



PATH – Collaborative Planning & Implementation (CPI)

Southwest Collaborative Planning Meeting

Thursday, April 17th, 2025



POPULATION HEALTH
INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE



Thank you to our sponsors



PUBLICTM
CONSULTING GROUP



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.

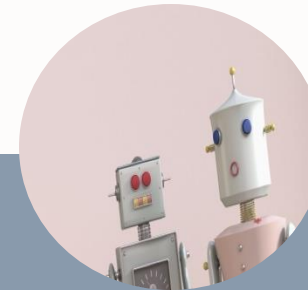


Welcome & Housekeeping



Roll Call

Please share your name, location, title, and organization in the chat.



Participation Eligibility

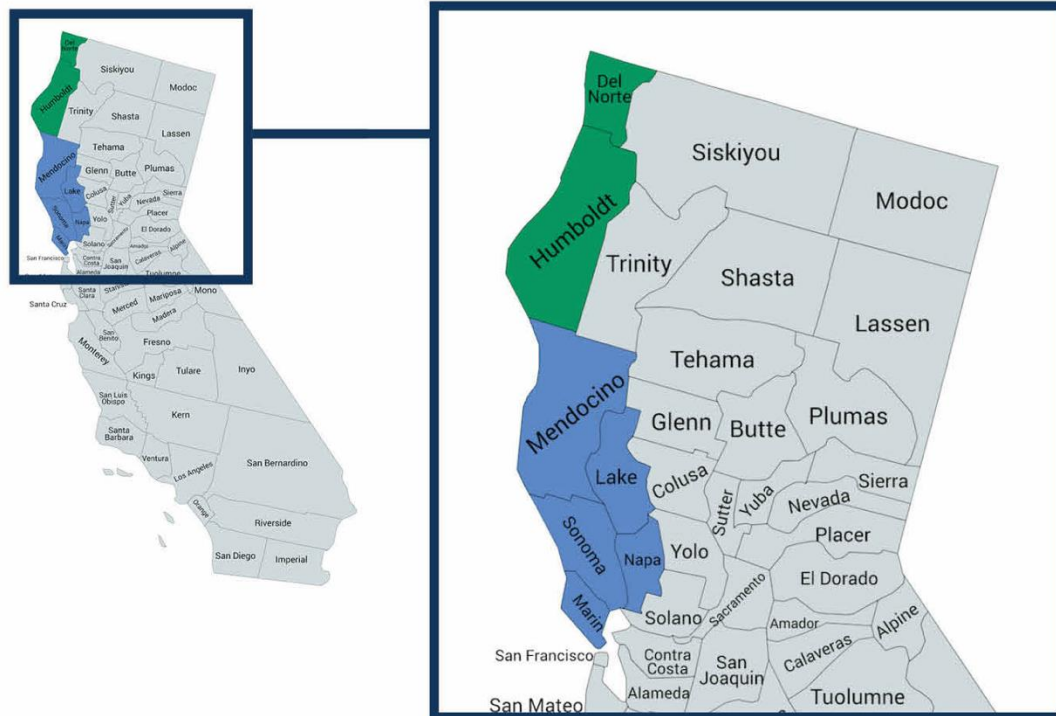
Vendors and salespeople should recuse themselves from soliciting during this collaborative convening.



Collaborative Planning & Implementation Overview

Region Counties Supported by PHIL

-  Northwest
-  Southwest



CPI collaboratives will work together to identify, discuss, and resolve CalAIM implementation issues.

- Learn more about the PATH CPI initiative [here](#).
- Catch up with us! Find meeting minutes, Readiness Roadmap Resources, and registration links on the [PHIL website](#).

Population Health Innovation Lab (PHIL)

PATH CPI Project Team



Tammy Chandler
PATH CPI Policy & Quality
Improvement Manager
tchandler@phi.org



Jessica Sanchez
Program Associate
jsanchez2@phi.org



Kathryn Stewart
Director of Strategy
& Operations
kastewart@phi.org



Sue Grinnell
Director of PHIL
sgrinnell@phi.org



Stephanie Bultema
Director of MERLIN
sbultema@phi.org



Seun Aluko
Associate Director of Applied
Research & Implementation
saluko@phi.org



Stefani Hartsfield
Consultant
stefani@hartsfieldhealth.com



Zachary Ray
Consultant
zray@nativespiritconsulting.com



Megan Kenney
Program Specialist
mkenney@phi.org



Katie Christian
Program Associate I
kchristian@phi.org



Esmeralda Salas
Research Associate III
esalas@phi.org



April Phan
Research Associate I
aphan@phi.org



Agenda for Today

- Welcome, Framing, and Flow of the meeting
- Managed Care Plan Updates from Partnership HealthPlan of California (PHC) and Kaiser Permanente
- Grant Funding Opportunities to Support ECM and Community Supports Capacity Building and Programming
- Successes from the Field: Applying for and Implementing PATH CITED and PHC IPP Grant Funding
- Integrating Community Health Worker Services with CalAIM ECM and Community Supports
- Announcements and Updates
- Feedback and Closing



Objectives

- Provide information on the PATH Capacity and Infrastructure Transition, Expansion, and Development (CITED) grant funding opportunity.
- Increase awareness of Partnership HealthPlan of California's Incentive Payment Program (IPP) grant funding opportunity.
- Develop a shared understanding of the landscape of services provided by Community Health Workers / Promotores / Community Health Representatives (CHW/P/R) in CalAIM ecosystems of care.
- Encourage shared learning and provide a platform for open dialogue with CalAIM providers, local Managed Care Plans, and other local stakeholders to strengthen a culture of collaboration.
- Facilitate an open forum to enhance transparency surrounding challenges, successes, and innovations in CalAIM Enhanced Care Management (ECM) and Community Supports services.



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*

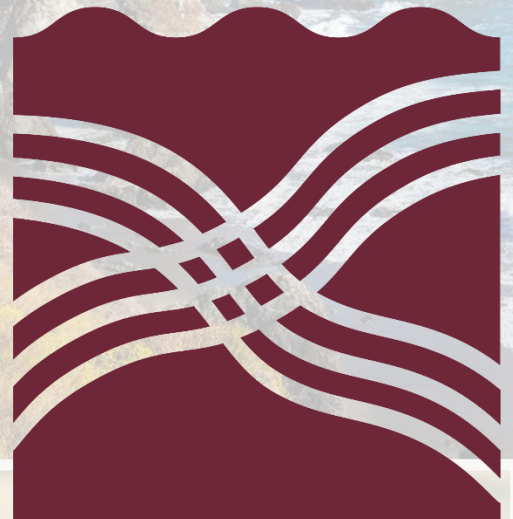


Partnership HealthPlan of California (PHC)

Updates on CalAIM

Brittany Johnson

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Managed Care Plan CalAIM Updates

April 2025

Agenda

ECM QIP Webinars

ECM TAR Submission Flyer

Funding Opportunities

Closed-Loop Referral (CLR) Provider Reporting Changes



ECM QIP Webinars



ECM QIP Webinars

Onboarding Training:

Content: Detailed overview / Q&A

Best for: New providers / provider staff

Register for (1) session:

Wednesday, April 16, 2025

10 a.m. – 11 a.m.

Register: [here](#)

Thursday, April 24, 2025

1 p.m. – 2 p.m.

Register: [here](#)

Refresher Training:

Content: Measures review / Q&A

Best for: Current program participants

Register for (1) session:

Thursday, April 17, 2025

1:00 p.m. – 2 p.m.

Register: [here](#)

Wednesday, April 23, 2025

10 a.m. – 11 a.m.

Register: [here](#)

Please contact us at ECMQIP@PartnershipHP.org with any questions.



ECM TAR Submission Flyer



Best Practice: ECM TAR Submission

ECM TAR Best Practice:

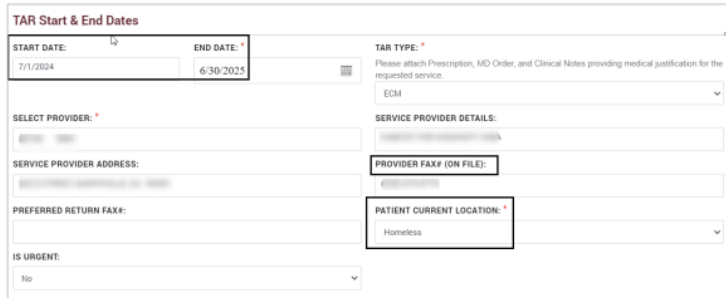
https://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/Authorizations/ECM%20TAR%20Flyer_Comms_FINAL.pdf

The following is a short Treatment Authorization Request (TAR) reference guide for Enhanced Care Management (ECM) providers.

Online Services Provider Portal Link: <https://provider.partnershiphp.org/UI/Login.aspx>

Initial TAR: 1 year/12 months – End Date should be the last day of the twelfth month.

Submit the following:



Service Details should be entered and look exactly like below:



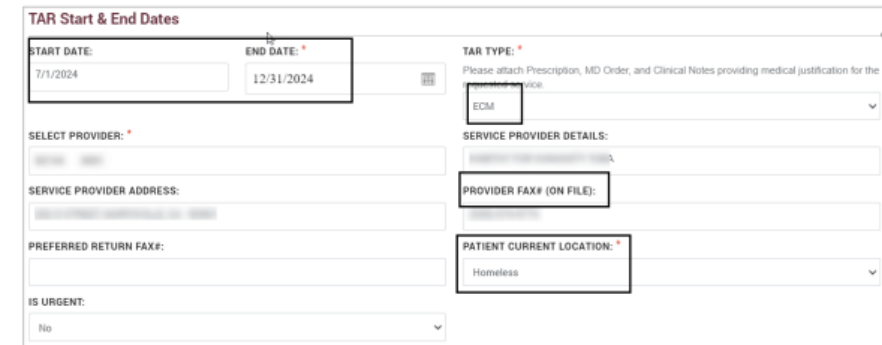
Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges	
09012	OTHER SPECIFIED CASE MGMT				0	1	0	Edit Delete
09012	OTHER SPECIFIED CASE MGMT	U2			0	999	0	Edit Delete
09008	Coordinated care fee, phys coordinate care oversight scvcs	U1			0	999	0	Edit Delete

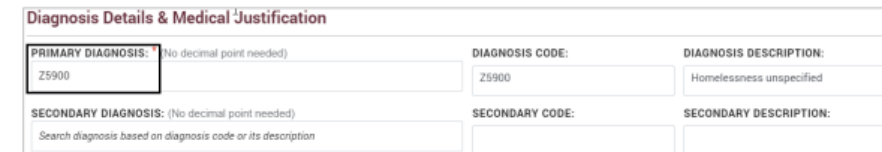
[Add New Service Code](#)

TAR Reauthorizations: Six months – End Date should be the last day of the sixth month.

Submit the following:



Service Details should be entered and look exactly like below:



Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges	
09012	OTHER SPECIFIED CASE MGMT	U2			0	999	0	Edit Delete
09008	Coordinated care fee, phys coordinate care oversight scvcs	U1			0	999	0	Edit Delete

[Add New Service Code](#)



Funding Opportunities



DHCS PATH CITED Funding

PATH CITED Round 4 application window opened on January 6, 2025

The deadline to apply for PATH CITED Round 4 funding has been extended to 11:59 p.m. PST on May 2, 2025

CITED Eligibility

Organizations eligible to apply:

- CBOs
- County, city, or local government agencies
- Federally Qualified Health Centers
- Medi-Cal Tribal and Designee of Indian Health Program
- Others as approved by DHCS.

Round 4 Priorities

PATH CITED Round 4 priorities include:

- ECM/Community Supports in rural counties
- Statewide ECM needs
- Tribal partners and providers
- Statewide Community Supports services needs
- County-specific gaps in ECM by Population of Focus
- County-specific gaps in Community Supports services by Community Support type
- Counties providing Transitional Rent

DHCS PATH CITED Funding

Upcoming PATH Webinars:

- April 17, 2025, 10 a.m. – 11 a.m. PATH CITED Round 4 Office Hours [Registration](#)
- April 24, 2025, 10 a.m. – 11 a.m. PATH CITED Round 4 Office Hours [Registration](#)

- Submissions due May 2, 2025

Resources:

- <https://www.ca-path.com/cited>

2025-2026 IPP Funding

- Partnership is accepting applications for the 2025-2026 CalAIM Grant Program
- Grants available for the following categories:
 - Justice Involved Population of Focus – capacity building
 - Access – projects that support PCP/Specialty access for Members to establish care
 - Rural Focus – capacity building
 - Build capacity and/or expansion of Short-Term Post Transition Housing and/or Short-Term Recuperative Care facility
- Applications due by 5PM on May 16, 2025
 - Approval Announcements will be made in June 2025
 - Funding must be spent by December 31, 2026.
- The budget template and application can be found on the [CalAIM webpage](#) under Additional Resources, questions can be directed to Grants@partnershiphp.org

[Partnership CalAIM Grant Program Application](#)



Closed-Loop Referral (CLR) Provider Reporting Changes



Closed-Loop Referral (CLR) Provider Reporting Changes

ECM:

File Template: MIF Update

Referral Type (Community vs. Identified by MCP)

File Template: RTF Updates

- Referral status
- Date of referral status
- Reason for CLR closure
- ECM Lead Care Manager's email address

CS:

File Template: ASF Updates (CS)

Referral Type (Community vs. Identified by MCP)

File Template: RTF Updates

- Referral status
- Date of referral status
- Reason for CLR closure





Questions

Contacts:

- **ECM@partnershiphp.org**
- **CommunitySupports@partnershiphp.org**
- **ClaimsECMhelpdesk@partnershiphp.org**

Register for upcoming CalAIM Office Hours [here](#)



Kaiser Permanente

Updates on CalAIM implementation

Tamar Kurlaender
*County Lead for Northern CA
Medi-Cal Policy & Local Engagement*



Southwest PATH CPI Monthly Update

Tamar Kurlaender

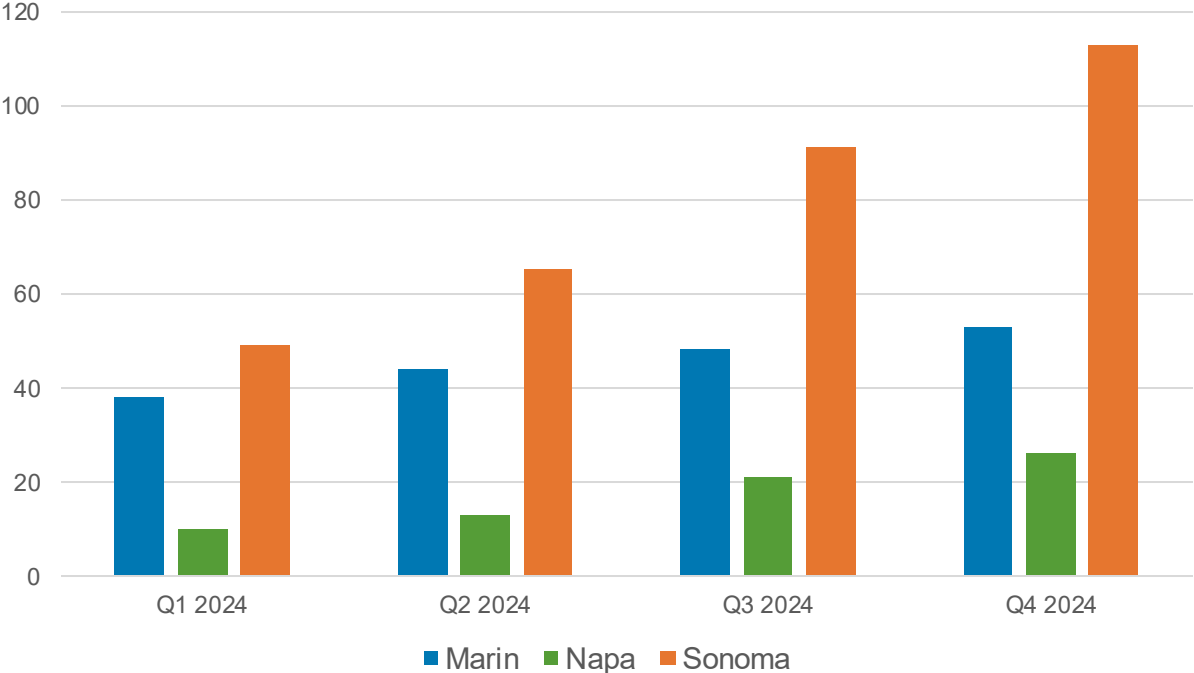
Medi-Cal Local Engagement

April 17, 2025

Enhanced Care Management Enrollment in Marin, Napa, and Sonoma Counties

In Marin, Napa, and Sonoma Counties, Kaiser Permanente (KP) achieved growth for total Enhanced Care Management (ECM) enrollment quarterly throughout 2024.

Growth of Enhanced Care Management Enrollment During 2024 for Marin, Napa, and Sonoma Counties

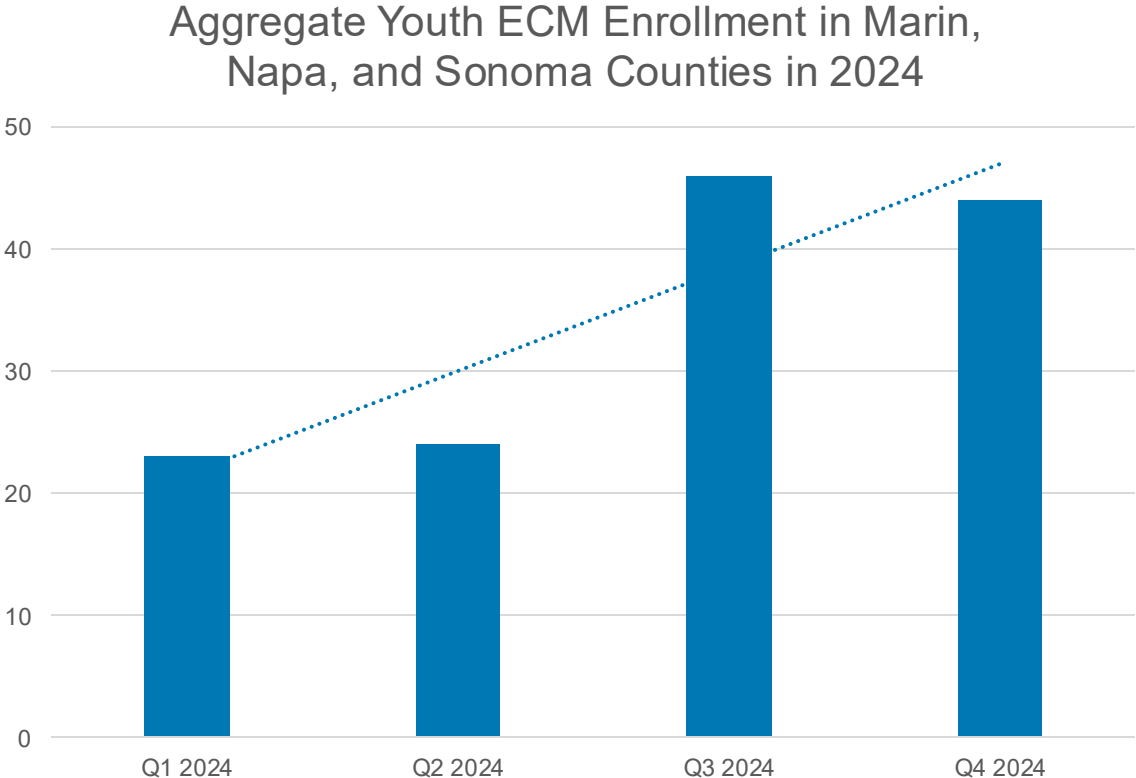


Enrollment for ECM in Marin, Napa, and Sonoma Counties has grown 39%, 160%, and 131% respectively.

* The numbers reflect unique enrollments per quarter, with individuals re-counted if they remain enrolled in subsequent quarters.
** Adult defined as 21 and older. Youth defined as under 21.
*** Data is sourced from the Quarterly Implementation Monitoring Report (QIMR) that is submitted by Kaiser Permanente to DHCS.

Youth ECM Enrollment in Marin, Napa, and Sonoma Counties

The aggregate youth Enhanced Care Management (ECM) trend for Marin, Napa, and Sonoma Counties in 2024 was positive, with a slight decrease in Q4 2024.



Enrollment trends varied by county, with average enrollment trends highest to lowest as follows: Sonoma, Napa, Marin.



Statewide, KP’s largest Youth enrollment growth seen for Populations of Focus (PoF) Child Welfare and PoF Serious Mental Health and/or Substance Use Disorder Needs.



Proactive outreach with county Child Welfare agencies and monthly touch points between KP’s Child Welfare Liaison and local CalAIM leaders have led to decreased barriers for members.

* The numbers reflect unique enrollments per quarter, with individuals re-counted if they remain enrolled in subsequent quarters.
 ** Adult defined as 21 and older. Youth defined as under 21.
 *** Data is sourced from the Quarterly Implementation Monitoring Report (QIMR) that is submitted by Kaiser Permanente to DHCS.

Enhanced Care Management (ECM) Influencer Pilot Overview



The spark | The pilot campaign was rooted in a simple and powerful idea: people listen to people they trust



The objective | To leverage a network of local trusted messengers to increase awareness and enrollment for Enhanced Care Management (ECM) across two priority populations: Birth Equity statewide and Foster Youth within San Bernardino and Sacramento counties.



The trusted messengers | **Social media influencers** and **community-based organizations (CBOs)** who reach and resonate with priority populations through their own communication channels.

Formative Research

Aug – Nov 2024



**Development & Pilot
Activation**

Dec 2024 – Jan 2025



Evaluation

Feb – Mar 2025

ECM Influencer Pilot At a Glance

Partnering with influencers and community-based organizations offers a feasible, promising approach to share Enhanced Care Management information.

32

Total posts across influencers and CBO partners

623k

Potential reach of messaging to trusted messenger audiences

51k

Video views across 17 influencer-generated social media posts

15

Social media influencers created and shared original content + amplified CBO content

6

CBOs actively engaged in the pilot (digital or in-person dissemination of materials)

- **93.9%** of comments from community members on campaign posts were positive, many of which expressed interest in the services.
- **100%** of influencers felt the campaign was valuable and informative, for themselves and their followers.
- CBOs felt campaign materials were **valuable and easy to use**.
- Influencers and CBOs were interested in **future engagement** and provided input for expansion

Overwhelmingly Positive Community Engagement

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](#)



Overwhelmingly Positive Community Engagement

The six-week communications pilot, surfaced the following key themes:



An influencer-based approach is feasible and promising

Social media influencers are willing partners in disseminating information about Medi-Cal benefits and services, as well as in amplifying content from local organizations sharing these resources.



CBO partners benefit from succinct guidance & ready-made content

CBOs were most likely to engage with materials that included clear, concise instructions tailored to the specific needs of their audiences. Strong partnerships emerged with organizations that work directly and regularly with priority populations.



Importance of referral pathway clarity and ease

Due to lack of a centralized referral process across plans, variations in county forms, and differing eligibility criteria across MCPs, the call to action directed individuals to contact their MCP to determine eligibility. This led to some confusion among CBOs, who were eager to guide referrals but lacked a unified webpage or process to share.



Foster Youth niche

While foster families, teachers, and social workers were leveraged as influencers, the CBOs that serve foster youth were critical for ensuring the campaign reached its intended audience. These CBOs, if equipped with the necessary information, could play a valuable role in facilitating referrals for this challenging to reach population.



We're listening



As we work on our recommendations for next steps to scale this ECM Influencer Campaign, we want to hear from you!




Please scan this QR code to access our feedback form or visit <https://forms.office.com/r/FJT3iqivms>.

CalAIM Referrals & Provider Support

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

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 <u>referral form</u> to REGMCDURNS-KPNC@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”	Send completed <u>referral form</u> to RegCareCoordCaseMgmt@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”
 Email (NLE Contracted providers submitting referrals to their own organization)	Send completed self <u>referral form</u> to contracted Network Lead Entity	Send completed self <u>referral form</u> to contracted Network Lead Entity

Streamlined Authorization for Enhanced Care Management (ECM)

Below summarizes Kaiser Permanente's streamlined ECM authorization process.

Details

- Streamlined Authorization is **only** for ECM providers who are currently contracted with Network Lead Entities (NLEs).
- Streamlined Authorization applies ***only*** to ECM, not CS or CHW.
- Providers can begin working with members right away, but they must submit an ECM referral through their NLE no later than 5 working days before the end of the streamlined authorization period.
- Total Streamlined Authorization period is 30 days or up to the date KP makes and communicates the authorization, whichever comes first.
- Providers will be paid for the 30-day ECM authorization period.
- Streamlined Authorizations route back to the original provider and ECM Lead Care Manager through the NLE.

Do's & Don'ts

- **DO** submit an ECM referral through contracted NLEs.
- **DO** indicate "Streamlined Authorization" on the referral form
- **DO** add the first date of start of services to completed referral.
- **DO** submit an ECM referral no later than 5 business days before the Streamlined Authorization period ends.
- **DON'T** submit a Streamlined Authorization for CS or CHW; the Streamlined Authorization is for ECM only.

How To Submit

- Email the ECM referral directly to the contracted NLE.
 - Full Circle Health Network: referral@fullcirclehn.org
 - Independent Living Systems: kpreferrals@ilshealth.com
 - Partners in Care Foundation: ECM@picf.org
- Send any questions directly to the contracted NLE.
- To resolve issues, email the NLE and cc: medi-cal-externalengagement@kp.org

Additional NLE Provider Support | Provider Office Hours

Kaiser Permanente is working with Network Lead Entities (NLEs) to develop a network of community-based ECM, CS, and CHW providers.



NEW: Contracted Providers

Second/Fourth Thursdays

1:00 – 2:00 pm

[Join Meeting Now](#)

NEW: Prospective Providers

First Thursdays of the Month 1:00 - 2:00 pm

Begins Feb 6

[Join Meeting Now](#)

Questions?

ILSCAProviderRelations@ilshealth.com

Phone number: 844-269-3447

Contracted Providers

Tuesdays 3:00 - 4:00 pm

[Register and Join Here](#)

Prospective Providers

Second/Fourth Thursdays of the Month

12:00 - 1:00 pm

[Register and Join Here](#)

Questions?

network@fullcirclehn.org

Phone number: 888-749-8877



Successes from the Field: Applying for and Implementing PATH CITED and PHC IPP Grant Funding

First 5 Marin / Help Me Grow Marin

Maria Patricia- Niggle

Executive Director

Susanne Kreuzer

Manager/Child

Development Specialist



Grant Funding Opportunities to Support ECM and Community Supports Capacity Building and Programming



30 days



16 days



Opportunity #1: Partnership Health Plan's CalAIM Grant Application



What is the CalAIM Incentive Payment Program (IPP)?

The CalAIM Incentive Payment Program supports the implementation and expansion of Enhanced Care Management, Community Supports, and other CalAIM initiatives by providing incentives **to Medi-Cal managed care plans (MCPs)**.

Partnership HealthPlan of California is utilizing the CalAIM IPP funding to invest in ECM and Community Supports Providers through the 2025-2026 CalAIM Grant Program.

All applicants are to use funding to better integrate and support ECM and Community Supports initiatives.



Application Logistics



- Grants open to all ECM and Community Supports providers in Partnership's 24 counties.
- Grants are also open to those organizations *intending* to contract with Partnership HealthPlan.
- Application due with all required documentation by 5 p.m. May 16.
- Application and resources are posted on the Partnership website at:
<https://www.partnershiphp.org/Community/Pages/CalAIM.aspx>



What are the Grant Categories?

Applicants may apply to ONE category only:

- Justice Involved Population of Focus – *Capacity building*
- Access – *Projects that support PCP/ Specialty access for members to establish care*
- Rural Focus – *Capacity building*
- Build capacity and/or expansion of Short-Term Post Transition Housing and/or Short-Term Recuperative Care facility





Prepare for the CalAIM Grant Application

What is due to PHC?

- ✓ Narrative for questions, based on selected category
- ✓ Excel Budget Template
- ✓ The application, budget, and supporting materials must be submitted in a single PDF document

Does the application reveal how your organization...

- ✓ Has successfully completed similar funding opportunity goals?
- ✓ Can successfully grow and maintain capacity for services?
- ✓ Will be filling a gap?
- ✓ Has prepared for sustainability of programs after funding?



**Opportunity #2:
PATH Capacity and Infrastructure
Transition, Expansion, and
Development (CITED) Round 4**



PATH CITED Round 4

- CITED Round 4 provides one year funding to enable the *transition, expansion, and development* of **ECM and Community Supports** capacity and infrastructure.
- PATH CITED Round 4 Eligibility: Organizations eligible to apply for Round 4 funding include:
 - CBOs
 - County, city, or local government agencies
 - Federally Qualified Health Centers
 - Tribes
 - Indian Health Care Providers
 - Providers (including but not limited to hospitals and provider organizations)
 - Others as approved by DHCS
- Due Friday, May 2nd at 11:59 p.m. PST



CITED Round 4 Priorities

Priorities DHCS has identified for Round 4.

- County-Specific ECM and Community Supports gaps
- Statewide ECM and Community Supports gaps
 - Birth Equity
 - Justice-Involved
 - Transitional Rent
- Tribal Entities or other entities serving tribal members
- Rural counties
- Entities operating in counties with lower funding in [prior CITED rounds](#)
- Entities serving individuals whose primary language is not English
- Local CBOs



Allowable Uses of PATH CITED Funding

Allowable uses of funding include, but are not limited to:

- Training and Recruitment
- Salary Support for New and/or Existing Positions
- Modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM
- Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps
- Developing a plan to conduct outreach to populations who have traditionally been under resourced and/or underserved to engage them in care
- Other uses as approved by DHCS
- *Examples of projects from grantees in the region...*

IT software and
licensing

Salary support for
new and existing
staff

New office
furniture

Indirect costs to
bolster
implementation of
ECM services



Considerations

Plan for the following when developing your application:

- Shovel Readiness-** *Remember, you have one year to accomplish goals. You should be able to start progress quickly!*
- Organization Capacity-** *Do you have the team to begin implementing what's laid out in your application? For example, do you have the team ready to hire and onboard?*
- Sustainability-** *Post CITED funding, will your organization continue to provide ECM and/or Community Supports services?*
- Community and Partners-** *How have you worked with your community partners to align with gaps and needs?*



PHIL's Tips

- Review the “How to Make Your Grant Application Stronger” slide decks:
 - Including staff salaries? See tips on slide 25 - 33 [here](#).
 - IT requests in mind? See tips on slides 35 – 37 [here](#).
- Ensure organization’s authorized signatory key staff are aware of due dates.
- Review, review, review! Make sure you check every box necessary.
- Check your emails, and your calendar! Are the right staff available to update your application if it is sent back with revisions?



Successes from the Field: Applying for and Implementing PATH CITED and PHC IPP Grant Funding

Indigenous Wellness Alliance

Diana Billy-Elliot

Executive Director





Questions?



Integrating Community Health Worker Services with CalAIM ECM and Community Supports



Your Responses from 2024 Polls



Which topical areas are most important for your organization's CalAIM implementation goals in 2025?

“Integrating the CHW benefit and ECM services”



...a trusted member of and/or has an unusually close understanding of the community served.

(APHA, 2025)





Who are Community Health Workers / Promotoras / Representatives?

- Recognized internationally as an essential part of health promotion and disease prevention
- Many different titles for similar work:
 - Community Health Worker (DHCS)
 - Promotoras(es) de Salud (Visión y Compromiso)
 - Community Health Representatives (Indian Health Services)
 - Navigators
 - Violence Prevention Specialists (DHCS)



About the Work

The CHW/P/R Workforce is:

Unique

Community-
Based

Historic and
Diverse

Cross-Sector

Proven

Precarious

(NACHW, Six Pillars)



CHW vs. CHW Benefit vs. CHW Services

Community Health Worker



Trusted Individual

CHWs are **key members** of many teams and provide **services** in many different settings.

CaAIM ECM & Community Supports



Part of Care Team

CHWs may provide services as part of other benefits such as **ECM** and **Community Supports**. Leverage funding sources to achieve the right services, at the right point in time for each client.

Medi-Cal CHW Benefit



Funding for Services

Medi-Cal CHW Benefit can be used to improve health in priority areas of the DHCS Population Health Management Program through Fee-For-Service contracting and billing.



Mentimeter Live Poll

*Click the link in the chat to join on your
computer,*

OR

*Use your smartphone camera to scan the
QR code.*





Live Poll: Question 1

Do you currently have staff members who provides CHW/P/R services?

- Yes
- No but planning to hire
- No and no plans of hiring
- Unsure





Live Poll: Question 2

*Are you integrating
CHW/P/R services
with CalAIM ECM and
Community Supports?*

- Yes
- No but considering
- No
- Unsure





Live Poll: Question 3

Is your organization currently contracted to bill for the Medi-Cal CHW benefit?

- Yes
- No but plan to contract
- No and no plans of contracting
- Unsure





Medi-Cal CHW Benefit Covered Services

What does Medi-Cal Consider to be Preventive Services?

- Services that prevent disease, disability, asthma, and other health conditions or their progression; services that prolong life and promote physical and mental health.

What types of CHW/P/R Services are Covered by Medi-Cal?

Health
Education

Health
Navigation

Screening &
Assessments

Individual
Support &
Advocacy

Check out the Children's Partnership homepage for the new [CHW/P/R MEDI-CAL BENEFIT FACT SHEET](#)

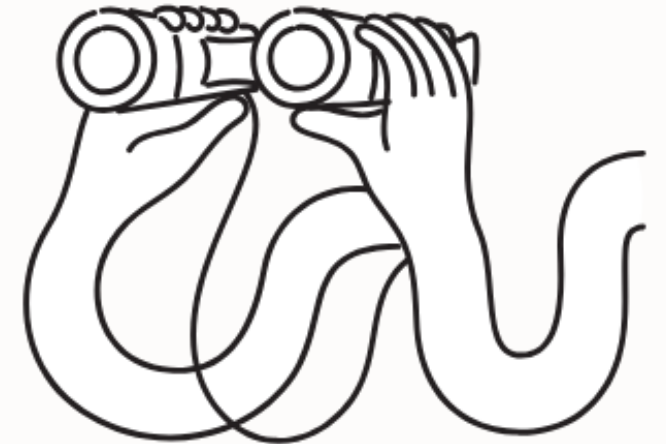


Funding CHW Services

There are a variety of funding structures that can support the valuable addition of a CHW to a care team.

1. Job functions of that specific CHW
2. MCP contracting status of the organization
3. Hiring and supervising organization
4. DHCS funding streams being accessed

More to come at the May Convening!





Moving Forward with CHW Services

Consider how each of the factors fit with your organization's needs and CalAIM goals.

Who is on your team?



What is your client mix?



What are you contracted for?





Continue the Journey



[The Community Health Workers, Promotoras, and Representatives Coalition](#)

[Partnership Healthplan Community Health Worker/ Promotores/ Representatives page](#)

[CHW/P/R Medi-Cal Benefit Explainer](#)

[CaAIM Experiences: The Community-Connected Workforce](#)

How Does Medi-Cal Define CHW/P/R Services Under This Benefit?
CHW/P/R services are preventive services provided by trusted community partners on the written recommendation of a physician or other licensed health professional.

What Does Medi-Cal Consider to be Preventive Services?
Services that prevent disease, disability, asthma, and other health conditions or their progression; services that prolong life and promote physical and mental health.

What Types of CHW/P/R Services are Covered by Medi-Cal?

1. Health Education 2. Health Navigation 3. Screening & Assessments 4. Individual Support & Advocacy

For more information on what services are covered, visit [this link](#).

Who Can Deliver CHW/P/R Medi-Cal Services?
Community health workers include individuals known by a variety of job titles, including promotoras, community health representatives and advocates, navigators, and other non-licensed public health workers, such as family navigators and home visitors.



Announcements & Upcoming Events



Connecting Services for the ECM JI Population of Focus

Throughout the Reentry and Post-Release Process

The webinar is open to the public, and the following entities may benefit from attending:

- Correctional facilities
- Counties and county behavioral health agencies
- MCPs
- ECM and Community Supports providers
- Others supporting justice-involved individuals.

Friday, May 16, 2025

10 to 11 a.m. PDT

[Advanced Registration Required](#)



Agenda

1. *Welcome, Introduction of Tribal Leaders, and Review of Agenda*
 - *Open Discussion*
2. *DHCS Director's Update*
 - *Open Discussion*
3. *Behavioral Health (BH) Update*
 - *Review of Behavioral Health Information Notice 25-007 for Traditional Healers and Natural Helpers*
4. *Managed Care Update/Review of Managed Care Tribal Liaison Survey and Best Practices*
5. *Items for Next Meeting/Final Comments*

DHCS Tribal and Indian Health Representatives Webinar

Please save-the-date for the next Department of Health Care Services (DHCS) Tribal and Indian Health Program Representatives meeting on April 22, 2025. The meeting will take place via webinar. Please see registration information below.

Tuesday, April 22, 2025
1 to 4 p.m. PDT
WebEx Link: [Registration](#)



Release of Updated Behavioral Health Services Act County Policy Manual and Public Comment Period

Earlier this week, DHCS released updates to the Behavioral Health Services Act County Policy Manual and opened the public comment period for Module 3.

DHCS invites Californians interested in shaping the future of behavioral health care to view the draft Module 3 policy manual and provide input. To learn about the feedback submission process, please watch this instructional training video.

Comments and feedback will be accepted from April 7 through 25. For public comment-related inquiries, please email BHTPolicyFeedback@dhcs.ca.gov

Questions? For specific questions about the final policy manual, please email BHTinfo@dhcs.ca.gov.



See You In May!

Our next CPI regional meeting is virtual. We hope to see you there!

Thursday, May 15th at 11:00 AM

[Register here](#)



A PHIL Collective Offering:

Community Health Solutions Web Discussion: Innovations in Community Health

The Community Health Solutions Web Discussion is a must-attend event for public health professionals, healthcare innovators, community leaders, and policymakers seeking practical strategies and innovative solutions in community health.

Featured Speaker: Jessica Rothenberg-Aalami, PhD, Founder & CEO, Cell-Ed, a pioneering mobile-first platform bridging the digital divide by delivering critical skills training and health education to vulnerable populations through basic mobile phones.

Moderators: Meg Buzzi and Sue Grinnell, MPH

Join us for an engaging conversation designed to bridge knowledge, build networks, and spark action!

Wednesday, May 7, 2025

12 to 1 p.m. PDT

[Advanced Registration Required](#)

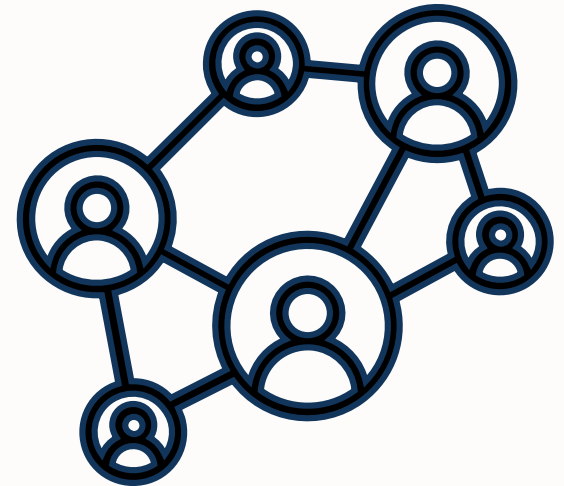
Strategic Collaboration for Better Community Health, Well-being, and Equity

Denver, Colorado

June 17- 18



- A 2-day workshop experience to help you collaborate to improve community health systems, advance equity, and sustain collaborative outcomes.
- Who Should Enroll?
 - Leaders working across sectors and boundaries
 - Conveners stewarding the work of health-focused collaboratives (e.g., foundations, local health departments, etc.)
 - Members and staff of collaborative partnerships and bodies
- [Advanced Registration Required](#)





PHIL on the PATH TA Marketplace!

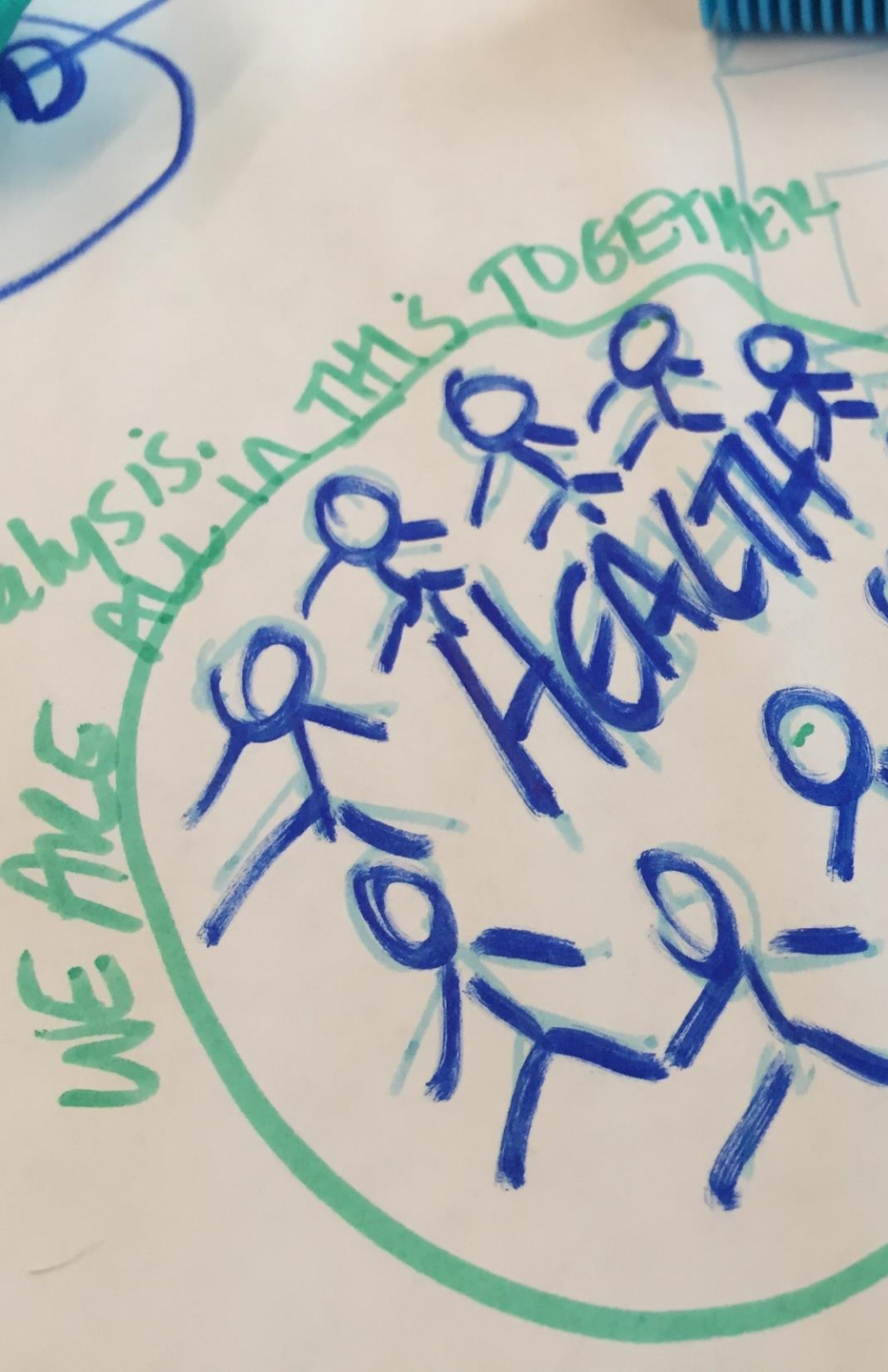
Domains:

- Building Data Capacity
- Health Equity
- Cross-Sector Partnerships

Areas of Focus Supporting:

- Rural Providers
- Tribal and Indian Health Care Providers

Check out [PHIL's Vendor Profile](#) on the PATH TA Marketplace! Contact us at PATH@pophealthinnovationlab.org to explore how we can support you!





Has DHCS signaled what they're planning to do with CalAIM after 2026?

DHCS will continue the ongoing implementation and delivery of all California Advancing and Innovating Medi-Cal (CalAIM) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) services. DHCS, Medi-Cal managed care plans, and Medi-Cal providers will continue to provide Community Supports to address Medi-Cal members' HRSNs, help them live healthier lives, and avoid higher, costlier levels of care.

California will continue to work collaboratively with our federal partners to ensure that families in our state are healthy, and our communities are vibrant places to live and work. While we don't typically speculate on the potential impacts of a new federal administration, we remain committed to protecting Californians' access to the critical services and programs they need.



Post-Event Evaluation

To continue improving our work as your CPI Facilitator, PHIL kindly asks that you complete the brief survey that pops up in a new tab at the close of the meeting. Your feedback ensures quality improvement and will inform planning and activities through the evolution of the collaborative.



<https://bit.ly/4jq6zbc>



Thank You!

Feel free to contact our PATH CPI team

Kathryn Stewart

Director of Learning and Action

kastewart@phi.org

Tammy Chandler

PATH CPI Policy & Quality

Improvement Manager

tchandler@phi.org

Zachary Ray

Consultant

zray@nativespiritconsulting.com

Jessica Sanchez

Program Associate II

jsanchez2@phi.org

Megan Kenney

Program Specialist

mkenney@phi.org

Stefani Hartsfield

Consultant

stefani@hartsfieldhealth.com

For general inquiries, please feel free to email path@pophealthinnovationlab.org

Thank you!

