Alameda CalAIM Children and Youth Workgroup

January 21, 2025

Today's Agenda

Time	Agenda Topic
11:00-11:15	Welcome and Introductions
11:15-11:20	December Recap
11:20-11:30	Referral resources update
11:30-11:45	Discussion: Consent & CalAIM services for youth
11:45-11:55	Resources, Education, and Training Opportunities
11:55-12:00	Next Steps and Wrap Up

Introductions

Please share:

- Your Name
- Organization and Role
- Your role in CalAIM (provider, referral partner, youth-serving agency, etc)
- What's one resource in Alameda County that youth-serving CalAIM providers should know about?

December Recap

Workgroup Objective

Enable outreach, referrals, and enrollment for children into ECM and Community Supports

Areas of opportunity

We discussed top priorities to address in order to improve access to CalAIM services for children and youth:

- Referral pathways and processes
- Consent
- Provider education & training

Referral Resources

What's new in 2025?

Launched January 1st:
- ECM Referral Standards
- ECM Presumptive Authorization Policy

Coming later in 2025:
- Closed-Loop Referrals Implementation Policy
- Updated Community Supports Definitions

New ECM referral form for children & youth under 21 now available

Alliance ALAMEDA **FOR HEALTH**

Enhanced Care Management (ECM) – Approval Request Form
(for Children/Youth Under the Age of 21)

The Alameda Alliance for Health (Alliance) Enhanced Care Management (ECM) – Approval Request Form *(for Children/Youth Under the Age of 21)* is confidential. This form is for Alliance members who are **UNDER THE AGE OF 21**.

If you believe that your patient may be appropriate for ECM services, please complete this form. Approvals are based on member eligibility.

INSTRUCTIONS

1. This form is for members who are **UNDER THE AGE OF 21**.
2. If the member being referred is a child, youth, or family (experiencing homelessness), please review each indicator and select the box to **all** that apply across the child/youth Population of Focus (PoF). **Please leave blank any elements that do not apply, to the extent of your knowledge**.
3. Please use **Section 5: Additional Comments** to provide any areas where further Alliance review may be warranted. For additional guidance on the ECM PoF definitions, please refer to the ECM Policy Guide at **www.dhcs.ca.gov/CalAIM/Documents/ECM-Referral-Standards-and-Form-Templates.pdf**.
4. Please print clearly, or type in all the fields below. Fields marked with * are required.
5. Attach a clinical summary and/or supporting documentation for ECM (e.g., clinic notes, hospital discharge summary, etc.).
6. Fax or send by secure email the completed form to the Alliance ECM Department at **1.510.995.3725** or **ECM@alamedaalliance.org**.

For questions, please call the Alliance Case Management Department at **1.510.747.4512**.

Please Note: Handwritten or incomplete forms may be delayed. Forms submitted without supporting information may also be delayed.

Date of Referral*: _____   Type of Referral*: _____

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Community Supports: Referral vs Authorization Request

▷ Referral

　　⬜ A notification from a non-Community Supports provider, identifying a member who may benefit from a Community Support.

▷ Authorization Request

　　⬜ A request from the provider to the health plan to review and determine the appropriateness of a Community Support (submitted by a Community Support provider, or a provider that has already collaborated with that Community Support provider and received the member's consent)

Referral Received → **Referral forwarded to CS Provider** → **Auth Request received from CS Provider** → **Auth Request Reviewed by AAH**

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HEALTH

New Alameda Alliance Community Supports referral form now available

ALAMEDA
Alliance
FOR HEALTH

CalAIM Community Supports – Referral Form

This Alameda Alliance for Health (Alliance) CalAIM Community Supports – Referral Form is confidential. Filling out this form will help us better serve our members. Approvals are based on member eligibility.

INSTRUCTIONS
1. Please print clearly, or type in all the fields in Sections 1 and 2 below.
2. In Section 3, please select the boxes for the Community Supports services that the member is interested in receiving. Select all required checkboxes for the selected services prior to submission.
3. Fax or send by secure email the completed form and any supporting documentation to the Alliance Community Supports Department at **1.510.995.3726** or **CSDept@alamedaalliance.org**.

For questions, please call the Alliance Community Supports Department at **1.510.747.4545**.

Referral Date: _____

SECTION 1: REFERRAL INFORMATION

Last Name: _____   First Name: _____

Agency or Relationship to Member: _____   NPI #: _____

Address: _____

City: _____   State: _____   Zip Code: _____

Phone Number: _____   Fax Number: _____

Email: _____

SECTION 2: MEMBER INFORMATION

Last Name: _____   First Name: _____

Date Of Birth (MM/DD/YYYY): _____

Alliance Member ID Number: _____   Client Index Number (CIN): _____

Primary Care Provider (PCP) Full Name: _____

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Consent for minors

Background

Some resources exist that may provide clarity on certain questions related to minor consent and CalAIM:

1. **State Health Information Guidance:** Sharing Minors and Foster Youth Health Information in California
2. **CalAIM Data Sharing Authorization Guidance**
3. **NYCL: CA Minor Consent and Confidentiality Laws Guide**

Discussion

1. What are the most common challenges related to minors and consent within CalAIM?

2. Are there specific scenarios for which additional guidance would be helpful?

Resource Development

In Development: Foster Youth Care Coordination Handout

Care Team Member	Role & Responsibilities	How to Contact
Child Welfare Social Worker	Work with children and youth and their families to address needs related to social services and child welfare system navigation	?
HCPCFC Public Health Nurse	- Medical and health care case planning - Help foster caregivers to obtain timely comprehensive health assessments and dental examinations - Expedite referrals for medical, dental, mental health and developmental services - Coordinate health services for children in out-of-county and out-of-state placements - Interpretation of medical reports - Train foster team members on any special health care needs - Manage use of psychotropic medications	Call (510) 618-2070 or email HCPCFCalameda@acgov.org
Lead Care Manager	- Outreach and Engagement - Comprehensive Assessment and Care Management Plan - Enhanced Coordination of Care - Health Promotion - Comprehensive Transitional Care (if needed) - Member and Family Supports - Coordination of and Referral to Community and Social Support Services	Contact MCP foster care liaison (?)

Planning Ahead

How can we continue to foster knowledge sharing in our workgroup meetings?

Options include:

- Casual provider spotlights & Q&A
- Guest presenters

Key Dates

In-Person Networking Lunch

Friday, January 31 |11am-12:30pm
Alameda County Creekside Plaza
(1100 San Leandro Blvd)

Next Children & Youth Workgroup Meeting
(proposed)
Tuesday February 18 | 11am - 12pm
On Zoom

Thank you!

Please take a few minutes to complete this short poll.

Let's keep the conversation going:
madison.olmsted@bluepathhealth.com

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HEALTH

Support For Providers

▷ Questions related to eligibility requirements

▷ Questions related to authorization processes

▷ **Department Contact Info**:

    ○ Email: CSDEPT@alamedaalliance.org

    ○ Phone: 1.510.747.4545

▷ **Individual Provider Meetings**

DHCS Spotlight on Children and Youth

Highlights:

- What does ECM delivery look like for children and youth?

- How does it link with other programs, particularly the CHW benefit and dyadic services?

- Example cases/vignettes

Access the resource here

How Do Children and Youth Access ECM?

Access to ECM can be created in multiple ways.

» Eligible Members may be referred to the Medi-Cal MCP by a **provider, case manager, or other professional already serving the child or youth**.

– DHCS expects MCPs to source most ECM referrals in this way. Since children and youth with complex needs are usually already being served by at least one health care or social service delivery system, DHCS expects almost all children and youth to access ECM this way in the first few years of the program.

– Community-based service providers are encouraged to identify and refer eligible children and youth to their MCPs for ECM, whether or not referring providers are themselves serving as ECM Providers within the MCP contracted network and/or service area.

ECM for Children and Youth

The Children and Youth Population of Focus became eligible for ECM in July 2023.

Children and youth experiencing the following are eligible:

- Experiencing homelessness

- At risk for avoidable hospitalization or ED utilization

- With serious mental health and/or substance use disorder needs

- Enrolled in California Children's Services (CCS) or CCS WCM

- Involved in Child Welfare

- Pregnant or have been pregnant within the last 12 months and identify as Black, American Indian, Alaska Native, or Pacific Islander

Q2 2024 ECM Utilization Data

ECM Populations of Focus		Adults	Children & Youth
1a	Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experience Homelessness	429	N/A
1b	Individuals Experience Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	N/A	322
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	738	216
3	Individuals with Serious Mental Health and/or SUD Needs	328	198
4	Individuals Transitioning from Incarceration	180	1
5	Adults Living in the Community and At Risk for LTC Institutionalization	376	N/A
6	Adult Nursing Facility Residents Transitioning to the Community	4	N/A
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	N/A	68
8	Children and Youth Involved in Child Welfare	N/A	91
9	Birth Equity Population of Focus	134	5
	Total	2,189	901