Alameda CalAIM Children and Youth Workgroup

February 18, 2025

Today's Agenda

Time	Agenda Topic
11:00-11:10	Welcome and Introductions
11:10-11:15	January Recap
11:15-11:25	Policy Updates
11:25-11:40	Review: Foster Youth Provider Roles Resource
11:40-11:50	Updates on Available Resources
11:50-12:00	Poll and planning for next meeting

Introductions

Please share:

- Your Name
- Organization and Role
- Your role in CalAIM (provider, referral partner, youth-serving agency, etc)
- Updates from your organization you'd like to share

January Recap

Workgroup Objective

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

Addressing areas of opportunity

In December and January, we discussed areas of opportunity to address in order to improve access to CalAIM services for children and youth:

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

Policy Update

What's new in 2025?

Launched January 1, 2025:

- ECM Referral Standards
- ECM Presumptive Authorization Policy

Effective July 1, 2025:

- Closed-Loop Referrals Implementation Policy
- Updated Community Supports Definitions

February 2025 DHCS Update

- DHCS released updated Community Supports definitions for the following services:
  - Nursing Facility Transition/Diversion to Assisted Living Facilities
  - Community Transition Services/Nursing Facility Transition to a Home
  - Asthma Remediation
  - Medically Tailored Meals/Medically Supportive Food
- These new definitions are effective **July 1, 2025**

Updated definitions for the Housing Trio are expected in April 2025 to coincide with the service definition for Transitional Rent

Medically Tailored Meals and Groceries

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.

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

MTM/MSF 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, and chronic or disabling mental/behavioral health disorders"

Asthma Remediation Service Definition Updates

- 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

BluePath
H E A L T H

New Alameda Alliance Community Supports referral form now available

Alliance ALAMEDA

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: _____

Resource Development

In Development: Foster Youth Care Coordination Handout

| Topic	Child Welfare Social Worker	HCPCFC Public Health Nurse	Lead Care Manager
		Call (510) 618-2070 or email HCPCFCalameda@acgov.org	Contact MCP foster care liaison
Court Documents/Court Ordered Services	Lead		
Foster Youth Application	Lead		
Medi-Cal Application (Alongside Eligibility)	Lead		
CANS (Child and Adolescent Needs and Strengths Asessment Tool)	Lead		
SDoH Support (Housing, Transportation, Education (including IEPs), Financial, Food Security, Mental Health/Behavioral Health Support)	Lead		Support
Multidisciplinary Team Meetings (CFT)	Lead		Support
Referrals	Community and Social Support Referrals	Medical Referrals	Community and Social Support Referrals
Medical, Vision and Dental appointments		Lead	Support
Health forms for doctor's visits/courts		Lead	Support
Health Promotion and Education		Lead	Support
Foster Youth Health & Education Passport		Lead	
Medication Management, including psychotropic medication		Lead	
Interpretation of medical reports		Lead	
Coordinate health services for children in out-of-county and out-of-state placements		Lead	
Navigate complex systems (health plan, regional center, school, etc)			Lead
Medi-Cal MCP navigation			Lead
Comprehensive Transitional Care (if needed)			Lead

Resource Reminders

Funding Opportunity: CITED Round 4

- Applications will be open **January 6th to May 2nd**

- State priorities for funding include:

  - **County-Specific ECM and Community Supports gaps**

  - Statewide ECM and Community Supports gaps

    - **Birth Equity**, Justice-Involved, and Transitional Rent

  - Tribal Entities or other entities serving tribal members

  - Entities serving individuals whose primary language is not English

  - Local CBOs

- Learn more about CITED at their main website

Next CITED Office Hours:

Feb. 20 at 10:00am

On Zoom (register below)

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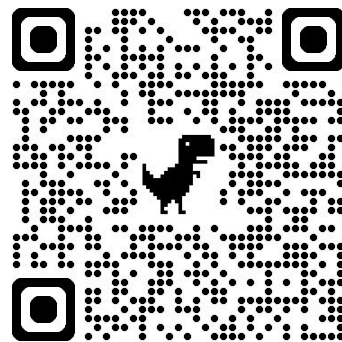
Q2 2024 ECM Utilization Data

	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

Explore more ECM and Community Supports Data

Total Number of Members Who Utilized Community Supports by Quarter in Any County Since Launch

Chart 3.1.1
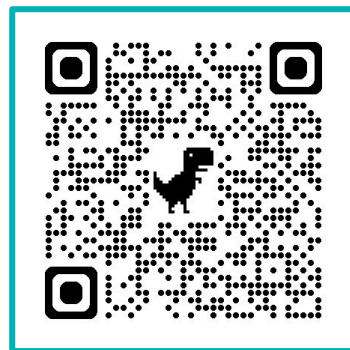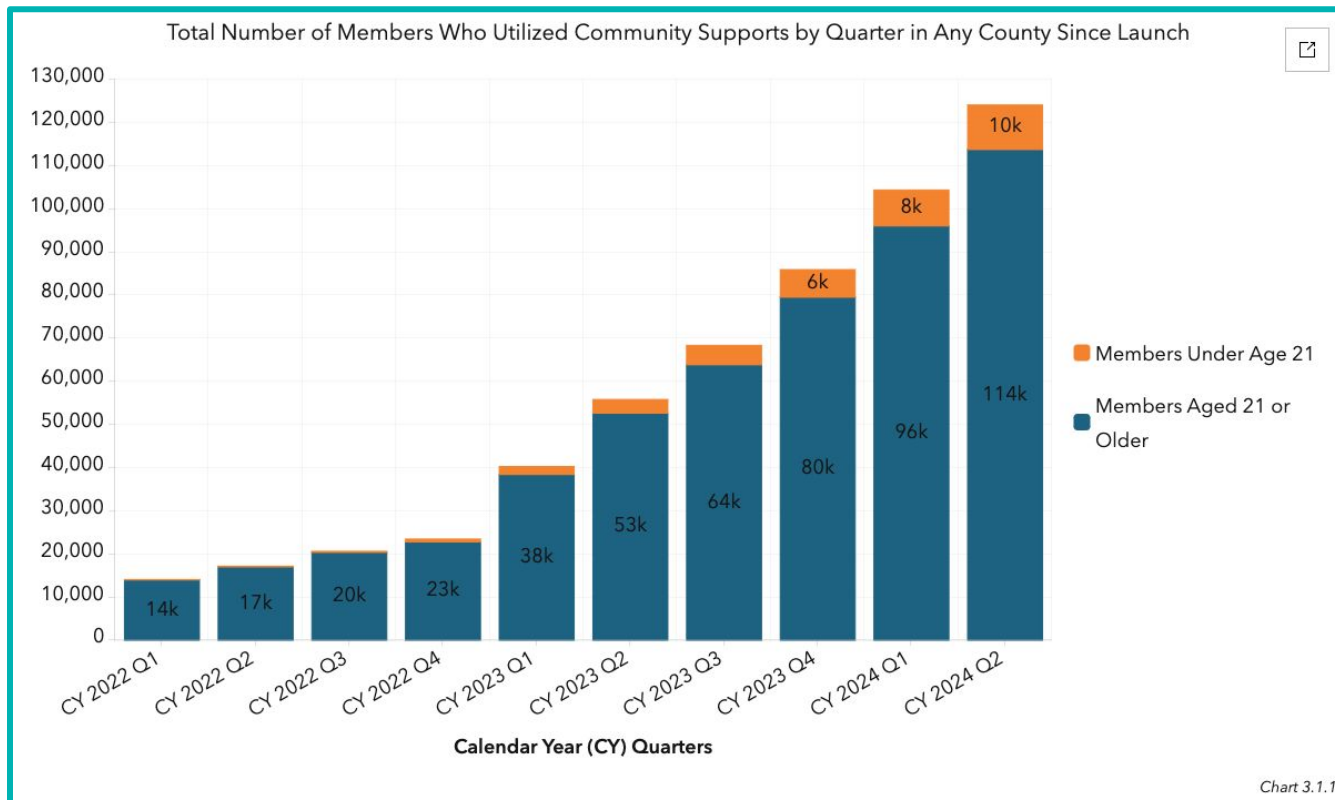
TA Marketplace

Technical Assistance Marketplace

The PATH Technical Assistance (TA) Marketplace serves as a virtual marketplace for TA services, a one-stop-shop website where entities can access TA resources from curated and approved Vendors. The TA Marketplace initiative provides funding for providers, community-based organizations, counties, and others to obtain TA resources to establish the infrastructure needed to implement Enhanced Care Management (ECM) and Community Supports.
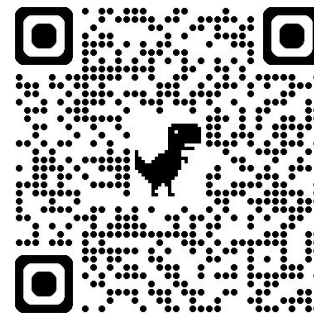
The Round 5 Vendor application is now open through January 31, 2025

Explore the Marketplace

- Training

- Workforce development

- Data sharing capacity & infrastructure

- Health Equity

- Service Delivery Improvement
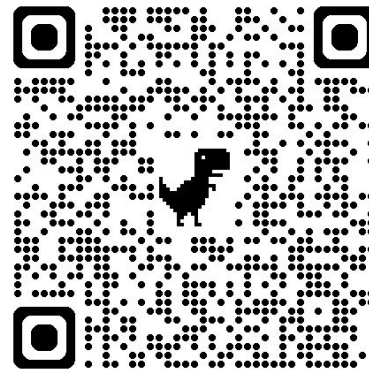
Access the TA Marketplace:

Poll time!

Please take a few moments to share your feedback!

See you on Zoom next week!

Alameda CalAIM PATH Collaborative
February Meeting
Friday, February 28 | 10am - 12pm
On Zoom

Register now:

Thank you!

Please take a few minutes to complete this short poll.

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

BluePath
HEALTH

Support For Providers

▷ Questions related to eligibility requirements

▷ Questions related to authorization processes

▷ **Department Contact Info**:

  o Email: CSDEPT@alamedaalliance.org

  o 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

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

ALAMEDA Alliance 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*: _____

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**

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?