



# PATH – Collaborative Planning & Implementation (CPI)

Welcome! The Southwest Collaborative Planning Meeting will be starting shortly.

Thursday, December 21, 2023

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**INNOVATION LAB**

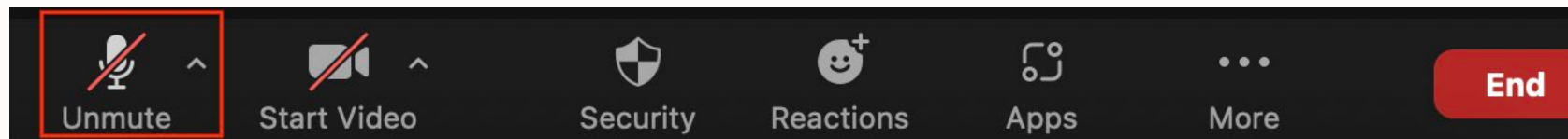
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# This event is being recorded.

The slides and recording will be available after the event at [pophealthinnovationlab.org/projects/PATH](https://pophealthinnovationlab.org/projects/PATH)

Please mute your microphone and video during the presentation.





# PATH – Collaborative Planning & Implementation (CPI)

## Southwest Regional CPI Meeting

Thursday, December 21, 2023

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# Welcome



# CPI Regions

## Northwest Region

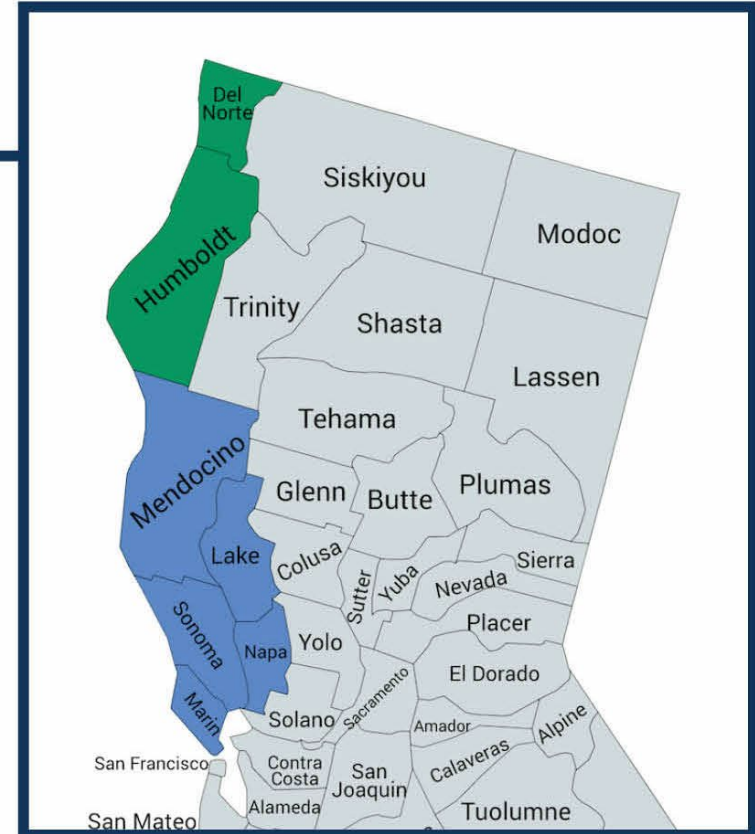
- Del Norte
- Humboldt

## ➔ Southwest Region

- Mendocino
- Sonoma
- Marin
- Lake
- Napa

## Region Counties Supported by PHIL

-  Northwest
-  Southwest





# CPI Participant Eligibility

**The following entities are eligible and strongly encouraged to participate:**

- Community Based Organization (CBO)
- County, City, or Local Government Agency
- Federally Qualified Health Center (FQHC)
- Managed Care Plans (MCPs)
- Medi-Cal Tribal and Designee of Indian Health Program
- Providers (including but not limited to hospitals and provider organizations)

***We kindly ask vendors and sales people to remove themselves from the convenings and the collaborative. These regional convenings aim to be a safe and intimate place to resolve local implementation challenges.***





# Land Acknowledgment

**The Population Health Innovation Lab team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the U.S.**

We acknowledge the land and country we are on today as the traditional and treaty territory of the Native American, Alaska Native, and Tribal nations who have lived here and cared for the Land since time immemorial. We further acknowledge the role Native American, Alaska Native, and Tribal nations have today in taking care of these lands, as well as the sacrifices they have endured to survive to this day.



# Commitments to Community Inclusivity

## Be Present, Brave, and Curious

- Encourage different opinions and respectful disagreement
- Embrace conflict which can deepen our understanding
- Acknowledge the risk speakers take, and value the privilege to learn from one another
- Make use of opportunities to connect person-to-person

## Create An Inclusive Space

- Invite the unheard voices
- Take responsibility for our own voices (make space)
- Resist the temptation to only witness the dialogue (take space)

## Invite Anti-Racist Dialogue

- Be aware we all have a bias that may impact action; biases are learned and can be unlearned.
- Address racially biased systems and norms
- Recognize the vast and varied lived experiences participants have with racism.
- Be intentional about power dynamics and how you exercise your privilege
- Avoid defensive responses when people speak from lived experiences with racism

## Be Accountable

- Foster awareness of unrepresented community members not “in the room”
- Respect each other’s time - participate fully and prepare for each activity
- Commit to actions that move items beyond discussion
- Practice patience and persistence – we cannot solve everything in a single conversation and will revisit topics that require additional discussion





# Agenda & Objectives

## Agenda:

- Welcome, Framing & Check-In
- Programming Poll for 2024
- CITED Spotlight
- Partnership HealthPlan - ECM  
Population of Focus Spotlight:  
Birth Equity & Justice
- Evaluation & Close

## Objectives:

- Build relationships
- Hear from local organizations that have successfully secured CITED funding
- Increase understanding of the JI and Birth Equity Populations of Focus
- Reflect on CPI programming for 2023 and provide feedback on learning opportunities 2024



# Check-In

**What is your greatest ECM or  
Community Supports success of  
2023?**

**Share your intentions for  
continued success in 2024?**

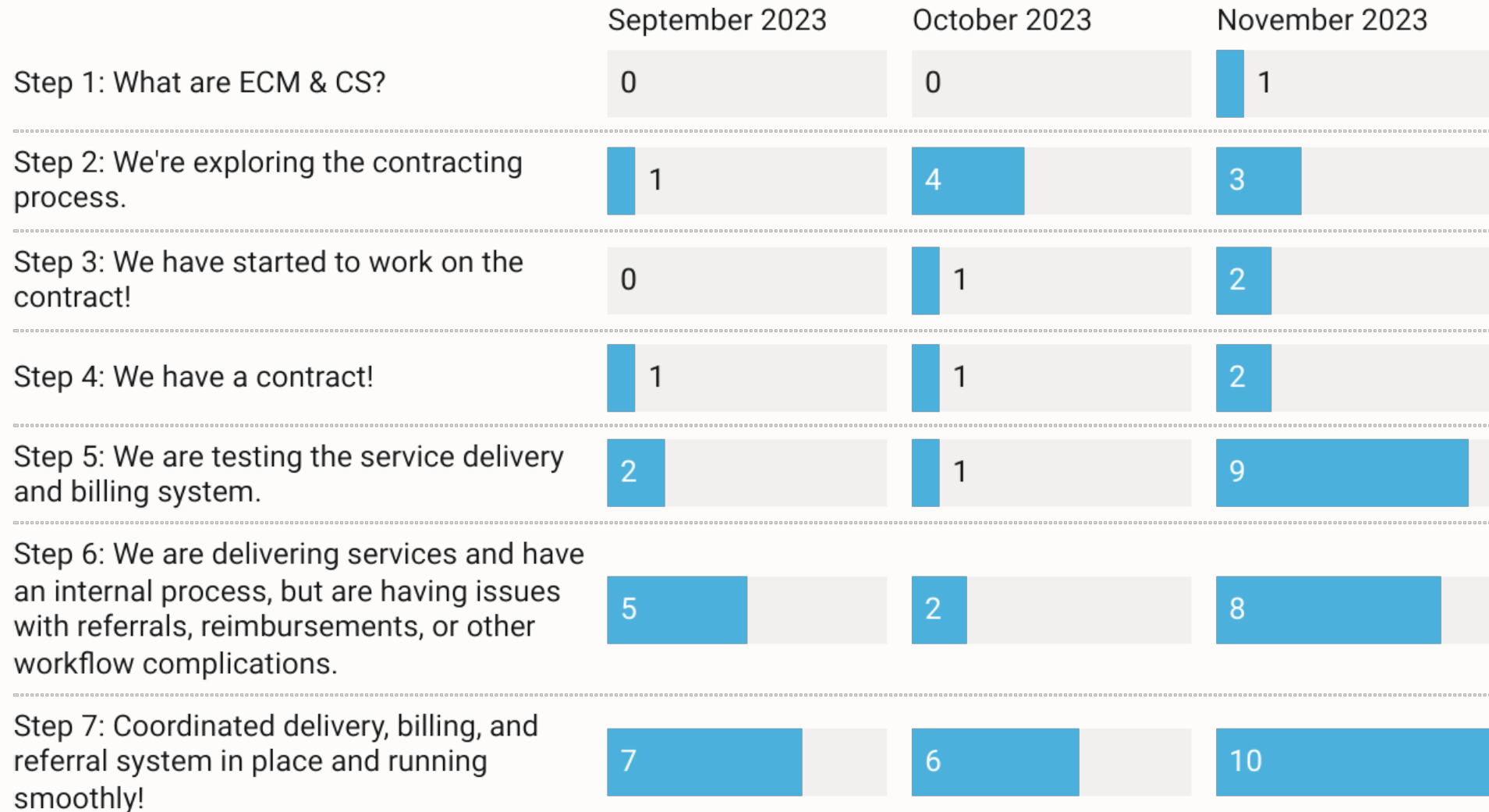


# Evaluation Review and Updates

## Hear from our MERLIN team

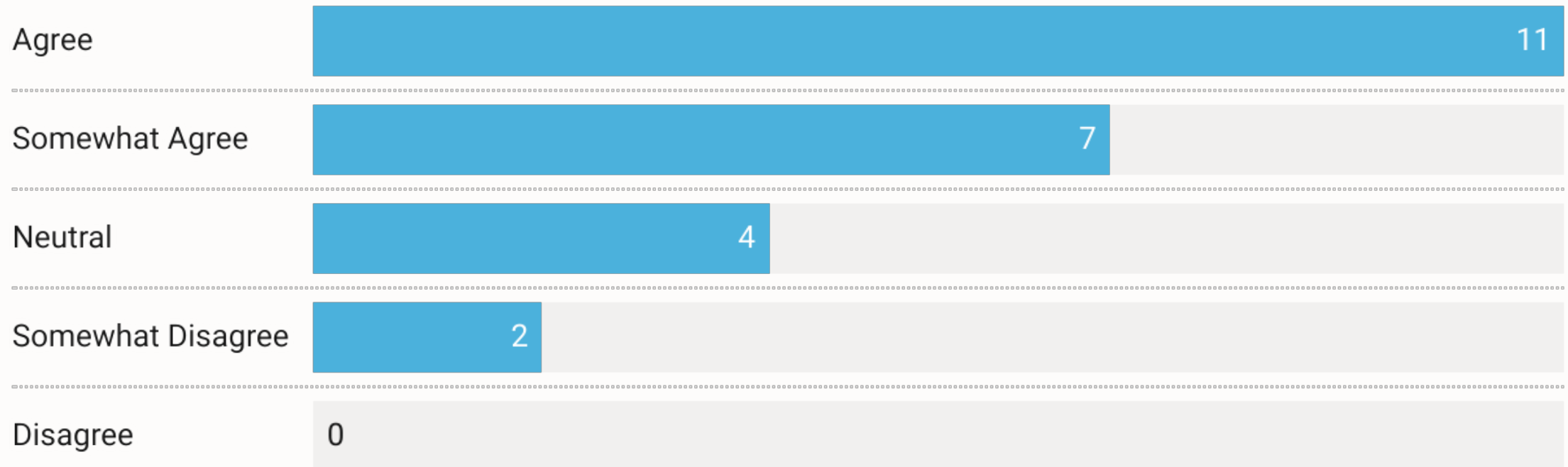


# Readiness Roadmap: Southwest Collaborative





SW: I have a better understanding of how the Population Health Management Initiative intends to improve access and opportunities, such as cross-sector approaches to whole-person care, using non-traditional Medi-Cal providers such as non-clinical Community-Based Organizations (CBOs).







# Reflecting on 2023

Review and Refine Programming  
Interests for 2024



# Training Interests Identified by You!

## Let's Review Our Sources:





# DHCS Registration Form

Question: Please rate your level of interest in learning more about each topic.

Topic	Not at All Interested	Very Interested
Cross-sector care coordination	7%	71%
Billing for Community Supports	11%	61%
Collaborating across sectors	11%	61%
Contracting with Managed Care Plans	11%	59%
Patient recruitment	15%	56%
Workforce development strategies	11%	50%



# PHIL Collaborative Planning Survey (SW)

Question: When asked to select top 3 topics of interest that individual registrants would like their PATH Collaborative to address, our regions selected the following:

Training Type	Southwest Votes	Ranking
Cross sector care coordination	55	1
Capacity development and training	52	2
Operational workflows/systems	42	3
Data sharing strategies	37	4
Infrastructure development	36	5
Populations of focus	36	5
Health outcomes	33	6
Workforce development	23	7
Health areas of focus	23	7
IT workflows/systems	16	8
Data integrity strategies	6	9



# October Collaborative Meeting (SW)

Participants wrote ideas, thoughts, and recommendations to improve CPI, ECM, and CS implementation on a sticky note and shared them with the group.

Topics included:

- Complex Care Case Management (case conferencing supports)
- County specific groups
- ECM and CS Marketing advocacy
- Improved billing systems supports
- Open collaboration between the two Managed Care Plans
- Pathways to make Referrals
- Peer to peer learning
- Support work groups
- Workflows
- Workshops tailored to Community Supports type





# Programming Through 2023

Listening Sessions

Cross-Sector Care Coordination

Introduction to the Readiness Roadmap (RR)

Asset and System Mapping

Addressing ECM and CS Pain Points along the RR

Introduction to Process Mapping

Community Asset Mapping

Information Sharing Policies and Systems: EHRs, HIEs, CIEs, DxF

Launching of the Readiness Roadmap Website

Peer Developed Tools shared and added to website

Courageous Leadership and System Level Collaboration

Population Health Management Strategy presentation



# Update and Refine Interests for 2024

- Your insight will allow PHIL to refine approaches to:
  - Training interests
  - Program implementation
  - Website, newsletters, meetings



# Local Partner Spotlight



# CITED Round 2 Awardees: Lake, Marin Mendocino, Napa, Sonoma

CITED Round 2 Awardees	County 1	County 2
<a href="#">Sonoma Valley Community Health Center</a>	Sonoma	
<a href="#">Seneca Family of Agencies</a>	Marin	Sonoma
<a href="#">Anchor Health Management</a>	Mendocino	
<a href="#">Redwood Community Services</a>	Mendocino	Lake
<a href="#">Petaluma Health Center</a>	Sonoma	Marin
<a href="#">Mendocino Community Health Clinic</a>	Mendocino	Lake
<a href="#">Master Care Inc</a>	Marin	Napa
<a href="#">Marin Community Clinics</a>	Marin	
<a href="#">Lake County - Lakeport</a>	Lake	
<a href="#">Innovative Health Solutions</a>	Napa	



# CITED Round 2 Awardees: Lake, Marin Mendocino, Napa, Sonoma

CITED Round 2 Awardees	County 1	County 2
<a href="#">Abode Services</a>	Napa	
<a href="#">Council on Aging Services for Seniors</a>	Sonoma	
<a href="#">Community Support Network (CSN)</a>	Sonoma	
<a href="#">Community Action Partnership of Sonoma (Sonoma Connect   Sonoma Unidos)</a>	Sonoma	
<a href="#">Committee on the Shelterless (COTS)</a>	Sonoma	
<a href="#">Choice in Aging</a>	Napa	
<a href="#">Ceres Community Project</a>	Marin	Sonoma
<a href="#">Catholic Charities of Santa Rosa</a>	Sonoma	Napa
<a href="#">Adventist Health Physician Network</a>	Lake	Mendocino, Napa
<a href="#">Home Health Care</a>	All	All
<a href="#">24 Hour Care</a>	All	All





# Elevating the Expertise of Local Partners

Capacity and Infrastructure Transition,  
Expansion and Development (CITED)  
Awardee Spotlight

Welcome:

Redwood Community Services  
Sage Wolf, Director of Integrated Health





# Participant Questions



# CITED Round 3: Just Announced!

- DHCS published the [PATH CITED Round 3 Application Outline](#) on Dec. 18<sup>th</sup> .
- The outline is a planning tool. Applicants are required to apply for CITED Round 3 funding using link on the [PATH CITED website](#).
- The application window is expected to open from January 15 through February 15, 2024.

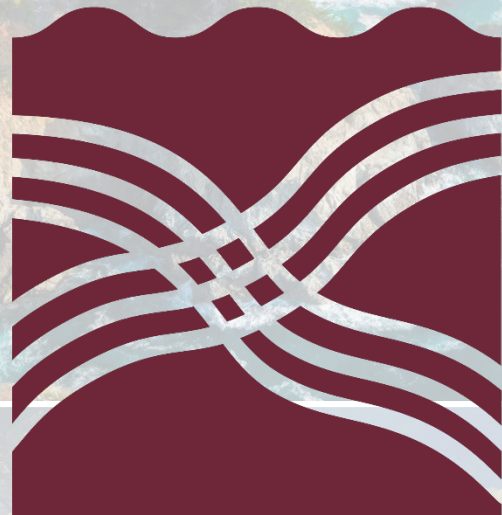


# Partnership HealthPlan of California Presentation

Ashley Peel, Program Manager (ECM)



PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*



# ECM Population of Focus Spotlight: Birth Equity & Justice

December 2023



## **Background:**

- 39% of births in CA are covered by Medi-Cal
- 5.1 million children have Medi-Cal

## **Eligibility Criteria:**

- Adults and Youth who are:
  - Pregnant/postpartum (through 12 month period); **and**
  - African American, Native, and/or Pacific Islander

**Eligible January 1, 2024**

## **Examples of how ECM Providers can serve this PoF:**

- Scheduling prenatal and postpartum appointments and well-child visits
- Coordinating transition from hospital to home after labor and delivery
- Referrals to community resources such as WIC
- Referrals for housing and food-related Community Supports to help recover from labor and delivery



**Background:** It's estimated 80% of justice-involved individuals are eligible for Medi-Cal

## **ECM Benefit:**

- Individuals Transitioning from Incarceration goes live in January 2024
- No wrong-door referral system remains

## **Pre-Release Services:**

- In 2023, CA 1st state in the USA to offer a targeted set of Medi-Cal services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release.
- Correctional facilities are able to go-live in October 2024

## ECM Population of Focus #4: Individuals Transitioning from Incarceration



### (a) Adults who:

1. Are transitioning from a correctional setting (e.g., prison, jail, or youth correctional facility) or transitioned from a correctional setting within the past 12 months;  
**and**
2. Have at least one of the following conditions (see forthcoming ECM Policy Guide for definitions):
  - i. Mental Illness;
  - ii. SUD;
  - iii. Chronic Condition/Significant Clinical Condition;
  - iv. I/DD;
  - v. Traumatic Brain Injury;
  - vi. HIV/AIDS;
  - vii. Pregnant or Postpartum.

## ECM Population of Focus #4: Individuals Transitioning from Incarceration



### **(b) Children and youth who:**

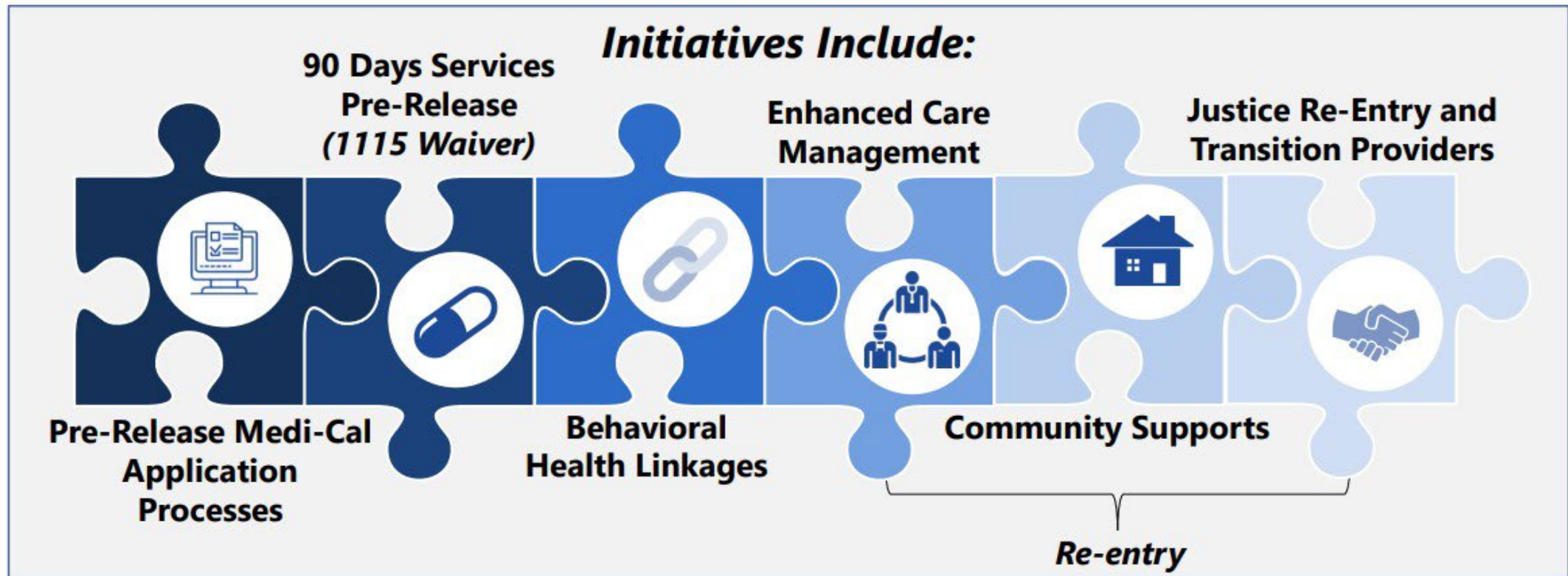
Are transitioning from a youth correctional facility or transitioned from being in a youth correctional facility within the past 12 months.

### **Notes on the Definition:**

- » Children and youth who are transitioning from a youth correctional facility or transitioned from a youth correctional facility within the past 12 months do **not** need to meet the additional criteria noted for adults (Clause (2) of (a) on the prior slide).



CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry.



- **Experience and expertise in serving the population(s) of focus/services**
  - Primary Care Provider, County Behavioral Health, Tribal Health, Local Government Agency, Community Based Organization, etc.
- **Medi-Cal Enrolled, if current pathway exists**
  - If no pathway exists, PHC contracting and credentialing standards
- **Treatment Authorization Request (TAR) for ECM & CS Services**
- **National Provider Identifier (NPI)**
- **Bill for ECM & CS services**
  - Invoicing is Permissible
- **Submit necessary reports to PHC**
  - Encounter Data
  - Quality Oversight Monitoring Reports
    - Release of Information (ROIs)
    - Individualized Care Plans (ICPs)

Any provider interested in becoming an ECM and/or CS Provider must complete and submit an **ECM and/or CS Readiness Questionnaire**

- Opportunity to share with PHC your expertise; not a 'pass/fail' document
- Email [CalAIM@partnershiphp.org](mailto:CalAIM@partnershiphp.org) to request an ECM and/or CS Readiness Questionnaire if you have not done so already







# Questions

Please reach out to:  
[CalAIM@partnershiphp.org](mailto:CalAIM@partnershiphp.org)







# Kaiser Permanente

## Updates on CalAIM implementation

Arif Shaikh, Director



# Post-Event Evaluation

To continue improving our work as your CPI Facilitator, PHIL kindly asks that you complete this brief survey. Your feedback ensures quality improvement and will inform planning and activities through the evolution of the collaborative.



<https://bit.ly/41vi0qq>



# Mark Your Calendars!

- [Register](#) for Southwest monthly collaborative meetings through December 2024!
  - 3<sup>rd</sup> Wednesday of the month at 1:00pm – the June convening will be held on the 3<sup>rd</sup> Thursday due to Juneteenth
  - In-person convenings in February and August on the 3<sup>rd</sup> Thursday of the month from 11:00am – 2:00pm
- Register for Office Hours through 2024!
  - [2nd Wednesday](#) every month from 12:00pm -1:00pm (Except December)
  - [4th Monday](#) of the month from 11:00am - 12:00pm



# Upcoming PATH CPI Events

Our next CPI regional meeting is virtual:

- NW: Tuesday, January 16 | 1:00 – 2:00 pm PT
- SW: Wednesday, January 17 | 1:00 – 2:00 pm PT

Office Hours:

- Wednesday, January 10 | 12:00 – 1:00 pm PT
- Monday, January 22 | 11:00 – 12:00 pm PT

# Upcoming Partnership HealthPlan Events



## PHC Roundtables:

- If you were unable to attend the last ECM RoundTable and would like the Chat Q&A: Please let Vicki, Lynn, or the PHIL team know and one of us will get those out to you. (See slide Appendix for more details)
- [Register](#) for the monthly ECM Roundtable
- [Register](#) for Community Supports Provider Roundtable



# PATH CPI Participant Experience Survey

In an ongoing effort to improve the CA PATH CPI participant experience, DHCS and Public Consulting Group (PCG) kindly request your completion of [the CA PATH CPI Participant Experience Survey](#) by December 31st, 2023.

If you participate in more than one CPI collaborative group, please fill out a separate evaluation form for each collaborative. Your response will be kept confidential and will be grouped with those of other respondents. Each survey will take approximately 15 minutes to complete.



# Thank You!

Feel free to contact our PATH CPI team

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Stefani Hartsfield  
Consultant  
stefani@hartsfieldhealth.com

*For general inquiries, please feel free to email [path@pophealthinnovationlab.org](mailto:path@pophealthinnovationlab.org)*





# POPULATION HEALTH INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE

Learn more about PHIL at [pophealthinnovationlab.org](http://pophealthinnovationlab.org)

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**Thank you!**





# Appendix





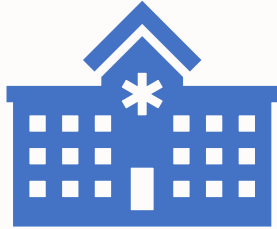


# Policy Landscape Updates

## DHCS and CalAIM Strategy



# DHCS Updates



## Managed Care Organization (MCO) Tax Federal Approval

On Dec. 15<sup>th</sup>, the Centers for Medicare and Medicaid Services (CMS) approved the waiver for the federal tax outlined in assembly Bill 119. The MCO Tax is estimated to provide \$19.4 billion in net non-federal funding over the 3.75-year tax period. Subject to appropriation and federal approval of applicable payment and rate methodologies, **MCO tax revenues will be used to support the Medi-Cal program including, but not limited to, targeted provider rate increases and other investments that advance access, quality, and equity for Medi-Cal members** and promote provider participation in the Medi-Cal program.



## Age 26-49 Adult Full Scope Medi-Cal Expansion Implementation

On December 11, DHCS provided certification of system readiness to the Department of Finance to implement the Age 26-49 Adult Expansion. The Age 26-49 Adult Expansion will provide individuals 26-49 years of age with full scope Medi-Cal benefits **regardless of immigration status, if they meet all other Medi-Cal eligibility criteria**. DHCS will complete the transition of Age 26-49 Adult Expansion individuals in restricted scope Medi-Cal to full scope Medi-Cal effective January 1, 2024. For more information about the Age 26-49 Adult Expansion, please visit the [Age 26-49 Adult Expansion Webpage](#). For questions about the Age 26-49 Adult Expansion, please email [AdultExpansion@dhcs.ca.gov](mailto:AdultExpansion@dhcs.ca.gov).



# Fee Schedule Updates

- **Medi-Cal Rate Increases**

- On December 1, DHCS published the new FFS rates on the [DHCS website](#), effective January 1, 2024
- The affected services are primary care services, including those provided by physician and non-physician professionals, obstetric and doula services, and non-specialty mental health services. Due to the need for MCPs to update their systems and provider contracts, the increased rates will not be paid in the managed care delivery system immediately. DHCS will formally establish, through written guidance, compliance timeframes for MCPs to fully implement the increased payment levels, as applicable, on a go-forward basis as well as retroactively to January 1, 2024.

- **Local Educational Agencies (LEA) Approved to Participate in CYBHI Multi-Payer Fee Schedule**

- DHCS announced the first cohort of 47 LEAs (across 25 counties) approved to participate in the Children and Youth Behavioral Health Initiative (CYBHI) statewide multi-payer school-linked fee schedule, which will launch in January 2024, and statewide provider network. As part of the CYBHI, DHCS is expanding access to school-based (or school-linked) behavioral health services provided to students at a school site. This fee schedule establishes a scope of services (e.g., psychoeducation, screening/assessment, treatment, and care coordination services), identifies billing codes and rates, and specifies provider types eligible to bill for services. Under state law, Medi-Cal managed care plans (MCP), commercial health plans, and disability insurers are obligated to reimburse eligible school-linked providers, including LEAs (e.g., services performed by pupil personnel services credentialed practitioners) and school-linked affiliated community-based organizations.
- More information about the CYBHI fee schedule program is available on the [Statewide Multi-Payer School-Linked Fee Schedule webpage](#).



# Community Health Worker Policy

- The Department of Health Care Services offered a training webinar pertaining to program policy and coverage for Community Based Organizations (CBOs) and Local Health Jurisdictions (LHJs) on submitting claims to the Department of Health Care Services for [community health workers](#) and [asthma preventive services](#) provided to fee-for-service members.
- CBOs and LHJs will be able enroll as providers with Medi-Cal through the [Provider Application and Validation for Enrollment](#) portal, starting January 8, 2024. Providers may also reference the [New Medi-Cal Providers webpage](#) for additional information fee-for-service claims submission.
- Find more information and a recording of the December 19<sup>th</sup> training on the [Medi-Cal Learning Portal](#).





# 2024 Medi-Cal MCP Transition Policy Guide






- DHCS released [frequently asked questions \(FAQs\)](#) as a companion resource to the most recent version of the [2024 Medi-Cal MCP Transition Policy Guide](#) .
- The latest version includes a summary of communications resources, a transition policy for assessment and screening tools, and updates to the data sharing section and Appendix.
- Please email questions about the policy guide to [MCPTransitionPolicyGuide@dhcs.ca.gov](mailto:MCPTransitionPolicyGuide@dhcs.ca.gov). The policy guide and FAQs will be updated throughout the remainder of this calendar year to keep MCPs informed of new and developing guidance.



# Children and Youth ECM Spotlight

Now Available: Enhanced Care Management for Children and Youth Populations of Focus Spotlight

- DHCS recently published the [Enhanced Care Management \(ECM\) for Children and Youth Populations of Focus \(POFs\) Spotlight](#), which is designed to help contracted and prospective ECM providers serving children and youth develop and enhance their ECM models.
- It is also intended to support provider organizations that are considering if ECM for children and youth is right for them.

ECM Is Available for Children and Youth in the Following Populations of Focus (POFs):	
	Children and Youth Experiencing Homelessness
	Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
	Children and Youth With Serious Mental Health and/or Substance Use Disorder (SUD) Needs
	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) With Additional Needs Beyond the CCS Condition
	Children and Youth Involved in Child Welfare
<i>Note: In January 2024, ECM will also launch for Individuals Transitioning from Incarceration and Birth Equity POFs, which are inclusive of children and youth.</i>	



# Funding Opportunities

## Funding for Tribal Entities

- The Robert Wood Johnson Foundation will award up to \$4 million in grants through the Evidence for Action program to support research driven by Indigenous communities focused on advancing “upstream” solutions to promote health equity and well-being for Indigenous peoples. Brief proposals are due March 1, 2024, at 3:00 p.m. (ET). [Learn more \(PDF\)](#) about the proposal process and how to apply.



# Resources

- Many thanks to the CPI Facilitators and Participants in other counties for sharing their shared ideas journey maps. Special shout out to [Health Begins](#) and the [Stanislaus / San Joaquin Region](#) for the base maps used today.
- Please check out this amazing guide put together by the HealthBegins team: [A CONTRACTING BEST PRACTICES GUIDE FOR BECOMING A MEDICAID COMMUNITY SUPPORTS PROVIDER](#)





# Resources for Networking Community Organizations

1. [Model Contracts for Community Based Integrated Care Networks](#)
2. [Connecting Those at Risk to Care: The Quick Start Guide to Developing Community Care Coordination Pathways](#)
3. [Improving Health And Well-Being Through Community Care Hubs](#)
4. [Working with Community Care Hubs to Address Social Drivers of Health: A Playbook for State Medicaid Agencies](#)



# Data Exchange Framework Resources

1. [State released Data Sharing Authorization Guidance 2.0 \(Dec. 2023\)](#)
  - Created to provide guidance on data sharing under the CalAIM provisions of Assembly Bill (AB) 133, a 2021 law that makes it easier for a wide range of providers to share data for the purposes of implementing CalAIM.
2. [DSA Signatory Grants Guidance Document](#)
3. [Data Exchange Framework \(DxF\) Glossary of Defined Terms](#)



# Data Exchange Framework

- View the CalHHS Data Exchange Framework, Data Sharing Agreement, and initial set of Policies and Procedures released to aid collaboration.
  - [View the Executive Summary.](#)
  - [Frequently Asked Questions \(FAQ\)](#)
- What is the Data Exchange Framework?

The data exchange framework is an agreement across health and human services systems and providers to share information safely. That means every health care provider can access the information they need to treat you quickly and safely; health care, behavioral health and social services agencies can connect to each other to deliver what Californians need to be healthy; and our public health system can better assess how to address the needs of all communities.
- Why is it needed?

Every Californian, no matter where we live, should be able to walk into a doctor's office, a county social service agency, or an emergency room and be assured health and human services providers can access the information they need to provide safe, effective, whole person care—while keeping our data private and secure.



# Accountable Communities for Health



# ACHs are Multisector Collaboratives

Multisector collaboratives (MSCs) are formed when multiple organizations in various sectors, such as hospitals, schools, local government, and community-based organizations develop partnerships that “take a systems approach to their work and are driven by a common goal and accountability to the communities they serve.”





# ACH Essential Elements

ACHs are health-focused multisector collaboratives (MSCs) that create shared responsibility and accountability for the health of a community

Figure 1: Essential Elements of ACHs





# Aligning Systems for Health with ACHs

Research exploring how collaboration & alignment among public health, health care, & social service sectors—in partnership with community residents & tribal nations—leads to outcomes in 22 Accountable Communities of/for Health (ACHs) in Washington & California.





# CPI Foundational Slides



# CPI Regions

## ➔ Northwest Region

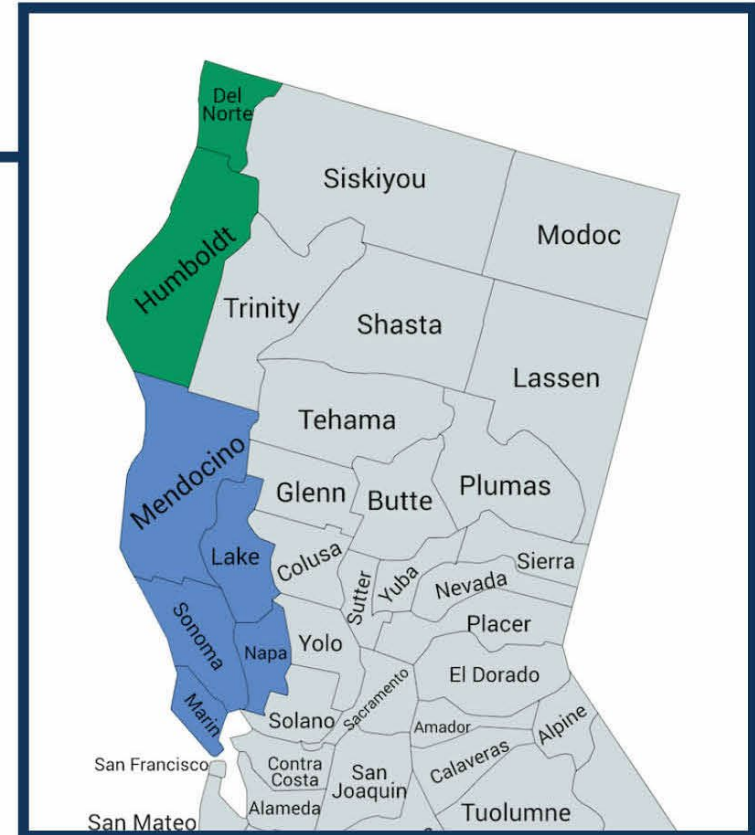
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- Humboldt County

## Southwest Region

- Mendocino County
- Sonoma County
- Marin County
- Lake County
- Napa County

## Region Counties Supported by PHIL

-  Northwest
-  Southwest





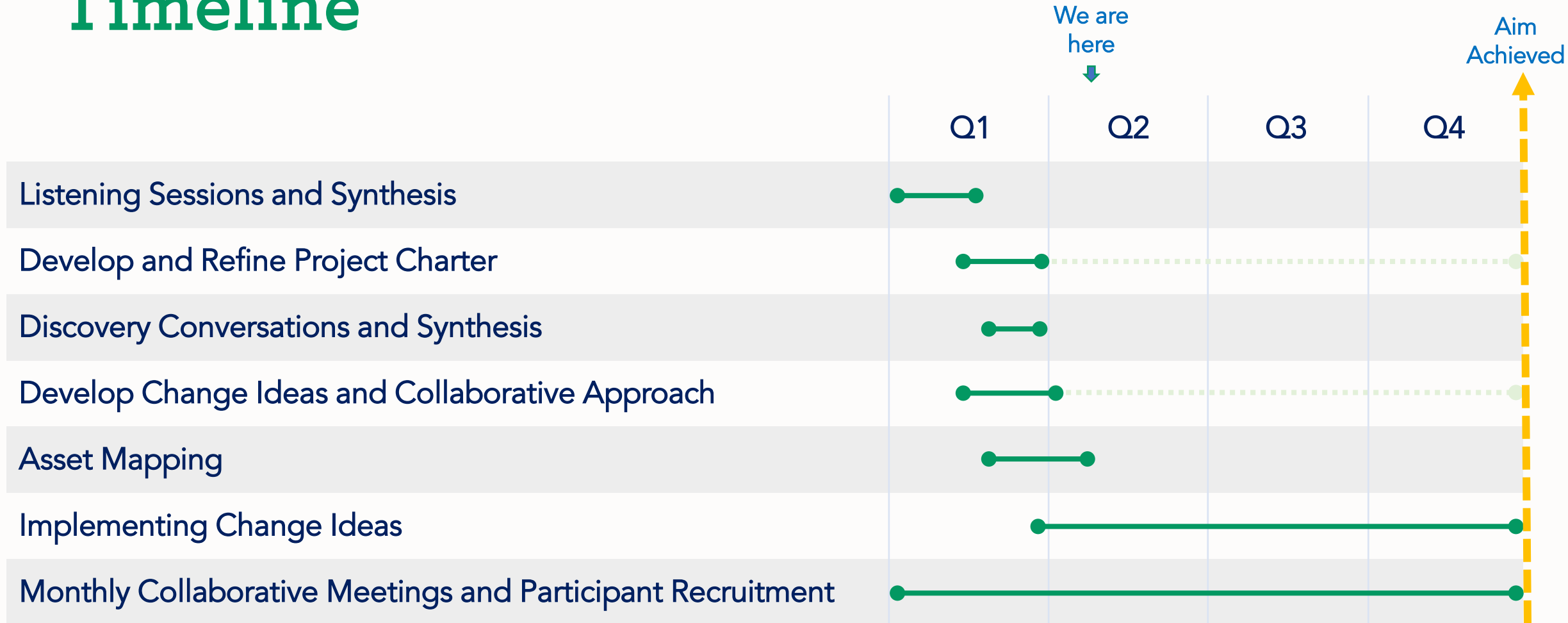
# Goal / Aim Statement

*The PATH Collaborative Planning and Implementation (CPI) initiative will support the advancement of CPI participants at least one step along the Readiness Roadmap towards successfully implementing Enhanced Care Management (ECM) and Community Supports services within the Medi-Cal delivery system through collaborative solutions that expand CPI participants' capacity and infrastructure needed to move towards an equitable, coordinated, and accessible Medi-Cal system by Dec 31, 2023.*





# Timeline





# Support Strategies to Achieve Our Aim

We propose a multi-pronged approach:

## Capacity Building

Technical Assistance offered to CPI organizations

Training opportunities to address challenges

## Collaborative Systems Improvement

Foster cross-county systems solutions across all regional stakeholders, including the Managed Care Plan

## Relationship and Network Building

Networking opportunities (including monthly CPI meetings) will address siloes and support the establishment of regional collaboration.