



# PATH – Collaborative Planning & Implementation (CPI)

Southwest Collaborative Planning Meeting

June 12, 2025

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**POPULATION HEALTH**  
**INNOVATION LAB**

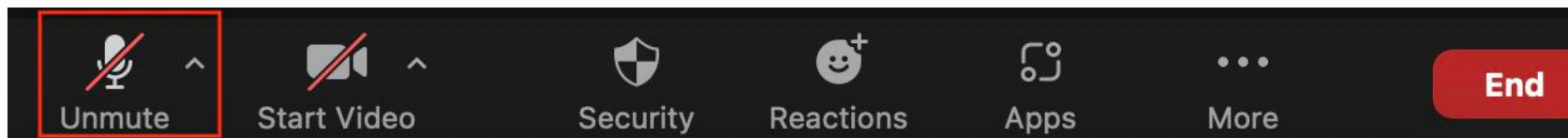
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Recordings will be available per request after the event.  
Please email **[PATH@pophealthinnovationlab.org](mailto:PATH@pophealthinnovationlab.org)**

Please mute your microphone during the presentation.





# Thank you to our sponsors





# 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.

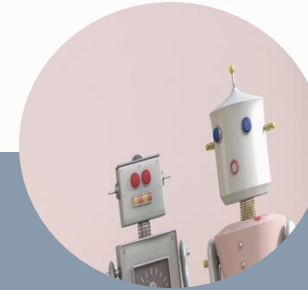


# Welcome & Housekeeping



## **Roll Call**

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



## **Participation Eligibility**

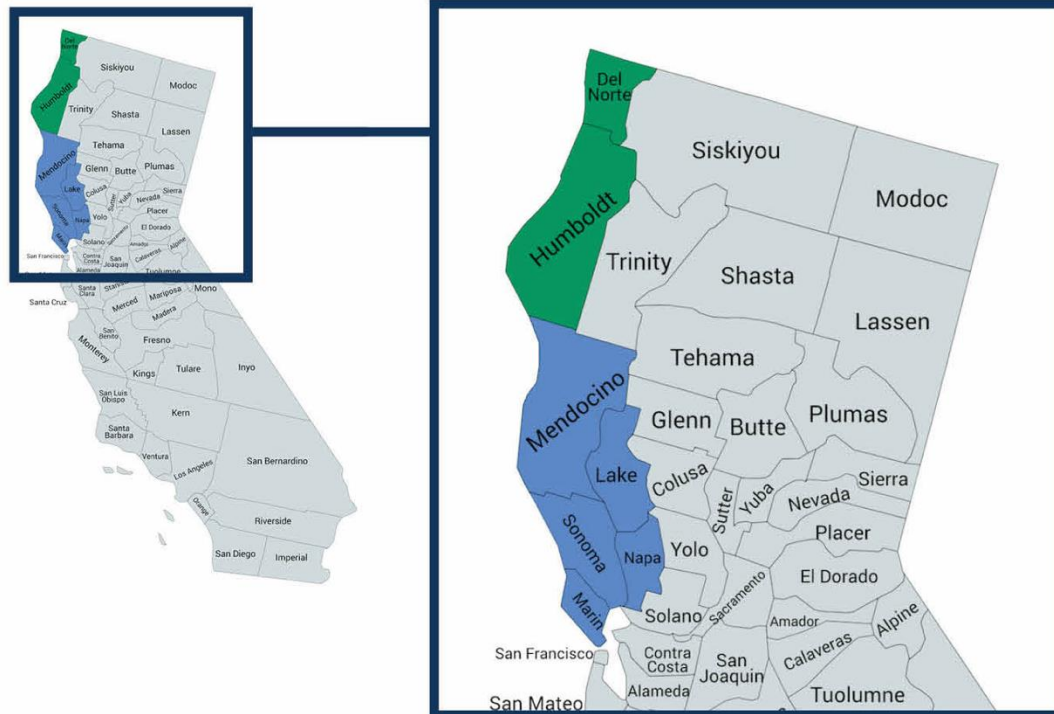
Vendors and salespeople should recuse themselves from soliciting during this collaborative convening.





# Collaborative Planning & Implementation Overview

## Region Counties Supported by PHIL



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



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# Agenda for Today

- Welcome, Framing, and Flow of the meeting
- Managed Care Plan Updates: Partnership HealthPlan of California and Kaiser Permanente
- CalAIM Ecosystem of Care Spotlight: First 5 Mendocino
- Community Supports Annual Report Summary
- CalAIM Utilization Data: Enhanced Care Management by Population of Focus and Community Supports
- Using the Regional Provider Directory Tool to Consider Equity
- Policy Updates and other CalAIM Announcements
- Closing and Evaluation





# Objectives

- Present data to support dialogue on equity, network quality, and adequacy, with a focus on identifying areas for improvement.
- Leverage county-level provider directories for ECM Populations of Focus and Community Supports to inform future assessment of equity, reach, and accessibility of services across local communities.
- 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)

Managed Care Plan CalAIM Updates  
June 2025

Larissa Denson



PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA  
*A Public Agency*



# Managed Care Plan CalAIM Updates June 2025



# Agenda



ECM Member Satisfaction Survey Template
ECM Care Plan Training
Targeted Case Management (TCM)
D-SNP Updates

# ECM Member Satisfaction Survey Template



## Enhanced Care Management (ECM) Member Satisfaction Survey

We would like your feedback about your experience with Enhanced Care Management (ECM) and the ECM staff at the facility where you received care. Your feedback is important to us. Your feedback will help us determine what has worked well for you and where we can improve in supporting our members. Your answers are private.

Please give an answer to each question below:

1. I am satisfied with the ECM provider that has helped me manage my health challenges. I feel that they understand my needs and provide me with timely support.  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree
2. I am satisfied with the services I received from my ECM lead care manager (services may have included: meals, personal care, transportation, mental health, etc.).  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree
3. I am confident in the abilities of my ECM team who have supported me (the team may have included nurse, social worker, physical therapist, occupational therapist, etc.).  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree
4. My ECM lead care manager, ECM provider, and the members of my ECM care team treat me with dignity, respect, and listens to my concerns.  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree
5. My team referred me to medical and community resources that were valuable and helped me.  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree
6. After working with the ECM lead care manager and provider, I feel I can better maintain my personal independence.  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree  
☐ N/A – personal independence was not a health challenge of mine



## Enhanced Care Management (ECM) Member Satisfaction Survey

7. After working with the ECM lead care manager and provider, I have a better understanding of my medications.  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree  
☐ N/A – I don't take medications and/or understanding my medications was not a health challenge of mine
8. My health has improved since working with the ECM lead care manager and provider.  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree
9. My relationship with my primary care provider (PCP) has improved since working with the ECM lead care manager and provider.  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree
10. I feel that my providers and I work better together since working with the ECM lead care manager and provider.  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree
11. I have had more success in reaching my health goals since working with the ECM lead care manager and provider.  
☐ 3 – Agree  
☐ 2 – Neutral  
☐ 1 – Disagree
12. Additional Comments:
  - Is there anything else you wish to share about your experience with ECM?



# ECM Care Plan Training

Partnership HealthPlan of California (Partnership) invites Enhanced Care Management (ECM) providers to participate in a professional development training session focused on:

- Overview of ECM Core Components
- Lead Care Manager Responsibilities
- Transitional Care Services (TCS)
- Care Planning & SMART Goals
- Common documentation errors

**June 18, 3:00-4:00 p.m.**

[Click HERE to Register](#)



# Targeted Case Management (TCM)

- DHCS Policy and Procedure Letter (PPL) 24-001 gave a one-year exception for Members receiving Targeted Case Management (TCM) and ECM.
- As of 7/1/25, DHCS one-year TCM and ECM exception concludes, and Members may enroll in ECM or TCM but not both.



**DATE:** May 22, 2024 **PPL No. 24-001**

**TO:** Local Governmental Agency (LGA) coordinators for the Targeted Case Management (TCM) Program

**SUBJECT:** TCM And Enhanced Care Management (ECM) Coordination Policy

**PURPOSE:** This Policy and Procedure Letter (PPL) notifies stakeholders participating in the TCM Program of the policy changes related to the implementation of ECM.

**REFERENCE:** California Advancing and Innovating Medi-Cal (CalAIM) webpage:  
<https://www.dhcs.ca.gov/CalAIM/>;  
CalAIM ECM Policy Guide:  
<https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>  
Memoranda of Understanding Between Medi-Cal Managed Care Plans and Third Party Entities webpage:  
<https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx>

**BACKGROUND:**

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximize their health and life trajectory. Enhanced Care Management (ECM) is a Medi-Cal managed care benefit under CalAIM that addresses clinical and non-clinical needs of the highest-need, high-cost enrollees through intensive coordination of health and health-related services and comprehensive care management, meeting enrollees wherever they are – on the street, in a shelter, at their doctor's office, or at home.

ECM Core Services currently listed in the [CalAIM ECM Policy Guide](#) include:

- Outreach and Engagement
- Comprehensive Assessment and Care Management Plan
- Enhanced Coordination of Care
- Health Promotion
- Comprehensive Transitional Care
- Member and Family Supports
- Coordination of and Referral to Community Supports Services



# D-SNP Updates

- DHCS confirmed recently that plans do not always have visibility into seeing the details needed to determine if someone is on a D-SNP plan, thus not eligible for ECM.
- Partnership has agreed to allow contracted ECM providers to enroll Partnership members into ECM even if they are enrolled in a Medicare D-SNP until 12/31/2025.
  - ✓ Staff is extending the Continuity of Care (CoC) ECM TARs until 12/31/2025.
  - ✓ Changed TAR review process allowing for enrollment into ECM until 12/31/2025.
  - ✓ We will update all providers on any possible process changes in the late fall.
  - ✓ ECM providers should be prepared to smoothly transition their ECM enrollee.



# Questions

## Contacts:

- [ECM@partnershiphp.org](mailto:ECM@partnershiphp.org)
- [CommunitySupports@partnershiphp.org](mailto:CommunitySupports@partnershiphp.org)
- [ClaimsECMhelpdesk@partnershiphp.org](mailto:ClaimsECMhelpdesk@partnershiphp.org)

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



# Inaugural CalAIM Make a Difference Awards

*Hosted by Partnership HealthPlan*

June 4, 2025 in Fairfield

June 17, 2025 in Redding





# June 4<sup>th</sup> Awardees from Our Region

- **Adult ECM**
  - (Large) Winner: Providence CARE Network – Queen of the Valley
  - (Large) Honorable Mention: Sonoma Valley Community Health Center
- **Youth ECM**
  - (Large) Winner: Marin Community Clinics
- **Housing Trio**
  - (Medium) Honorable Mention: Community Action Partnership of Marin County
  - (Small) Honorable Mention: Keystone Therapy and Training Services, Inc.
- **Medically Tailored Meals**
  - Winner: Ceres Community Project
  - Honorable Mention: Food for Thought





# **Kaiser Permanente**

## Updates on CalAIM implementation

Tamar Kurlaender, MPH  
County Lead | Northern CA  
Medi-Cal Policy & Local Engagement



# Southwest PATH CPI Monthly Update

**Tamar Kurlaender, Medi-Cal Policy and Local Engagement**

June 2025






# Kaiser Permanente Quick Updates



# 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.

 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 <a href="mailto:REGMCDURNS-KPNC@kp.org">REGMCDURNS-KPNC@kp.org</a>  Subject line: “ECM Referral” or “CS Referral” or “CHW services request”	Send completed <u>referral form</u> to <a href="mailto:RegCareCoordCaseMgmt@kp.org">RegCareCoordCaseMgmt@kp.org</a>  Subject line: “ECM Referral” or “CS Referral” or “CHW services request”

**NEW: 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.**



# 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.



## 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](mailto: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](mailto:network@fullcirclehn.org)

Phone number: 888-749-8877



**Questions?**



**Reflections?**



**Ideas?**

Contact your Medi-Cal Local Engagement Representative!

**Tamar Kurlaender** (She/Her)

[tamar.x.kurlaender@kp.org](mailto:tamar.x.kurlaender@kp.org)



# Questions?



# CalAIM Ecosystem of Care



# Ecosystems of Care



“An ecosystem of care is a local network of organizations, sectors, fields, and/or professions working collectively to address the root causes of poor health among individuals with complex health and social needs.”





# How is PHIL Working Towards Fostering the Local CalAIM Ecosystem of Care?

1. Understanding the landscape using public data and qualitative data.
2. Increasing awareness of ECM and Community Supports utilization and provider networks.
3. Participating in strategic partnerships and quality improvement pilots
  - First 5 Workgroup
  - Tribal Engagement and Outreach
  - Local CalAIM Collaborations
  - Mendocino County Asset and Network Mapping
4. Advocating and sharing collaborative feedback with MCPs and DHCS



# How Can Ecosystems of Care Help in Advancing Equity?

- With time, care and intentionality....
- Streamline financing models that sustain care across sectors.
- Create space for non-traditional provider organizations to have voices in the health continuum conversation.
- Continue to redesign the health delivery systems that fail to meet the needs of the population they serve by including the social care providers at equal value.
- Build ecosystems of care that enhance cross-sector partnerships and elevate marginalized voices, encouraging health systems to share power with members of the community.



# Elevating the Expertise of Local Partners

**Welcome:**

**First 5 Mendocino**

*Alex Rounds*

*Alexandra Rounds, LM, IBCLC*

*Perinatal and Early Childhood Support Manager*



# Medi-Cal Community Supports Annual Report

[Link](#) to Report

[Link](#) to Fact Sheet

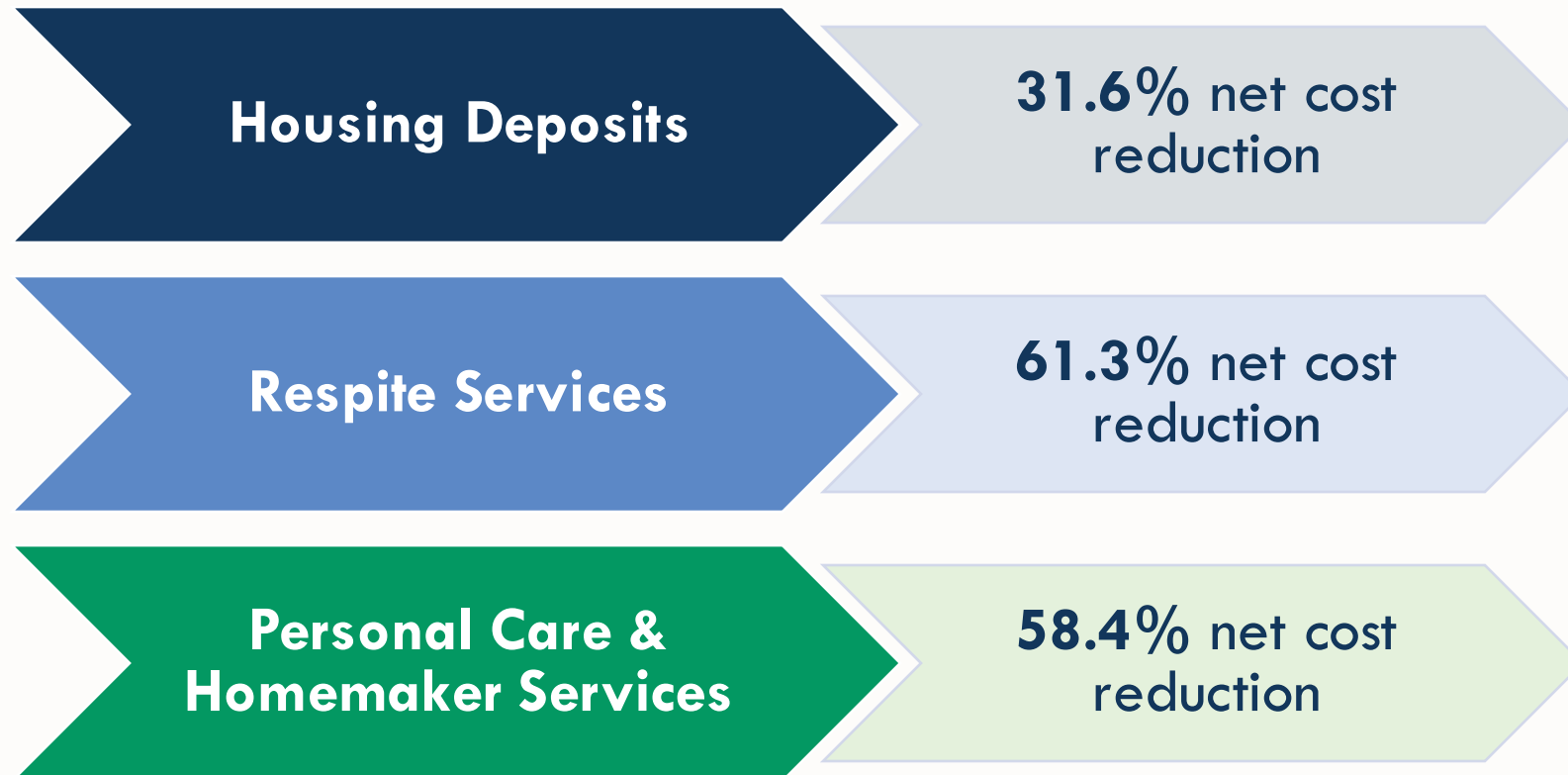






# Community Supports: Cost Savings

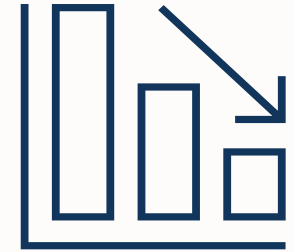
**9 out of 12** Community Supports demonstrated cost savings during the study period:





# Lower Inpatient and/or ED Use

**All Community Supports** studied were associated to **lower inpatient and/or emergency department use.**



Members using at least one of the **Housing Trio** supports saw the following in the 6 months that followed receipt of the services:

- **24.3% decrease** in inpatient use
- **13.2% decrease** in emergency department use





# Takeaways

**Community Supports are a success!**

Federal Government  
**Cost Savings**



DHCS  
**Transforming Medi-Cal**




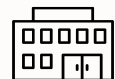


Provider Organizations  
**Continuing Services**





# Community Supports

- Address social drivers of health not covered by traditional Medi-Cal.
- Optional benefits at the discretion of Medi-Cal Managed Care Plans.
- Partnership HealthPlan of California currently pays for 8 of California's 14 Community Supports.

			
Housing Transition Navigation Services	Short Term Post-Hospitalization Housing	Respite Services	Medically-Supportive Food/ Meals/ Medically Tailored Meals
Housing Deposits	Recuperative Care (Medical Respite)	Personal Care and Homemaker Services	Asthma Remediation
Housing Tenancy and Sustaining Services	Day Habilitation Programs	Nursing Facility Transition/ Diversion to Assisted Living Facilities	Environmental Accessibility Adaptations (Home Modifications)
Asthma Transitional Rent *	Sobering Centers	Community Transition Services/ Nursing Facility Transition to a Home	

KP and PHC offers payment

KP offers payment

Neither MCP offers payment

\* New Community Support





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# Enhanced Care Management and Community Supports Dashboards

[Now Available Online: Check Out Your County](#)

# PATH CPI Enhanced Care Management and Community Supports Contracted Providers List



## PATH CPI Enhanced Care Management and Community Supports Contracted Providers List for Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, and Sonoma Counties California

### Where is this data coming from?

The data in this provider list is **sourced directly** from Partnership Health Plan's PDF directory and Kaiser Permanente's directory.

**Date of last Partnership Health Plan Contracted Providers update:** 5/11/25

**Data retrieved from:** Partnership Health Plan Directory: <https://www.partnershiphp.org/Providers/Medi-Cal/Pages/Provider-Directory.aspx>

**Date of last Kaiser Contracted Providers update:** March 2025

**Data retrieved from:** Data shared by Kaiser Permanente ad-hoc

### How to View All Sheets in This Workbook

This workbook contains multiple sheets with information on Enhanced Care Management (ECM) and Community Supports programs.

### Navigating Between Sheets

To switch between sheets, use the sheet tabs at the bottom. Click the hamburger (≡) at the bottom left corner to see the full list of sheets in the file, or use your trackpad to scroll to the right to see all sheets for all counties.

### Sheet Overview

#### ECM County Dashboard– ECM providers by county and Population of Focus (PoF)

Values represent the number of contracted providers offering ECM for each Population of Focus (PoF)

To filter the data table to display information on specific counties, see instructions and image to the right in column B

#### Community Supports County Dashboard– Community Supports providers by county and Service area

Values represent the number of contracted providers offering Community Supports for each Service area

To filter the data table to display information on specific counties, see instructions and image to the right in column B

#### "County" ECM (e.g. Del Norte ECM)– List of contracted providers for ECM.

Values under each Population of Focus (PoF):

- "Yes" – The provider is listed as a contracted provider for this PoF.
- "–" – The provider is contracted for adults and/or children, but the specific PoF was not identified in PHC PDF directory or Kaiser directory.
- " " Empty red cells represents that this organization does not provide services to that columns' PoF.
- "N/A" – PoF not applicable. PoF is only available for Kaiser.

#### "County" Community Supports (e.g. Del Norte Community Supports) – List of contracted providers for Community Supports.

Values under each Service Area:

- "Yes" – The provider is listed as a contracted provider for this Service Area.
- " " Empty red cells represents that this organization does not provide services to that columns' Service Area

#### How to filter the data tables on the dashboards and a specific county's ECM or Community Supports Sheet:

1. Click Data in the top Menu of Google Sheets
2. In the drop down list, click "Create Filter View"
3. Once clicked, this will now enable you to filter the columns under each county in the dashboard and PoF/Service Area interest (pictured below)

Provider Name	Address	MCP	Adult – Homelessness	Adult – At Risk for IP and Hospital/ED	Adult – Serious Mental Health (SMI)/SU/D	Adult – Nursing Facility (NF) Transition	Adult – At Risk for LT/Institutionalization
Arcata Community Health Center	Sort A to Z						
	Sort Z to A			Yes	Yes	No	Yes
	Sort by color						



<https://bit.ly/3GQfFQu>



# Applying Data to Advance Equity

- Assess community needs and provider capabilities.
- Support and promote local, trusted community providers.
- Map out geographic reach and service capacity of network providers.
- Create space for non-traditional provider organizations to have voices in the health continuum conversation.
- Redesign health delivery systems in partnership with social care providers.
- Enhance cross-sector partnerships and elevate marginalized voices, encouraging health systems to share power with members of the community.



# Discussion Questions

- For high-usage services like Housing Trio—who might be left out? Are there equity concerns (e.g., access for Native communities or Spanish-speaking communities)?
- What additional data would help us track culturally responsive, linguistically accessible, and equity-centered care?





# CalAIM Policy Updates and Announcements



# Bi-Annual Best Practices Webinar Meeting Materials Now Available!

Resources from the Bi-Annual Best Practice Webinar “*Connecting Services for the ECM Justice-Involved Population of Focus throughout the Reentry and Post-Release Process*” are now available on the [PATH CPI page](#)!



[Watch Presentation](#)



[Slide Deck](#)



[Q&A Document](#)



# PATH TA Marketplace Updates

The [PATH website](#) has updated its password policy: all users with PATH TA Marketplace accounts will have to reset their password every 90 days. Starting Friday, June 13, 2025, passwords that have not been updated in the last 90 days will automatically expire.

On June 24, 2025, DHCS will host a [PATH Technical Assistance \(TA\) Marketplace](#) webinar from 1 – 2 PM for TA recipients, vendors, and organizations interested in learning more about the TA Marketplace. Advanced registration is required: [Webinar Registration - Zoom](#)



# RSVP! September In-Person Southwest PATH CPI Collaborative

Roundtable for Tribal Organizations

9:30 – 11:00 am

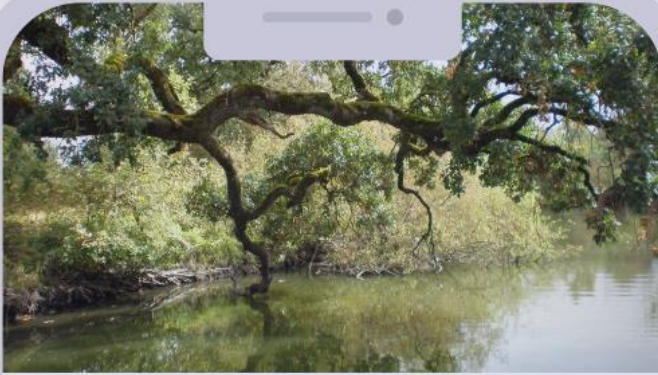
*Breakfast will be served*

Southwest PATH CPI Collaborative

11:30 – 2:30 pm

*Lunch will be served*

[Register Here](#)



 Population Health Innovation Lab

## Tribal CalAIM Roundtable and Southwest PATH CPI Collaborative

Sep 18  
9:30 AM - 2:30 PM

 **SOMO Village Event Center 110...**  
Rohnert Park, CA 94928, USA

The Population Health Innovation Lab  
invites you to join us in-person for the  
Southwest PATH CPI Collaborative  
[More details...](#)

Tribal CalAIM Roundtable



# See You Virtually In July

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

Thursday, July 17<sup>th</sup> at 11:00 AM\*

[Register here](#)







# 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/43PVRWN>



# Thank You!

Feel free to contact our PATH CPI team

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

**Thank you!**

