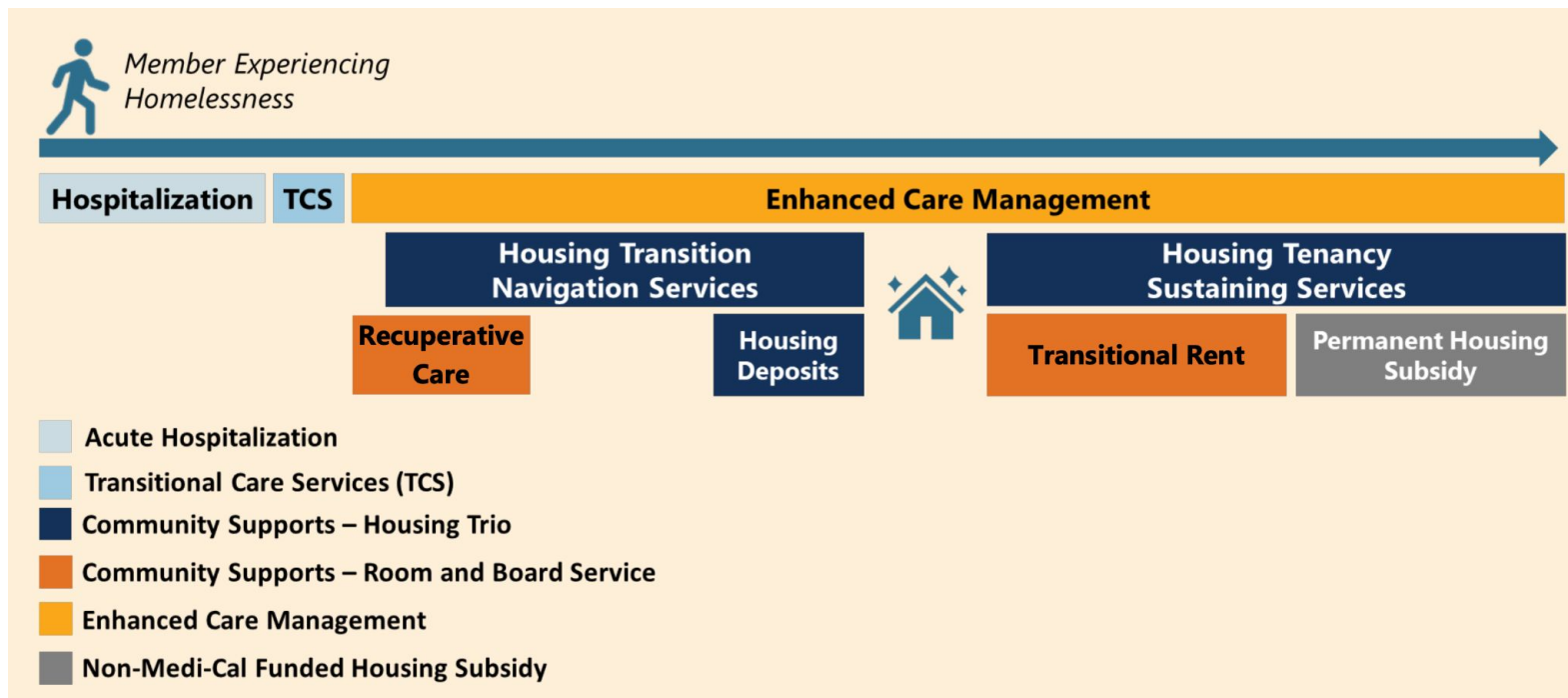
Global Cap on Room & Board Services

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:



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



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)

Community Supports Revisions: Housing Transition Navigation Services

- **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

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.
- Requires **MCPs to offer ECM services** if Member meets eligibility of Day Habilitation
- Members needing assistance with housing-related support should be **referred to the Housing Trio**
- 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, others)

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

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

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.

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: 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: 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)

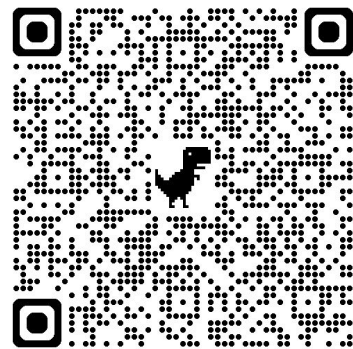
Questions?

Upcoming Events and 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:**



We are halfway through 2025!

2025 CalAIM PATH Tri-Counties Meeting Schedule All Wednesdays, 11:00am
July 16: FULL COLLABORATIVE
August 20: San Luis Obispo & Santa Barbara August 27: Ventura
September 17: Potential DHCS Speaker
October: <i>IN-PERSON MEETINGS</i> October 15: San Luis Obispo & Santa Barbara Meeting October 16: Ventura Meeting
November 19: FULL COLLABORATIVE
December 17: FULL COLLABORATIVE

See you in July!

Tri Counties CalAIM PATH Collaborative Meeting

July 16 | 11:00am - 12:30pm

On Zoom

**Register for the
Collaborative:**



Share your feedback!

Poll

Thanks for joining!

Questions? pathinfo@bluepathhealth.com

Office Hours

Appendix

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 (ALF) Transitions
 - Asthma Remediation
 - Community or Home Transition Services
 - Medically Tailored Meals/Medically Supportive Food
 - Personal Care and Homemaker Services (PCHS)
- 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: 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).

**DGA = Dietary Guidelines for Americans*

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.**