# Alameda CalAIM PATH Collaborative

September 25, 2026

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# Please introduce yourself in the chat!

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# Housekeeping

Please ensure you are **muted**

**Use the chat** to ask questions relevant to the topic(s) at hand

Unmute and share your questions or comments during **Q&A**

Add your organization to your Zoom Name

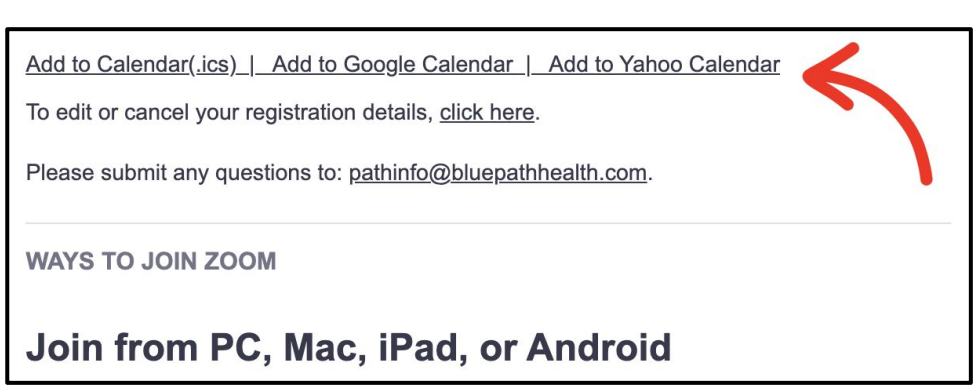
- Click **Participants**, hover over your name in the list and click **More**, select **Rename** from the drop-down menu, and enter your name and organization as you would like it to appear

Meeting slides will be shared with participants and posted to our resource center

# 2026 Scheduling

*Join us on Fridays in 2026!*

Register to add the 2026 meetings to your calendar!




| Meeting Calendar |
| --- |
| January 23 |
| February 27 (In-person) |
| March 27 |
| April 24 |
| May 29 (In-person) *fifth Friday* |
| June 26 |
| July 24 |
| August 28 (In-person) |
| September 25 |
| October 23 |
| November 13 (In-person) *second Friday* |
| December 18 *third Friday* |

# 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**

# Thank you for joining us in-person in August!

- **Meeting Materials**
  - Meeting Slides
- We heard provider spotlights from **FESCO/La Familia** and **East Bay Innovations**, highlighting member success stories.
- We were grateful to have **Alameda County Health** provide updates on local efforts to support Medi-Cal members, including how to connect with Health Insurance Technicians.

# Today's Agenda

| Time | Agenda Item | Presenter |
|---|---|---|
| 10:00-10:05am | Welcome and Introductions | BluePath Health |
| 10:05-10:15am | Introduce Financial Sustainability and Blending and Braiding Resource | BluePath Health |
| 10:15-10:45am | Financial Sustainability Tools Overview: From Outreach to Sustainability | Primary Care Development Corporation |
| 10:45-11:00am | Announcements and Closing | BluePath Health |

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# Financial Sustainability and Blending and Braiding Resource

# New Sustainability Toolkit Resource

In collaboration with PATH facilitators across the state, a new Sustainability Toolkit, **Sustaining and Spreading Medi-Cal Transformation**, is available to support the long-term sustainability of Enhanced Care Management (ECM) and Community Supports.

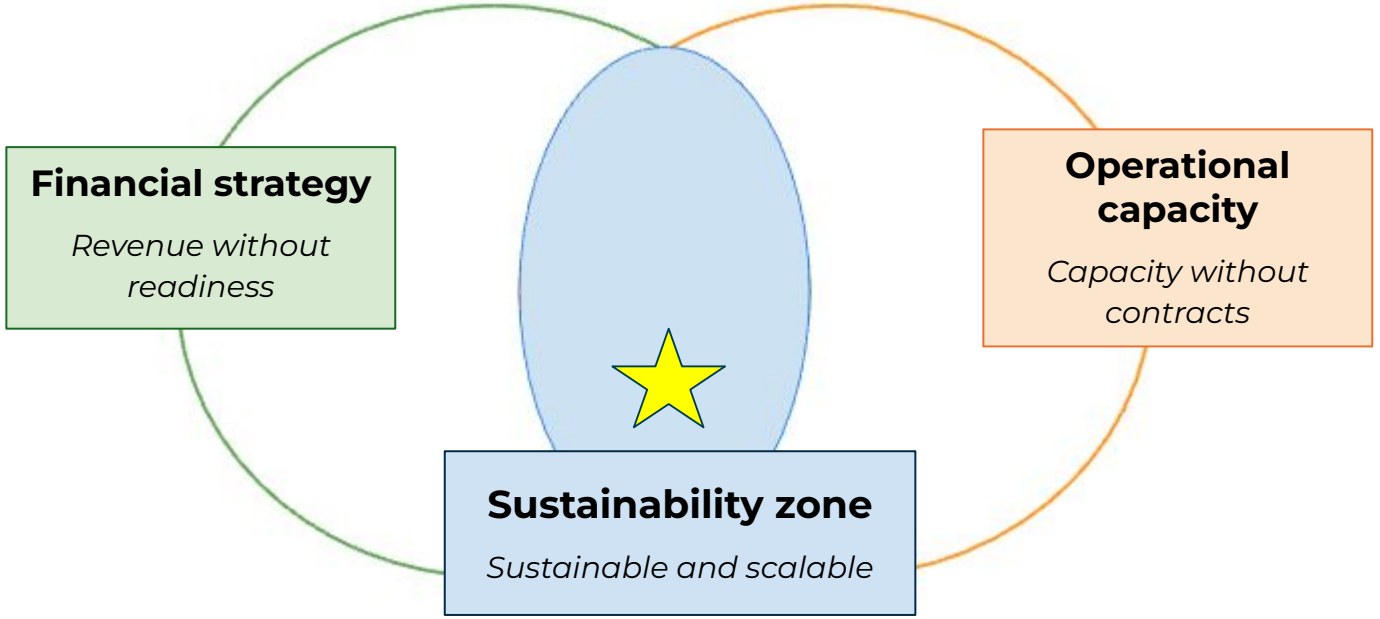
**This includes:**

1. A toolkit for Community Integrators
2. A toolkit for Providers

The Sustainability Toolkit is available in the **PATH On-Demand Resource Library**.

# Resource Sustainability

**Long-term sustainability requires building both financial strategy and operational capacity, intentionally and in parallel.**



# What Blending and Braiding Funding Means

**Braiding:** Combining funds from multiple sources to support a common goal while each source keeps its own identity and can be tracked independently.

**Blending:** Mixing funds from multiple sources toward a common goal where the funds become indistinguishable and are not tracked separately.

**Takeaway 1: Utilize both, but track separately**

Utilize both Medi-Cal (ECM/Community Supports) with non-Medi-Cal sources like county, housing, or grant funds — but keep each source separately tracked to avoid supplantation violations.

**Takeaway 2: Documentation is the discipline**

Rigorous, source-by-source tracking of which dollar funded which service for which client is required at every stage — planning, delivery, and reporting.

# Balancing Funding and Implementation Mapping Worksheet

*Created by the Institute for Healthcare Improvement (IHI) and Healthy Connected Communities Strategies (HC2)*

**The worksheet is designed to help you to:**

- **Explore and map funding sources and streams** coming into your organization for specific programs and operational efforts
- **Identify implementation and capacity opportunities and challenges** related to your programs and funding
- **Identify ways to better coordinate funding and/or ways to cover gaps** in capacity and infrastructure (e.g., across funding and other grants)

# Map out your funding!

**MAPPING FUNDING AT A GLANCE:** Feel free to use this spreadsheet if this is an easier way to capture your thoughts.

Organization:
Program/Division:

| Funding Stream | Type<br>*Contracts, federal, state, county, foundation grant, donations, etc.* | Relevant Guidelines/Restrictions/ Deliverables & Reporting Requirements<br>*Time/duration; renewals or option years; unrestricted/restricted, % indirect covered, deliverables, reporting requirements* | Part of the Program this Funding Covers |
|---|---|---|---|
| | | | |
| **Funding**: ECM per-member per-month rate; **Type**: MCP contract; **Guidelines/Restrictions**: Must bill within 90 days, documentation requirements per DHCS policy guide; **Part of Program it Covers**: Lead Care Manager salaries, care coordination | | | |
| | | | |



HC² STRATEGIES in partnership with Institute for Healthcare Improvement

**Identify** each funding stream coming into your organization or program and **note any guidelines or restrictions** for the funding that you know of. Additionally, **articulate the part of your program** or the organization that it finances/covers.

# Map out your organizational capacity!

| Program/Division | Implementation and/or Capacity Considerations or Challenges | Opportunities to Better Coordinate Funding to Make This Program More Efficient | Gaps In Funding or In Your Implementation Considerations That Additional Funding Could Help Fill<br><br>*Note an Asterisk where PATH CITED Round 4 could be helpful |
|---|---|---|---|
| **Program**: ECM; **Challenge**: high member churn, LCM caseloads uneven across payers, billing denials averaging 18%; **Opportunities**: BH subcontract and ECM overlap on same members – could streamline documentation; **Fillable Gaps**: No dedicated billing/QA staff; supervisor ratio stretched at 1:8 | | | |

5

HC² STRATEGIES in partnership with Institute for Healthcare Improvement

- ➔ Where are there **opportunities to better coordinate funding** to make your organization and programs more efficient?
- ➔ Where are there **gaps in funding** or in your **implementation considerations** that additional funding could help fill?

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# Financial Sustainability Tools Overview: From Outreach to Sustainability

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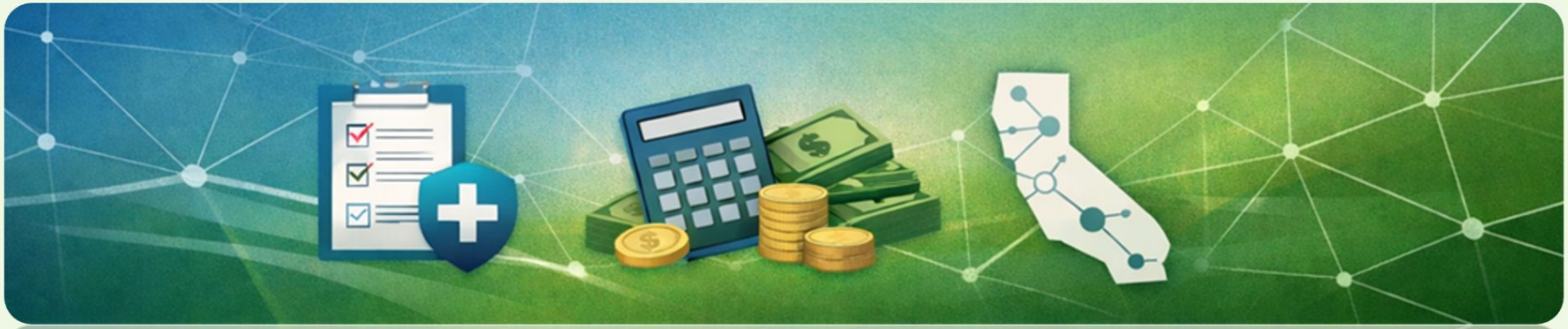


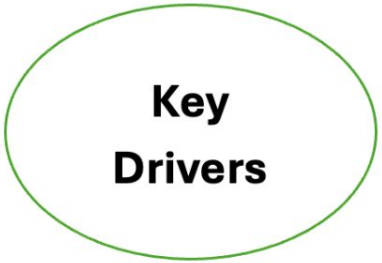
# From Outreach to Sustainability

September 25, 2026

Primary Care Development Corporation

Image Source: OpenAI (ChatGPT)

# Changing CalAIM environment




**A** HR1 and other federal policy changes are creating uncertainty for Medi-Cal providers.

**B** Financial pressures are increasing the need to maximize existing resources.

**C** DHCS and Managed Care Plans continue to emphasize accountability through performance reporting and measurable outcomes.

**D** Organizations need reliable operational data to monitor performance and support long-term program sustainability.

# The Sustainability Challenge

| | |
|---|---|
| 1 | Grant cycles and pilot funding create start-stop programs that end when the funding does. |
| 2 | Payment models keep shifting — from grants and pilots to PMPM and value-based arrangements. |
| 3 | CalAIM providers face rate pressure and evolving Managed Care Plan contract expectations. |
| 4 | Programs that cannot demonstrate financial viability struggle to survive budget scrutiny. |

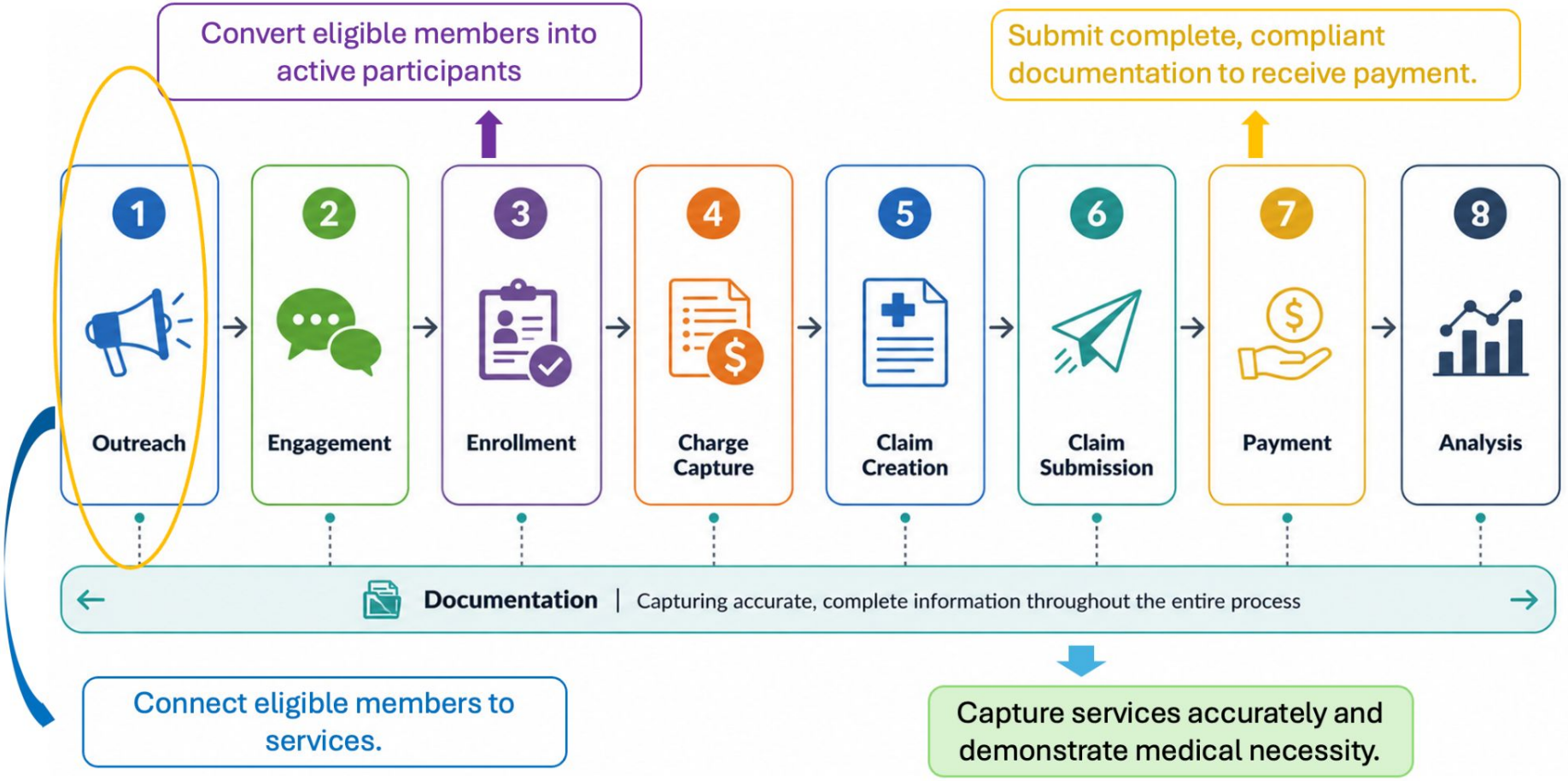





Image Source: OpenAI (ChatGPT)

# Outreach to Enrollment

## Well managed

- ✓ Increases successful client engagement and enrollment
- ✓ Improves referral conversion rates
- ✓ Reduces delays in service initiation
- ✓ Strengthens documentation and compliance
- ✓ Improves operational performance and financial sustainability

## Poorly managed

- Fewer eligible clients enroll
- Staff spend more time on repeated outreach attempts
- Referrals become delayed or expire
- Documentation gaps increase compliance risk
- Downstream care coordination and reimbursement are affected

# Common Operational Outreach Challenges

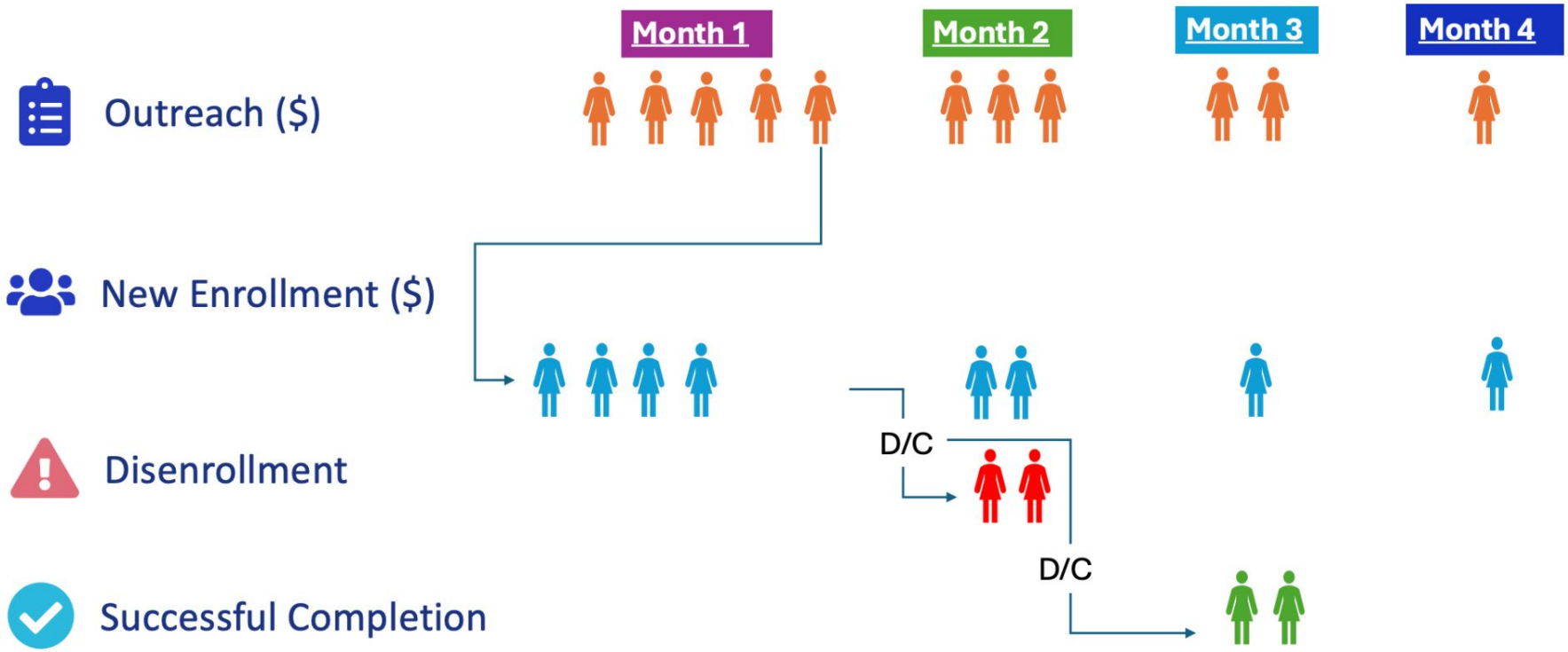
Multiple referral pathways with limited standardization

Inconsistent tracking of outreach and referral activity

Limited visibility into referral volume vs. enrollment yield

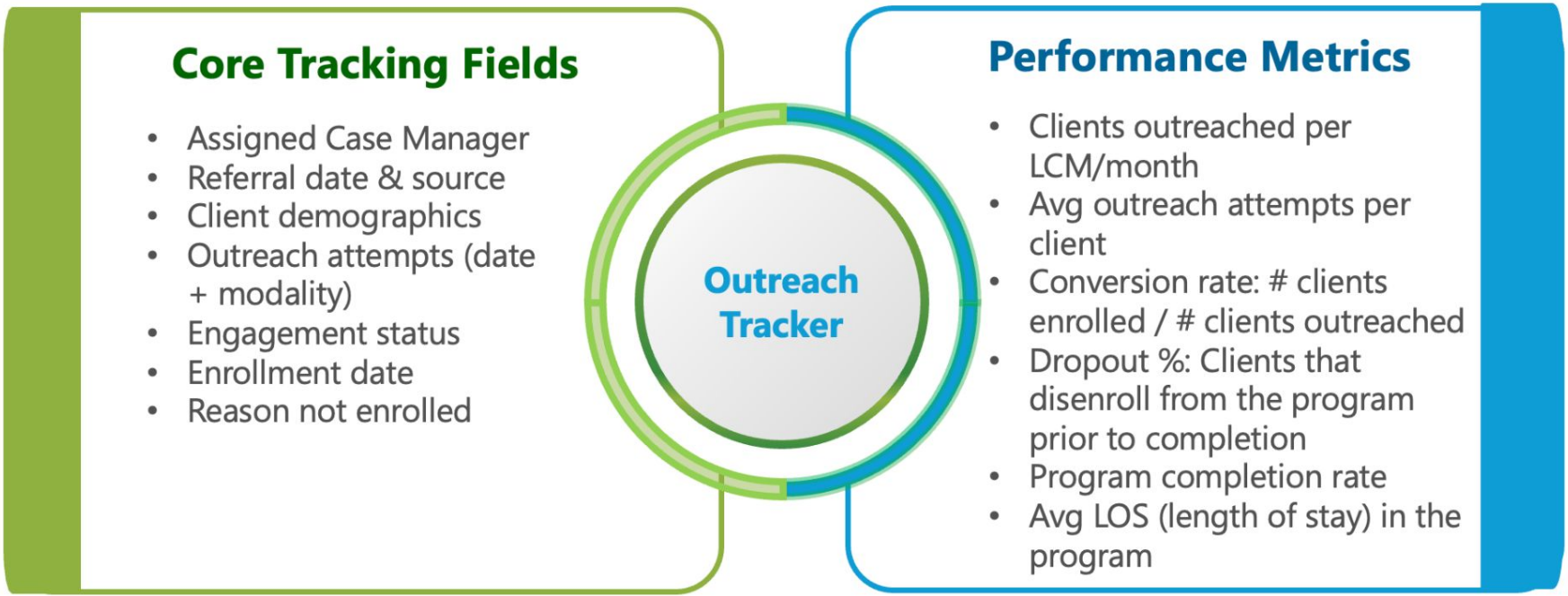
Difficulty understanding where and why conversion breaks down

# Outreach Funnel -> Panel Management




Track performance as members move through the program. These metrics drive financial performance.

# What Should an Outreach Tracker Include?



# Acuity & Panel Management

Panel sizes must be both financially sustainable and clinically manageable.

Acuity = the level of medical complexity and care intensity a member requires.

We recommend structuring panels to maintain a balanced mix of higher- and lower-acuity members, supporting:

- Workload stability — distributing clinical demand evenly across care teams
- Quality outcomes — ensuring appropriate attention and resources for all acuity levels
- Revenue predictability — maintaining a consistent and sustainable payer/risk mix

| Acuity Score | Definitions |
|---|---|
| 1 | One touch per month |
| 2 | Two touches per month |
| 3 | Three touches per month |
| 4 | Four touches per month |

| Month | Jul-25 | Aug-25 | Sep-25 |
|---|---|---|---|
| Total Clients (Total clients assigned to each case manager) | | | |
| RN Care Manager | 1 | 1 | 1 |
| BH Care Manager | 2 | 2 | 2 |
| Care Coordinator | 0 | 0 | 0 |
| Community Health Worker | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| Total Clients | 3 | 3 | 3 |
| | | | |
| Acuity Score (Calculated by adding total acuity of each client assigned to each case mana | | | |
| RN Care Manager | 3 | 4 | 4 |
| BH Care Manager | 8 | 8 | 8 |
| Care Coordinator | 0 | 0 | 0 |
| Community Health Worker | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| | 0 | 0 | 0 |
| Total Acuity | 11 | 12 | 12 |



Source: Definitive Healthcare, n.d.

# Outreach Tracker Tool

| Assigned Care Manager | Status | Referral Source | Auth Start Date | Auth Exp. Date | Auth No | Language | Phone Number | MRN | First Name | Last Name | DOB | Date of 1st Attempt | 1st Method | 1st Result |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Maria Garcia | Engaged - Scheduling | MIF File | 01/15/2025 | 07/15/2025 | AUTH-202501: | Spanish | (555) 123-4567 | MRN-00421 | Joe | Smith | 03/22/1978 | 01/16/2025 | Telephonic | No Answer |

The tracker is not just a log — it's structured data that drives performance metrics and financial decisions.

# Lessons from the Field: What Stronger Programs Do Differently

- Drawing on experience supporting CalAIM providers:

# Making CalAIM Work For Your Bottom Line

| | |
|---|---|
| Contract Assumptions | Know your revenue streams: PMPM rate, outreach and enrollment, quality incentives. Understand panel size commitments, and what services are covered. |
| Outreach-to-enrollment Conversion | This is your #1 leading indicator. Low conversion = shrinking panel = declining revenue. |
| Panel Size & Staffing Ratios | Match staffing to realistic caseloads. Overloading care managers drops engagement, hurting quality and billing. |
| Billing Timeliness & Performance | Ensure claims are submitted timely and that all eligible services are being billed. |
| Productivity and Service Utilization | Make sure your team knows what your organization offers and has a workflow to connect members to all eligible services. |

# Reframing the Question

Old Question

## "Can we afford this program?"

| | | | |
|---|---|---|---|
| Treats the program as a fixed cost to absorb | Invites a yes/no decision with little nuance | Ignores levers like volume, payer mix, and rates | Framed around a single budget year |

New Question

## What does this program need to sustain itself?"

| | | | |
|---|---|---|---|
| Defines the volumes, rates, and staffing that make the math work | Opens strategic options instead of a yes/no decision | Surfaces the levers leadership can actually pull | Supports multi-year planning, not just this budget cycle |

# Key Operational Takeaways

Track outreach and engagement intentionally

Right-size and structure staffing strategically

Model financial sustainability before scaling

Standardize workflows early

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# Please complete the evaluation!

Your feedback helps us improve our trainings and plan future learning opportunities.

**Scan**
Open your camera and scan the QR code.

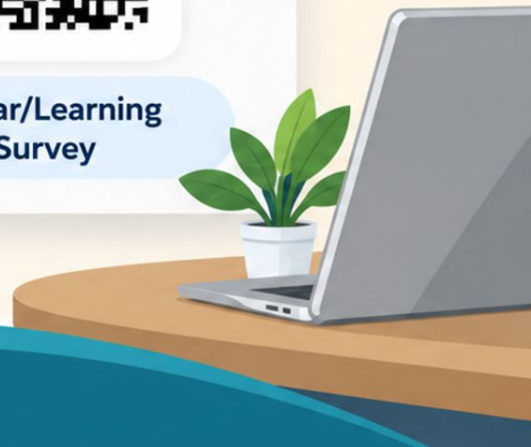
**Share**
Complete the short survey (2–3 minutes).

**Make a difference**
Help us create more relevant and impactful content.

*Scan me!*

Post-Webinar/Learning Session Survey

*Your feedback matters!*



# Contact us

We’re here to help!
Reach out to our team.

**Christina Lindstrom**

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TORCG

**Oscar Marquez**

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TORCG

**Rachel House**

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TORCG

Primary Care Development Corporation

# Thank you!

# DHCS requests your feedback

This statewide PATH Collaborative survey measures:

- The impact of participation in the collaborative
- The value of partnerships across organizations
- The sustainability of our progress

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# Updated DHCS ECM Policy Guide

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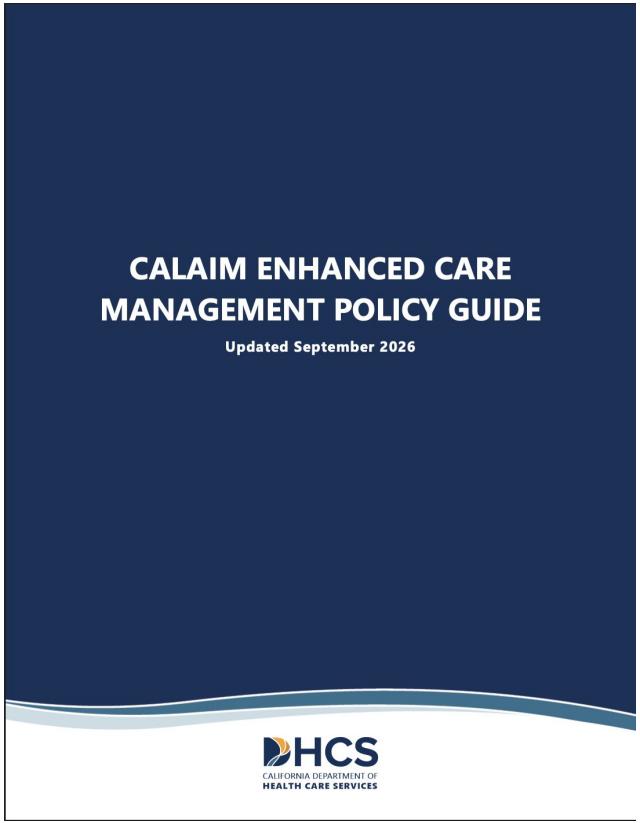
## On September 16, DHCS released an updated ECM Policy Guide.




## *Key Updates*

- DHCS is tightening **credentialing requirements for providers** and emphasizing MCP oversight
- MCPs retain **full utilization management authority** over ECM services
- ECM providers should deliver **three or more encounters** per member per month
- DHCS has completely **phased out the QIMR** excel reporting process for the **new JSON** reporting process

# Important Takeaways for Providers

- **Credentialing:** If you cannot enroll through a state-level pathway, MCPs will be implementing their own credentialing pathways.
- **Utilization Management:** MCPs will be setting concrete utilization management criteria for authorization timelines, how long services can be administered, and how often reassessments will happen.
- **Minimum Encounter Volume & Payment:** Providers should average at least 3 encounters per month. MCP payments are expected to scale with the intensity of care provided. Payment guidance is forthcoming from DHCS in an ECM Payment Resource.

***These changes will likely require providers to update their ECM workflows, particularly around encounter documentation, care plan development, and billing timelines.***

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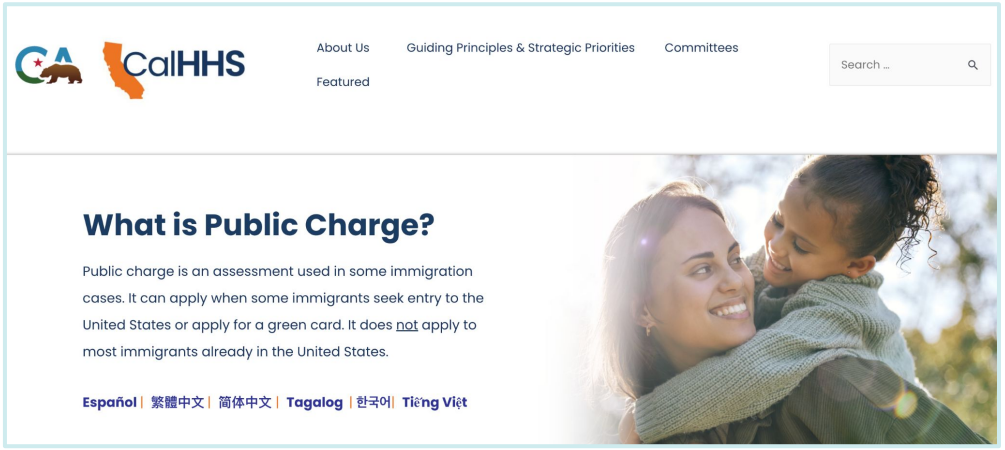
# DHCS Resources to Support Medi-Cal Members

# Federal Public Charge Rule Takes Effect

On **September 18**, the federal government's Public Charge Rule took effect. Public Charge is a federal test of whether a noncitizen is likely to become **primarily dependent on government support**. It can apply when some immigrants seek entry into the U.S. or apply for a visa or green card.

**CalHHS has released a dedicated resource page** to help explain the rule and how it may affect individuals and families.

Further guidance is expected as new information is released.



# DHCS Released New Online Resources

**On September 1,** DHCS released new online resources to support Medi-Cal members, providers, and community partners as we prepare for the **January 1, 2027, transition of Medi-Cal members with unsatisfactory immigration status (UIS) from managed care to fee-for-service (FFS)**. The resources include:

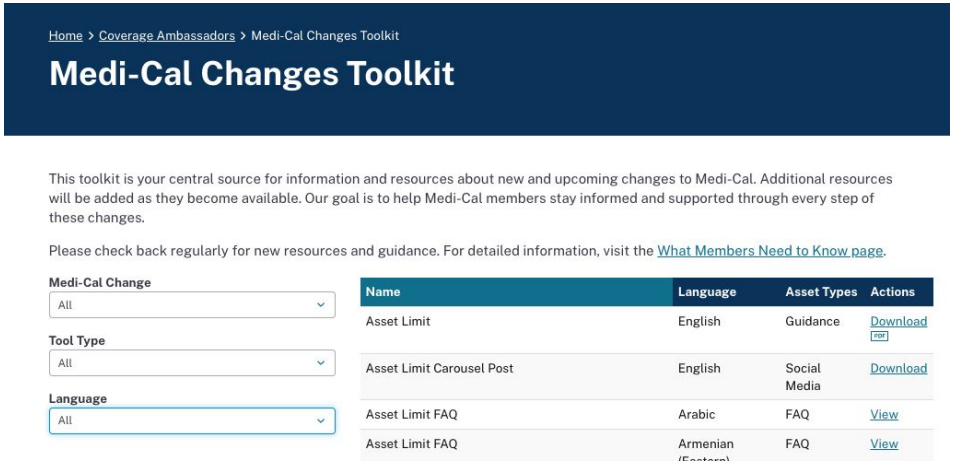
- Member-Focused Webpage: Clear, plain-language information for affected members, including what is changing, what stays the same, and steps they may need to take.
- Stakeholder Page: An overview of the transition to Medi-Cal FFS, links to the Medi-Cal Changes Toolkit, member resources, and operational materials that will be updated throughout the transition.
- Find Doctors and Services Tool: Initial usability improvements to help members find Medi-Cal FFS providers, with more enhancements to come.
- UIS Transition Policy Guide: Updated policy guide communicating expectations for MCPs to support transition of members with UIS to FFS.

# Medi-Cal Changes Toolkit

Medi-Cal Changes Toolkit:

Three new toolkit items to support partner outreach, with more resources to be added – please bookmark and check back regularly:

- General Fact Sheet
- Member FAQ
- Provider FAQ



# Upcoming Webinar

**On September 30, from 10 to 11 a.m. PDT**, DHCS will host a webinar to provide an overview of the transition of Medi-Cal members with unsatisfactory immigration status from managed care to fee-for-service (FFS), effective January 1, 2027. This public webinar is designed to help providers and advocates deliver clear, consistent, plain-language guidance to members during this transition.

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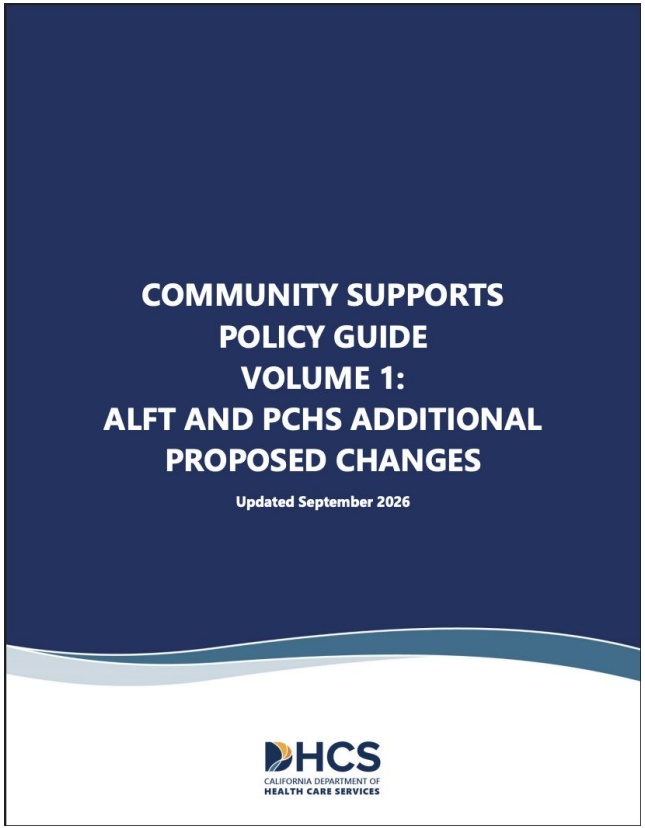
# Announcements and Closing

# Public Comment Opportunity

On September 23, DHCS shared an updated draft policy guides with changes to **Personal Care and Homemaker Services (PCHS)** and **Assisted Living Facility Transition (ALFT)** Community Supports.

These materials are up for public review and comment by **COB Monday, October 5, 2026** to **CommunitySupports@dhcs.ca.gov** with the subject line, **“Feedback: PCHS & ALFT Content Update”**



# Thank you for joining!

**Please join us virtually on October 23 for a focus on Community Supports Eligibility and Referrals Updates**

**Participants can expect to:**

- Hear from Alameda Alliance on Health about relevant Community Supports updates, and
- Learn about detailed ECM policy updates.

Please email any questions to pathinfo@bluepathhealth.com.