

Tri Counties CalAIM PATH Collaborative

July 16, 2025



**Please introduce
yourself in the
chat!**

Today's Agenda

Time	Agenda Topic
11:00-11:05	Welcome and Introductions
11:05-11:45	CalAIM Justice-Involved Initiative Panel Discussion
11:45-11:55	Policy Updates and Implementation Data
11:55-12:00	Announcements, Upcoming Events and Poll
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

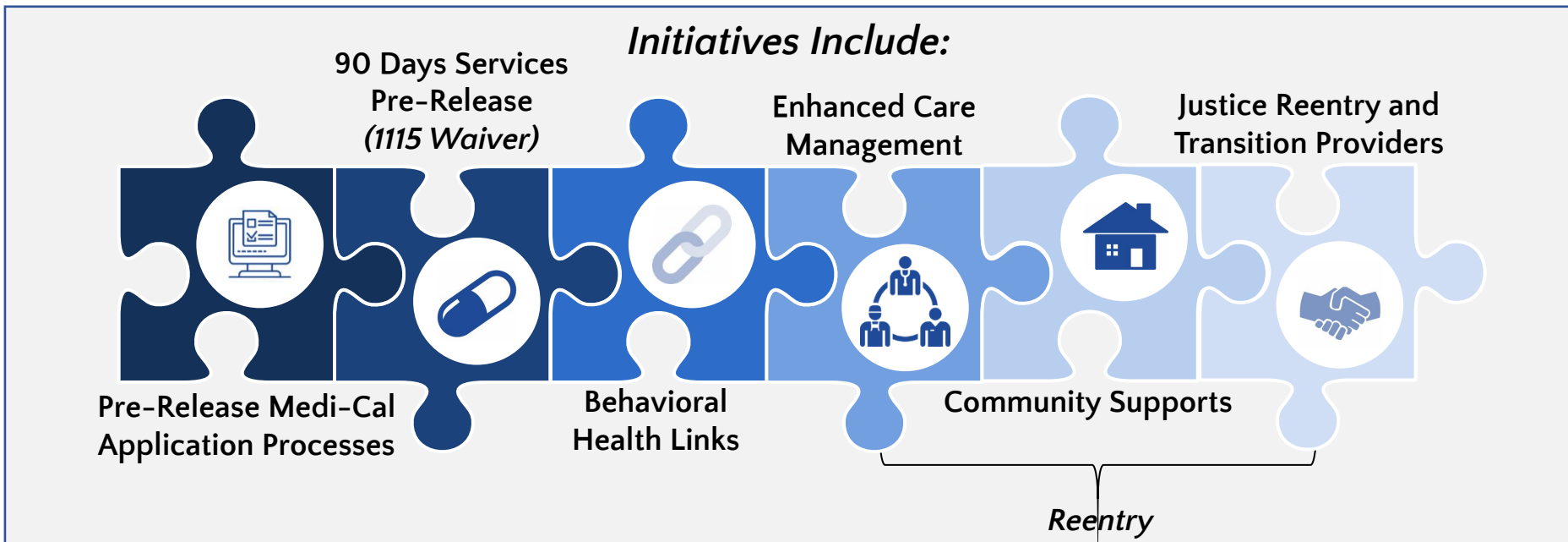
Build education and awareness of CalAIM among members, providers, and community partners to drive referrals

Increase ECM & Community Supports referrals and care coordination among providers

CalAIM Justice-Involved Initiative

The CalAIM Justice-Involved Initiative is Comprised of Pre-Release and Reentry Components

The CalAIM Justice-Involved Initiative supports justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry.



Tri Counties Justice-Involved Panel

Tri Counties Updates: CalAIM Justice-Involved Initiative

1. What is your anticipated go-live timeline?
2. Can you provide any updates on the Readiness Assessment?
3. For counties with a current ECM pilot: Can you share 2-3 takeaways or lessons learned from the pilot thus far?
4. What should local CalAIM stakeholders expect in the next 6-12 months?

Discussion: MCP and County Perspectives

Federal and State Policy Updates

DHCS Statement on the Passage of H.R. 1

“The recently signed House Resolution (H.R.) 1, the federal budget reconciliation bill, will significantly reduce funding for Medi-Cal, CalFresh, and other safety net programs that are lifelines for millions of Californians. DHCS leaders have emphasized that these cuts pose real risks to essential services that support the health, stability, and economic security of families and communities across California. DHCS is reviewing the impacts of these changes and will provide more information and direction as it becomes available.”

Update on Community Supports Effective Dates



EFFECTIVE DATES FOR COMMUNITY SUPPORTS POLICY GUIDE UPDATES

Guidance released May 2025

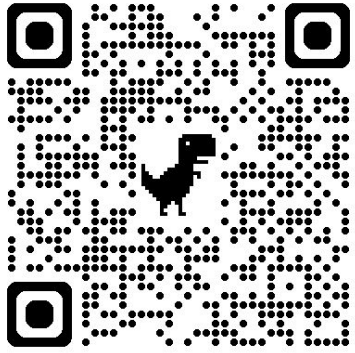
Updated Community Supports Policy Guide

In April 2025, DHCS released an updated Community Supports Policy Guide, which has been reorganized into two separate volumes and is available on the [Community Supports webpage](#). DHCS is publishing the below table to indicate the effective dates for the updated policies and service definitions.

Table 1: Effective Dates for Community Supports Updates

Updated Policy / Service Definitions	Location	Effective Date
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)

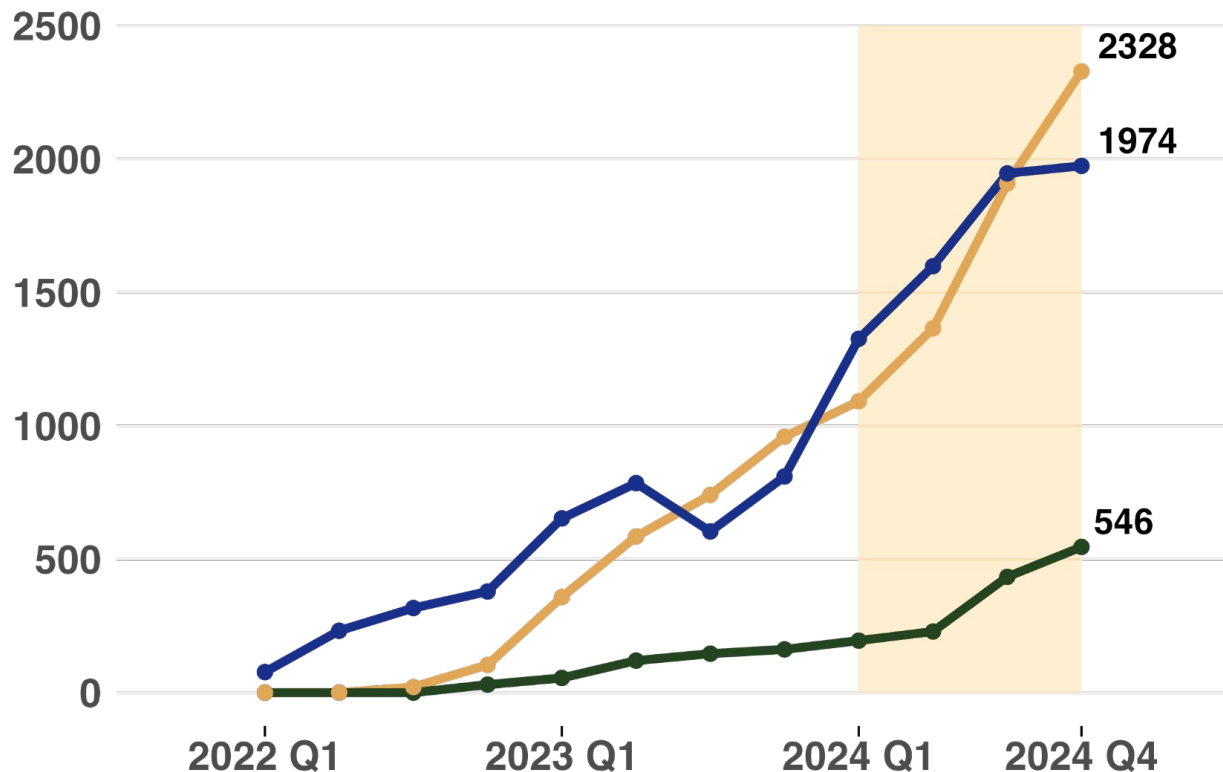
Note: For Housing Deposits, removal of first and last month's rent from eligible costs is effective starting January 1, 2025.



DHCS CalAIM Implementation Data

Tracking our progress: ECM

Tri Counties, ECM Enrollment by Quarter



**From January 2024
to December 2024:**

**Santa
Barbara:
113% increase**

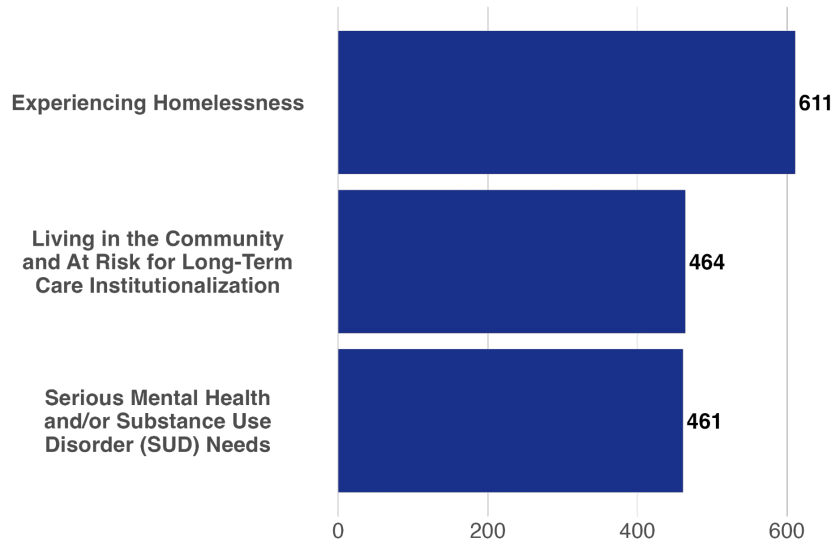
**Ventura:
49% increase**

**San Luis
Obispo:
180% increase**

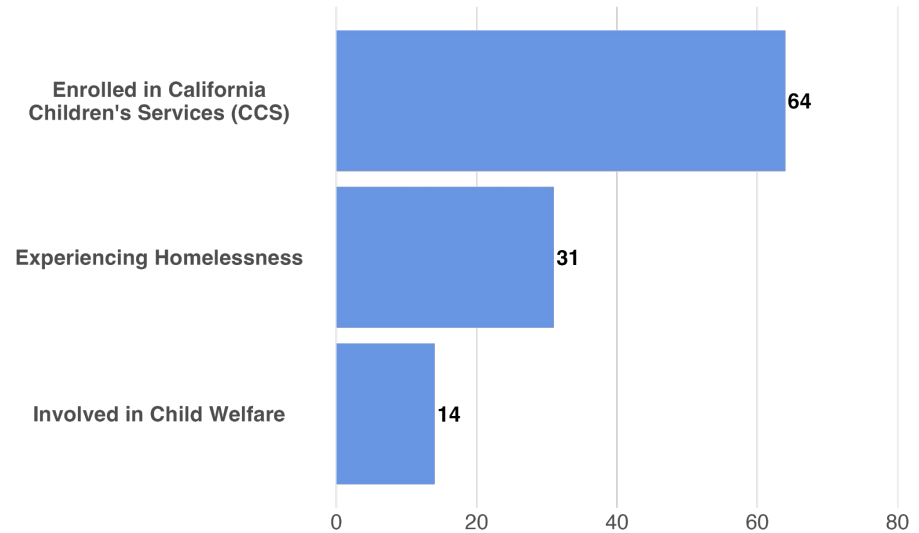
Tracking our progress: ECM

Ventura County, Top 3 PoFs
2024 Q4

Adults



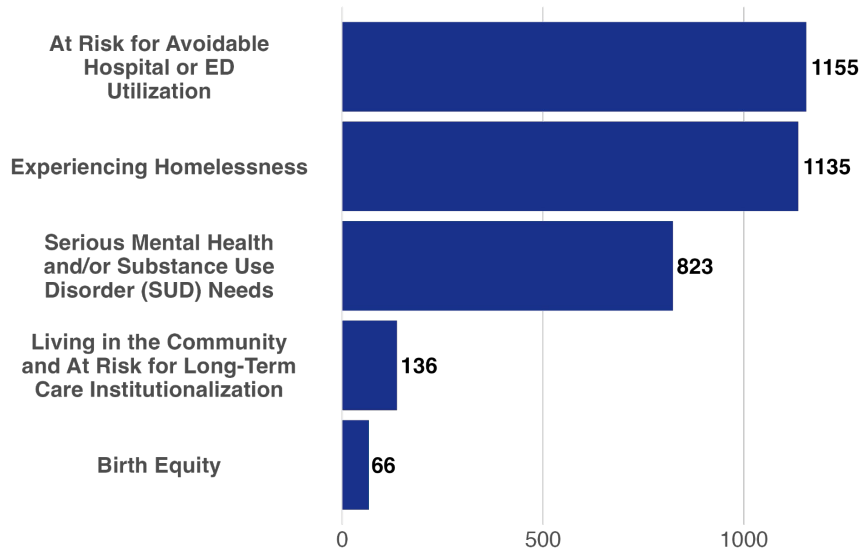
Children



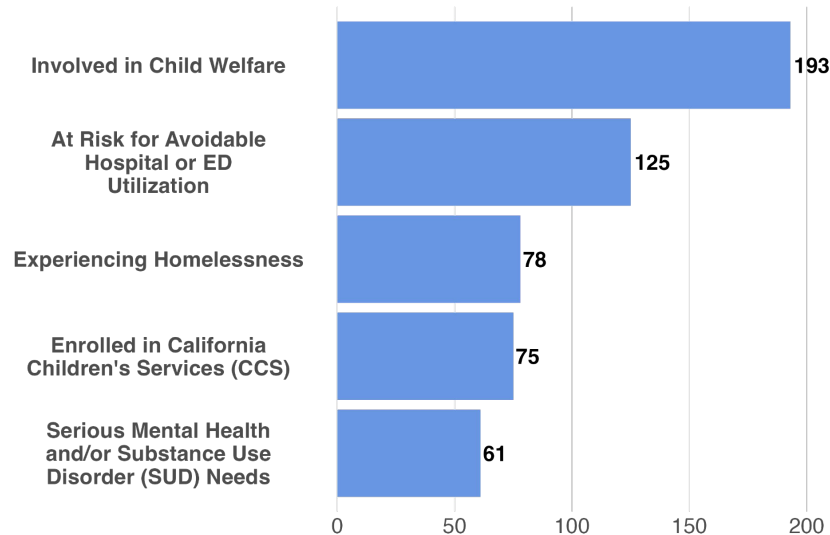
Tracking our progress: ECM

Santa Barbara County, Top 5 PoFs
2024 Q4

Adults



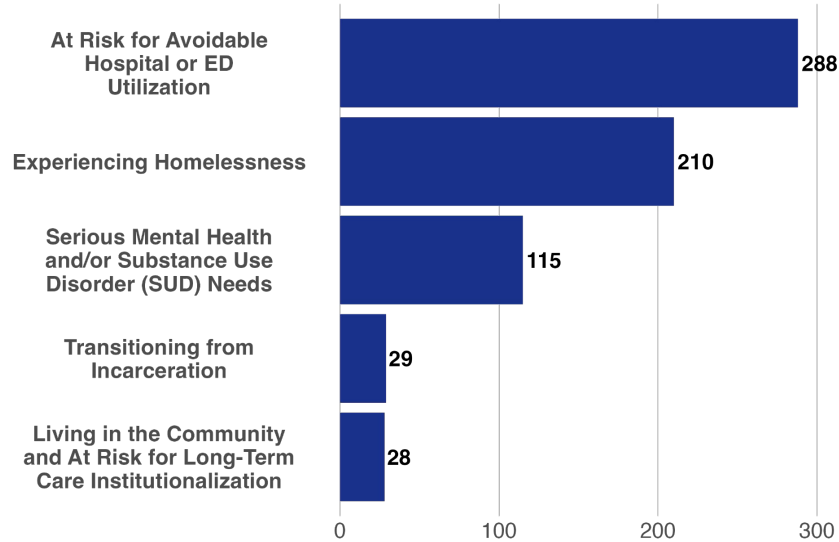
Children



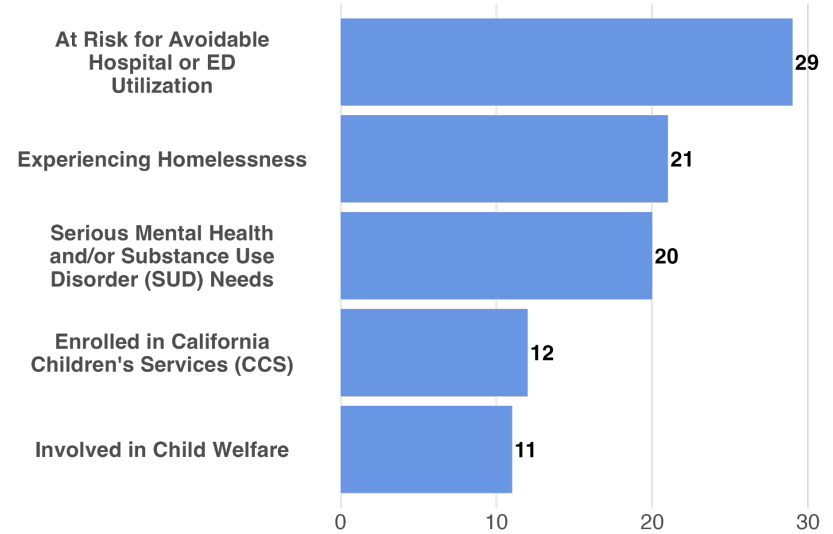
Tracking our progress: ECM

San Luis Obispo County, Top 5 PoFs
2024 Q4

Adults

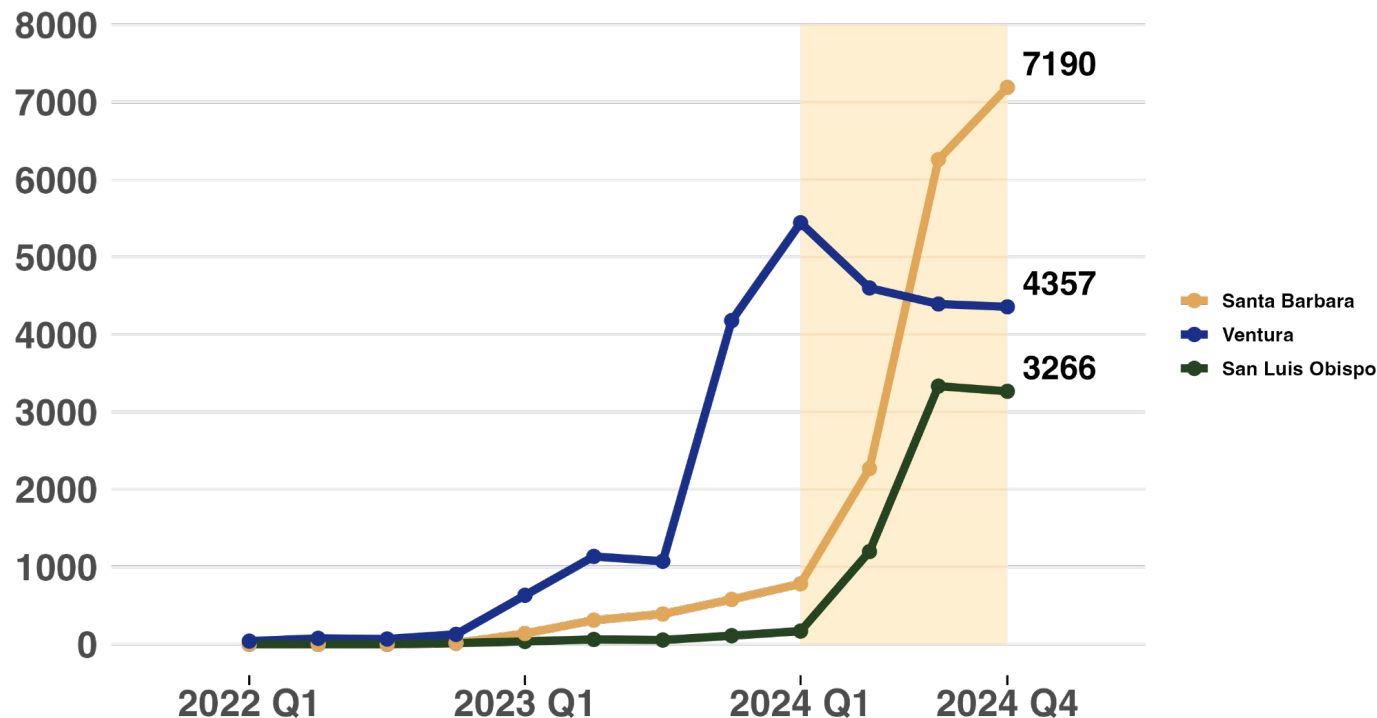


Children



Tracking our progress: Community Supports

Tri Counties, Community Support Utilization by Quarter



**Top 2
Community
Supports Across
All 3 Counties:**

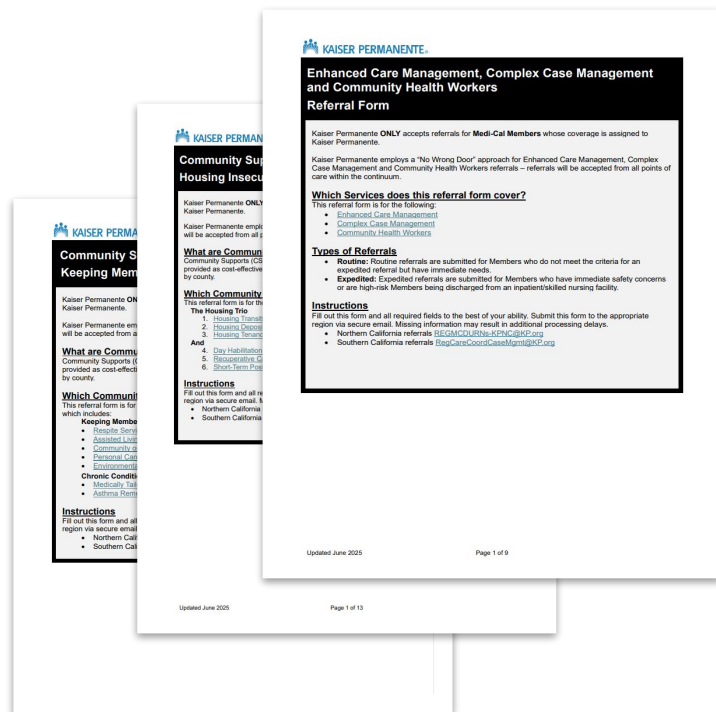
- 1. Medically Tailored Meals**
- 2. Housing Transition Navigation Services**

Announcements and Upcoming Events

NEW Kaiser Permanente Referral Forms

Kaiser Permanente has released new CalAIM referral forms as of July 2025. New referral forms aim to improve successful linkages and enhance information collected, thereby reducing authorization delays.




1. Enhanced Care Management, Complex Care Management (CCM), and Community Health Workers Referral Form
2. Community Supports – Referral Form Housing Insecurities
3. Community Supports – Referral Form Keeping Members at the Home and Chronic Conditions



Submitting Referrals | ECM, CS, and CHW

Kaiser Permanente (KP) has a no-wrong-door approach to referrals.

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Referrals may be placed via email, via phone, or through KP Health Connect.

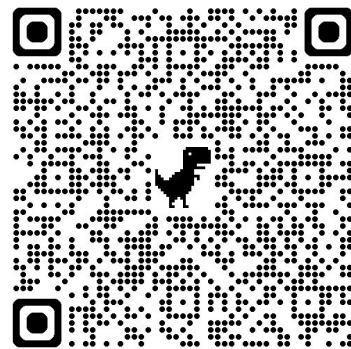
 AREA	NORTHERN CALIFORNIA COUNTIES	SOUTHERN CALIFORNIA COUNTIES
 PHONE (Member)	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
 EMAIL (Counties/CBOs)	Send completed <u>referral form</u> to REGMCDURNS-KPNC@kp.org Subject line: "ECM Referral" or "CS Referral" or "CHW services request"	Send completed <u>referral form</u> to RegCareCoordCaseMgmt@kp.org Subject line: "ECM Referral" or "CS Referral" or "CHW services request"

NEW: For KP contracted providers/organizations submitting referrals to your own ECM/CS/CHW organization, please send the referral form directly to your contracted Network Lead Entity.

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:**



See you in August!

SLO and Santa Barbara CalAIM PATH Collaborative Meeting

August 20 | 11:00am - 12:30pm

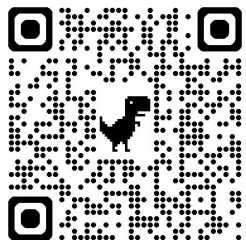
On Zoom

Ventura CalAIM PATH Collaborative Meeting

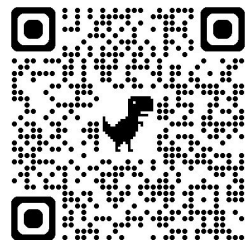
August 27 | 11:00am - 12:30pm

On Zoom

**Register for the
Collaborative:**



**Register for the
Collaborative:**



Share your feedback!

Poll

Thanks for joining!

Questions? pathinfo@bluepathhealth.com

Office Hours

Appendix



Streamlined Authorization for Enhanced Care Management (ECM)

Below summarizes Kaiser Permanente's streamlined ECM authorization process.

Details

- Streamlined Authorization is **only for ECM providers who are currently contracted with Network Lead Entities (NLEs).**
- Streamlined Authorization applies **only** to ECM, not CS or CHW.
- Providers can begin working with members right away, but they must submit an ECM referral through their NLE no later than 5 working days before the end of the streamlined authorization period.
- Total Streamlined Authorization period is 30 days or up to the date KP makes and communicates the authorization, whichever comes first.
- Providers will be paid for the 30-day ECM authorization period.
- Streamlined Authorizations route back to the original provider and ECM Lead Care Manager through the NLE.

Do's & Don'ts

- DO** submit an ECM referral through contracted NLEs.
- DO** indicate "Streamlined Authorization" on the referral form
- DO** add the first date of start of services to completed referral.
- DO** submit an ECM referral no later than 5 business days before the Streamlined Authorization period ends.
- DON'T** submit a Streamlined Authorization for CS or CHW; the Streamlined Authorization is for ECM only.

How To Submit

- Email the ECM referral directly to the contracted NLE.
 - Full Circle Health Network: referral@fullcirclehn.org
 - Independent Living Systems: kpreferrals@ilshealth.com
 - Partners in Care Foundation: ECM@picf.org
- Send any questions directly to the contracted NLE.
- To resolve issues, email the NLE and cc: medi-cal-externalengagement@kp.org



Additional NLE Provider Support | Provider Office Hours

Kaiser Permanente is working with Network Lead Entities (NLEs) to develop a network of community-based ECM, CS, and CHW providers.



Contracted Providers

Second/Fourth Thursdays

1:00 – 2:00 pm

[Join Meeting Now](#)

NEW: Prospective Providers

First Thursdays of the Month 1:00 - 2:00 pm

Begins Feb 6

[Join Meeting Now](#)

Questions?

ILSCAProviderRelations@ilshealth.com

Phone number: 844-269-3447



Contracted Providers

Tuesdays 3:00 - 4:00 pm

[Register and Join Here](#)

Prospective Providers

Second/Fourth Thursdays of the Month

12:00 - 1:00 pm

[Register and Join Here](#)

Questions?

network@fullcirclehn.org

Phone number: 888-749-8877

Eligible Correctional Facilities

- » **State law requires the following correctional facilities to provide Medi-Cal services in the 90-days prior to release:**
 - State Prisons
 - County Jails, Detention Centers, Detention Facilities
 - County Youth Correctional Facilities
- » **Pre-release services will only be provided to individuals prior to leaving a correctional facility and reentering the community.**
- » **90-Day Pre-Release Services do not include:**
 - State forensic mental health hospitals (i.e. Department of State Hospital facilities)
 - City Jails
 - Federal Prisons

Behavioral Health (BH) Links

To promote continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to facilitate referrals/links to post-release behavioral health providers and share information with the individual's health plan.

BH Links Requirements:

To operationalize behavioral health links for individuals who will receive services through SMHS/MHPs, DMC, and DMC-ODS, DHCS has laid out the following minimum requirements for CFs, county behavioral health agencies, and pre-release care management providers/post-release ECM providers:

Correctional Facilities (CF)

- Leverage existing processes to screen and identify individuals who may qualify for a BH link.
- County CFs will be expected to screen for this need at intake; CDCR will be expected to leverage existing treatment plans to screen for need.

Pre-Release Care Manager

- Review all available records related to the individual's behavioral health care.
- If a screening was not already performed, complete the standardized behavioral health screening to identify behavioral health needs.
- Determine if a BH link is needed
- Build the care plan.

County Behavioral Health Agency

- Enter into agreements or amend current agreements as needed, by mutual consent, with the CFs to provide or support in-reach provision of pre-release services related to reentry behavioral health treatment.
- Within 14 days prior to release (if known) and in coordination with the pre- and/or post-release care manager:
 - Ensure processes are in place for a professional-to-professional clinical handoff between the correctional behavioral health provider, a county behavioral health agency provider, and the member (as appropriate).

Behavioral Health Links minimum requirements are detailed in **Section 11.4 of the Policy and Operational Guide**.

Source: CA Penal Code 4011.11(h)(5)

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).

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.**



DHCS CalAIM Implementation Data

ECM & Community Supports Snapshot

2024 Q4

ECM:

- 149,400+ unique members enrolled
- 31,000+ children and youth under 21 served

Community Supports:

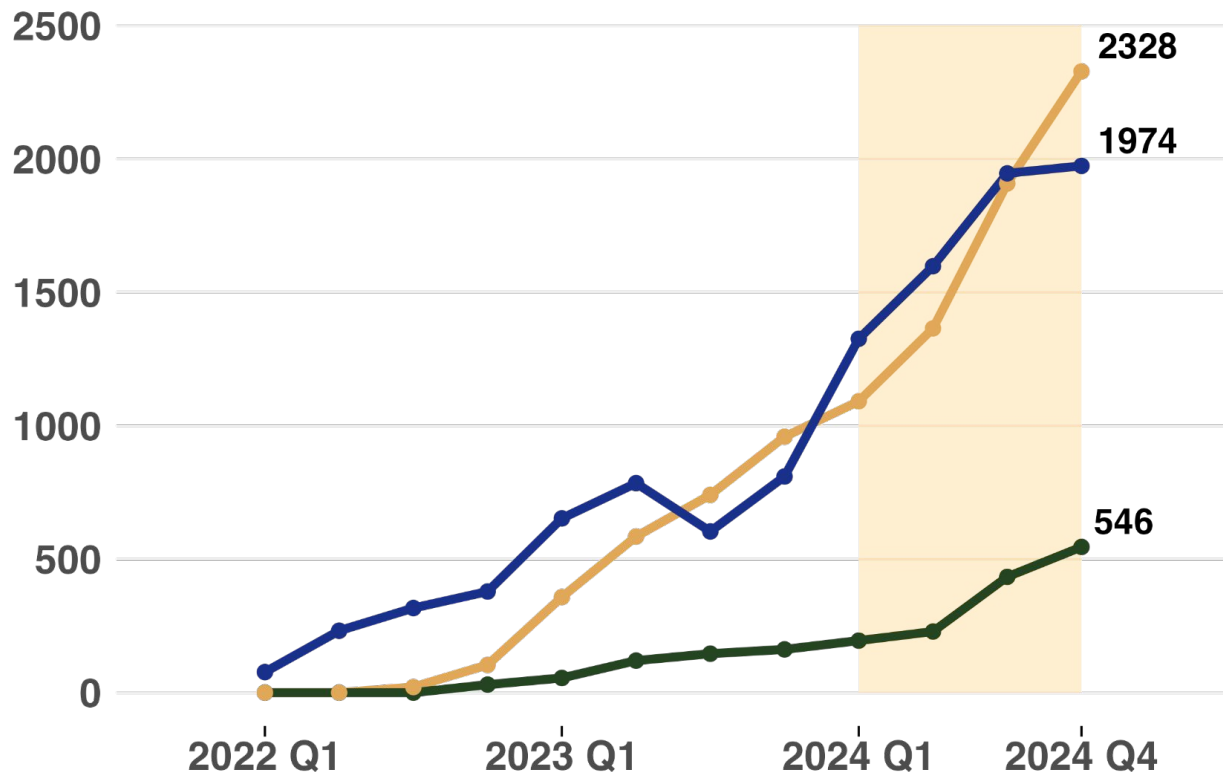
- 149,000+ unique members received services
- 10,000+ children and youth under 21 served
- 163,000+ services provided
- Top 3 Services:
 - Medically Tailored Meals
 - Housing Transition Navigation
 - Housing Tenancy and Sustaining

**ECM enrollment
for children and
youth grew
nearly 160% in
2024**

**About 60% of
members who
accessed CS
utilized Medically
Tailored
Meals/Medically
Supportive Foods**

Tracking our progress: ECM

Tri Counties, ECM Enrollment by Quarter



**From January 2024
to December 2024:**

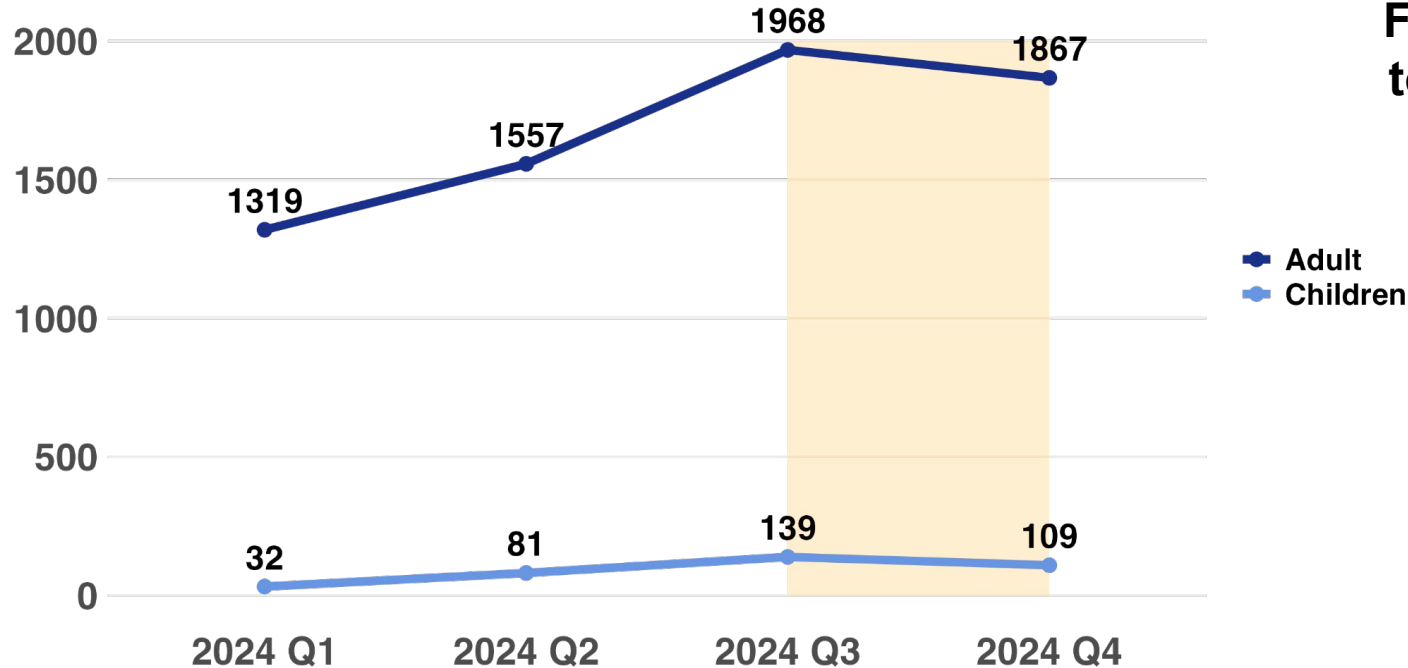
**Santa
Barbara:
113% increase**

**Ventura:
49% increase**

**San Luis
Obispo:
180% increase**

Tracking our progress: ECM

Ventura County, ECM Enrollment by Adult and Children



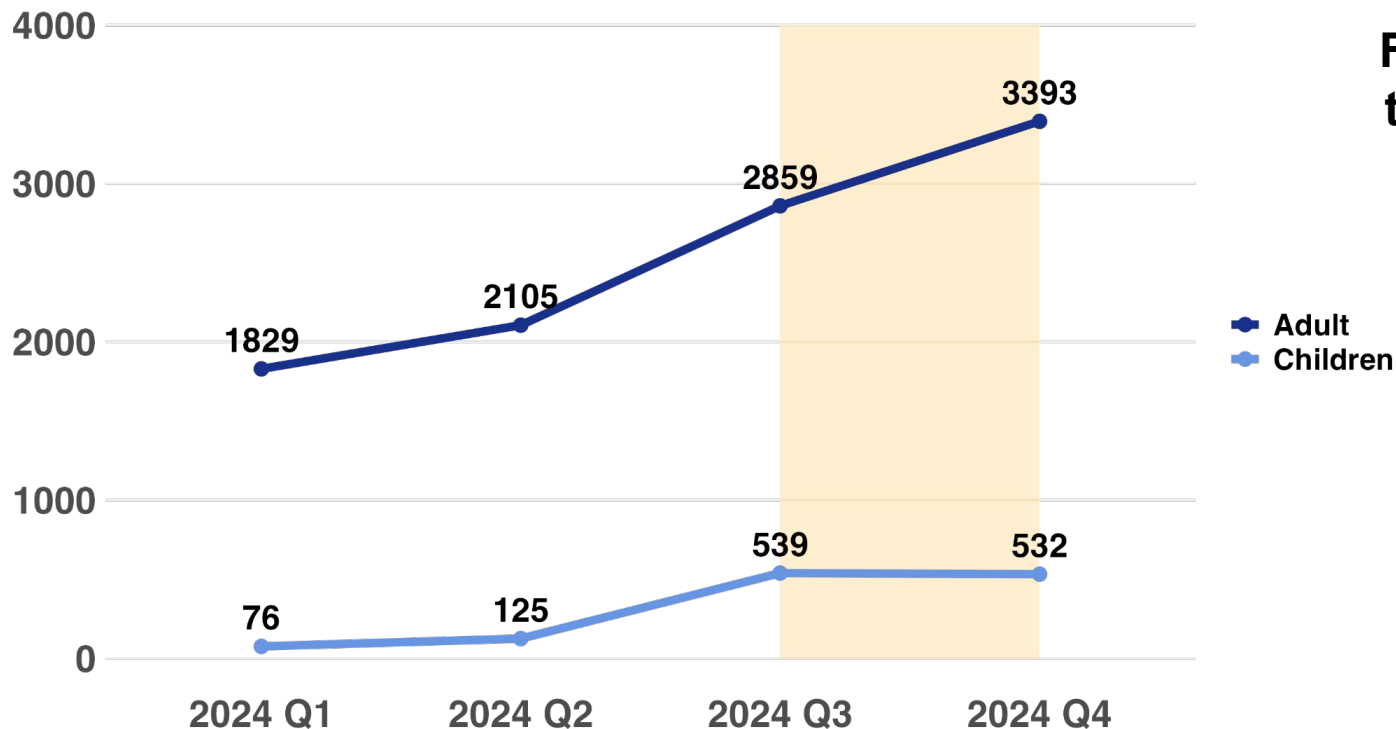
**From January 2024
to December 2024:**

**42% increase
in the adult
populations**

**241% increase
in the children
populations**

Tracking our progress: ECM

Santa Barbara County, ECM Enrollment by Adult and Children



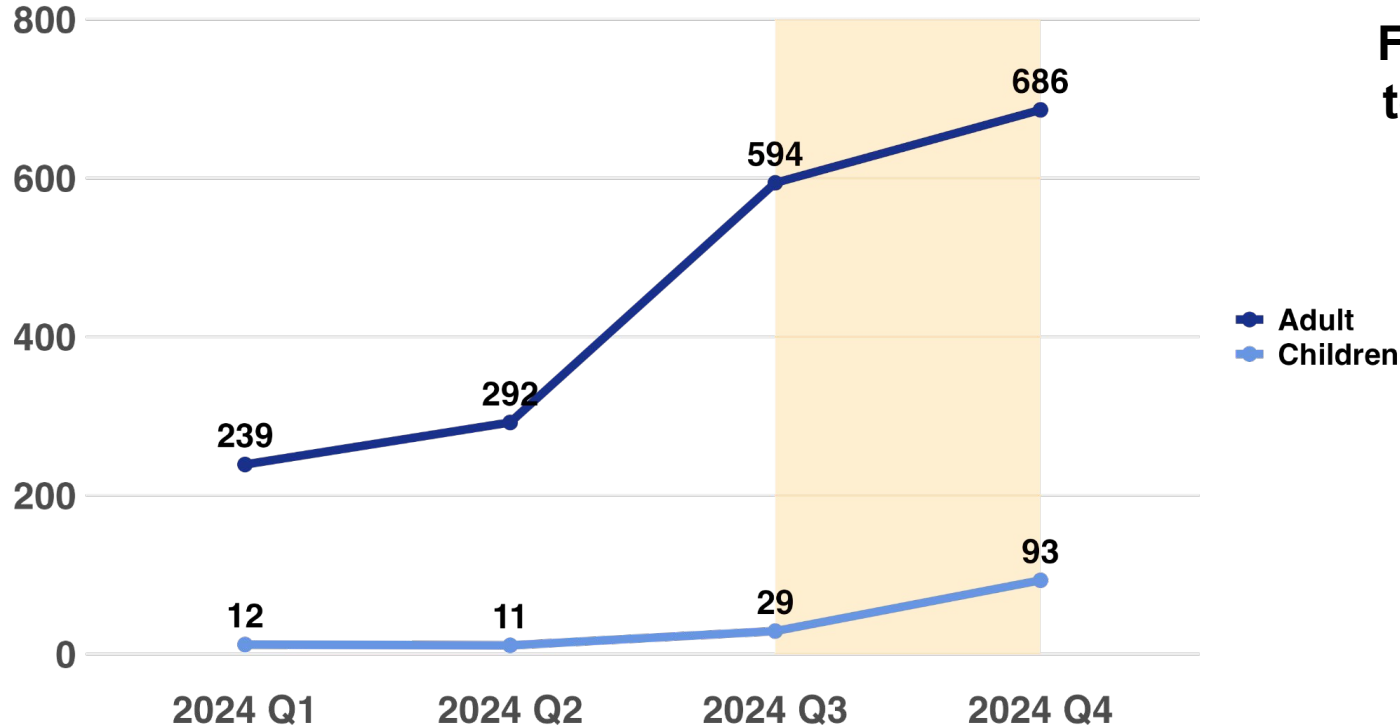
**From January 2024
to December 2024:**

**86% increase
in the adult
populations**

**600% increase
in the children
populations**

Tracking our progress: ECM

San Luis Obispo County, ECM Enrollment by Adult and Children



**From January 2024
to December 2024:**

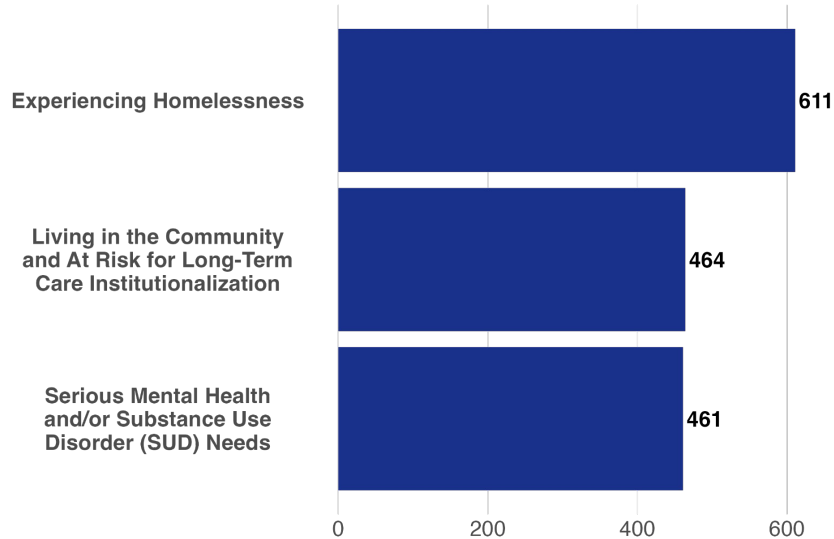
**187% increase
in the adult
populations**

**675% increase
in the children
populations**

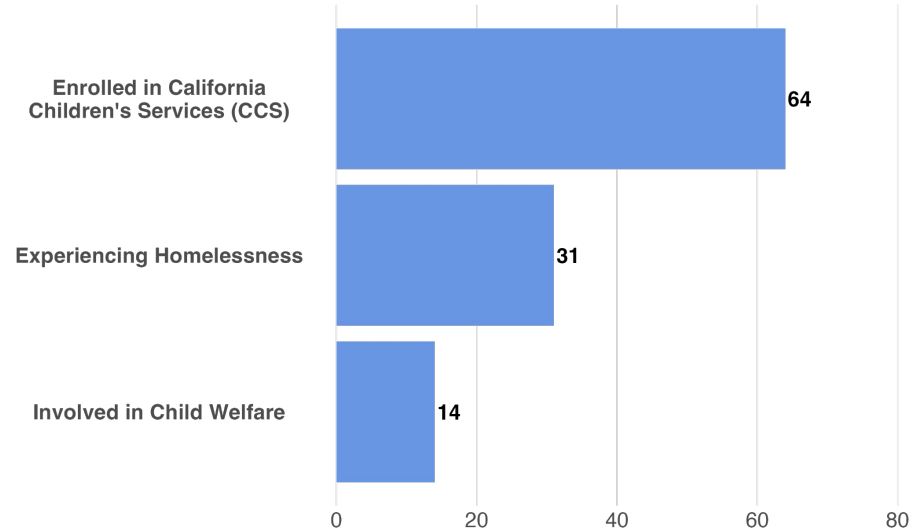
Tracking our progress: ECM

Ventura County, Top 3 PoFs
2024 Q4

Adults



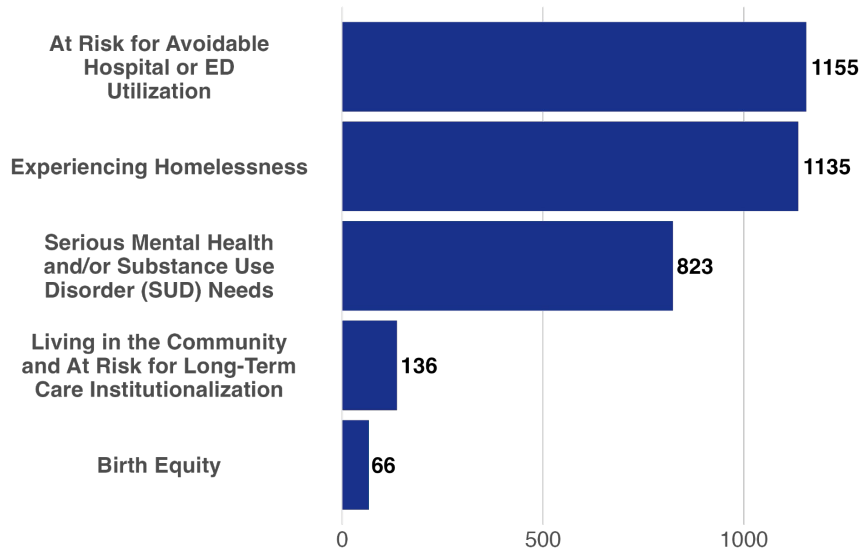
Children



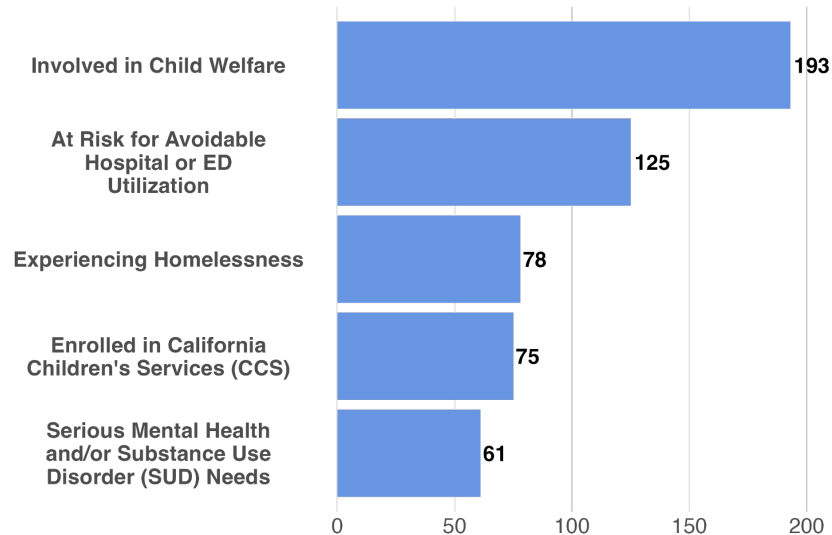
Tracking our progress: ECM

Santa Barbara County, Top 5 PoFs
2024 Q4

Adults



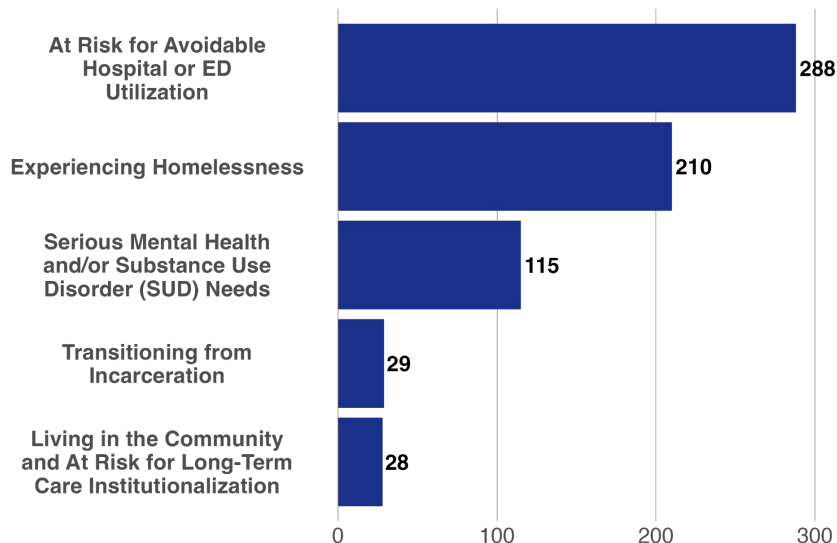
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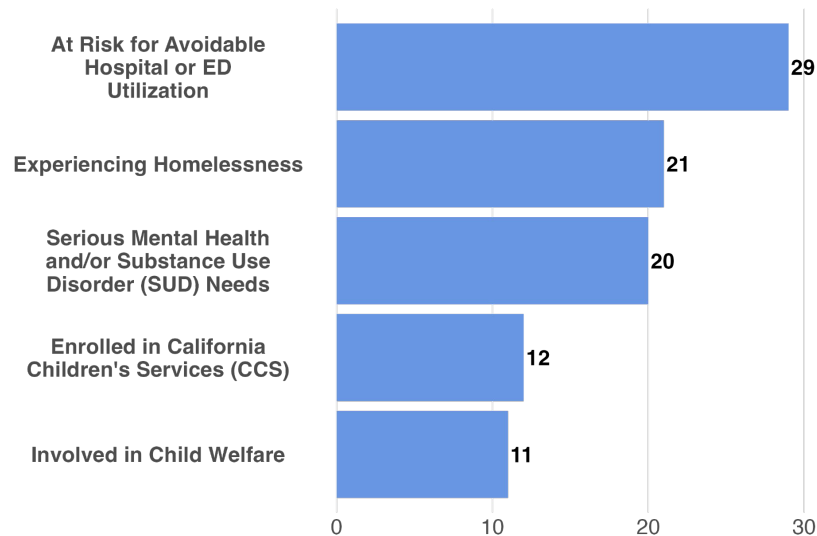
Tracking our progress: ECM

San Luis Obispo County, Top 5 PoFs
2024 Q4

Adults

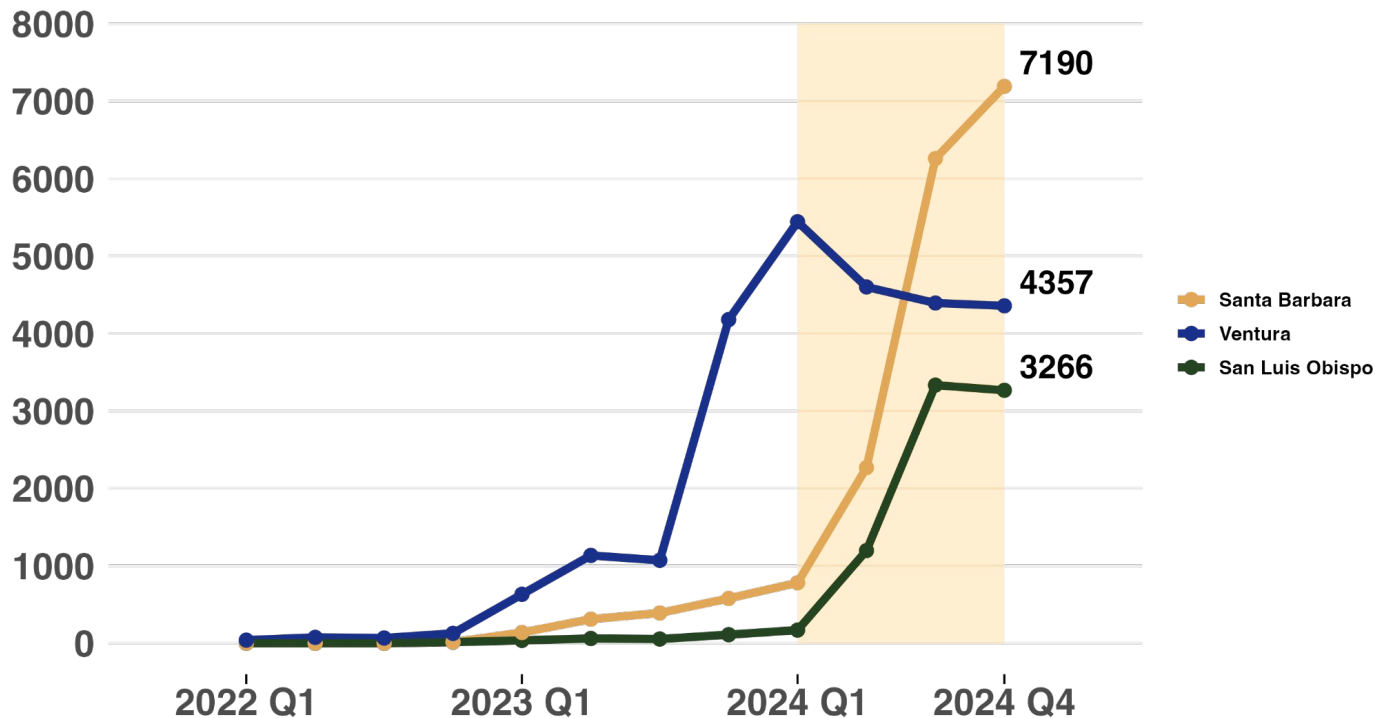


Children



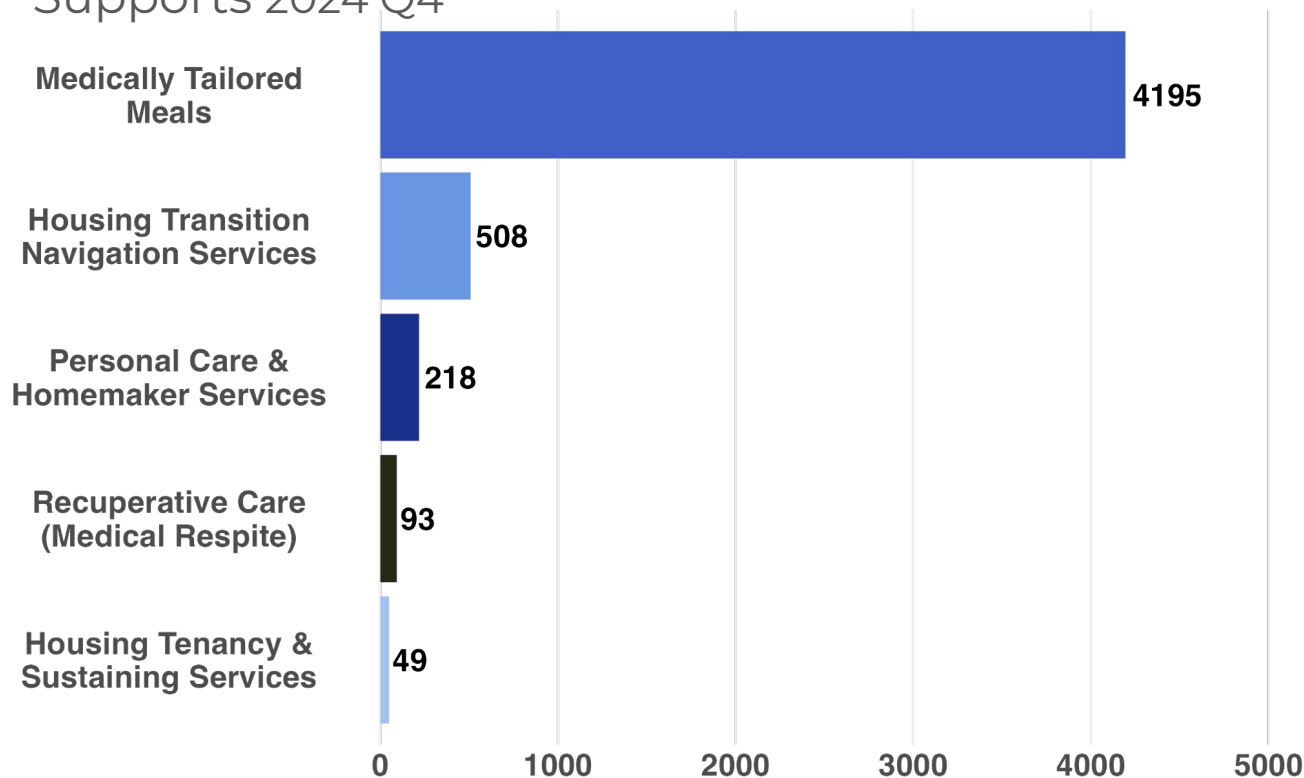
Tracking our progress: Community Supports

Tri Counties, Community Support Utilization by Quarter



Tracking our progress: Community Supports

Ventura County, Top 5 Community Supports 2024 Q4

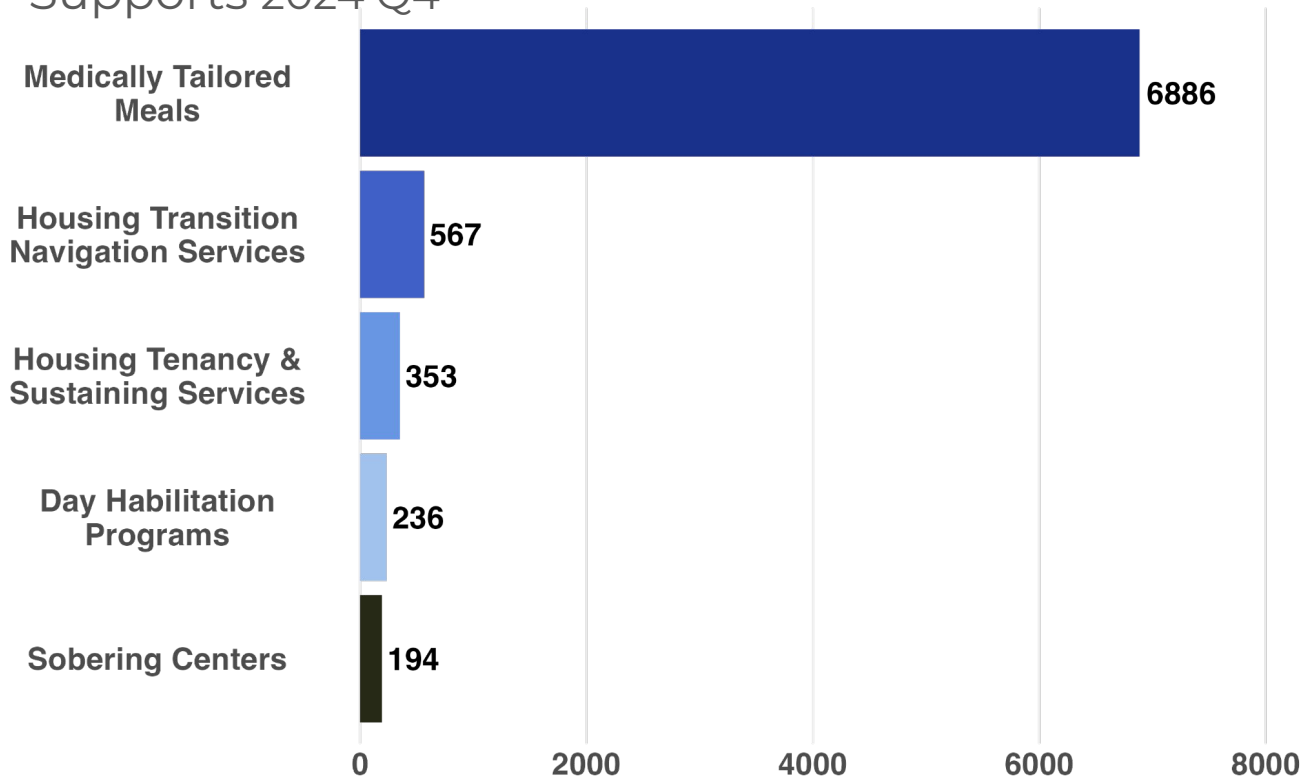


Top 3 Community Support:

1. Medically Tailored Meals
2. Housing Transition Navigation Services
3. Personal Care & Homemaker Services

Tracking our progress: Community Supports

Santa Barbara County, Top 5 Community
Supports 2024 Q4

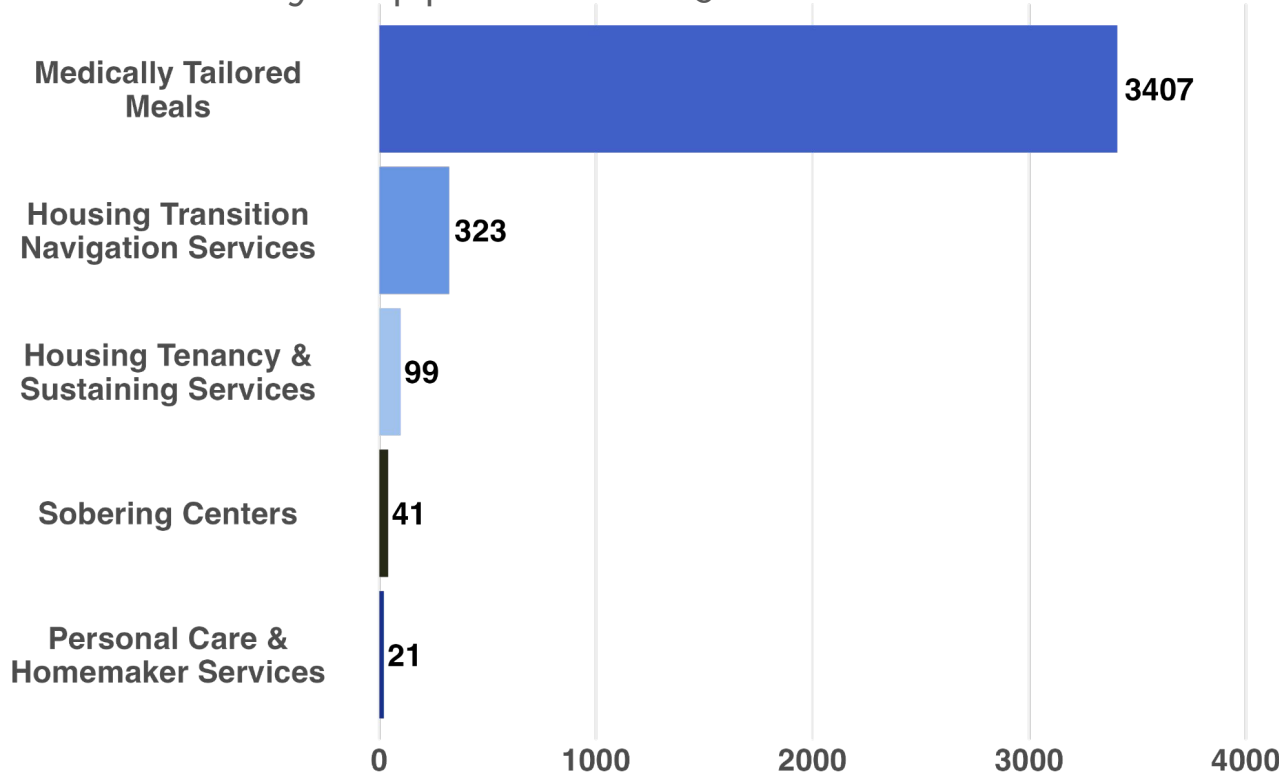


Top 3 Community Support:

1. Medically Tailored Meals
2. Housing Transition Navigation Services
3. Housing Tenancy & Sustaining Services

Tracking our progress: Community Supports

San Luis Obispo County, Top 5
Community Supports 2024 Q4



Top 3 Community Support:

1. Medically Tailored Meals
2. Housing Transition Navigation Services
3. Housing Tenancy & Sustaining Services