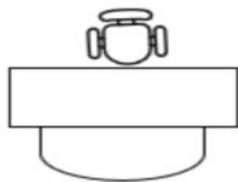


LCD Monitor

LCD Monitor



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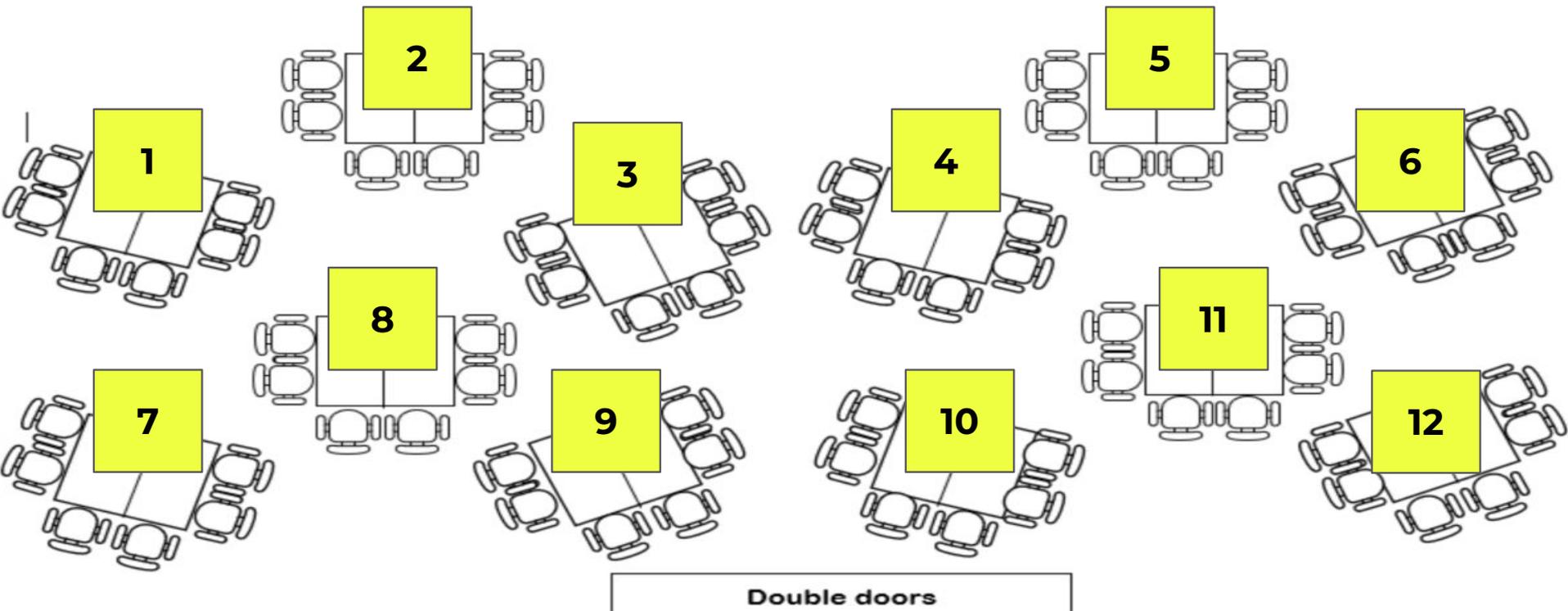
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Double doors



# Alameda CalAIM PATH Collaborative

February 27, 2026



# Welcome!

- Host yourself (grab water, coffee, excuse yourself at any time).
- Restrooms are to the left and then another left. Men's restrooms are the first door on your right in the hallway. Women's restrooms are at the end of the hallway.
- We will be taking some photos during the event. If you wish to not be in photos, please let us know at the check-in table.
- We will be running a mic to help ensure that everyone can hear each other!

# Alameda 2026 Aim Statement and Drivers

**By December 2026, the Collaborative will strengthen provider capacity through sustainable provider partnerships and readiness for future Medi-Cal policy changes.**

**1**

**Transform networking into formal and informal partnerships through quarterly in-person meetings**

**2**

**Prepare for implementation changes through regular policy updates and summaries**

**3**

**Strengthen capacity through trainings and co-development of tools and resources**

# Today's Agenda

<b>Time</b>	<b>Agenda Item</b>	<b>Presenter</b>
10:00-10:15am	Welcome and Introductions	BluePath Health
10:15-10:20am	Overview of the CalAIM Referral Process	
10:20-10:45am	CalAIM Referral Partnerships In Practice	Alameda County Community Food Bank
10:45-11:30am	Referral Partnership Activity	
11:30-12:00pm	Lunch and Gallery Walk	

# Who's in the Room?

# Policy Updates



# Recently Released: Draft CalAIM Waiver Renewal Request

- **ECM:** DHCS will transition ECM to an alternate authority that does not require federal approval.
- **Community Supports:** This application confirms that 12 Community Supports will be continued as In Lieu of Services.
- **Recuperative Care and Short Term Post Hospitalization Housing:** DHCS requests to combine these two services as one continuum of offerings under Recuperative Care. DHCS plans to sunset STPHH. DHCS will transfer Recuperative Care to ILOS.
- **PATH:** The PATH initiative, including CITED, TAM, CPI, and PATH JI will sunset in December 2026.
- **Employment Supports:** DHCS seeks new authority from CMS to provide Employment Supports to assist individuals with meeting work requirements and maintaining Medicaid eligibility.
- **BridgeCare Pilots:** DHCS seeks new authority from CMS to pilot home and community based services and caregiver supports for “near duals,” or traditional Medicare beneficiaries with incomes just above the Medicaid income limits (138-220% of FPL) who require home and community supports in order to remain at home.

# CalAIM Renewal: Public Comment

Open for public comment  
**through March 12, 2026.**

## **Various avenues to share comments:**

- 1) Public Hearings
- 2) Written Comments via Mail
- 3) Written Comments via Email  
([1115Waiver@dhcs.ca.gov](mailto:1115Waiver@dhcs.ca.gov))

# Overview of the CalAIM Referral Process

# Accessing Referral Forms

## RESOURCES

### Alameda CalAIM Resources and Referrals

CalAIM Tools and Resources

Kaiser Permanente Referrals

Alameda Alliance for Health Referrals

#### Kaiser Permanente ECM and Community Supports Referral Information

- [Enhanced Care Management, Complex Case Management, and Community Health Workers Referral Form](#) (Updated Dec 2025)
- [Community Supports – Housing Insecurity Referral Form](#) (Updated Dec 2025)
- [Community Supports – Keeping Members at Home and Chronic Conditions Referral Form](#) (Updated Dec 2025)
- [Enhanced Care Management – Connected Provider Referral for Child Welfare Agencies Referral Form](#) (Updated Dec 2025)

**Call 1-833-721-6012 (TTY 711) with ECM or Community Supports questions**

Business Hours: Monday-Friday (closed major holidays) | 9:00 a.m. to 4:45 p.m.

All referral forms for ECM and Community Supports are available on the [Alameda CalAIM PATH Collaborative Resource Center](#)

# Making a Referral: Alameda Alliance Members

[ECM \(Adults\)](#)

[ECM \(Children\)](#)

[Community Supports](#)

Additional referral forms can be found on our [resource center](#).

For referral support, reach out to **Alliance Case and Disease Management Department:**

- Hours of operation: Monday – Friday, 8 am – 5 pm
- Phone Number: +1 (510) 747-4512 | Toll-Free: +1 (877) 251-9612
- People with hearing and speaking assistance (CRS/TTY): 711 or +1 (800) 735-2929

***Fax or send by secure email the completed referral form and any supporting documentation to relevant departments below:***

- Community Supports: [CSDEPT@alamedaalliance.org](mailto:CSDEPT@alamedaalliance.org)
  - ECM: [ECM@alamedaalliance.org](mailto:ECM@alamedaalliance.org)

# Making a Referral: Kaiser Permanente Members

[ECM, Complex Case Management and Community Health Workers](#)

[Housing Community Supports](#)

[Keeping Members at Home and Chronic Conditions Community Supports](#)

[ECM Connected Provider Referral for Child Welfare Agencies](#)

## **For referral support, reach out to:**

- Hours of operation: Monday – Friday (closed major holidays), 9:00 am to 4:45 pm
- Phone Number: +1 (833) 952-1916 (TTY 711)

**Send completed referral form to [REGMCDURNS-KPNC@kp.org](mailto:REGMCDURNS-KPNC@kp.org) with the subject line “ECM Referral” or “CS Referral.” The most updated referral forms can be found on the [Provider Portal](#).**

# CalAIM Referral Partnerships In Practice



ALAMEDA COUNTY  
**COMMUNITY**  
FOOD BANK



# PATH Collaborative: Referrals

Best Practices/Lessons Learned



# Agenda

**01** Intros

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**02** Program Overview

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**03** Outreach, Program Education,  
and Self Referrals

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**04** Referral Partnerships

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# Intros

The background is a solid orange color with a pattern of faint, light-orange silhouettes of various food items. These include a pear, a bunch of grapes, a pea pod, a strawberry, and several round fruits like oranges or lemons. The silhouettes are scattered across the page, creating a subtle, thematic texture.

# 01

# Our Food as Medicine Program Team

## Rebecca Mason- Murillo Program Manager

- Billing
- Data Tracking
- Program Design

## Samantha Vazquez Program Coordinator

- Client Enrollment
- Self-referrals
- Education & Outreach
- Survey Administration

## Martha Orozco Program Specialist

- Clinic Relationships
- Clinic Referrals
- Referral Reviews



# Food as Medicine Program Overview



# 02

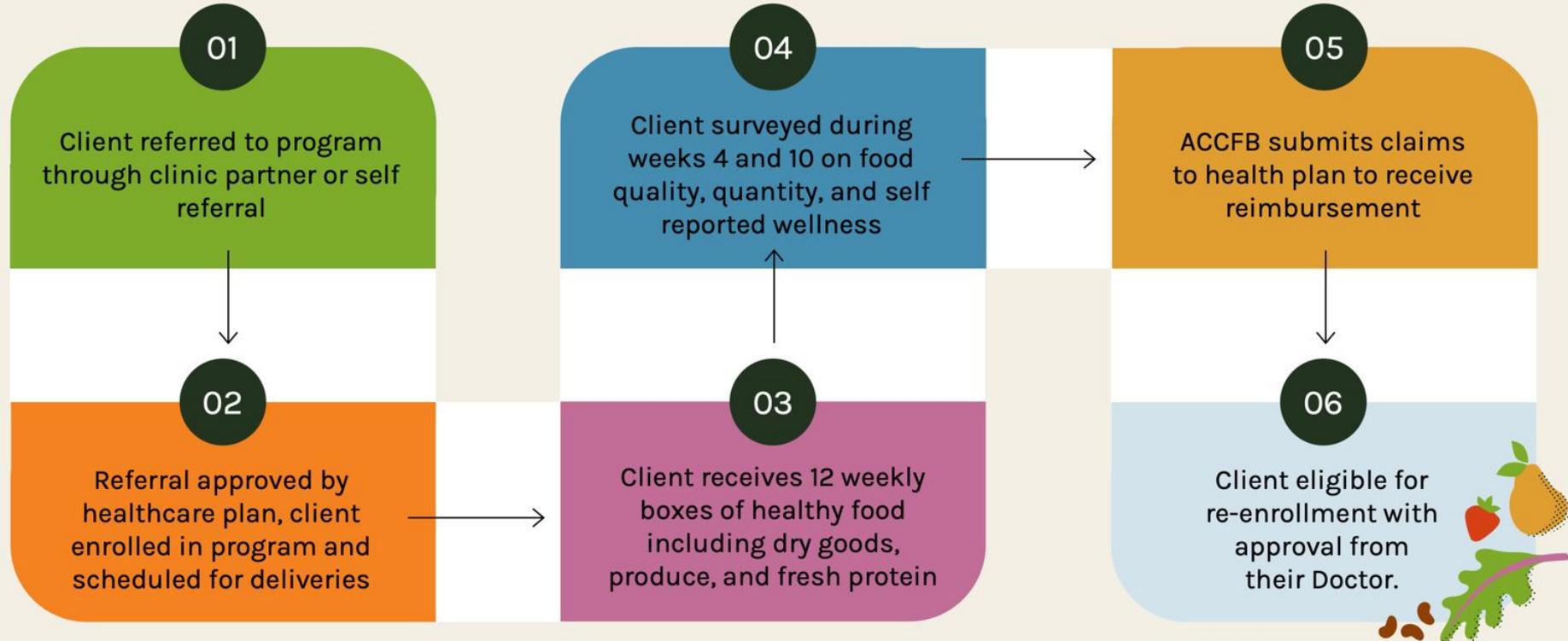
# Food as Medicine Program

Our participants receive 12 boxes of medically supportive groceries, all menu items have been reviewed by an RD. Boxes include:

- **Dry Pantry Goods:** Oats, brown rice, canned or dried beans, pouch protein
- **Organic Produce:** Seasonal, locally grown when available
- **Fresh Protein:** Ground turkey, tilapia, etc.
- **Welcome Bag:** delivered in the first week, includes specialty grocery items like avocado oil, chia seeds, quinoa, spices, nutrition and recipe handouts, etc.



# Client Journey



# Program feedback:

**"For many patients, this consistent access to healthy foods has positively impacted their life. The delivery service offered by the program has also been especially valuable for individuals with mobility limitations due to their health conditions."**

**-AHS Provider**

# Outreach, Program Education, and Self Referrals

# 03

## Direct Outreach:

Outreach as a critical tool for contact with eligible clients and promotion through word-of-mouth interest.

### Referrals

ACCFB centers community members as possible clients through outreach events and activities, meeting people in person whenever possible, or using client preferred contact methods to make contact.

- **In-person events are a crucial tool to create mass interest**
- **Phone Calls, email, and mail to provide further program instruction**
- **Client self-advocacy with providers to request a referral**
- **Chatting with clinic staff as necessary when questions arise**



**Internal agency referrals get you farther:** When contacting community members, you are likely to make a more meaningful impact when you have previously met the client and are following up as requested, or if you share that someone (at your agency) referred them for services.

# Types of Outreach



## **Outreach Event: Targeting Interested and Eligible Communities**

Leveraging existing relationships, I reached out to an *Affordable Housing* site in Oakland and asked to participate as a presenter in their workshop series.

- 40 residents attended the outreach event and learned about our Food as Medicine program

## **Client Self-Advocacy: Program Education Grows Demand**

Residents had referral forms in hand and swiftly requested service from their medical providers at Asian Health Services.

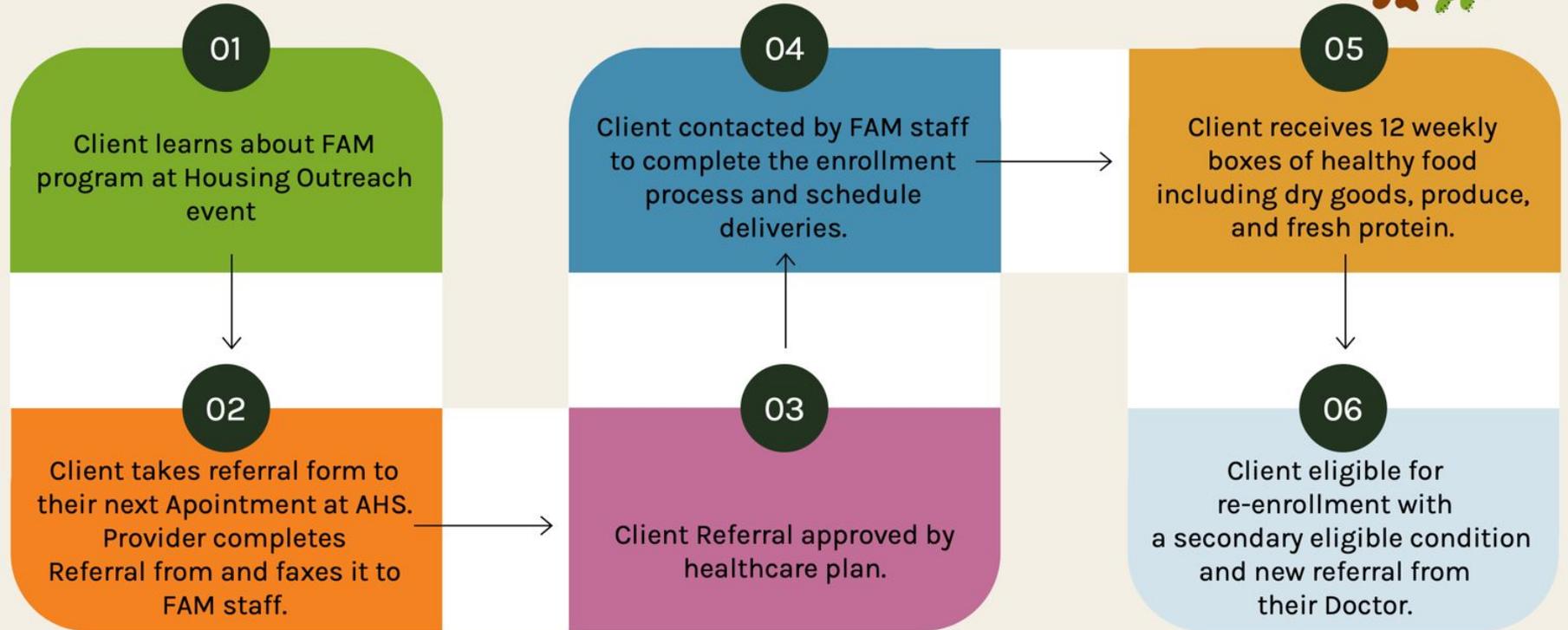
- Within two weeks, 10 referrals had been submitted to ACCFB for service, and more were being submitted by the day.

## **Clinic Partnership**

Referral forms piqued the interest of AHS, and we were able to meet with providers and CHWs to discuss the merits of the program and create an official partnership, successfully streamlining referrals and program enrollment.

- Build relationships and maintain open communication channels to answer questions.
- Competency builds trust

# Client Self-Referral Journey



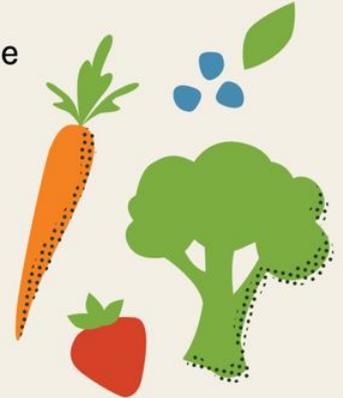
# Referral Partnerships

04

# The Three R's: Relationships, Referrals, Reviews

**Community Outreach** reinforced our need to strengthen our **relationships with clinic partners**. To meet the patient where they were, we needed to meet with clinics to ensure providers knew our services were available to positively impact patients' outcomes.

1. Strong **Relationship**. Build on Communication and Trust
2. Direct Clinic **Referrals**. Increase our caseload
3. Pre-Submission **Review**. Strengthens Documentation & Approvals



**Strong referrals= Faster approvals =  
Best Patient Outcomes**



# Clinic Partnership:

## Relationships

Building **strong** clinic **Relationships** are vital for open and consistent communication, fast partner response rate, dedicated point of contact and increased patient satisfaction.

### Why Strong relationships Matter:

- **Reduced administrative burden**
- **Higher approval rates**
- **Faster care coordination**
- **Clear documentation of requirements**

## Referrals

Clinic to program **referrals** allows for guided support, reduced referral delays, and transparent and detailed communication.

### Why Direct Referrals from clinics partners:

- **Increase the number of referrals.** The more clinics learned about our program, the more referrals we received.
- **Reduced the administrative burden** Reduced the # of incomplete referrals

## Reviews

Provide pre-submission **review** of referrals to our partners to increase approval rates and increase the understanding of criteria and referral results.

- **Guided reviews.** Provide recommendations where potential approvals opportunities exist.
- **Proactive follow up.** Inform our partners of referral results
- **Support with Appeals.** Aid clinics with the appeal process to limit administrative burdens.

# Referring partner feedback:

**“One challenge we frequently encounter is the requirement for patients to have had an office visit within the past 30 days. Many patients struggle to meet this requirement due to limited provider availability or difficulty securing an appointment in time. As a result, gathering all the necessary documents for the referral can be challenging and may delay patients from accessing services they needs.”**

**-Behavioral Health Case Manager @ AHS**

# Beginning Program Outreach: What to Provide a Referral Partner?



Referral branding materials are strategic assets that **strengthen credibility, streamline communication, and build long-term referral confidence.**

When you approach a referral partner, the materials you provide represent your organization before your outcomes ever do.



## Food as Medicine Referral Form:

A self-created fillable PDF or existing referral form, include only what you need.

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## Eligibility Criteria List:

Share criteria specific to your program that is accepted by the MHP you are working with. Checklist are great options!

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## Food as Medicine Program Brochure /FAQ's:

Include information about your program/services. The more they understand your program, the more likely they are to refer.

---

## Patient Outreach Material:

Handouts for clinic lobbies or shared at outreaching event to spread the word about your program.

THANK YOU FOR YOUR TIME!

# Closing Slide: Thoughts? Ideas?

**FOOD AS  
MEDICINE**

Have any further questions?

Reach out!

[myorozco@accfb.org](mailto:myorozco@accfb.org)

[rmurillo@accfb.org](mailto:rmurillo@accfb.org)

[svazquez@accfb.org](mailto:svazquez@accfb.org)

# Provider Networking

# What we heard: Barriers to establishing and maintaining effective referral partnerships



**Organizational  
awareness**



**Communication  
challenges**



**Documentation  
and  
authorization**

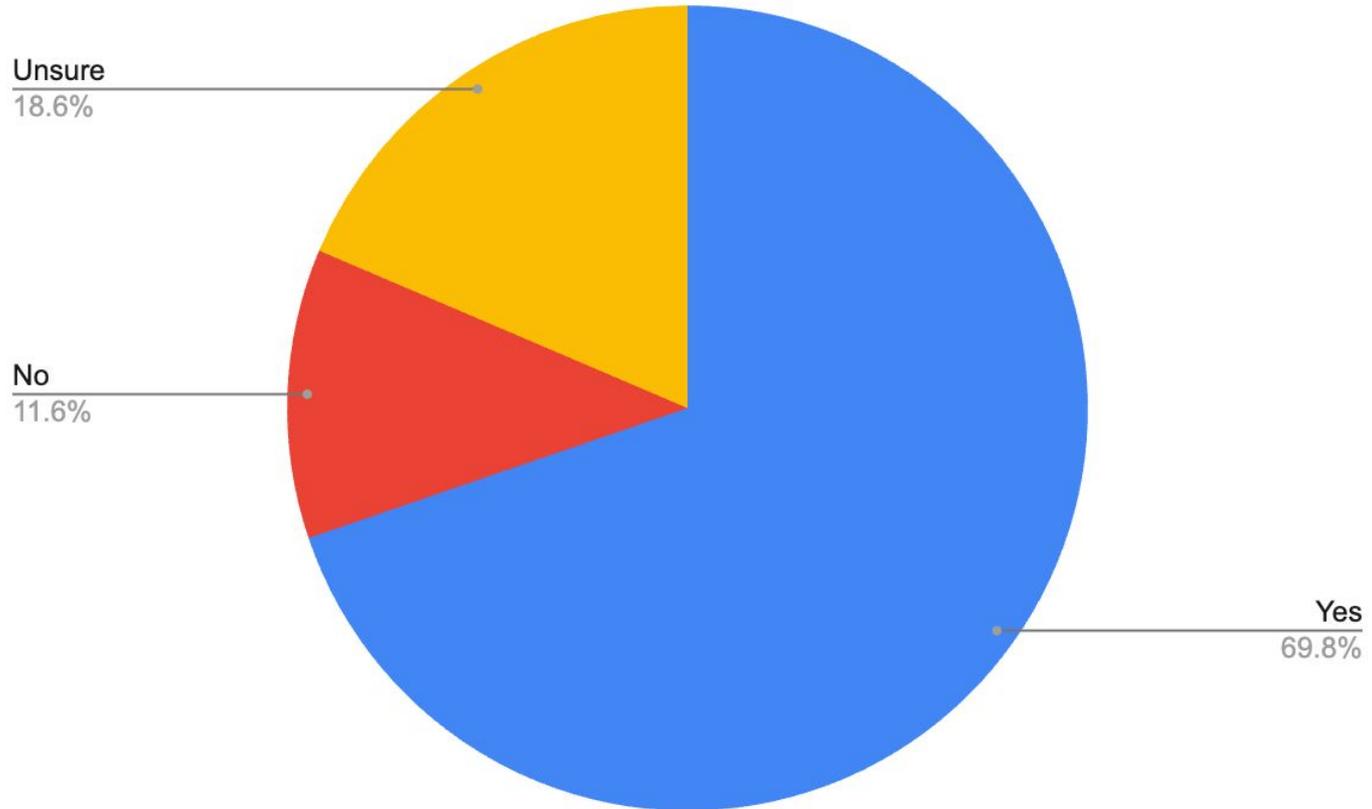


**Eligibility  
criteria  
education**



**Funding**

# Organizations Seeking New Referral Sources



# Referral Activity



**1 Meet at least 1 new partner** with whom you plan to connect outside of this meeting.

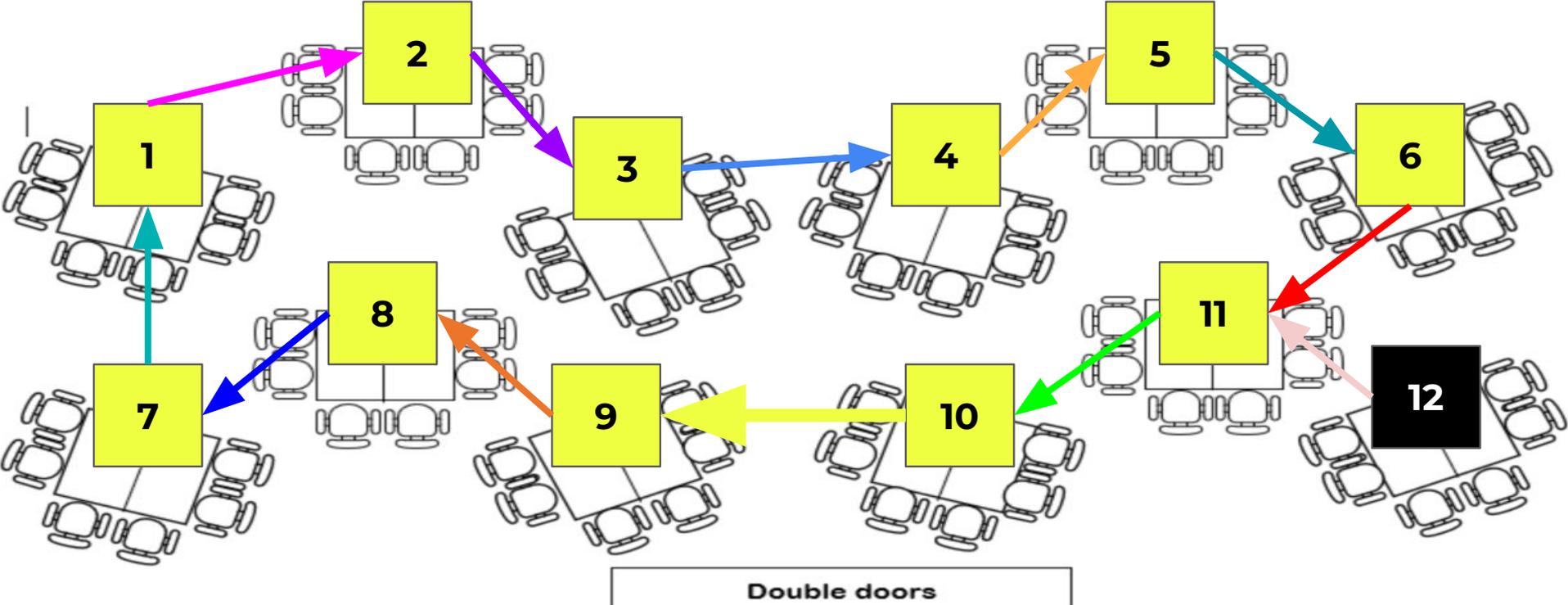


**2 Identify one best practice or challenge** to share with other collaborative members.

- At first, go around **introducing yourself, organization, and one thing you're interested in discussing with other providers today** to the table.
- **Build your network!**
  - In pairs or small groups, use the worksheet provided to identify an opportunity to work together outside of this meeting. Document your plan on your worksheet!
- On the sticky notes, take note of **one** best practice and **one** challenge/barrier that you discuss with your peers.
- We'll **rotate twice more** so that you can meet more people!

**10:00**

If you have a **"M"** on your nametag, move to your assigned table for the second round of networking.



**10:00**

**For the last round of networking, please find one or two peers you'd like to talk to and enjoy the last round.**

**If you need help finding someone, please let us know and we'll help to facilitate a connection.**

**10:00**

# Closing Instructions: Lunch & Peer Networking

**Hand in your two sticky notes** as you grab your lunch.

**Take a few moments to fill out our end-of-meeting survey** and drop it off in the basket at the check-in table.

**We will conclude the program at noon.  
Thank you!**

# Thank you for joining and see you next month!

Questions? Please email [pathinfo@bluepathhealth.com](mailto:pathinfo@bluepathhealth.com).