

PATH – Collaborative Planning & Implementation (CPI)

Northwest Collaborative Planning Meeting

July 15, 2025





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.

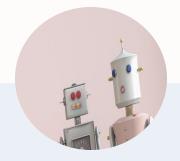


Welcome & Housekeeping



Roll Call

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



Participation Request

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

Population Health Innovation Lab (PHIL) PATH CPI Project Team





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Collaborative Planning & Implementation Overview

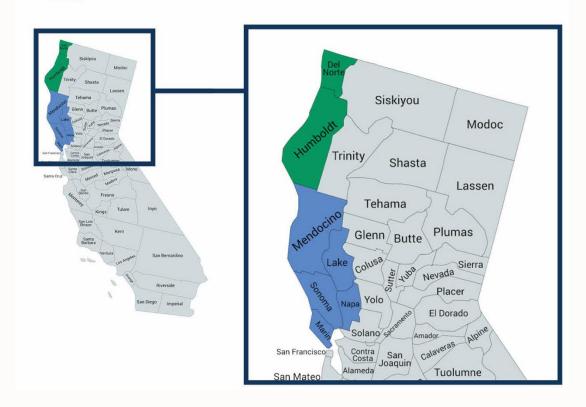
Region Counties Supported by PHIL



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 <u>PHIL website</u>.



Northwest CPI Agenda for Today

- Welcome, Framing, and Check-In
- Digging Deeper: Quality and Equity in CalAIM Ecosystems of Care
- Spotlight: Katie Ray, Executive Director, Indigenous Futures Foundation
- Highlights Sprouting from Our Data and Equity Discussions
- Managed Care Plan Updates from Partnership HealthPlan of California
- CalAIM Announcements and Policy Updates
- Closing and Evaluation



Meeting Objectives

- Deepen approaches to integrating health equity into the CalAIM Ecosystem of Care.
- Share Partnership HealthPlan of California's health equity objectives, role of the Tribal Liaison, and efforts to implement Medi-Cal's new Traditional Healer Benefit.
- 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



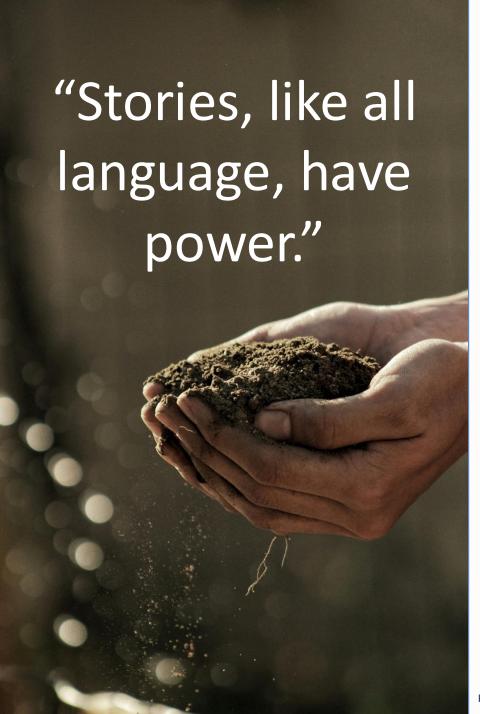
Acknowledging Recent Federal Legislation

Response from the California Department of Health Care Services (DHCS)

"The recently signed House Resolution (H.R.) 1, the federal budget reconciliation bill, will significantly reduce funding for Medi-Cal, CalFresh, and other safety net programs that are lifelines for millions of Californians.

DHCS leaders have emphasized that these cuts pose real risks to essential services that support the health, stability, and economic security of families and communities across California.

DHCS is reviewing the impacts of these changes and will provide more information and direction as it becomes available."

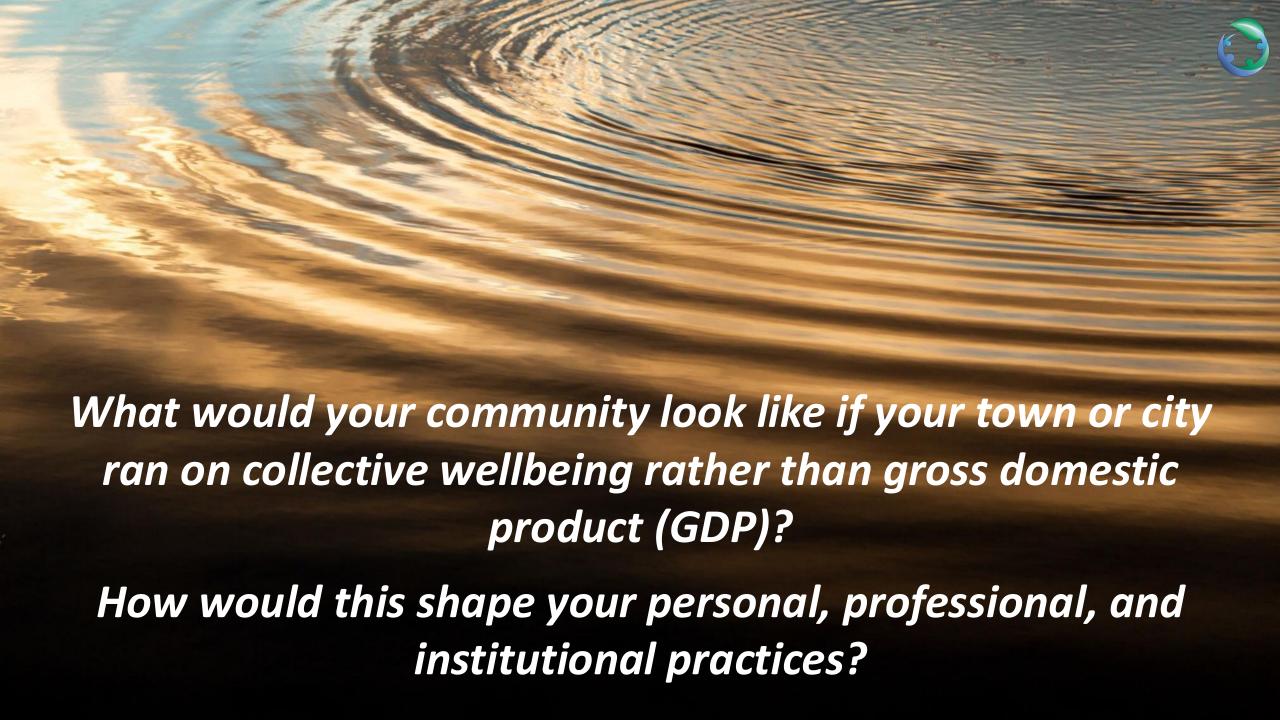


Check-in: Speculative Storytelling



Chelsea Vowels, author of *Indigenous Writes:*A Guide to First Nations, Metis, & Inuit Issues in Canada







Digging Deeper: Quality and Health Equity in CalAIM Ecosystems of Care

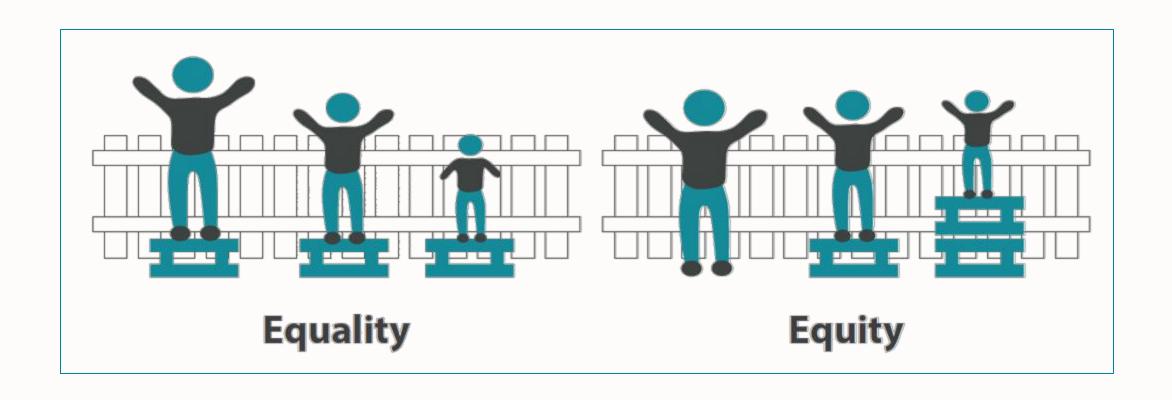




Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.



Equity v. Equality





DHCS Seeking Input: Quality and Equity



DHCS released the new 2025 Comprehensive Quality Strategy (CQS)



Renewed commitment to improving Health Equity and Quality in CA



Seeking Public Comment until August 30, 2025



Input will be incorporated before the new strategy is finalized



Advice from Zachary Ray, Native Spirit Consulting on Engaging Thoughtfully

- 1. Be intentional about the reason for engaging, build a relationship that communicates clearly about what commitments will be made and upheld.
- 2. Meet them where they are physically located. Having your doors open to everyone does not mean you are open to everyone in the community.
- 3. Bring a thoughtful and authentic gift, something you offer without any expectations of anything in return.
- 4. Meetings, gatherings, and workshops should include meals and drinks. This is deeply tied to many indigenous cultures requirement to connect.
- 5. Move intentionally along the spectrum from transactional to individual to operational relationships.



Partnership's Tribal Liaison

Partnership is the first health plan in California to have a Tribal liaison. The liaison works to create lasting bonds between Partnership and Tribal communities. The liaison also aims to improve Tribal members' health and access to care. At Partnership, we are committed to diversity and equity as we serve to be a partner in our Tribal members' health and wellness.

Yolanda Latham

triballiaison@partnershiphp.org

Member Services: (800) 863-4155

TTY users: (800) 735-2929

Helpful Resources

- ALL PLAN LETTER <u>24-002</u>
- <u>Tribal Health and Wellness</u> at Partnership Healthplan of California
- Register to join the Statewide <u>Indian Health Collaborative</u>



Statewide Indian Health CalAIM PATH Collaborative Meetings

Register here for the next Indian Health Collaborative on July 24, 2025:

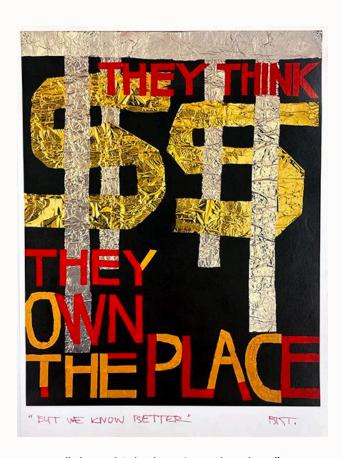
https://us02web.zoom.us/meeting/register/tZlufuivrzsjG9KgY3ZxQP2bMM5W7J-rjh7K

- Feel free to share this appointment with other organizations serving tribal communities.
- More information about the Indian Health PATH
 Collaborative Planning and Implementation Group is
 available on this website: https://www.ca-path.com/collaborative/collaborative-group-directory/26.

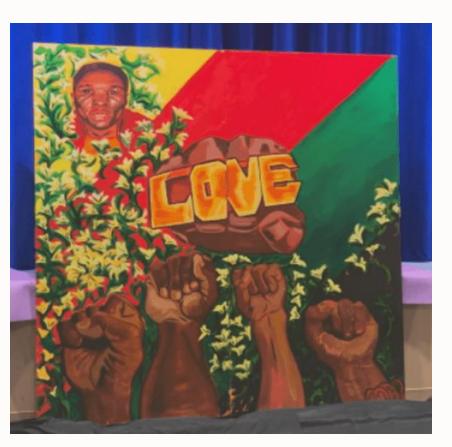




Historical Trauma



"They Think They Own the Place" Brian D. Tripp, Karuk Tribe, 1992



Mural in honor of David Josiah Lawson by the Arcata High School's Black Student Union (BSU), 2024



By <u>Pauline Cuevas</u> / @pauline.c.cuevas for the <u>California Endowment</u>, 2021



Historical Trauma

"Dominant culture perpetrating mass traumas on a population resulting in cultural familial, societal and economic devastation for the population." (Sotero, 2006)

Native Americans:

- 95% of population was decimated through genocide and voluntary/involuntary exposure to European diseases between 1492 and 1776
- 1883 federal law prohibiting practicing culture until 1978
- Forced sterilization of Native American women from 1960-1980's
- Murdered and Missing Indigenous People 1980's-Present



Historical Trauma

Black:

- American Slave trade from 1600's to 1865
- Sundown Towns from 1700's to present in rural parts of USA
- Redlining and military housing funding

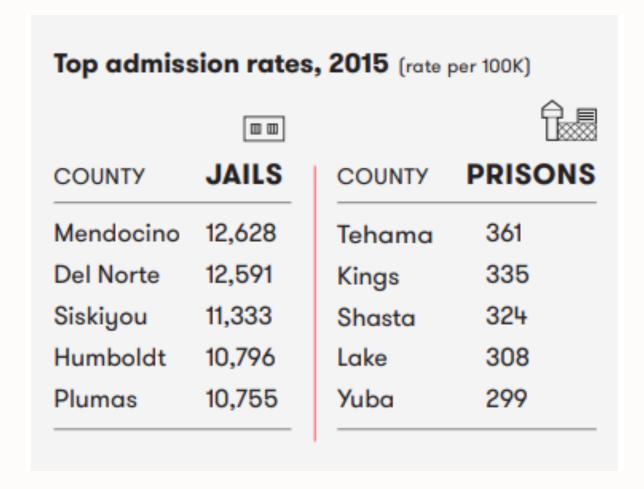
Asian/Pacific Islander:

- Victims of American war trauma and imperialism
- Immigration and citizenship laws
- Various forms of intimidation, murder and destruction of property (e.g. Lake County and Sacramento Japantown)



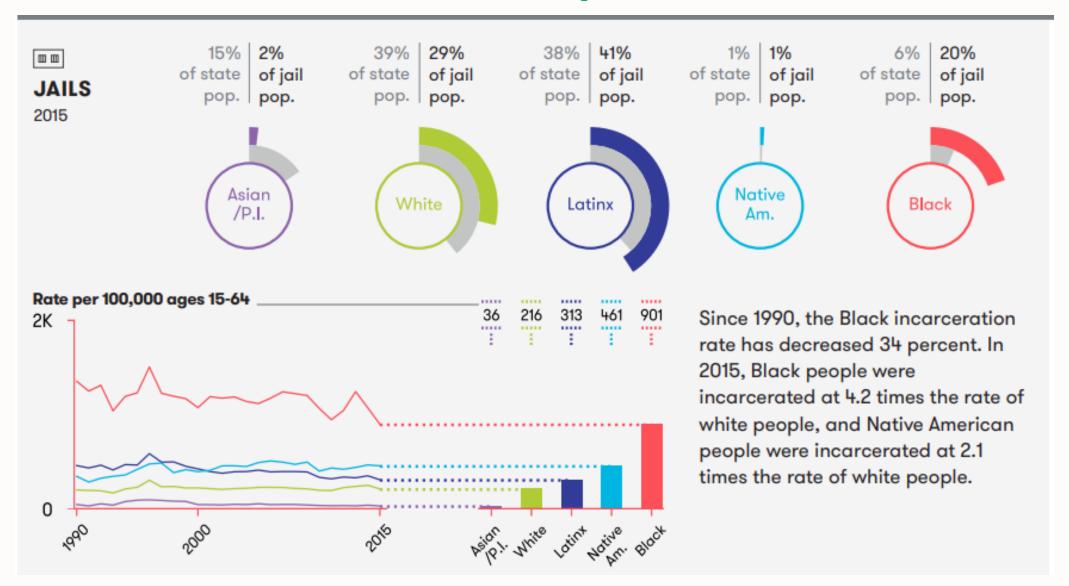
Justice Involved ECM Population: Geography

Incarceration is not only an urban phenomenon. In fact, on a per capita basis, the most rural places in the state often lock up the most people in jail and send the most people to prison.



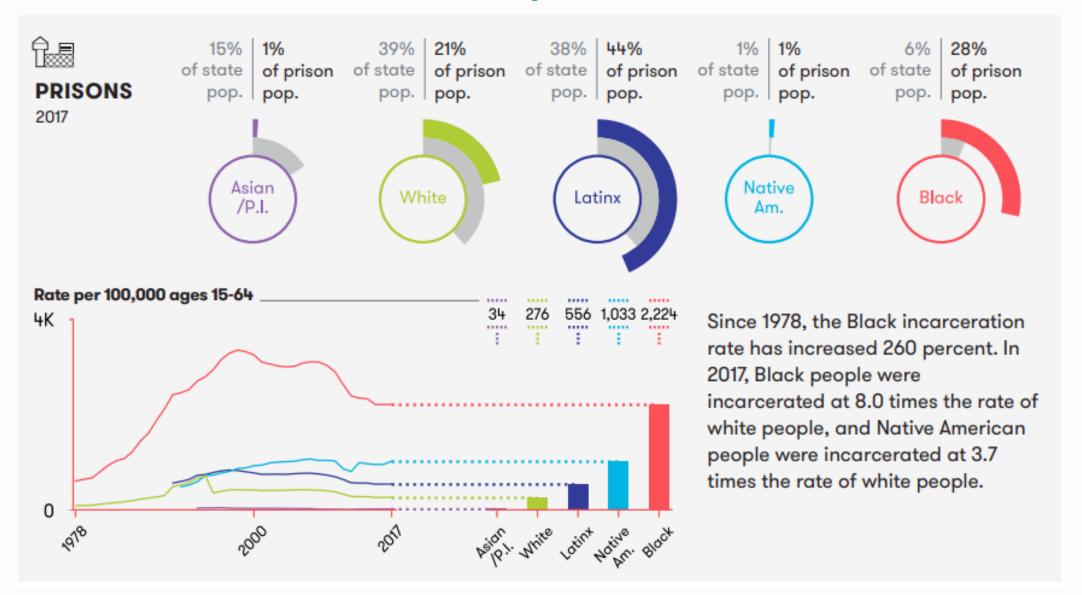


Justice Involved ECM Population: Jails





Justice Involved ECM Population: Prisons





CalAIM JI Initiative Liaison



- Ronald Klinger
- Phone Number: (707) 639-5362
- Email: <u>rklinger@partnershiphp.org</u>
- Alternate Email: <u>CalAIM@partnershiphp.org</u>
- Counties Serving: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba.



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 Expertiseof Local Partners

Welcome:

Katie Ray, Executive Director, Indigenous Futures Foundation



ECM and Community Support Data Follow Up



ECM and Community Supports Quarterly Implementation Report Update

ECM Highlights

Key ECM highlights include:

326k

unique members received ECM since ECM launched to the end of the reporting period.

unique members received ECM in the last 12 months of the reporting period.

unique members received ECM in the most received ECM in the most recent quarter of the reporting period.

Chart 1.0 - Summary ECM Member Data

Community Supports Highlights

Key Community Supports highlights include:



Chart 3.0 - Summary Community Supports Member Data

• This report was updated in July 2025 and reflects data from January 1, 2022, through December 31, 2024.



ECM and Community Supports Quarterly Implementation Report Update Northwest

	in the Last 12 Months of the Reporting	Utilized Community	•	Number of Community	Rate of Community Supports Services Utilization per 10,000 MCP Members
Del Norte	2.76	122	0.98%	184	148
Humboldt	2.54	533	0.90%	1023	173

[•] This report was updated in July 2025 and reflects data from January 1, 2022, through December 31, 2024.



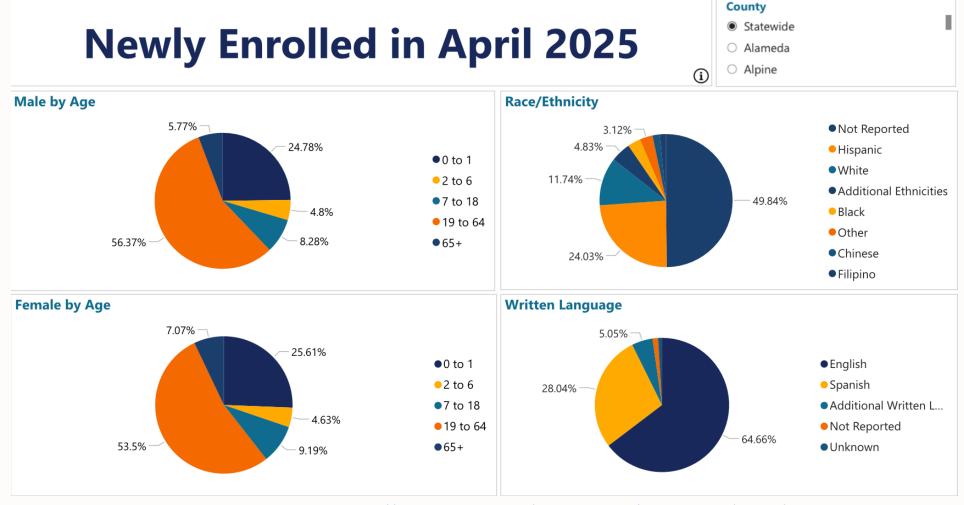
PATH CPI Data and Equity Discussion Follow-Up

DHCS Data
Discrepancy
Quality
improvement

County Level Demographics



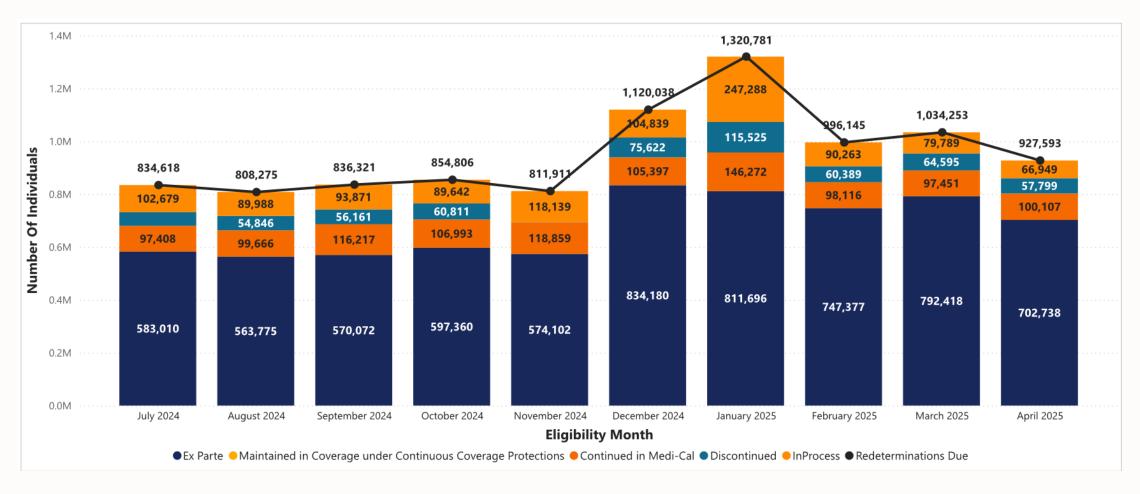
Medi-Cal Enrollment and Renewals Dashboard



https://www.dhcs.ca.gov/dataandstats/dashboards/Pages/Medi-Cal-Enrollment-and-Renewals-Dashboard-April2025.aspx

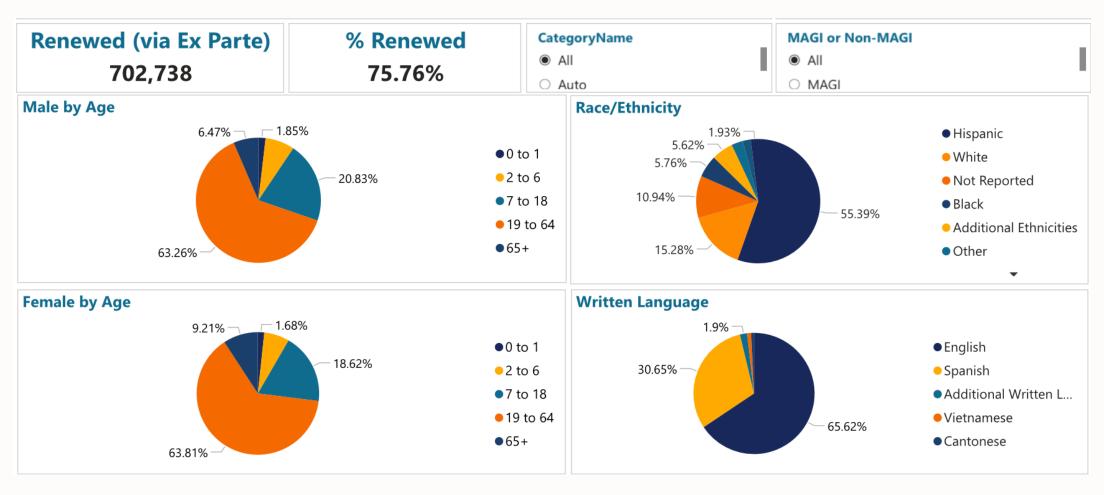


Medi-Cal Enrollment and Renewals Dashboard (cont.)





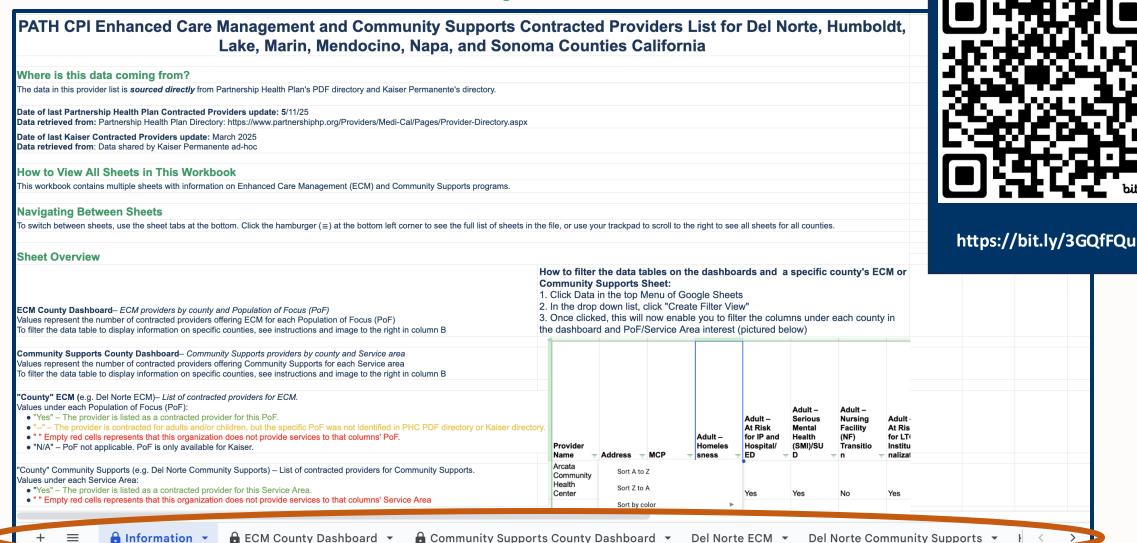
Medi-Cal Enrollment and Renewals Dashboard (cont.)



https://www.dhcs.ca.gov/dataandstats/dashboards/Pages/Medi-Cal-Enrollment-and-Renewals-Dashboard-April2025.aspx

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







Discussion

1. How could you utilize PHIL's <u>PATH CPI County-Level Dashboard for ECM and Community Supports</u>, PATH CPI Providers List, and the DHCS' Medi-Cal Enrollment & Renewals Dashboard to assess equity and help identify gaps in your organization's efforts?

2. What other information do you have access to that might help assess equity in your work?



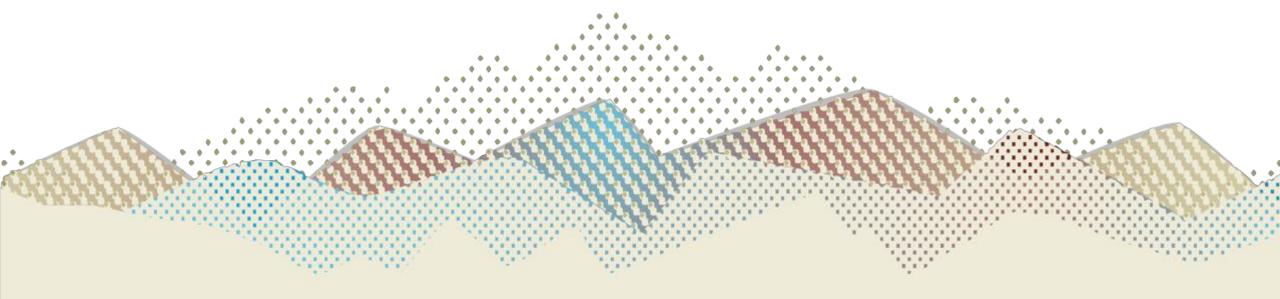
Partnership HealthPlan of California (PHC)

Managed Care Plan CalAIM Updates
July 2025

Paige Morrison



MCP Updates



Agenda

- Recap Policy Updates
 - o Global Cap
 - STPHH/Recuperative Care
 - Housing Trio Services
 - ✓ Deposits
- Place of Service
- Reporting Updates



Effective Dates

Effective dates from DHCS. DHCS has indicated to Partnership on June 26th that they will update the effective dates document to include changes to Housing Deposits.

https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Policy-Guide-Effective-Dates.pdf



Global Cap Effective January 1, 2025

Room and Board Services

Recuperative Care

Short-Term Post-Hospitalization Housing (STPHH)

Transitional Rent

Not effective until 1/1/2026

- ✓ Recuperative Care and STPHH is 6-month limit (182 days) per rolling 12-month period per member.
- ✓ Transitional Rent is 6-month limit (182 days) per household in a 5-year period.
- ✓ Global Cap applies to all three Room and Board services, no more than 182 days of all three in a rolling 12-month period.
- ✓ Room and Board Global Cap is counted in days.
- ✓ Effective date is 1/1/2025.
- ✓ Partnership has begun to count number of days for members from 1/1/2025 per DHCS.
- ✓ Partnership is notifying members that have less than 30 days left of Recuperative Care and/or STPHH.
- ✓ Using Claims data, but TARs should be submitted correctly with first day member receives services and end dated for last day of service.

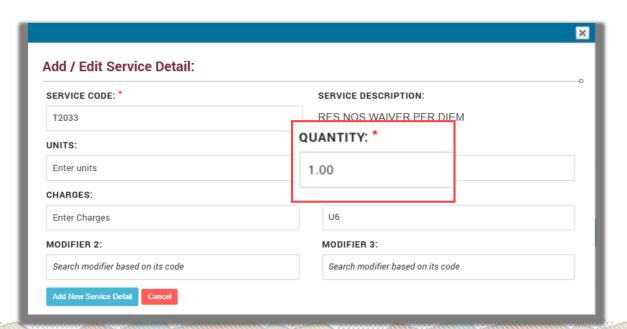


Community Supports TAR Reminders



STPHH/RC TARS

- ✓ Submit with a single quantity Partnership will update with remaining allowable units
- ✓ Check TAR status on the provider portal



Deposit Request Requirements

Submit with Deposit TAR

- Housing Support Plan
- Signed Lease Agreement

New – add to TAR Notes:

- Add to TAR notes confirmation the landlord meets criteria for requesting 2x monthly rent
 - only applicable to those landlord types
- Date of landlord engagement by CS Provider
- Date of visit to living environment to ensure it is safe and ready for move-in

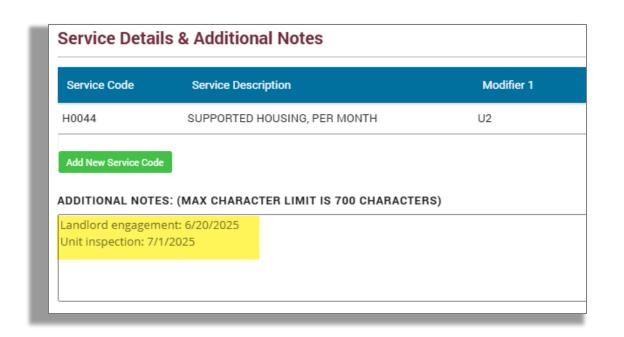


Community Supports TAR Reminders



Housing Deposit

- ✓ Signed lease
- ✓ Date of landlord engagement
- ✓ Date of unit inspection
- √ Housing Support Plan
- √CS Referral





- ✓ Partnership will be providing notifications to members as required by the DHCS Policy Guide for CS Services
- ✓ Partnership will offer Asthma Remediation in 1/1/2026
 - ✓ Please email the CalAIM inbox if you are interested in contracting with Partnership in 1/2026
 - ✓Information about services can be found at https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf



Place of Service (POS)



DHCS requirement states POS 99 is not valid or appropriate for Community Supports and ECM services. Providers can use the following codes when billing for services.

POS Code		
04	Homeless Shelter	Temporary housing for individuals experiencing homelessness
12	Home	Private residence
16	Temporary Lodging	Hotel or other short-term accommodations not classified under another POS code

POS 12 is the most commonly appropriate code for homedelivered Community Supports such as Personal Care, Respite, or Day Habilitation services.

Reporting Updates

- New templates for both ECM and CS providers were sent out and they will be posted on the CalAIM webpage
- Please use the new templates moving forward beginning July 1, 2025 as it is a requirement of the Close Loop Referral process from DHCS

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

<u>CS:</u>

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?





Contact Information

- ✓ ECM@partnershiphp.org
- ✓ CommunitySupports@partnershiphp.org
- ✓ ClaimsECMhelpdesk@partnershiphp.org
- ✓ CalAIM@partnershiphp.org

Visit Partnership website at:

https://partnershiphp.org/Community/Pages/Cal AIM.aspx





CalAIM Announcements and Policy Updates



Important TA Marketplace Update

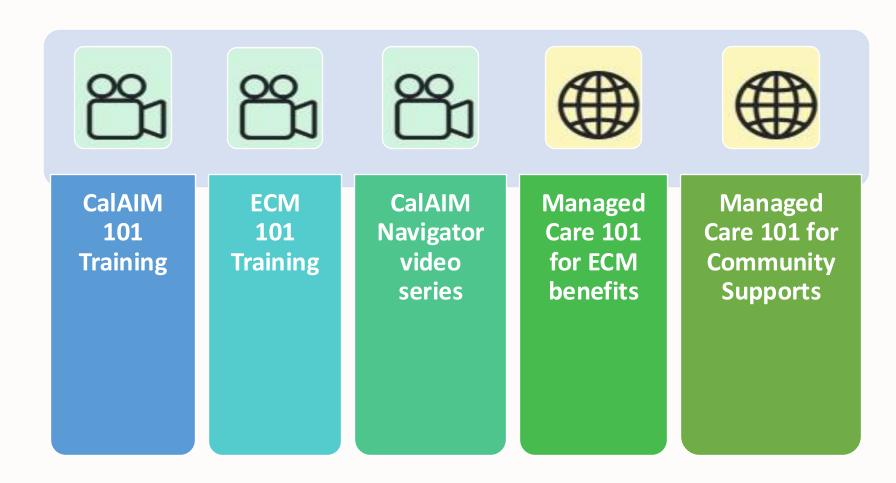
New Guidance for the TA Marketplace <u>announced in June</u>, due to its success...the money is going FAST...ACT NOW!

- 1. Apply before January 2026
- 2. NEW TA applicants only
- 3. \$150,000 limit on all new projects
- 4. 1 year time limit to completion



New! TA Marketplace Instant Resources

New CalAIM Resources Available on the <u>PATH</u> <u>On-Demand Resource Library</u>





Population Health Innovation Lab

Tribal CalAIM Roundtable and Northwest PATH CPI Collaborative

Sep 16

9:30 AM - 2:30 PM



11 Bear Paws Way Loleta, CA 95551, USA

The Population Health Innovation Lab invites you to join us in-person for the Northwest PATH CPI Collaborative More details...

Tribal CalAIM Roundtable



RSVP! September In-Person Northwest PATH CPI Collaborative

Roundtable for Tribal Organizations

9:30 - 11:00 am

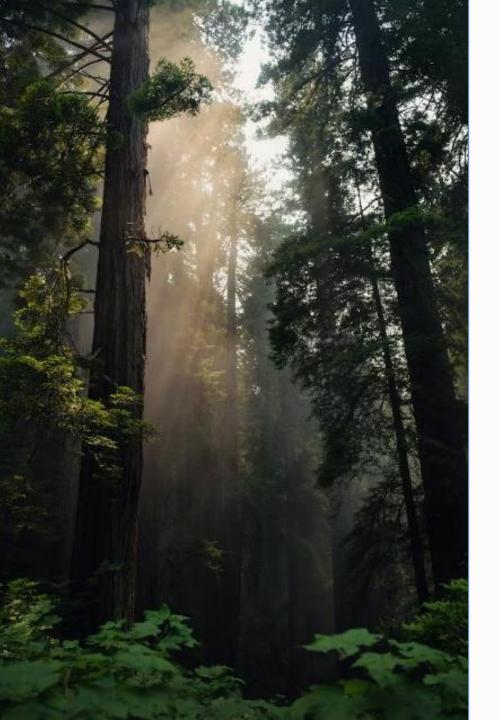
Breakfast will be served

Northwest PATH CPI Collaborative

11:30 – 2:30 pm

Lunch will be served

Register Here





See You Virtually In August

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

Tuesday, August 19th at 1:00 PM

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://s.zoom.us/m/bPFf2waFB



Thank You!

Feel free to contact our PATH CPI team

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