

Alameda CalAIM PATH Collaborative

July 25, 2025

We will get started at 10:05am.



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
10:05-10:10am	Welcome and Introductions
10:10-10:30am	Policy & Program Updates
10:30-10:40am	Managed Care Plan Updates
10:40-10:45am	5 Minute Break
10:45-12:00pm	Motivational Interviewing Training - <i>In-person only</i>
12:00-12:30pm	Lunch and Office Hours - <i>In-person only</i>

Housekeeping & Announcements

Policy and Program Updates

Recent TA Marketplace Updates (as of June)

- » DHCS is applying four new limitation criteria for current and new Project Eligibility Applications (PEAs), and Scopes of Work (SOWs), and Budgets in the review queue and any projects moving forward:
 1. Projects will be approved only for new TA Recipients, unless applying for Transitional Rent Support or as determined by DHCS
 - Note that organizations that participate in a TA project with a HUB or HUB-like entity are allowed to have their own independent project so long as they adhere to the other criteria.
 2. Limitation of one TA Project per TA Recipient
 - If a TA Recipient submits a batch of projects, they will be required to work with the TA Vendor to select the one project they wish to pursue that meets their immediate TA needs.
 3. Limit TAM Projects to Non-Contracted TA Recipients Needing Contracting Support
 - TA Recipients that are not yet contracted with a managed care plan for ECM and/or Community Supports will be required to provide a rationale for how their proposed TA project will support their contracting efforts. For example, a Recipient may have a project in Domain 1 to support their workflows to prepare for billing to an MCP for ECM services. The Recipient and Vendor should note that this is a requirement to become contracted with the MCP.
 4. TA Projects may not exceed \$150K and must be within one year
 - TA Vendors and Recipients should work together to create a TA project application that meets a Recipient's most immediate needs within these requirements.
- » Projects that do not meet the criteria above will either be sent for rework or not be accepted.
- » Please note that projects must also meet the policies outlined in the [TA Vendor Policy Guide](#) and [TA Recipient Policy Guide](#).

CalAIM Waiver Renewal

- While the Medicaid waiver that created CalAIM expires at the end of 2026, California plans to apply for a renewal to enable CalAIM programs to continue
- Waiver authority is not needed to continue ECM and 12 of the 14 Community Supports.
- DHCS proposes to continue and strengthen several services in the next waiver, including Community Supports, the Justice-Involved Reentry Initiative, CBAS, Traditional Healers, and more.

DHCS Waiver Renewal Estimated Timeline

July 2025: Release of Concept Paper

Oct./Nov. 2025: Post Draft 1115 Waiver
Application

January 2026: Submit Application to Federal
Government (CMS)

July 2026: Target Approval Date

January 2027: New Waiver Launch

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).

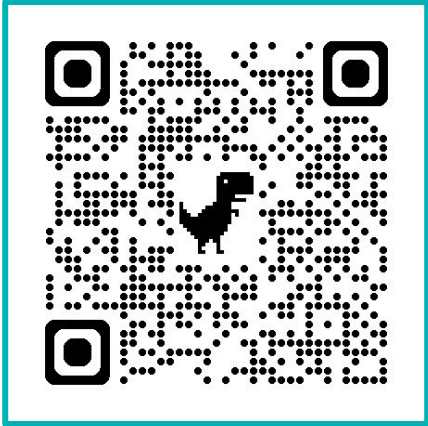
The recently published [DHCS Community Annual Report](#) highlights the cost-effectiveness of Community Supports and their impact on reducing ED visits, hospitalizations, and long-term care

DHCS Community Supports Report

**Respite Services:
61.3% Cost Reduction**

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

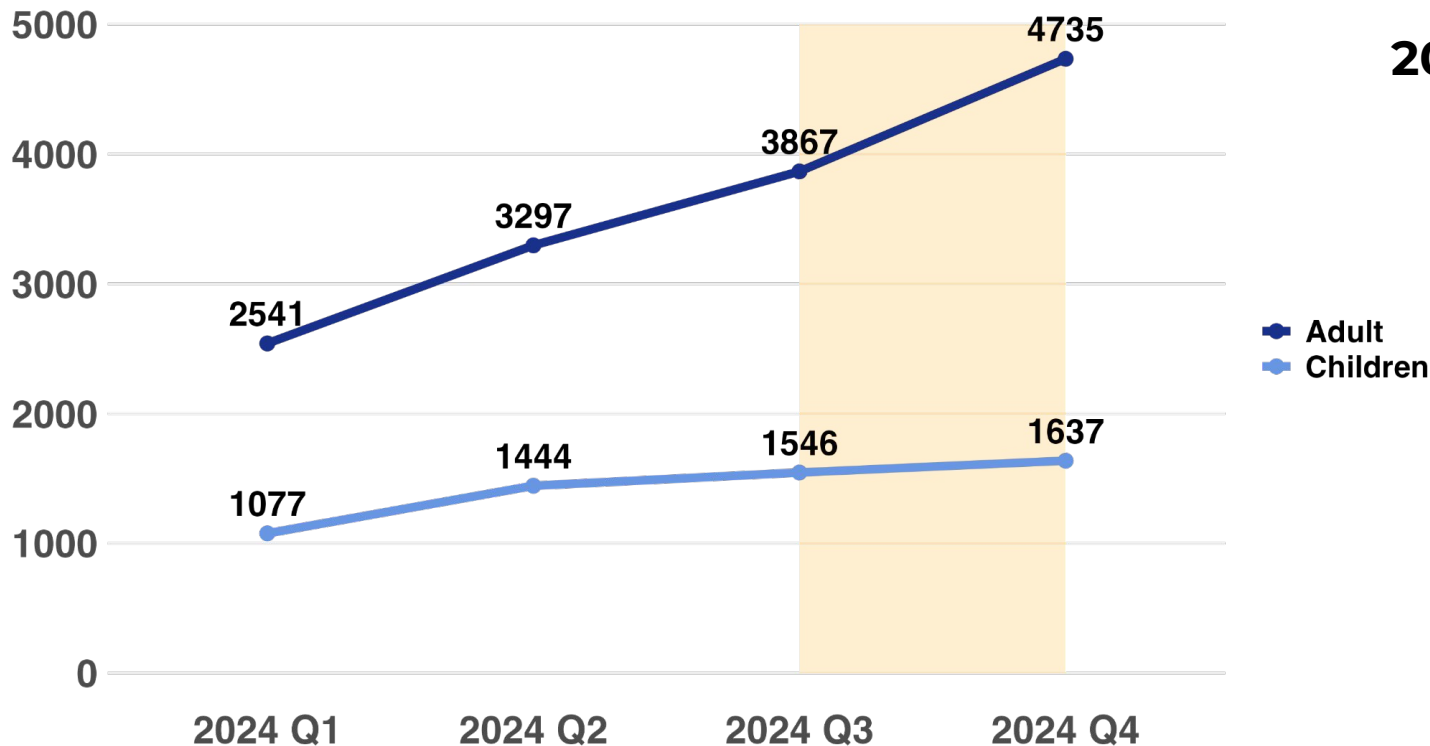
**Housing Deposits:
31.6% Cost Reduction**



DHCS CalAIM Implementation Data

Tracking our progress: ECM

Alameda County, ECM Enrollment by Adult and Children



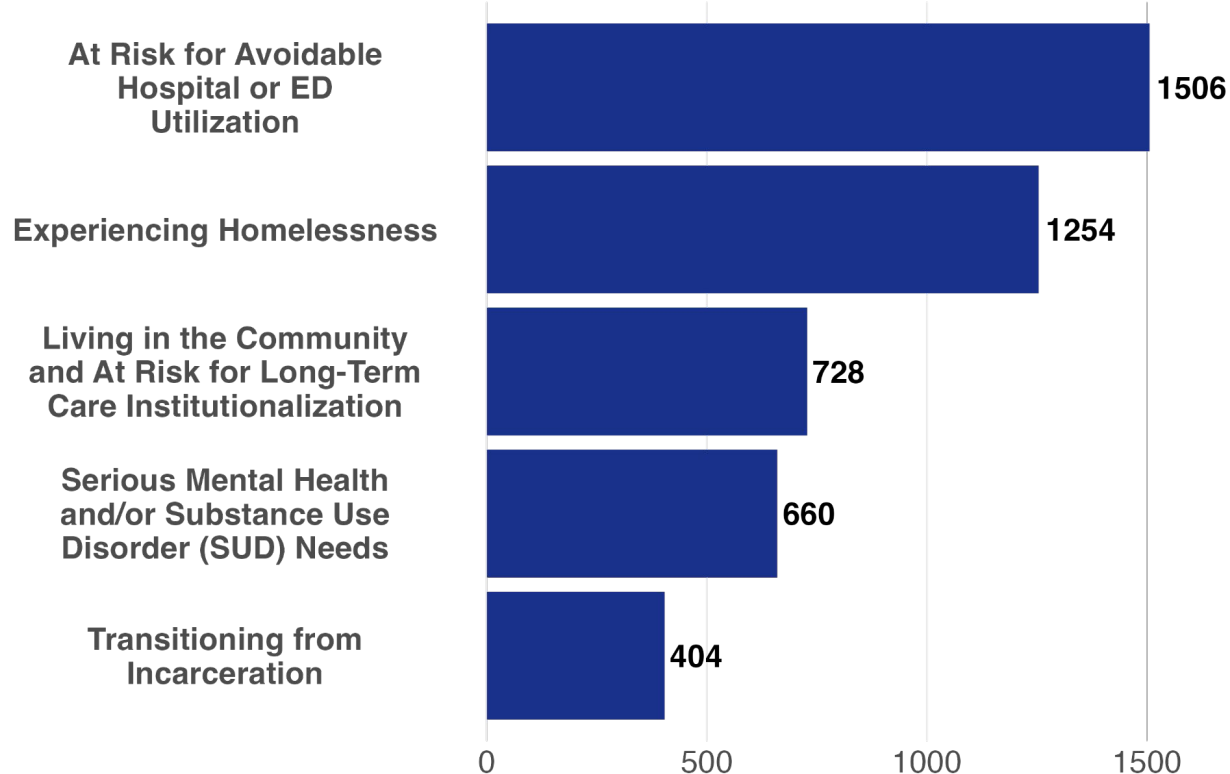
**From January
2024 to December
2024:**

**86% increase
in adults
enrolled**

**52% increase
in children
enrolled**

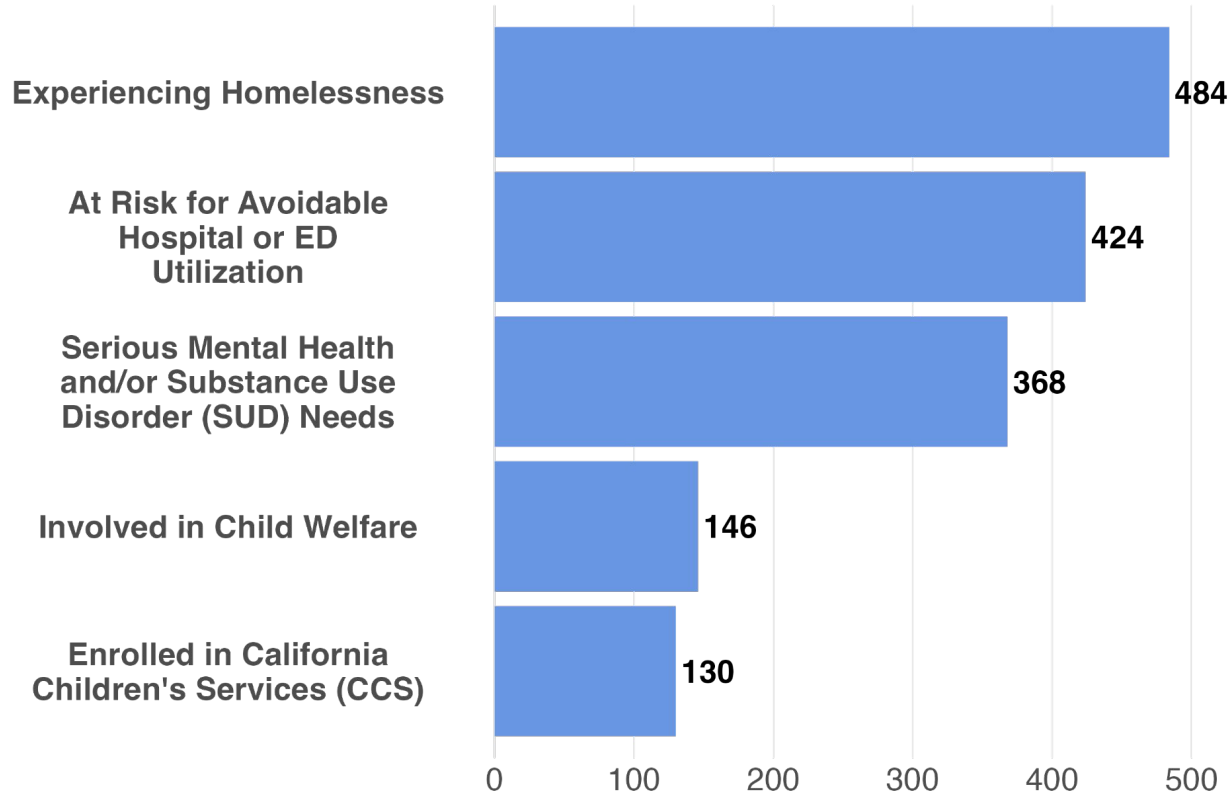
Tracking our progress: ECM

Alameda County, Top 5 Adults PoFs
2024 Q4



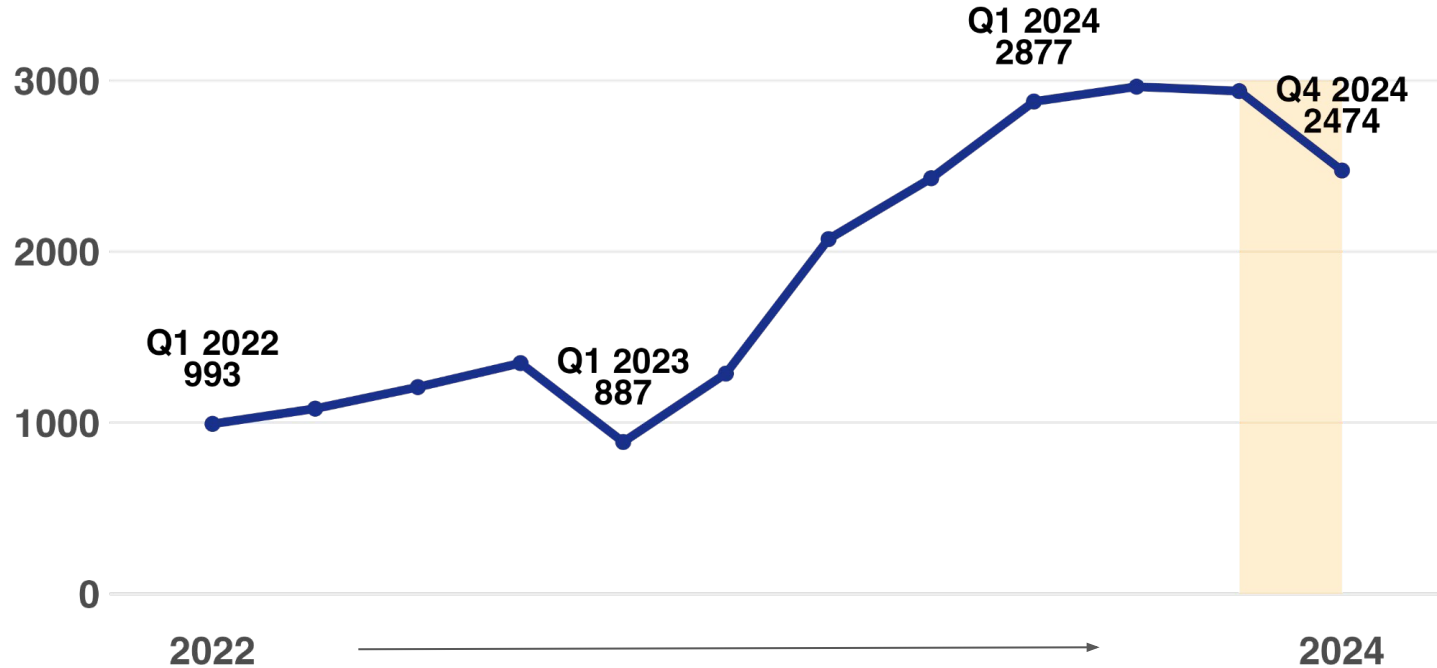
Tracking our progress: ECM

Alameda County, Top 5 Children PoFs
2024 Q4



Tracking our progress: Community Supports

Alameda County, Community Support Utilization by Quarter



Tracking our progress: Community Supports

Alameda County, Top 5 Community Supports
2024 Q4



Housing Tenancy &
Sustaining Services

941

Housing Transition
Navigation Services

827

Medically Tailored
Meals

615

Personal Care &
Homemaker Services

193

Housing Deposits

122

0

250

500

750

1000

Top 3 Community Support:

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

Federal Budget Updates



Budget reconciliation overview

- On July 4, 2025, the “One Big Beautiful Bill Act,” also commonly referred to as the **budget reconciliation bill**, was signed into law.
- This massive bill contains provisions on wide-ranging policies, from cutting student loans to EV tax credits, and is estimated to **cost \$3.4 trillion** over the 10-year window from 2025-2034.
- The centerpiece of the bill is approximately **\$4.47 trillion in tax cuts**.
- This amount is offset by multiple spending reductions, with the largest by far being just over **\$1 trillion in cuts to Medicaid**.
- [CBO estimates](#) **10.9 million more people will be uninsured** as a result of this bill. An additional 5.1 million will be uninsured as a result of a proposed rule for ACA marketplaces and the expiration of enhanced premium tax credits.



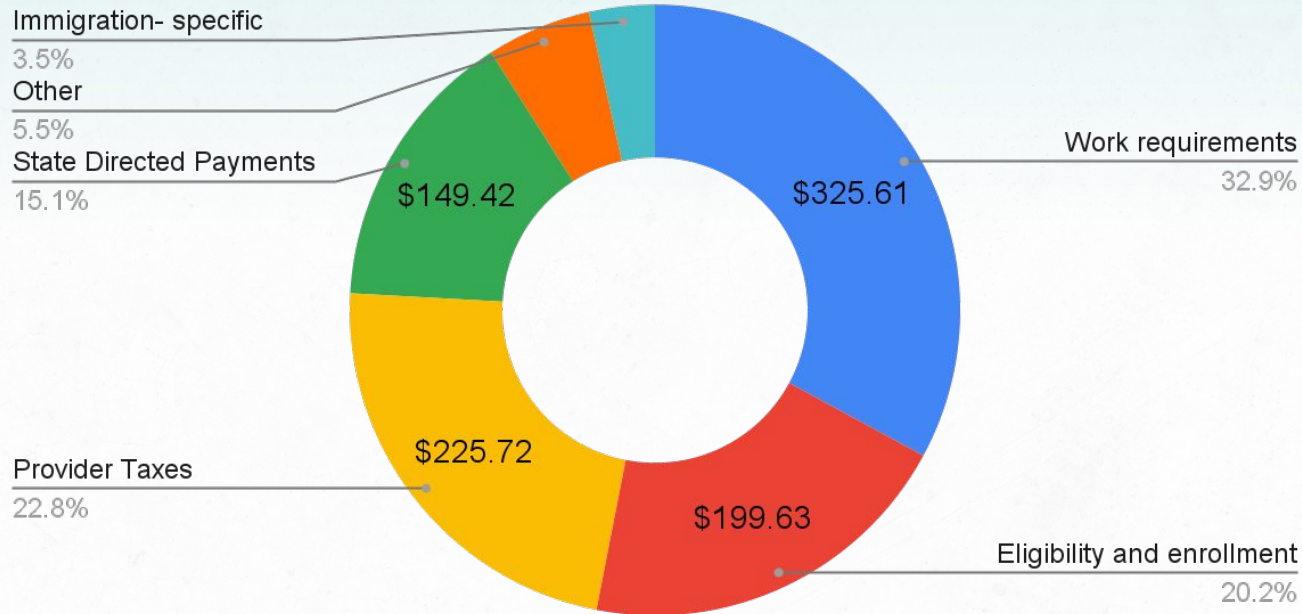
Overview of Medicaid Cuts

- Over 90% of Medicaid cuts come from 4 categories:
 - Work requirements
 - Eligibility and enrollment
 - Provider Taxes
 - State Directed Payments
- The vast majority of cuts are partially or fully targeted at the expansion population and states who have expanded Medicaid.



Overview of Medicaid Cuts

All Medicaid cuts, 2025-2034, \$b





Other Medicaid provisions

Immigration provisions

Strips Medicaid and CHIP eligibility from numerous groups of lawfully-present immigrants.

Lowers the matching rate for Emergency Medicaid for individuals based on immigration status.

Not included: The House-passed provision lowering the ACA matching rate from 90% to 80% for states that have expanded coverage for undocumented immigrants with state-only funds.

Planned Parenthood

The bill prevents all Medicaid funds to Planned Parenthood immediately for 1 year from enactment. This provision has already been subject to litigation and a [preliminary injunction](#) on July 21, 2025.

1115 waiver budget neutrality

Codifies CMS requirement that 1115 waivers be federally budget neutral starting January 1, 2027.

Medicaid Disproportionate Share Hospital (DSH) cuts

Not included: A delay to \$8 billion in annual DSH cuts.



Other Provisions

Affordable Care Act (ACA)

Stricter eligibility and enrollment requirements, and strips premium tax credit eligibility from numerous groups of lawfully-present immigrants.

Ends limitation on paying back excess premium tax credits.

Not included: Extension of enhanced premium tax credits.

Medicare

Strips eligibility from numerous groups of lawfully-present immigrants.

One-year increase in physician payments.

Delay of nurse staffing rule until 2034.

Rural Health Transformation

\$50b grant program from FY 2026-30 for rural health, 50% distributed among approved states equally and 50% by to states by formula, with wide latitude for interpretation from CMS.

SNAP

Starting in FY 2028, cost-sharing for states begins, estimated at \$1.35 to \$4b in costs for State of California and counties

Expansion of work requirements and eligibility limited by immigration status.



California and Medi-Cal impacts

- Impacts from specific provisions estimated by the [Governor's office](#):
 - Work requirements: up to \$22.3 billion loss in federal funds and **3 million enrollees losing coverage**.
 - 6-month eligibility redeterminations for expansion adults: \$2.4 billion loss in federal funds and **400,000 enrollees losing coverage**.



Timeline of Selected Provisions

Immediately on Enactment (July 4, 2025)

- Limitations on new state directed payments
- Provider tax uniformity.
- SNAP work requirements expansion.
- Planned Parenthood.

January 1, 2027

- Medicaid work requirements.
- 6-month eligibility redeterminations and limited retroactive coverage.
- 1115 waiver budget neutrality requirement.

2032

End of phase-down for state directed payments and provider taxes.

October 1, 2026

- Limitation on immigrant Medicaid eligibility.
- Lower reimbursement for emergency services for certain immigrants.
- 5-year grant program for rural providers begins.

2028

- SNAP state cost-sharing.
- Beginning of phase-down of caps on state directed payments and provider taxes.



Questions & Discussion

MCP Updates



Alameda PATH Collaborative CPI Monthly Update

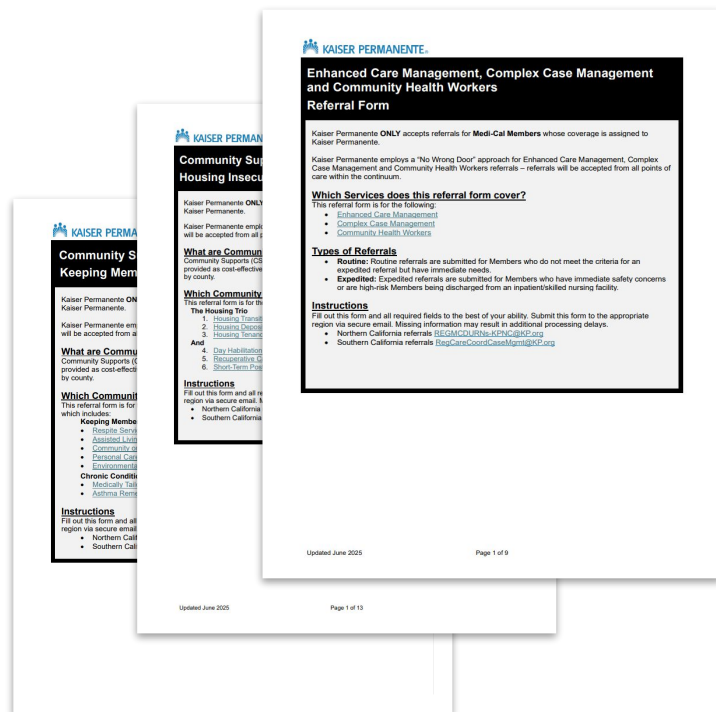
Camille Cooley, Medi-Cal Local Engagement

July 2025

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](#)



ECM, Complex Care Management, and CHW Referral Form

Which Services does this referral form cover?

This referral form is for the following:

- Enhanced Care Management
- Complex Case Management
- Community Health Workers

The image shows two overlapping Kaiser Permanente referral forms. The top form is 'SECTION A' and the bottom form is 'SECTION B'. Both forms are for 'ECM, Complex Care Management, and CHW Referral'. The forms include fields for 'Referral Source Information', 'Referring Organization Name', 'Referring Organization National Provider Identifier (NPI)', 'Referrer Email', 'Referrer Phone Number', 'Referrer Relationship to Member', 'External referral by, select ONE', 'Attestation', and 'Page 2 of 9'. The bottom form also includes a list of services to be checked, such as 'Respite Services (Caregiver Respite)', 'Assisted Living Facility Transitions', 'Community or Home Transition Services', 'Personal Care and Homemaker Services', 'Environmental Accessibility Adaptations (Home Modifications)', 'Medically Tailored Meals/Medically-Supportive Food', 'Sobering Centers', and 'Asthma Remediation'.

Community Supports Referral Form: Housing Insecurities

Which Community Supports does this referral form cover?

This referral form is for the CS services aimed to support Housing Insecurity, which includes:

The Housing Trio

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services

And

4. Day Habilitation Programs
5. Recuperative Care (Medical Respite)
6. Short-Term Post-Hospitalization Housing

KAISER PERMANENTE

SECTION A

Fields marked with an asterisk (*) are mandatory

Is the person being referred a Kaiser Permanente (KP) Member?

- ☐ Yes, this is a Kaiser Permanente Med-Cal Member
- ☐ No STOP, do NOT proceed. Please send referral to the appropriate agency.

Referral Source Information

Date of Referral*

Referring Organization Name*

Referring Organization National Provider Identifier (NPI)*

Referrer Email*

Referrer Relationship to Member*

External referral by, select ONE*

- ☐ Network Lead Entity (NLE)
- ☐ ECM/CS Vendor (please indicate which NLE you are referring to)
 - ☐ Full Circle Health
 - ☐ Independent Living
- ☐ Managed Care Plan (MCP)
- ☐ Other health care provider
- ☐ Mental health care provider
- ☐ Hospital or ER care team
- ☐ County or other government organization
- ☐ Schools/Local Education Agencies (LEAs)
- ☐ Other community-based provider
- ☐ Legal aid organizations
- ☐ Justice involved organizations
- ☐ Other:

Attestation*

☐ By checking this box, you confirm that the information provided is true and verified. You also confirm that the Member referred to AND that you can provide support.

Updated July 2025

KAISER PERMANENTE

SECTION B

☐ 1. Housing Transition Navigation

Important Information – Please Read

- Description: Provides Members with housing insecurity to receive assistance to find, apply for, and secure housing.

Key Information:

- A Member cannot be enrolled in Housing Transition Navigation and Housing Tenancy and Sustaining Services at the same time. Please **ONLY** select **ONE** service.

1.1) To be eligible, the Member **MUST** meet **ONE** of the following criteria. Select the **ONE** that applies:

- ☐ Prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System
- ☐ Meet the HUD definition of homelessness: **OR** one of the following criteria below. Select the **ONE** that applies:
 - ☐ A.) Is receiving Enhanced Care Management
 - ☐ B.) Has one or more serious chronic conditions
 - ☐ C.) Has a serious mental illness
 - ☐ D.) Is at risk of institutionalization
 - ☐ E.) Is requiring residential services as a result of substance use disorder
- ☐ Member meets the HUD definition of at risk of homelessness: **AND** one of the following criteria below. Select the **ONE** that applies:
 - ☐ A.) Is receiving Enhanced Care Management
 - ☐ B.) Has one or more serious chronic conditions
 - ☐ C.) Has a Serious Mental Illness
 - ☐ D.) Is at risk of institutionalization or overdose
 - ☐ E.) Is requiring residential services because of a substance use disorder or have a Serious Emotional Disturbance (children and adolescents)
 - ☐ F.) Is a Transition-Age Youth with significant barriers to housing stability

Comments (optional)




Updated July 2025

Page 4 of 13

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.

Closed-Loop Referral (CLR) Overview

Definition	
Closed-Loop Referral (CLR): A referral initiated on behalf of a Medi-Cal Managed Care Member that is tracked, supported, monitored and results in a <i>known closure</i> . A known closure occurs when a Member's initial referral loop is completed with a known outcome.	
Background	Requirement Components
<ul style="list-style-type: none">CLR requirements effective on July 1, 2025 solely apply for two services:<ul style="list-style-type: none">❑ Enhanced Care Management – all Population of Focus (PoF)❑ Community Supports – all services upon go-live, except Sobering CentersThe goal is to increase the share of Medi-Cal Members successfully connected to the services they need by identifying and addressing gaps in referral practices and service availability.DHCS intends to expand similar CLR requirements to other applicable services (i.e. CHW) over time. An official timeline has not been shared other than for BH services beginning in some time in 2026.	<ul style="list-style-type: none"> Tracking Referral: Track a minimum set of data elements for each referral Supporting Referral & Closure: Provide assistance with referral and processing, notifying members and referring entities and work with providers to troubleshoot challenges Monitoring Referrals: Monitor data to resolve challenges across referral partners, internal operations, and providers

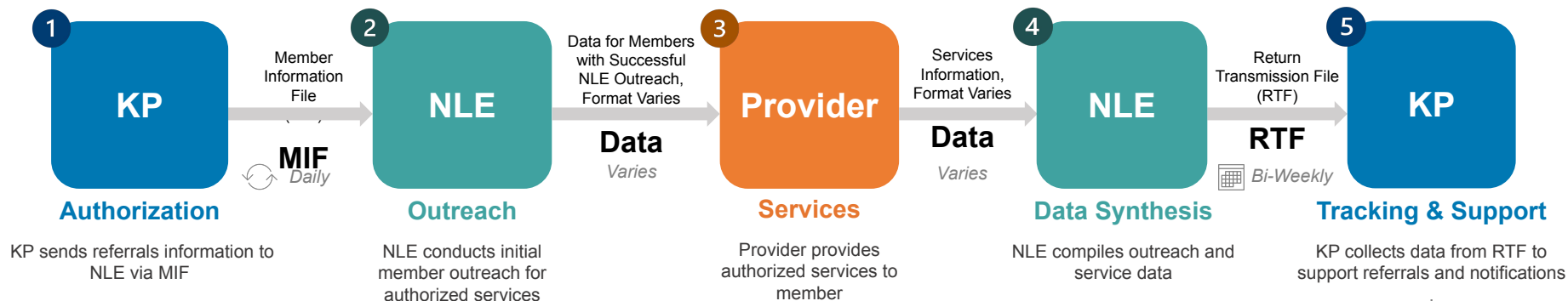
*DHCS has shared that they are giving Plans a 1-year grace period to implement systems and processes for CLR for ECM/CS after the CLR policy is effective on July 1, 2025.

Sources: [CLR Implementation Guidance May 2025](#),
[Closed-Loop-Referral-FAQs May 2025](#)

ECM & CS Provider Reporting Changes Due to CLR Guidance

- Data elements will be updated on the MIF and RTF to meet Closed Loop Referral (CLR) data requirements, *including but not limited to*:
 - Contact Information for Referring Organization / Person
 - Referral Status: Pending, Accepted, Declined, Outreach Initiated, Referral Loop Closed
 - Reason for Referral Loop Closure: Services Received, Service Provider Declined, Unable to Reach Member, Member No Longer Eligible for Services, Member No Longer Needs Services or Declines, Other, Authorization Denied (*determined only by KP*)
- For more information on how **CLR** and **MIF/RTF** updates may impact your organization, please contact your contracted **Network Lead Entity** (Full Circle Health Network, Independent Living Systems, Partners in Care).

Referral Information Workflow



Community Resources



- [Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights](#)
- [Migrant Family Safety Plan Toolkit \(English and Spanish\)](#)
- [New DHCS Immigration FAQ](#)



Questions?



Reflections?



Ideas?

Contact your Medi-Cal Local Engagement Representative!

Vanessa Davis (She/Her)
Vanessa.W.Davis@kp.org

Camille Cooley (She/Her)
Camille.M.Cooley@kp.org

Upcoming Events



URBAN LEAGUE OF GREATER
SAN FRANCISCO BAY AREA



UNITE US



BluePath
HEALTH

Better Care Together

Collaborative Strategies to
Enhance CalAIM Engagement

WEDNESDAY
AUGUST 20, 2025

12 PM-2 PM

COMMUNITY HUB
1955 BROADWAY OAKLAND, CA 94612

Join us for an afternoon of connection, collaboration, and community impact.
Together, we're closing the loop on care and advancing CalAIM for all.



gabby.agar@bluepathhealth.com



(925) 905-1662

Children and Youth Workgroup

Tuesday, August 12, 2025

11am - 12pm

On Zoom

The Alameda Children and Youth Workgroup is a recurring meeting that brings together partners to addresses implementation challenges and share best practices related to ECM and Community Supports for children and youth. Meetings also include relevant DHCS and MCP updates, spotlight presentations, success stories, and opportunities to strengthen care coordination.

Alameda Child Welfare Coordination Resource			
Topic	Child Welfare Social Worker	HCPCFC Public Health Nurses	Lead Care Manager
Court Documents/Court Ordered Services	Lead	Support (as necessary)	
Foster Youth Application	Lead		
Medi-Cal Application/Eligibility (CalSAWS)	Lead	Inform	
CANS (Child and Adolescent Needs & Strengths Assessment Tool)	Lead	Inform	Inform
Social Drivers of Health Support (Housing, Transportation, Education, Financial, Food Security, Mental Health/Behavioral Health Support)	Lead	Inform	Support
Multidisciplinary Team Meetings (CFT)	Lead	Inform	Inform
Referrals	Community & Social Support Referrals	Medical Referrals	Community & Social Support Referrals
Medical, Vision, & Dental Appointments		Lead	Support
Health Forms for Doctor's Visits/Courts		Lead	Support
Health Promotion & Education		Lead	Support
Foster Youth Health & Education Passport		Lead	Support
Medication Management (including psychotropic medication)	Support	Lead	Support
Interpretation of Medical Reports		Lead	
Coordinate Services for Children in Out-of-County and Out-of-State Placements	Mental Health Care	Health Care	
Medi-Cal MCP Navigation		Support	Lead
Regional Center Navigation	Lead	Support	Support
Education and IEP Navigation	Lead		Support
Health Care Comprehensive Transitional Care		Support	Lead
Mental Health Comprehensive Transitional Care	Lead		Support

Lead
Support
Inform

HCPCFC Public Health Nurse: Call (510) 618-2070 or email HCPCFCAlameda@acgov.org
Lead Care Manager: Contact MCP foster care liaison
[ECM & CS Referral Pathways Website](#)

For questions or feedback about this resource please email: pathinfo@bluepathhealth.com



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)

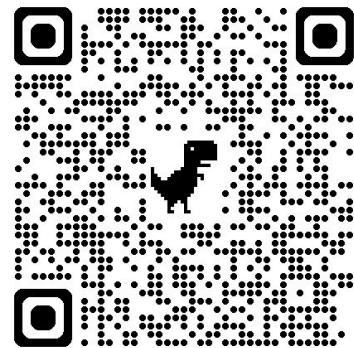
See you virtually in August!

August 22, 2025
10:00am - 12:00pm

On Zoom

*Topic: CalAIM Justice-Involved
Initiative*

Register now:



Thank you for attending!

Appendix



Work Requirements

Key provisions

80 hours per month of work, a work program, or community service; or at least half-time enrollment in an educational program (or combination of the above).

Certain exceptions, including for those under 18 and over 64; those considered medically frail; parents of dependent children under 13; certain short-term hardships; etc.

One-time \$200 m implementation funding to states in FY 2026.

Timeline

Begins January 1, 2027

Earlier under a waiver or demonstration project if State chooses

Secretary may provide a one-time good-faith extension to the state until no later than December 31, 2028



Eligibility and Enrollment

Key provisions

Eligibility redetermination every 6 months instead of annually for ACA expansion individuals.

Limits retroactive eligibility to one month for expansion individuals, two months for other individuals, from three months currently.

Suspends two Biden Administration rules designed to simplify and expand eligibility enrollment processes.

Timeline

Begins January 1, 2027.

Suspension of Biden Administration rules is immediate.



Provider taxes

Key provisions

Prohibits new provider taxes and increases to existing taxes – a key source of Medicaid funding.

Phases down current 6% tax safe harbor for expansion states (SNFs and ICFs exempted from phase down).

Additional requirements on determining tax uniformity (affecting whether tax is allowable).

Expected to greatly impact California's MCO tax, and likely hospital fee.

Timeline

Tax safe harbor phases down from FY 2028 to 2032.

Tax uniformity provisions effective immediately, with 3-year transition period at discretion of the HHS Secretary (July 2028).



State Directed Payments

Key provisions

Sets a cap on State Directed Payments (SDPs), which [require](#) managed care organizations (MCOs) to make certain types of payments to health care providers.

Many states currently use average commercial rates to set payments, which are generally higher than Medicare rates.

California has several [directed payments](#) that will be affected by these new requirements.

Timeline

For new SDPs: Immediately.

For existing SDPs: Capped at current amount, then 10% decrease year-over-year beginning in 2028 until they reach 100% of Medicare rate for expansion states, 110% for non-expansion states.



Looking ahead

Work and eligibility requirements

Most begin January 1, 2027.

Massive administrative task of implementing work requirements and 6-month redeterminations.

State directed payments and provider taxes

Certain requirements take effect immediately.

Major reductions in funding begin in 2028 and continue through 2032.

State budget

Expect state to start planning for coverage and funding losses in 2026.

06/24/25 TA Marketplace Updates

Two decorative wavy lines, one in a medium blue color and one in a darker blue color, positioned below the title.

TA Marketplace Update Overview

TA Marketplace Projects

- » Given the outstanding interest in the Marketplace, recent TA project requests have propelled beyond our budgetary projections and due to these constraints, new changes are being implemented to help ensure resources are distributed as equitably and effectively as possible. These updates will affect how TA projects are reviewed, approved, and prioritized.
- » Anything currently under review by the TPA and DHCS teams will be evaluated with these updates in mind. Given the increased volume of interest and limited resources, please be advised that the review and approval process will take longer than usual. We are also shifting to a more competitive framework for evaluating project submissions.
- » If a TA Vendor or Recipient wishes to withdraw a project currently under review or in progress, please consult the [TA Vendor Policy Guide](#) and [TA Recipient Policy Guide](#) for guidance.

TA Vendor and On-Demand Resource Procurements

- » The TA Marketplace will not hold a Round 6 procurement for TA Vendors or On-Demand Resources. While a new round had previously been anticipated for Summer 2025, the current level of Marketplace engagement and existing vendor capacity indicate that additional procurement is not needed at this time.

New TA Project Criteria

- » DHCS is applying four new limitation criteria for current and new Project Eligibility Applications (PEAs), and Scopes of Work (SOWs), and Budgets in the review queue and any projects moving forward:
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TA Project Timelines

Project End Dates

- Please note that the dates below are at the discretion of DHCS and subject to change.
- TAM availability for new project submissions may wind down in January 2026 based on approvals made in Summer 2025.
- All TA Marketplace projects must be completed by December 31, 2026.
- Invoices must be approved by TA Recipients by February 15, 2027.
- No-cost extensions are not guaranteed but are considered once per project up to 6 months; please work with your TA Vendor to complete this request for any projects needing additional time.

Project Length

- TA projects must be under one year.
- All projects submitted for approval on the TA Marketplace should be at least 4 weeks in length, even for single-day training sessions. This will allow for sufficient time to review and approve the project as well as gather all necessary signatures for execution.

Project Start Dates

- TA projects will not be able to be submitted to the TPA if the project start date is less than a week from submission.
- The TA Marketplace suggests that project start dates be at least 4-6 weeks after submission to allow the necessary TAM and DHCS review and approval time.
- Please note that work is not allowed to begin prior to the project start date and all signatures have been completed, whichever date is later.

TA Project Determination Communications

» Project Eligibility Applications

- Approvals: TA Recipients will continue to receive an automatic system email when the PEA is approved by DHCS.
- Reworks: TA Recipients will continue to receive an email from the TAM team with feedback on the PEA and a request to withdrawal the PEA and submit a new one with the feedback incorporated.
- Denials: TA Recipients will receive an email from the TAM team indicating the PEA has not been approved and will be closed.

» Scope of Work (SOW) & Budgets

- Approvals: TA Recipients and Vendors will continue to receive an automatic system email and the SOW & Budget to be signed via AdobeSign.
- Reworks: TA Vendors will continue to receive feedback within the TA Marketplace console for the SOW & Budget.
- Denials: TA Vendors will be informed of a SOW & Budget not being approved via feedback in the TA Marketplace console, and TA Recipients will receive an email with the determination. The SOW & Budget will be closed immediately.
 - *Please note the team is working on allowing TA Recipients to view comments in the TA Marketplace console for SOW & Budgets. Once that functionality is available, TA Recipients will no longer receive emails when it is determined that a SOW & Budget will not move forward.*

If a TA Recipient or Vendor has any questions about the current status or determination of a TAM application, we encourage you to either review the status in the TA Marketplace console or send an email to ta-marketplace@ca-path.com.

Other Considerations

» Future TA Project Criteria

- The TA Marketplace and DHCS teams will be evaluating projects and funding available as they are submitted to the Marketplace. If it is identified that the changes outlined previously are no longer necessary or if new changes are required, the TA Marketplace and DHCS teams will share that information with TA Marketplace participants.

» Engaging New TA Recipients

- The TA Marketplace intends to conduct a survey for TA Recipients this summer to identify TA Recipients willing to have their contact information shared with TA Vendors. Please note that contact information shared with TA Vendors must be used for the sole purpose of engagement on the TA Marketplace.

» Closing Completed Projects

- Currently, Vendors and Recipients may mark a project as complete in the semi-annual TA project progress reports. The TA Marketplace intends to open a process for TA Vendors and Recipients to close a completed project outside the progress reporting process. Please be sure to check for updates from the TAM team on this new process.

Transitional Rent Program Overview

What is it?

Six months of rent for Med-Cal members experiencing or at risk of homelessness and meet certain additional eligibility criteria (e.g. Behavioral Health services)

Who is this for?

Transitional Rent is designed to provide a time limited opportunity to help those who:



Behavioral Health Integration:

- In each county the MCP operates, it must offer a contract to the county behavioral health department, or their designated county department or agency, to serve as a Transitional Rent (TR) Provider.
- DHCS will launch the BH Population of Focus first to establish a pathway from Transitional Rent to Behavioral Health Services Act (BHSA)-funded housing, particularly for individuals with significant BH needs.

Key Takeaways:

DHCS states that “MCPs and county behavioral health agencies must establish stronger partnerships, coordination, and communication to serve Members with significant behavioral health needs.”

- County BH agencies are required spend 30% of BHSA funds on housing interventions.
- DHCS expects members who receive TR from their MCP to **seamlessly continue to receive coverage** of rental assistance and other housing interventions.

Eligibility Criteria for Transitional Rent

On 1/1/2026, Kaiser Permanente will be offering Transitional Rent (TR) to individuals who qualify under Population of Focus (PoF) 1. To qualify for TR, individuals must meet all three eligibility criteria, including specific clinical risk factors, homelessness status, and being part of designated transitioning populations.

POF	 Clinical Risk Factor	 Social Risk Factor	 Specified Transitioning Criteria
POF 1 (BH POF)	<ul style="list-style-type: none">• Meet the access criteria for SMHS, <i>or</i>• Meet the access criteria for DMC, <i>or</i>• Meet the access criteria for DMC-ODS services	Experiencing or at risk of homelessness	Transitioning out of an institutional or congregate residential setting
POF 2			Transitioning out of a carceral setting
POF 3			Transitioning out of an interim setting
POF 4			Transitioning out of recuperative care or short-term post-hospitalization housing ¹
POF 5	Transitioning out of foster care		
POF 6	Experiencing unsheltered homelessness		
POF 7			

For more information on Transitional Rent (TR) and TR Populations of Focus, please reference the DHCS Concept Paper: [Transitional Rent Concept Paper 08222024](#)