Alameda CalAIM PATH Collaborative

October 23, 2026

BluePath HEALTH

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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 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*

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

Thank you for joining us in September!

Thank you to everyone who joined us in September for our session on financial sustainability for CalAIM services! BluePath Health and **Primary Care Development Corporation** shared practical resources for braiding funding and panel management to support ECM and Community Supports providers with program planning and navigating policy changes.

Meeting Materials

- Meeting Slides
- Meeting Recording
- Panel Management Tool

Join us in person next month!

Please join us in **San Leandro** on Friday, November 13th!

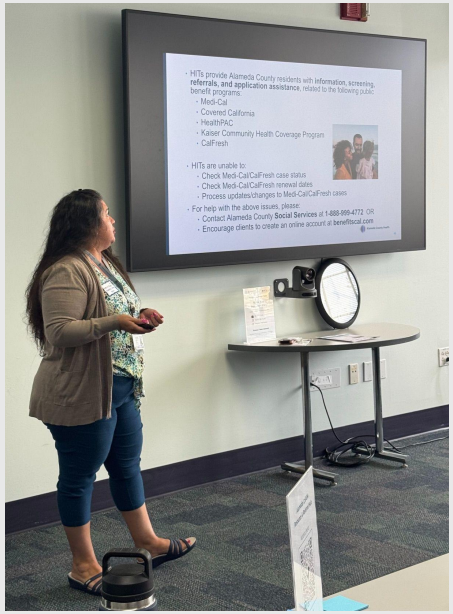
Our meeting focus is Mapping Progress and Preparing for 2027

Participants can expect to:

- Reflect on the progress achieved through CalAIM and the areas of opportunity in 2027
- Discuss recent state and federal policy updates
- Foster meaningful connections with other CalAIM providers

Lunch provided!

Register Here!



Today's Agenda

Time	Agenda Item	Presenter
10:00-10:05am	**Welcome and Introductions**	BluePath Health
10:05-10:15am	**Provider Spotlight: 24 Hour Home Care**	Lars Erickson, *Community Development Director*
10:15-10:45am	**MCP Updates: Kaiser Permanente and Alameda Alliance for Health**	Camille Cooley, *Medi-Cal Local Engagement County Lead* and Allison Lam, *Executive Director, Health Care Services*
10:45-11:00am	**Policy Updates & Closing**	BluePath Health

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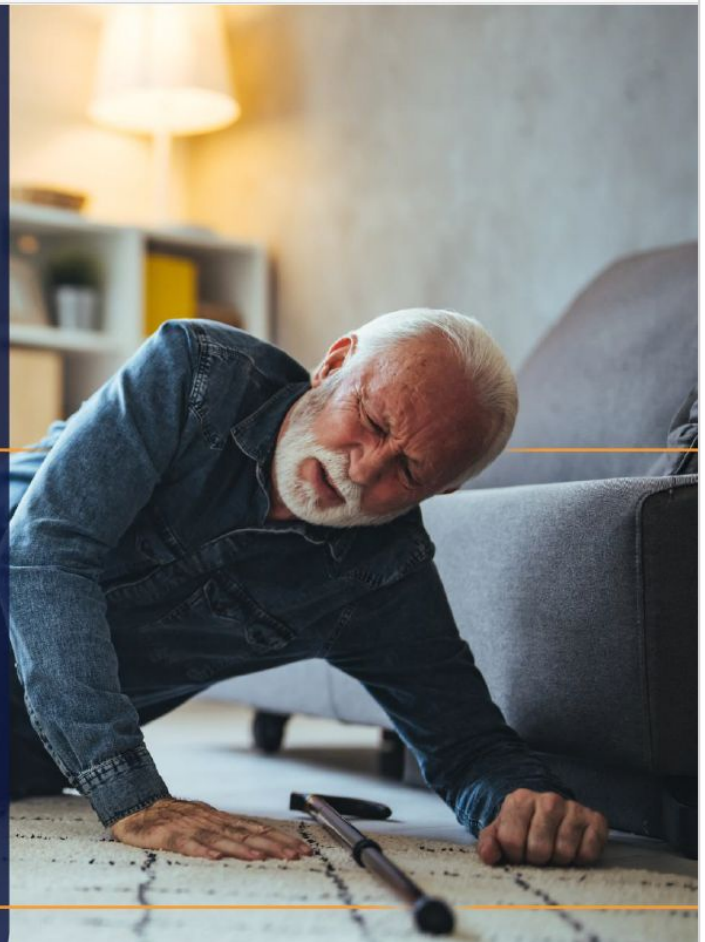
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Provider Spotlight: 24 Hour Home Care

Lars Erickson, Community Development Director

24hour home care

Why Is California's Care Gap So Dangerous?



Dangerous Gaps in Care Put **Millions at Risk**



+14M

adults (1 in 4) age 65+
fall each year[1]



1 in 5

adults age 65+ have some
cognitive impairment[2]



50%

of medications are
not taken as prescribed[3]

Care delays trigger a cascade of preventable crises across the entire care network

Sources:
1. Centers for Disease Control and Prevention (CDC): Older Adult Falls Data
2. Alzheimer's Association: 2024 Alheimer's Disease Facts and Figures
3. Centers for Disease Control and Prevention (CDC): 5

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Three Barriers Creating **Dangerous Care Gaps**



System Bottlenecks

6 months IHSS approvals delayed, hours capped

Members risk unnecessary, costly hospitalizations



Referral Obstacles

Lack of expertise across agencies

Referral pathways are hard to navigate



Caregiver Churn

79% Caregiver turnover and rework for social workers.

Unfamiliar caregiver can lead to distrust

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When Care Gaps Turn Into **Preventable Crises**



Josafina's Story

Age: 70 **Language:** Spanish

- Suffers debilitating back pain
- Adult kids help out when schedules allow
- Husband has trouble breathing

Needs

- Someone she trusts for mobility
- Medication reminders
- Meals and light housekeeping

Care Gap

- IHSS approvals +3 months
- Adult kids work full time
- Josafina overexerts, falls

Consequences

- Josafina admitted to hospital
- Husband missed medications
- Rising healthcare costs

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But...

Everything Changes When

Members Choose Their Own Caregiver



Care Works Differently When **Trust Is Built In**

The 24 Hour Home Care Difference



Care Powered By Choice

97% Of our members choose their caregiver

- ✓ Choice closes care gaps in underserved areas
- ✓ Turns unpaid caregiving into paid support



True Member Advocacy

9/10 Families recommend our care

- ✓ Extension of your care team
- ✓ Most referrals successfully start care



Faster, More Sustainable Care

+4.5x Better retention with trusted caregivers

- ✓ Fewer costly rehospitalizations
- ✓ Better continuity of care

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Millions Already Provide Care
Few Get Paid For It

The Challenge

- 59 million Americans provide family care
- $1 trillion in unpaid care annually
- Families often shoulder care without financial support

A Funded Path Forward

- Eligible Medi-Cal members may access in-home caregiving support through CalAIM Community Supports, helping families turn unpaid care into sustainable support

Compensation Caregivers Deserve. *Funded by Medi-Cal Plans.*

Source:
AARP Public Policy Institute, Valuing the Invaluable 2026 Update: Strengthening Supports for Family Caregivers

Safe at Home As **Care Needs Grow**

Personal Care & Homemaker



Who To Refer

Members currently in the process of initiating IHSS services.

IHSS Coverage Gaps

- Awaiting IHSS approval
- Maxed IHSS hours
- IHSS-ineligible; short-term care (≤60 days)



How We Support

High-risk, multi-comorbid, or clinically justified for in-home non-medical support.

Daily Living Assistance

- Bathing, dressing, toileting
- Meal preparation, light housekeeping
- Medication reminders



Member Impact

Short-term bridge hours that complement, not replace, IHSS hours.

Typical Authorizations

- 20–45 hrs/week (pending IHSS)
- 10–22 hrs/week (beyond IHSS)
- 1 to 3 months

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Give Primary Caregivers **the Break They've Earned**

Respite Care

Who To Refer

Members with a burned-out primary caregiver. No IHSS connection required.

Look for these signs:

- "I'm burned out" or "I can't do this much longer"
- Risk of institutional placement due to caregiver strain

How We Support

For members needing in-home, non-medical ADL support due to a qualifying condition.

Respite Caregiver Support

- Fills in for primary caregiver
- Enables caregiver to take breaks
- Uninterrupted care

Member Impact

Intermittent support from a secondary, family-selected caregiver ensures continuity.

Typical Authorizations

- Up to 336 hours per auth
- Can be scheduled as needed
- Potential to combine with PCHS

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Everything Changed When **Josafina Chose Her Caregiver**



Josafina's Story

Age: 70 **Language:** Spanish

Services

- Personal Care and Homemaker support
- Light meal prep tailored to dietary needs
- Help with mobility throughout the home

Intervention

- MCO authorized 32 hours/week
- Josafina chose Maria to be her caregiver
- Maria was hired, trained, and paid through 24 Hour Home Care

Impact

- Care started quickly with Maria, someone Josefina trusted
- Risk reduced and care stabilized
- Could focus on being a family again

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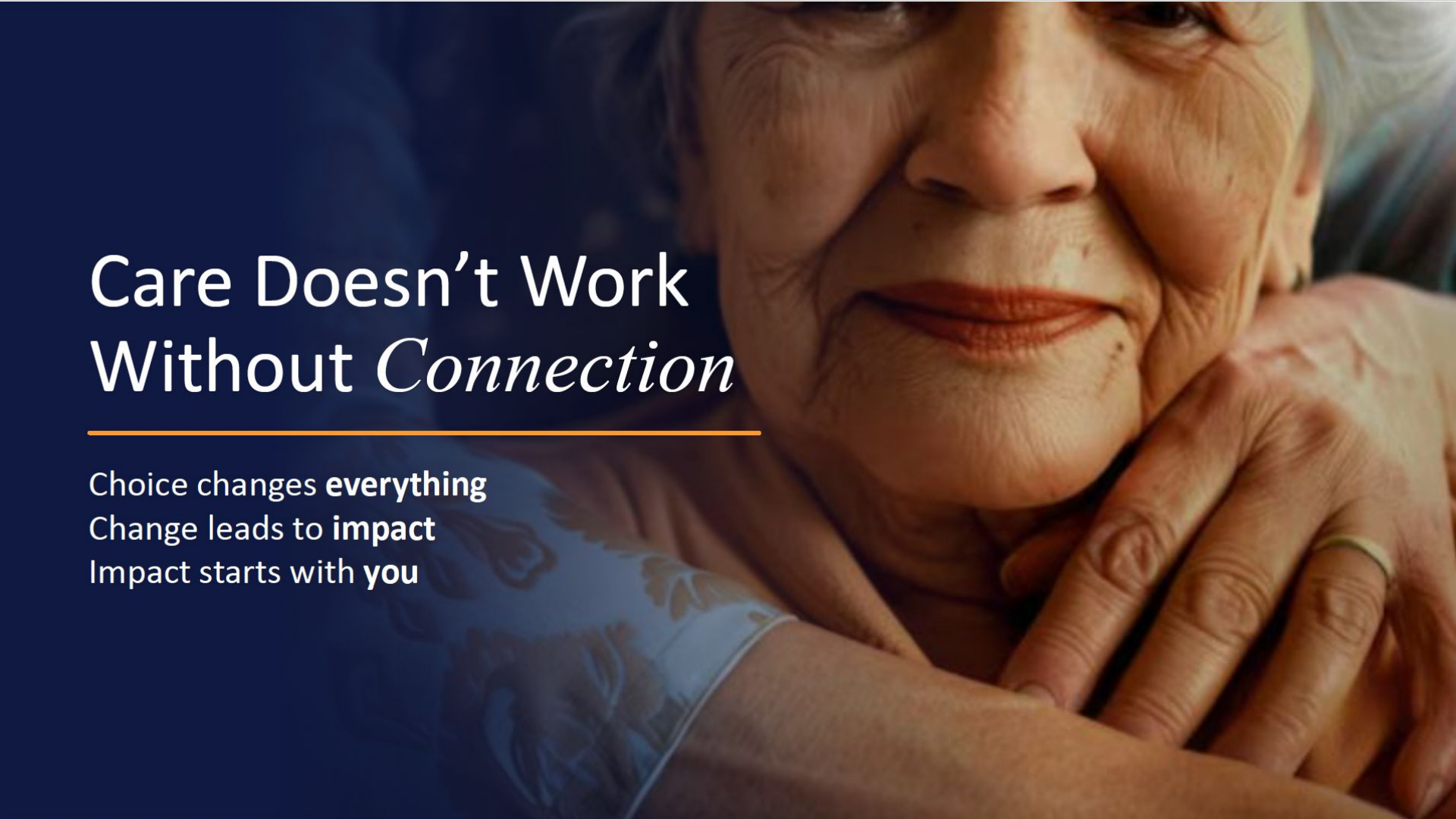
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Josafina's Story: Thriving at Home with Community Supports

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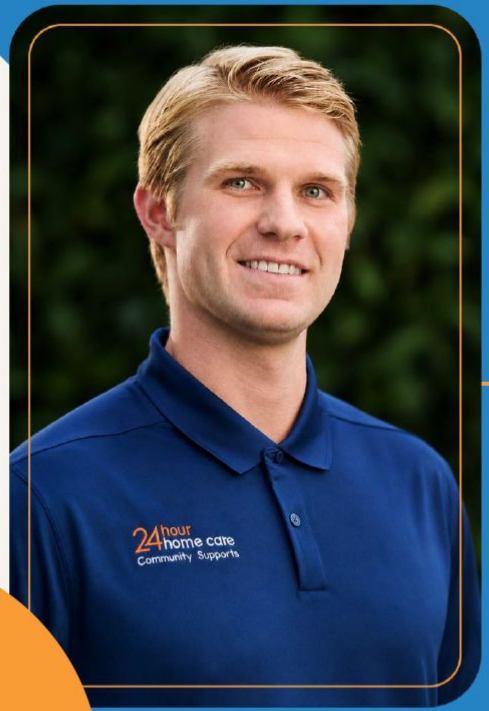
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Care Doesn't Work Without *Connection*

Choice changes **everything**
Change leads to **impact**
Impact starts with **you**

Connect a Member



Lars Erickson
Community
Development Director

(925) 459-4208

lars@24hrcares.com

24hrcares.com/refer

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Kaiser Permanente

Camille Cooley, Medi-Cal Local Engagement County Lead

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Alameda County
October PATH CPI

Camille Cooley, Medi-Cal Local Engagement

October 2026

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2025 Influencer Campaign for Enhanced Care Management Services

In 2025, Kaiser Permanente Medi-Cal funded the Public Goods Project (our Communications Vendor) to launch an Enhanced Care Management (ECM) Influencer Pilot. **We saw an overwhelmingly positive response…**

General appreciation for services

“I love how this program offers comprehensive care, it's exactly what new moms need to feel supported.”

Appreciation for Medi-Cal

““Medi-Cal sounds like a great insurance plan.”

“Medi-Cal is so helpful!”

General appreciation for post

“That’s pretty awesome. Thanks for letting other folks know who have Medi-Cal what they need to do”

Personal Interest in ECM/ CS

"Wait this is sooo cool 😍 I need to check this out I just found out I am pregnant"

Majority of posts had an engagement rate at or above industry average, indicating audiences were interested in the content.

Birth equity

Influencer: Kim (Spanish language)
Followers: 25.4k
Video views: 6,520
Engagements: 709
Engagement Rate*: 10.87%
Link to Post



Foster Youth

Influencer: Danitzia
Followers: 14.6k
Video views: 2,553
Engagements: 26
Engagement Rate: 1.02%
Link to Post



So What's Next?

Kaiser Permanente Medi-Cal, in partnership with Public Goods Project, is relaunching a 2.0 version of the Influencer Campaign this year!



2025

Since then, we have…

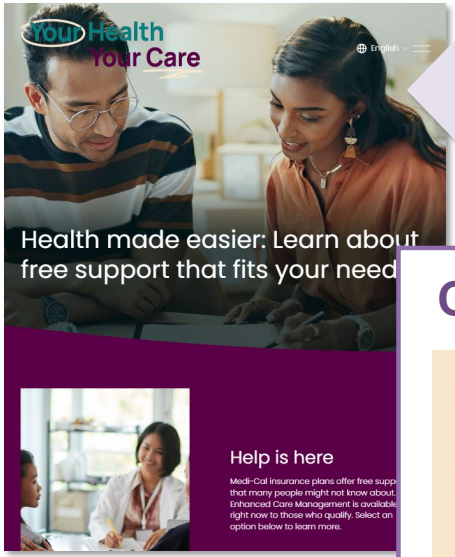
- *Evaluated our 1.0 Campaign*
- *Partnered with Anthem*
- *Worked on developing a stronger call to action for our campaign*
- *Redesigned the campaign to facilitate a launch across California*



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Your Health Your Care

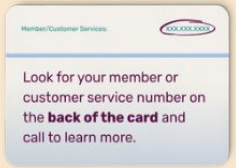


Our New Campaign Website – Your Health Your Care

Call to Action:

Have questions? Call your Medi-Cal health insurance plan.

If you have your Medi-Cal health insurance card handy, use that number to call for more information. You can also use the dropdown below to learn more on your plan's website.





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Share Materials

Download one of the toolkits on the campaign website—tailored to pregnancy/postpartum or foster youth—for social media graphics and flyers to share in your community.







yourhealthyourcare.org/**toolkit**

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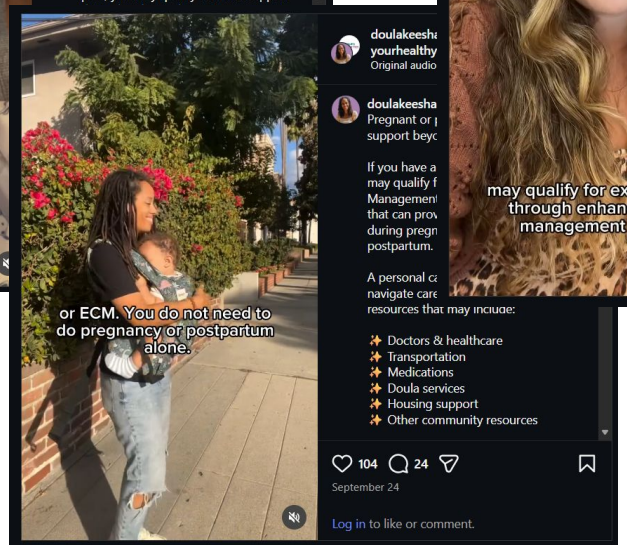
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Your Health Your Care

Check Out our Recent Influencer Posts!



@glowdewitup



@doulakeesha



@kelliebsbusybees

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Submitting Referrals | ECM, CS, and CHW

Kaiser Permanente (KP) has a no-wrong-door approach to referrals.

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Referrals may be placed via email, via phone, or through KP Health Connect.
- Referrals are reviewed within 5 business days to determine if the Member is eligible.

AREA	NORTHERN CALIFORNIA COUNTIES	SOUTHERN CALIFORNIA COUNTIES
PHONE (Member)	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
EMAIL (Counties/CBOs)	Send completed referral form to REGMCDURNs-KPNC@kp.org Subject line: “ECM Referral” or “CS Referral” or “CHW services request” All Enhanced Care Management, Community Support and Community Health Worker referral forms can be located at Provider Information | Community Provider Portal | Kaiser Permanente.	Send completed referral form to RegCareCoordCaseMgmt@kp.org Subject line: “ECM Referral” or “CS Referral” or “CHW services request” All Enhanced Care Management, Community Support and Community Health Worker referral forms can be located at Medi-Cal provider portal | Kaiser Permanente.

For contracted providers/organizations submitting referrals to your own ECM/CS/CHW organization, please send the referral form directly to your contracted Network Lead Entity.

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Alameda Alliance for Health

Allison Lam, Executive Director, Health Care Services

ALAMEDA Alliance FOR HEALTH

30 Years OF CARE & IMPACT

Community Supports Updates

Allison Lam, Executive Director, Health Care Services

10.23.2026

Our Mission

Improving the **health and well-being** of our members by **collaborating with our provider and community partners** to deliver **high quality and accessible** services.

Community Supports Team Members

Leadership

- Dr. Daphne Lo – Medical Director, Long Term Services and Supports
- Allison Lam – Executive Director, Health Care Services
- Corinne Casey-Jones – Manager, Community Supports
- Oscar Macias – Housing Program Manager
- Susan Baca – Community Supports Supervisor

Team Members

- Nurse Reviewers
- Specialists
- Coordinators

Community Supports

Volume 1:

- Respite Services (Caregiver Respite)
- Assisted Living Facility (ALF) Transitions
- Community or Home Transition Services
- Personal Care & Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically Tailored Meals (MTM)/Medically Supportive Food (MSF)
- Asthma Remediation

Volume 2:

- Housing Transition Navigation Services
- Housing Tenancy and Sustaining Services
- Housing Deposits
- Recuperative Care (Medical Respite)
- Transitional Rent

Key ECM & Community Supports Policy Guidance

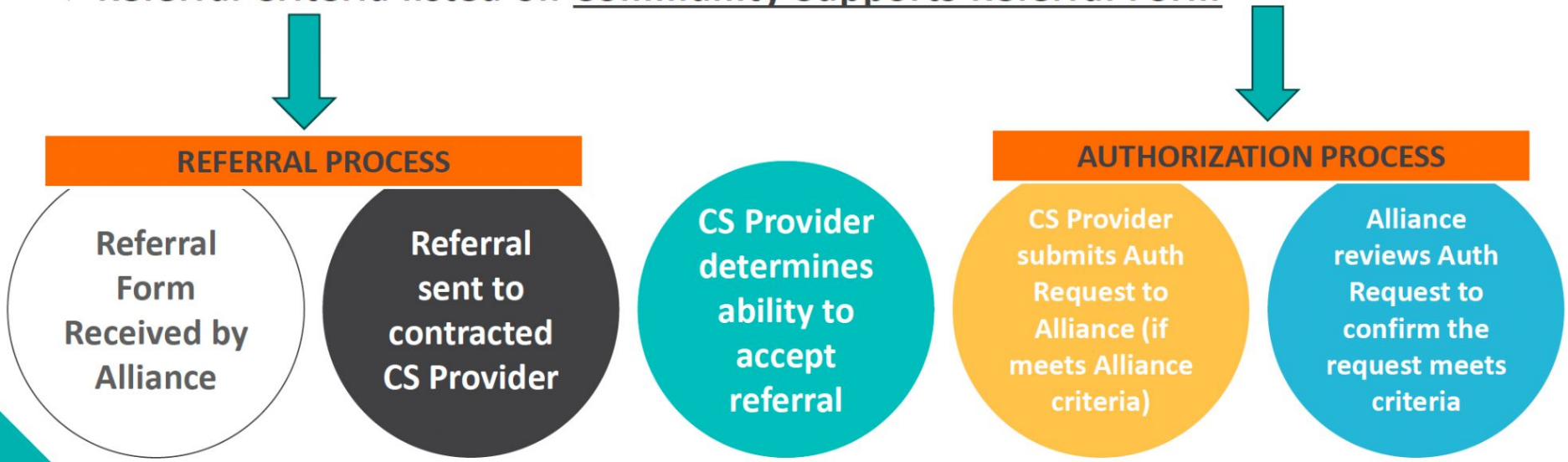
- ECM Policy Guide (September 2026)
- ECM Referrals Standards and Form Templates (August 2024)
- Community Supports Policy Guide Volume 1 (April 2025)
- Community Supports Policy Guide Volume 2 (April 2025)
- Community Supports Policy Guide Volume 2 Addendum (October 2026)
- Summary of Proposed Updates to Community Supports Policy Guide Volume 1 (July 2026)
- Proposed Additional Edits to Community Supports Policy Guide Volume 1 for PCHS & ALFT (September 2026)
- ECM Birth Equity POF FAQs (Updated February 2024)

The Alliance does not offer:

- *Sobering Centers*
- *Day Habilitation*
- *Short-Term Post-Hospitalization Housing*

How to Get Services?

❖ Referral Criteria listed on Community Supports Referral Form



Medical Respite updates – effective 1/1/2027

CURRENT

Eligibility (Population Subset)[66]

(Updated April 2025) Members are eligible for Recuperative Care if they meet **both** of the following criteria:[67]

(1) Individuals requiring recovery in order to heal from an injury or illness.

AND

(2) Experiencing or at risk of homelessness.[68]

FUTURE 01.01.27

Eligibility (Population Subset)

Members are eligible for Recuperative Care if they meet **both** of the following criteria:

(1) Requiring recovery in order to heal from an injury or illness, including recovery from an acute exacerbation of a chronic condition.[5]

AND

(2) Experiencing or at risk of homelessness.[6]

"Importantly, Recuperative Care is not appropriate for Members who require support with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), or who require immediate skilled nursing care or residential treatment."

CS Policy Guide, Addendum 2, Page 9

Medical Respite updates – effective 1/1/2027

CORE SERVICE COMPONENTS

- **Onsite care coordination and case management** supervised by **RN, LVN, LCSW or MSW**
- Providing access to equipment (e.g., phone, computer), as needed, for any **telehealth visits** during the stay
- Providing access to a safe space for **storage (including refrigeration) of the Member's own medications**
- Providing access to a secure space for **storage of personal items**
- Providing **onsite access to appropriate health care services** (including basic nursing care; wound care; and medication prescribing, dispensing, administration, and management as may be needed) through **established relationships with qualified medical or Home Health Providers**
- Providing 24 hours a day/7 days a week access to **onsite staff (may be nonclinical) who are trained in first aid, basic life support, and de-escalation techniques** and can coordinate access to **on-call medical support that includes 24/7 nursing hotlines through the Member's MCP**

CS Policy Guide, Addendum 2, Pages 10-13

Medical Respite updates – effective 1/1/2027

CURRENT

Count of days in Medical Respite need to be included in the "global cap" calculation for Transitional Rent

FUTURE 01.01.27

Medical Respite no longer considered a "Room & Board" service and time doesn't count towards "global cap"

NOTE: Medical Respite cannot exceed a duration of six months per rolling 12-month period (but may be authorized for a shorter period based on individual needs)

CS Policy Guide, Addendum 2, Pages 20-21

Medical Respite updates – effective 1/1/2027

- **Alliance's implementation plan to be compliant by 1/1/2027:**
  - Updates to Review Criteria/Rubric
    - Align with 1/1/2027 service definition
    - Specify exclusion criteria
    - Specify documentation requirements
  - Updates to Quality Audit tools
  - Updates to provider screening, enrollment, credentialing, revalidating and recredentialing requirements to align with required Core Service Components
  - Medical Respite Provider Communication to notify of changes *(at minimum 30 days prior to implementation)*
  - Medical Respite Provider Training on new requirements *(at minimum 30 days prior to implementation)*

Thank you.

Questions?



You can contact me at:
Allison Lam
allam@alamedaalliance.org

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Policy Updates

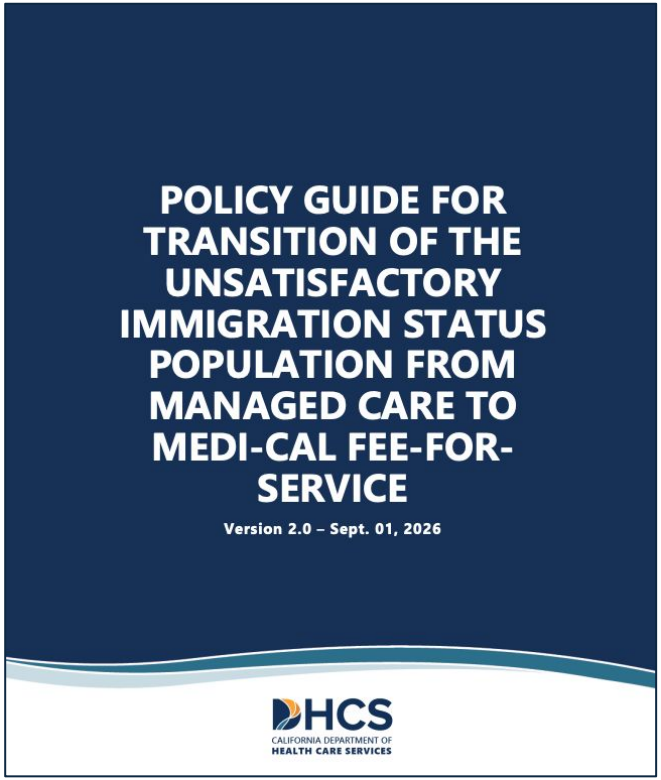
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Major Federal and State Policy Changes

Key Change	Effective Date	Affected Population(s)
Public Charge Final Rule	September 18, 2026	Applicants for Lawful Permanent Residence (LPR)[1]
H.R. 1: Community Engagement / Work Requirements	January 1, 2027	New Adult Group, ages 19 to 64 (with numerous exemptions)[2]
H.R. 1: Retroactive Coverage Limit	January 1, 2027	New Adult Group, ages 19 to 64 and Medi-Cal members seeking Medi-Cal outside the New Adult Group[3]
Transition to FFS Medi-Cal	January 1, 2027	Adults with Unsatisfactory Immigration Status (UIS)[4]
CalAIM Waiver	January 1, 2027	All Medi-Cal members
H.R. 1: 6-Month Eligibility Checks	March 1, 2027	New Adult Group, ages 19 to 64 (with some exemptions)[5]

**As of October 2026. Policy developments are fast-moving, and subject to change*

Updated Policy Guide for Transition of Members with UIS to Fee-for-Service



On September 1, 2026, DHCS released an updated policy guide addressing the transition of members with Unsatisfactory Immigration Status (UIS) to Fee-for-Service (FFS) Medi-Cal. This transition will go into effect beginning **January 1, 2027.**

Who does this apply to?

Unsatisfactory Immigration Status is an immigration category that includes individuals that have not yet achieved citizenship status, lawful permanent residency, or other Qualified Non-Citizen (QNC) status.

[DHCS: UIS Transition Policy Guide]

Adapted from slides created by HealthBegins

UIS Member Transition to Fee-for-Service

Beginning January 1, 2027, Medi-Cal members with Unsatisfactory Immigration Status (UIS) will transition to Medi-Cal Fee-for-Service (FFS).

Before: Enrolled in an MCP

- Assigned to and enrolled in an MCP
- Can access Enhanced Care Management (ECM), Community Supports, and other MCP-administered services
- MCP authorizes, coordinates, and pays for covered services

January 1, 2027



After: Enrolled in FFS

- No longer assigned to an MCP
- Not eligible for MCP-only services, including ECM and Community Supports
- Receives Medi-Cal-covered services through FFS from providers enrolled to bill FFS

[DHCS: UIS Transition Policy Guide]

Adapted from slides created by HealthBegins

CHW Services for UIS Members

CHW services remain a reimbursable Medi-Cal FFS benefit when ordered, supervised, and billed by an enrolled provider.

State-approved CHW scope of service for transitioning UIS members

Health Navigation

Connect members to community resources, interpretation, appointments, and transportation.

Medi-Cal Enrollment

Help members keep Medi-Cal active and complete documentation for programs like CalWORKs or CalFresh.

Health Education

Deliver health education, coaching, and goal-setting for chronic physical or mental health conditions.

Screening & Assessment

Screen for unmet social determinants of health (SDOH) and share findings with the licensed provider.

Support & Advocacy

Serve as a cultural liaison so members understand and can follow their plan of care.

HealthNet: CHW Services Provider Manual

Adapted from slides created by HealthBegins

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End-of-Meeting Poll



Upcoming Webinar

CalAIM Best Practices and Sustainability Toolkit

Friday, October 30, 2026
10:00 a.m. to 11:00 a.m. PDT
Advanced Registration Required

DHCS is hosting a public webinar on applying the CalAIM Best Practices and Sustainability Toolkits in real-world settings, covering: funding, change management, staffing, and common mistakes to avoid. Speakers include representatives from HC2 Strategies, the Kings Tulare Homeless Alliance, and Public Health Innovation Lab.

Learn more on the Collaborative Planning and Implementation webpage or email questions to collaborative@ca-path.com.

Thank you for joining!

Please join us in person on November 13 for a focus on Reflecting on CalAIM Progress!

Participants can expect to:

- Reflect on the progress achieved through CalAIM and the areas of opportunity in 2027
- Discuss recent state and federal policy updates
- Foster meaningful connections with other CalAIM providers

Please email any questions to pathinfo@bluepathhealth.com.

Register Here!