

Alameda CalAIM PATH Collaborative

September 26, 2025



**Please introduce
yourself in the
chat!**

Agenda

Time	Agenda Item
10:00-10:05am	Welcome and Introductions
10:05-10:15am	Policy Updates
10:15-10:35am	Best Practices for Serving Immigrant Communities: <i>Health Improvement Partnership of Santa Cruz</i>
10:35-10:55am	Local Immigration Resources: <i>Alameda County Immigration Legal Education Partnership</i>
10:55-11:15am	Updates, Announcements, and Resources
11:15am-12:00pm	Office Hours with the Facilitators

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**

August Recap

Thank you for joining us in August!

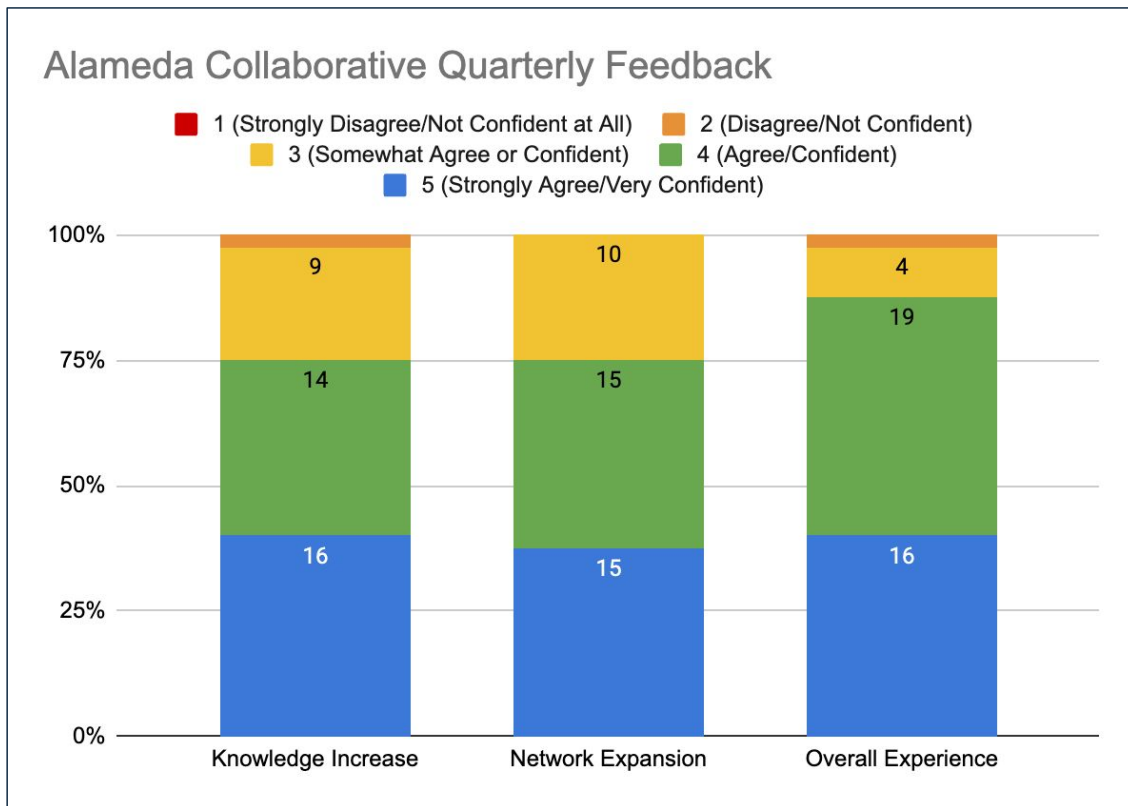
We discussed the CalAIM Justice-Involved Initiative, including:

- Overview of the CalAIM Justice-Involved Initiative
- Spotlight on the Roots Safe Landing program
- MCP updates on prerelease services planning
- Re-entry services process overview from AC Behavioral Health Department

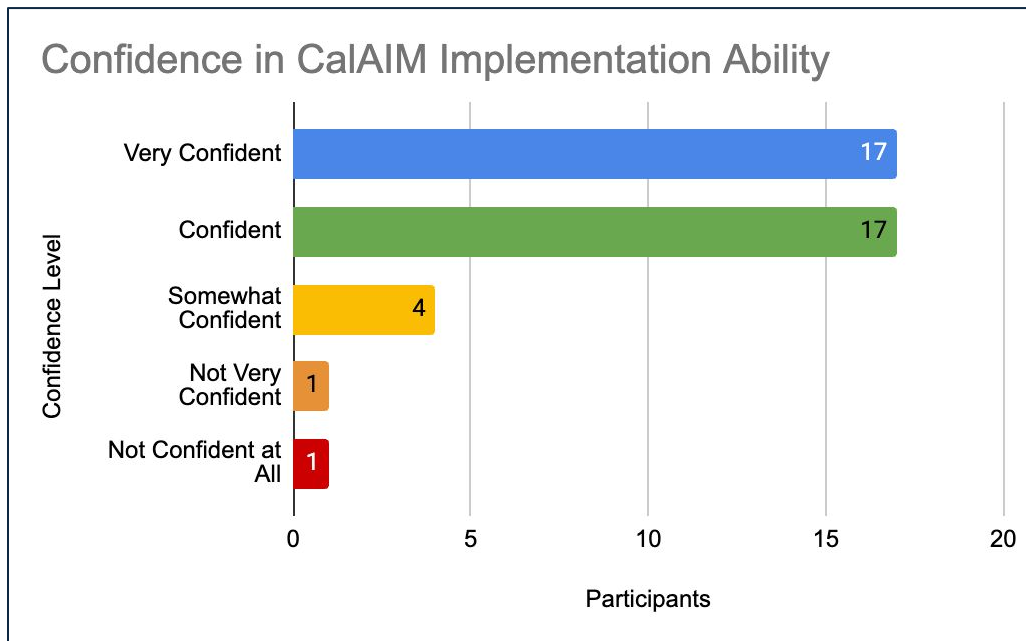


DHCS Quarterly Survey Results

40 respondents answered the new DHCS PATH Collaborative Survey last month

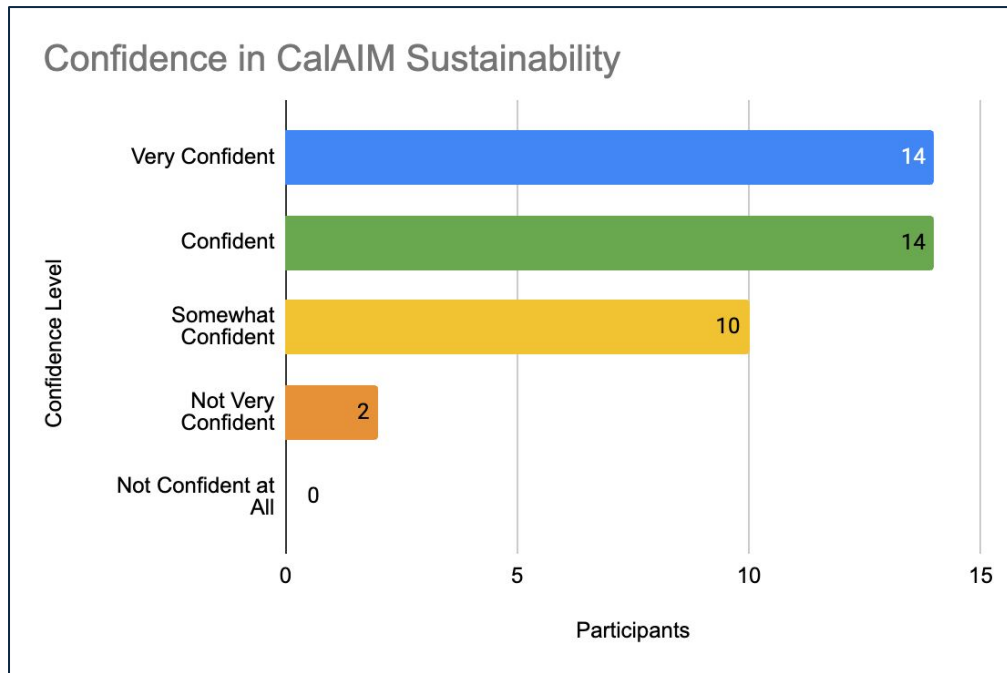


Respondent Feedback on ability to implement ECM and Community Supports



→ **85% of respondents** are confident or very confident in their ability of implementing ECM and Community Supports.

Respondent Feedback on the Sustainability of CalAIM Services Beyond 2026



→ **70% of respondents** are confident or very confident in the sustainability of CalAIM services beyond 2026

Supporting Immigrant Communities

Thank you for your input

Two areas where providers request additional support:

Policy summaries of changes impacting eligibility and enrollment in Medi-Cal for immigrant communities

Best practices for adapting outreach, communication, and care strategies to meet the needs of clients facing immigration fears and challenges



Medi-Cal Eligibility Remains the Same for Some Groups and Services

All Californians (regardless of immigration status)

- Eligible for emergency Medi-Cal, such as treatment for serious medical emergencies that require immediate care
- Eligible for emergency dental care, such as treatment for severe pain, infection or tooth removal

Children (age 0 to 18)

- Eligible for full coverage Medi-Cal, regardless of immigration status

Pregnant and Postpartum People

- Eligible for full coverage Medi-Cal during pregnancy and for one year after the birth outcome, including miscarriage or abortion, regardless of immigration status

**Medi-Cal is NOT considered in a public charge determination. The only exception is if you are entering the U.S. or applying for lawful permanent residence (LPR) status and you are receiving nursing home or other long-term institutionalized care.*



Medi-Cal Eligibility Changes for Undocumented Adults

- Starting **January 1, 2026**, adults who do not have Satisfactory Immigration Status (SIS) will no longer be able to enroll in full Medi-Cal. Regular, timely renewals are required to maintain coverage.
- Starting **July 1, 2026**, Medi-Cal dental benefits will no longer be available for adults who do not have Satisfactory Immigration Status (SIS).
- Starting **July 1, 2027**, adults who do not have Satisfactory Immigration Status (SIS) and remain in full coverage Medi-Cal will be required to pay a monthly \$30 premium to keep their coverage.

Federal Policy Changes

Under H.R. 1 (The One Big Beautiful Bill Act), October 1, 2026, some lawfully present immigrants will lose Medicaid, CHIP, and Medicare coverage:

No longer eligible:

- Refugees, asylees, and people granted withholding of removal (based on fear of persecution)
- Trafficking survivors
- Survivors of domestic violence who have filed a self-petition under the Violence Against Women Act
- Persons granted humanitarian parole for a period of at least one year

Still eligible:

- Lawful Permanent Residents (after the five-year waiting period)
- Cuban/Haitian entrants
- Compact of Free Association (COFA) migrants
- Lawfully residing children and pregnant individuals

Timeline of Selected Changes to Medi-Cal Eligibility

January 1, 2026

- Adults without Satisfactory Immigration Status can no longer enroll in Medi-Cal.
- Adults who have already enrolled keep their coverage given timely renewal

October 1, 2026

- Some lawfully present immigrants lose Satisfactory Immigration Status for Medicaid under H.R. 1

July 1, 2027

- Adults without Satisfactory Immigration Status who are still enrolled in Medi-Cal are required to pay a \$30 monthly premium to keep their coverage

July 1, 2026

- Adults without Satisfactory Immigration Status are no longer eligible for Medi-Cal dental benefits

January 1, 2027

- Work requirements apply for some adults aged 19-64
- Eligibility redetermination required twice per year instead of once

Health Improvement Partnership of Santa Cruz County

Santa Cruz County PATH CPI

Berenice Herrera-Lopez
Health Improvement Partnership of Santa Cruz County



Community-Wide Collaboration

Safety Net Clinic Coalition (SNCC)

A collaborative of leaders and medical directors from health centers, behavioral health, dental providers, hospitals, and the county health department, serving 1 in 3 county residents (primarily low-income, uninsured, or Medi-Cal members) working together to strengthen the safety net.

Pajaro Valley Collaborative (PVC)

A community-based, collective impact movement composed of nonprofits and public institutions serving the Pajaro Valley with a priority focus on improving health and wellness, economic mobility, and civic engagement.

Santa Cruz County Immigration Coalition

A network of local organizations—including social service providers, the County Office of Education, and the Santa Cruz County Rapid Response team—working together to ensure everyone in our community feels safe, informed, and supported.



Santa Cruz Sentinel



“Hands off our health care”: Santa Cruz County health care leaders push back against proposed Medicaid cuts



Role of ECM & Community Supports Providers

Bridging policy with practice

Reducing barriers for members
navigating complex systems

Building trust and connection

Supporting member-centered care
planning and goals





Best Practices for Home Visits

Safe Outreach Strategies & Trust-Building Actions

Build Trust

Be transparent about provider identity, role, and affiliation

Focus on rapport with members before scheduling a visit

Planned Outreach

No unannounced visits

Call/text ahead to confirm comfort

Leave voicemail that notes your availability → improves call-back rates

Clear Identification

Wear branded clothing or lanyard

Provide a clear introduction ("I'm with ___, here to support you with ___")

Best Practices for In-Office Visits

**APOYAMOS A NUESTRA
COMUNIDAD INMIGRANTE**



**WE SUPPORT OUR
IMMIGRANT COMMUNITY**

REPORTA ACTIVIDAD DE ICE
REPORT ICE ACTIVITY

(831) 239-4289

Llama a la línea de respuesta rápida del Condado de Santa Cruz (YARR) para hacer un reporte de actividades o presencia de ICE. Contestamos la línea 24/7.

Call the Santa Cruz County Rapid Response (YARR) line to report ICE activity or presence. We answer the line 24/7.

ACCEDER A RECURSOS
ACCESS RESOURCES

susderechos.info





 yarr-scc  facebook.com/YARR-scc

Welcoming Spaces

Display signage affirming all are welcome, regardless of documentation status

Share bilingual resources on immigrant rights and local supports

Collaborate with local partners to foster trust and community solidarity

Questions?

Berenice Herrera-Lopez
Operations & Programs Director

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*Pajaronian Press for
Public Services
(2018 August)*

GET IN TOUCH: www.pajaronian.com | editor@pajaronian.com | 831.761.7300

OPINION

Preserving Medi-Cal Funding in the State Budget

By SANTA CRUZ COMMUNITY HEALTH CENTER CEO ANITA AGUIRRE, SALUD PARA LA GENTE CEO DIAGONA YOUNG, DIENTES COMMUNITY DENTAL CARE CEO LAURA MARCUS AND WATSONVILLE COMMUNITY HOSPITAL CEO STEPHEN GRAY

In a stand for healthcare justice, we commend the County Board of Supervisors led by Supervisor Martinez for championing Medi-Cal funding with a letter to the Governor

access to medical, dental, behavioral health and emergency care, but also to reduce health disparities and support the financial stability of key healthcare providers, including local nonprofit safety-net organizations such as the County of Santa Cruz Clinics, Dientes Community Dental Care, Salud Para La Gente, Santa Cruz Community Health Centers, and Watsonville Community Hospital.

Since the implementation of the Affordable Care Act (ACA), the

leading to avoidable emergency visits and increased costs across the healthcare system, have worsened health outcomes and loss of jobs and reduced economic activity, resulting in lower sales and income tax revenue.

Watsonville Community Hospital stands as a cornerstone of our regional healthcare system and underscores the importance of a well-funded Medi-Cal program. Continued efforts to stabilize and expand its services and maintain a skilled and quality nursing and medical

Overcrowded emergency rooms with extended wait times and hospital resources diverted from true emergencies would follow. Collectively, these cuts would increase uncompensated care, intensify financial pressures on counties, hospitals, and taxpayers, and threaten local healthcare jobs. According to the California Budget & Policy Center, every dollar lost in Medi-Cal funding creates negative ripple effects throughout the economy.

At the state level, our delegation has



Local Resources

Resources for Supporting Immigrant Communities



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



Alameda County Immigration Legal Education Partnership Resources and Hotline



Migrant Family Safety Plan Toolkit (English and Spanish)

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Immigration Law Enforcement

Group Preparedness





Alcance comunitario,
educación y
capacitación //
**Community Outreach,
Education & Training**

Línea de
respuesta
rápida //
**Rapid
Response
Hotline**

Servicios legales
de emergencia y
urgencia //
**Emergency &
Urgent Legal
Services**





ALAMEDA COUNTY
IMMIGRATION
LEGAL EDUCATION
PARTNERSHIP

**Línea de Respuesta
Rápida
(510) 241-4011**

Visite [ACILEP.org](https://www.acilep.org) para

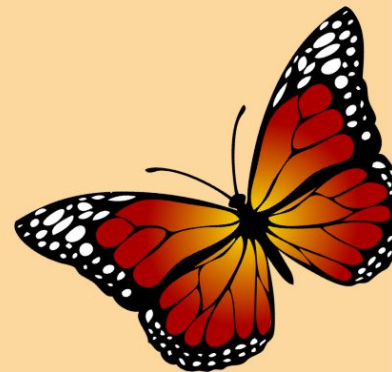
- Información de Conocer sus Derechos y Materiales
- Tarjetas Rojas de Conocer sus Derechos
- Forma de Petición de talleres de Conocer sus Derechos
- Para ser voluntario



**Rapid
Response
Hotline
(510) 241-4011**

Visit [ACILEP.org](https://www.acilep.org) for

- KYR information & materials
- KYR red cards
- KYR request form
- Volunteering



Instagram and FaceBook

@acilep_rapidresponse



**For more info or to schedule a Know Your
Rights Training: joselin@fiaeastbay.org**

Managed Care Plan Updates

CalAIM Capital Needs Survey Request

Kaiser Permanente has partnered with the Nonprofit Finance Fund (NFF) to assess **working capital challenges** facing CBOs delivering **housing-related Community Supports** under CalAIM.

What is it?

- A 15-20 minute survey conducted in partnership with the **Nonprofit Finance Fund (NFF)** to assess working capital needs.
- Approximations are fine – *exact figures are not required*.
- Informs potential **financial tools and supports** to strengthen service delivery infrastructure.

Who should complete it?

- **Any** CBO providing housing-related services under CalAIM.
- Recommended respondents should have some knowledge of organizational finances and CalAIM contracting.

*Responses are **aggregated**; individual data will **not be shared**.*

Kaiser Permanente Medi-Cal will be working with PATH CPI to distribute the NFF [survey link](#).

Please respond by September 30.



Reminder: Updated 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.

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](#)

The image displays three overlapping Kaiser Permanente referral forms. The topmost form is titled "Enhanced Care Management, Complex Case Management and Community Health Workers Referral Form". It includes sections for "Which Services does this referral form cover?", "Types of Referrals", and "Instructions". The middle form is titled "Community Support Housing Insecurity" and the bottom form is titled "Community Support Keeping Members at the Home and Chronic Conditions". Both the middle and bottom forms include sections for "Which Community Support (CSR) is provided as cost-effective or by county?" and "Instructions".

Doula Webinar Training Friday October 3rd, 2025.

To all Doula Providers, Kaiser Permanente is pleased to invite you to the second Doula Webinar. This session will offer a comprehensive overview of claims and billing guidance while navigating KP systems and providing services to our members.

During this session, we will focus on the following key topics:

- Claim submission & billing guidelines
- Claim status, determination & payment
- Updates & Provider Resources
- Frequently Asked Questions

Please RSVP to secure your spot.

Webinar Details

Date: Friday, October 3rd, 2025

Time: 12:00pm - 1:00pm (PST)

Please click link or scan QR code to register:

[KP Doula Webinar Training](#)



Collaborative Updates, Announcements, and Resources

Children and Youth Workgroup

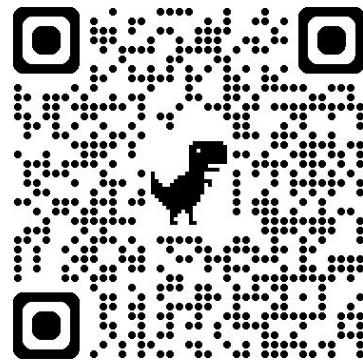
Tuesday, October 14

11:00am - 12:00pm

Topic: *Child Welfare Coordination &
Community Supports Referrals*

The October Children and Youth Workgroup will bring together providers to review the co-developed Child Welfare Care Coordination Tool and share best practices for referring to Community Supports.

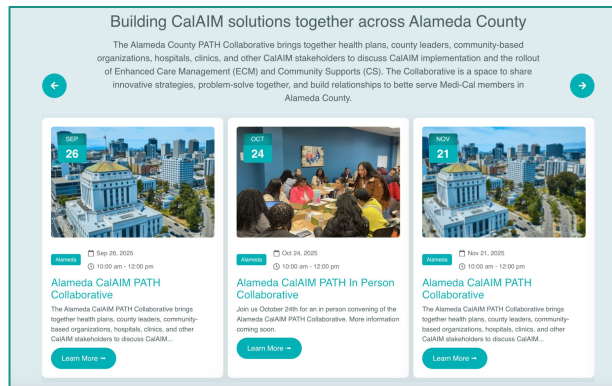
Register now:



Resource Center Refresh

Our Resource Center has a new look and format for **clearer resource and event access**. Check out the **Past Materials Page** for all recordings and slide decks of collaborative meetings since January 2024!

See past meeting materials



Check it out:



RESOURCES

Alameda resources for supporting immigrant communities

- [Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights](#)
- [Alameda County Immigration Legal Education Partnership Resources and Hotline](#)
- [Migrant Family Safety Plan Toolkit \(English and Spanish\)](#)
- [DHCS CalAIM Immigration FAQ](#)
- [Immigration Guide \(available in multiple languages\)](#)
- [Family Preparedness Toolkit](#)
- [Immigrant and Refugee Children Guide](#)
- [Deportation Preparation Manual for Immigrant Families](#)

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

August 22

September 26

October 24 (In-person)

November 21 (Third Friday)

December 12 (Second Friday)

See you in-person next month!

Alameda CalAIM PATH Collaborative

October 24, 2025
10:00am - 12:00pm

Register now:



Thank you for attending!

Thank you for joining!

Questions? Please email pathinfo@bluepathhealth.com.

Office Hours

Appendix

Who is HIP of Santa Cruz County?



The Health Improvement Partnership of Santa Cruz County (HIP) is a nonprofit coalition of public and private health care providers and community stakeholders dedicated to increasing access to care and building stronger health systems.

HIP serves as a trusted convener, creating opportunities for healthcare leaders to strengthen the safety net and advance equity in our community.

What we do:

- Strengthen systems of care and access for underserved populations
- Advance prevention, equity, and coordinated approaches
- Convene leaders to foster collaboration and integrate antiracism in healthcare
- Build partnerships that improve safety net capacity and resilience
- Share best practices and drive collective action to remove barriers to health
- Improve outcomes for patients, providers, and the broader community





Santa Cruz County PATH CPI Collaborative

By January 1, 2026, we aim to improve access to Enhanced Care Management (ECM) and Community Supports services by:

- Ensuring at least 1% of eligible Adult and Children & Youth members receive timely, high-quality ECM services.
- Increasing community referrals for Community Supports by 1%.

Primary Focus Areas:

Effective Care Coordination: Providers understand ECM and Community Supports services, roles, and processes.

Active and Engaged Provider Network:

Providers have access to resources, training, and timely payment systems.

Strong Stakeholder

Awareness: Key referral sources and members are aware of and engaged with ECM/Community Supports services.

Active Engagement Toward Data

Exchange: Processes and systems enable secure, accurate, and real-time data sharing.

255 Registered Participants, including:

- ECM and Community Supports Providers (including CBOs, FQHCs, Statewide Providers. etc.)
- Key referral partners (including Hospitals, CBOs, First5, School District)
- Managed Care Plans (MCPs)
- County Agencies (Probation, Sheriff, Health Services Agency, Health Services Department, Family and Children's Services)
- Local Health Information Exchange (HIE) and 211 Organizations

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.



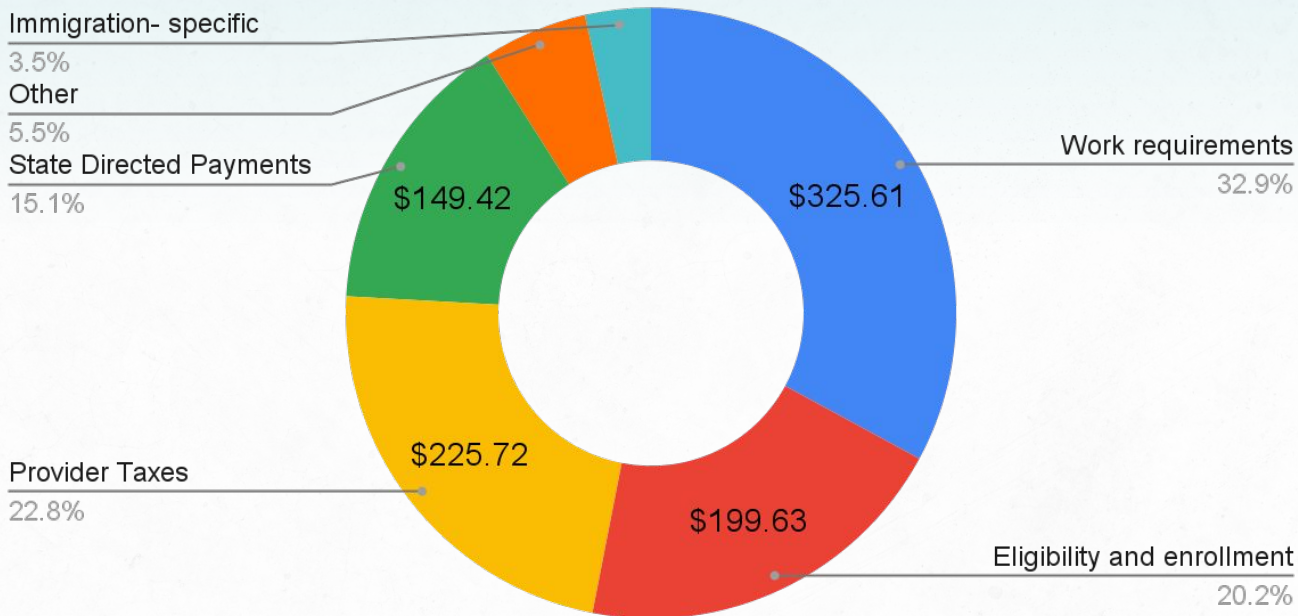
Overview of Medicaid Cuts

- 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.