



PATH Collaborative Planning & Implementation (CPI)

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

August 21, 2025



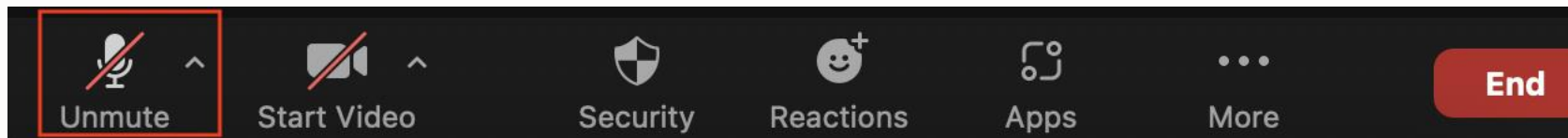


This event is being recorded and transcribed.

Why? PHIL uses the recording and transcription to assess key takeaways, CPI participant needs, and to develop better events for you in the future.

Recordings will be available by request after the event.
Email **PATH@pophealthinnovationlab.org** to request access.

Please mute your microphone during the presentation.





PATH – Collaborative Planning & Implementation (CPI)

Southwest Collaborative Planning Meeting

August 21, 2025





Thank you to our sponsors



PUBLIC™
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, organization, and a favorite asset of your community in the chat.



Request for Vendors

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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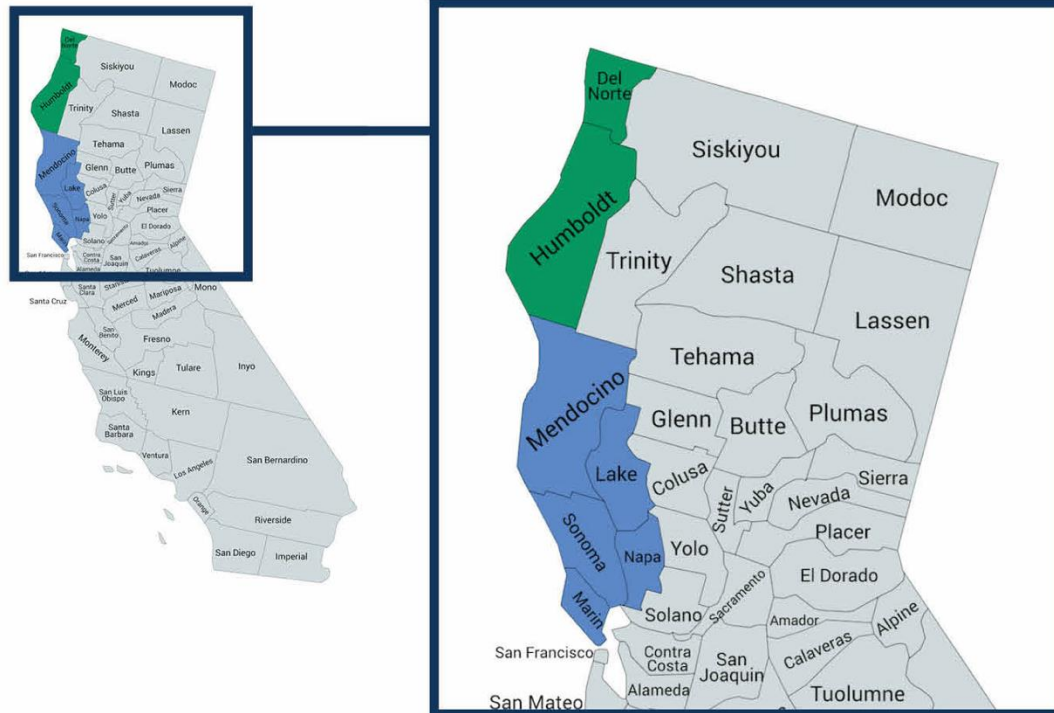


April Phan
Research Associate I
aphan@phi.org



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 materials, Readiness Roadmap Resources, and registration links on the [PHIL website](#).
- Find all the specific resources for today's meeting on our [SW CPI Meeting Zoom Doc](#).



Southwest CPI Agenda for Today

- Welcome, Framing, and Check-In
- Spotlight: Hope Center, Adventist Health Clear Lake
- Community-Based Referrals: Mendocino County's Testing of Innovative Network Visualization for Better Real-Time Community-Based Referrals
- Managed Care Plan Updates from Partnership HealthPlan of California and Kaiser Permanente
- CalAIM Announcements and Policy Updates
- Closing and Evaluation



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**



New to the CPI: Zoom Doc / Resource Hub

PATH Southwest Region CPI Monthly Meeting Resource Hub

Updated at 09:37 PM 08/20/2025 | Quick preview

←

[Event Details](#)

Beyond Land Acknowledg...

Monthly Meetings Links

August 21, 2025



Upcoming Events

Stay in Touch with PHIL & ...

Welcome to the resource page for our monthly CPI Meeting!

Meetings Occur the Third Thursday of the Month | 11 am -12:30 pm PT

Our Sponsors:



Event Details

A monthly event is hosted by the [Population Health Innovation Lab \(PHIL\)](#) for the [PATH Southwest Collaborative Implementation and Planning \(CPI\) Region](#) which includes five California counties: Lake, Marin, Mendocino, Napa, and Sonoma.

The Southwest CPI is comprised of partners who come together to improve the quality of care for families and individuals in the region. Registered participants collaboratively support the implementation of [Enhanced Care Management \(ECM\) and Community Supports](#) initiatives by

*Click the image
to open the
Zoom Doc*



RSVP! September In-Person Southwest PATH CPI Collaborative

Theme = Sustainability

Roundtable for Tribal Organizations

9:30 – 11:00 am

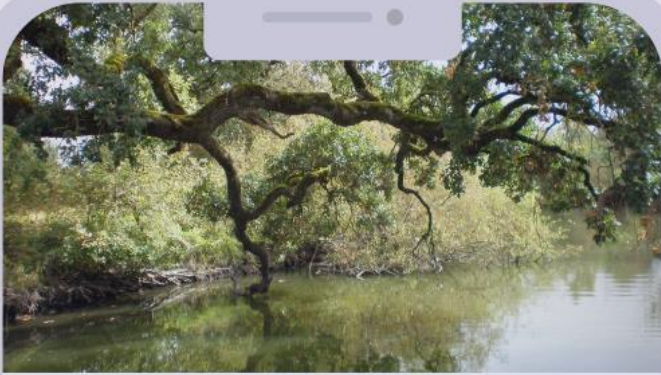
Breakfast will be served

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



Local Spotlight: Hope Center



Ronni Duncan, LCSW

Manager of Community Health Programs,
Adventist Health Clearlake

Adventist Health Clearlake Community Health Programs

Ronni Duncan, LCSW Manager of Community Health

From building **COMMUNITY**

project
restoration 



to expanding **ACCESS**

TO A SERVICE CONTINUUM ROOTED IN IMPROVING
COMMUNITY HEALTH





**2024
OUTCOMES** 329 Unique Clients Served in
Community Supports in 2024

178 Clients Housed Since 2023

1244 Clients enrolled in the HUB

230 Average Monthly Client's
Enrolled in 2025



Questions?



Community-Based Referrals and Network Mapping in Mendocino County

Heather Criss and Esmeralda Salas



**HEALTHY
Mendocino**





Mendocino County's Testing of Innovative Network Visualization for Better Real-Time Community-Based Referrals



Heather Criss

Program Administrator,
Mendocino County Health and Human Services
Agency



Mendocino Collaborative Workgroup

Purpose

- Build relationships with other CalAIM Providers
- Build local systems and support resource sharing
- Develop community level best practices
- Collective problem solving or success sharing
- Identify other needs of local providers

What We've Worked On

- Coordination of Care-Community wide agreements
- CHW and Lead Care Manager Training
- Closed Loop Referral System



Mendocino Community-Based Referrals

- **Problems**

- PHC referrals are often dead ends
- Lots of local people not being served

- **Goals**

- Build Trust
- Collaboration instead of competition
- Communication about referral

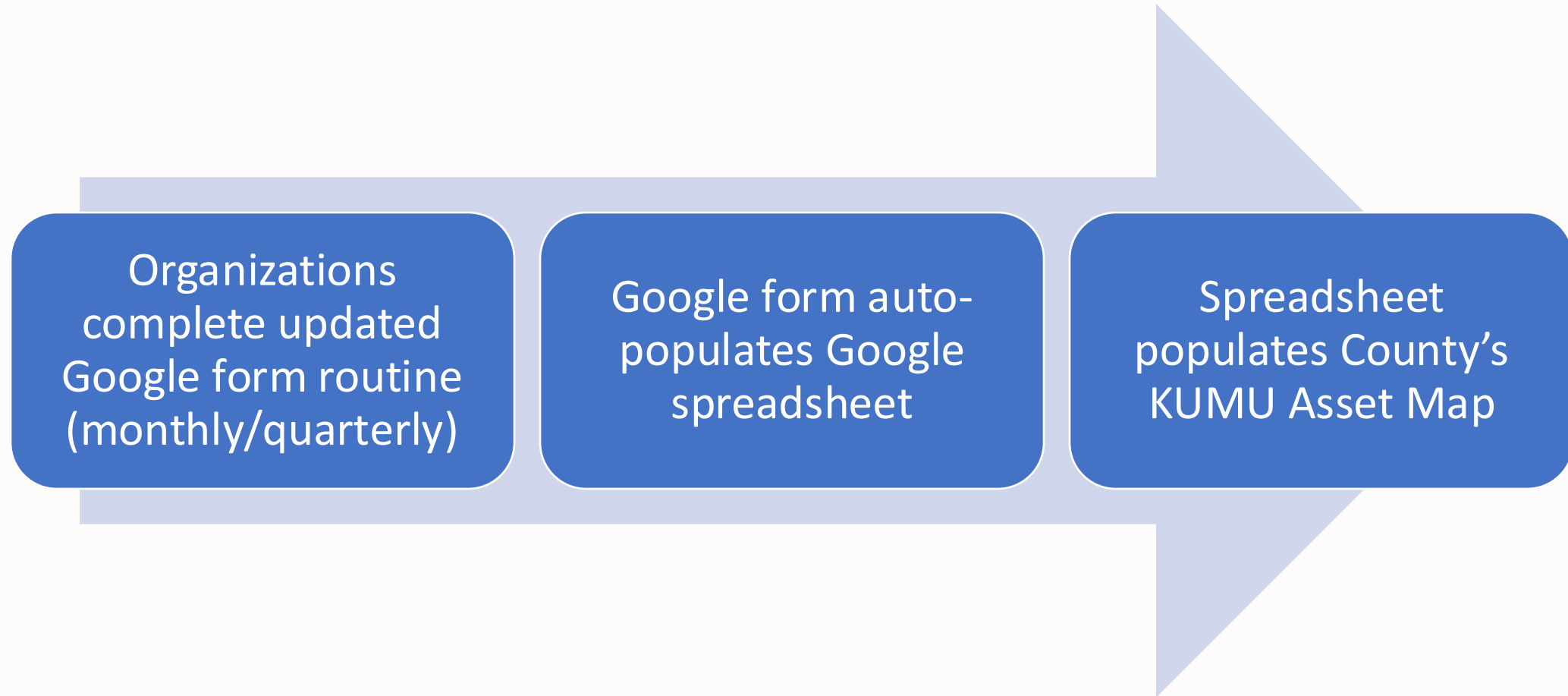
- **Referrals Strategies and Learnings**

- Community partners don't want a referral to nowhere
- Connect clients to service NOW while they're in the office
- Communication back to referring agency once referral is accepted

- **Interest in Community Asset Mapping**



Network Map Workflow





Google Forms Survey

- Organization Information
- ECM services and Capacity
- Community Support services and Capacity
- Referral Network

Example Information from Form

Your organization's Population(s) of Focus:

- | | |
|--|---|
| <input type="checkbox"/> Adult - Homelessness | <input type="checkbox"/> Children/Youth – Homelessness |
| <input type="checkbox"/> Adult - Individuals At Risk for Avoidable Hospital or Emergency Department (ED) Utilization | <input type="checkbox"/> Children/Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization |
| <input type="checkbox"/> Adult - Serious Mental Health (SMH) and/or Substance Use Disorder (SUD) | <input type="checkbox"/> Children/Youth - Serious Mental Health (SMH) and/or Substance Use Disorder (SUD) |
| <input type="checkbox"/> Adult - Nursing Facility Resident; Transition to Community | <input type="checkbox"/> Children/Youth enrolled in California Children's Services (CCS) or Whole Child Model (WCM) |
| <input type="checkbox"/> Adult - LTC Eligible; At Risk for Institutionalization | <input type="checkbox"/> Children/Youth Involved in Child Welfare |
| <input type="checkbox"/> Adult - Intellectual or Developmental Disability (I/DD) | <input type="checkbox"/> Children/Youth - Intellectual or Developmental Disability (I/DD) |
| <input type="checkbox"/> Adult - Pregnancy/Postpartum (Birth Equity) | <input type="checkbox"/> Children/Youth - Pregnancy/Postpartum (Birth Equity) |

Current ECM enrollment capacity: _____ Current ECM enrollment: _____

Number of employees providing direct services: _____

Geographical region served: _____

What services do you provide for an enrollee? _____



Google Sheets

What is the name of your organization?	Does your organization have an office located in Mendocino County?	What is your organization's address? Please Enter Street, City, State, and 5 digit zip code for correct mapping in KUMU	Which type of CalAIM services does your organization provide?	What are your organizations population(s) of focus?	What is your current Enhanced Care Management (ECM) capacity?	What is your current Enhanced Care Management (ECM) level of enrollment?	What number of employees do you have providing direct ECM services?
Mendocino County Public Health	Yes	1120 S. Dora St., Ukiah, CA, 95482	Enhanced Care manager	Children/Youth Involved in Child Welfare	0	0	2
Mendocino County BHRS	Yes	1120 S. Dora St., Ukiah, CA 95482	Enhanced Care manager	Adult - Serious Mental Health (SMH) and/or Substance Use Disorder (SUD)	30	0	6
First 5 Mendocino	Yes	419 Talmage Road, STE J Ukiah, CA 95482	Enhanced Care manager	Adult - Pregnancy/Postpartum (Birth Equity), Birth Equity Population of Focus			6
Indigenous Wellness Alliance	Yes	409 Talmage Rd Ukiah CA 95482-5956	Enhanced Care manager	Adults Experiencing Homelessness without Dependent Children/Youth Living	140	116	4
Mendonoma Health Alliance	Yes	39251 CA-1 Gualala, CA 95445	Enhanced Care management (ECM), Community Supports		100	71	7
Friend of Boon	Yes	527 S. State Street ukiah, CA 95482	Enhanced Care manager	Adult - Individuals At Risk for Avoidable Hospital or Emergency Department	15	0	2.5
Long Valley Health Center	Yes	50 Branscomb Rd, Laytonville, CA 95454	Enhanced Care manager	Adults Experiencing Homelessness without Dependent Children/Youth Living	125	93	6
First 5 Mendocino	Yes	419 Talmage Road, Suite J, Ukiah, CA 95482	Enhanced Care manager	Adult - Pregnancy/Postpartum (Birth Equity), Children/Youth enrolled in Cal	45		3
Anderson Valley Health Center	Yes	13500 Airport Rd, Boonville CA 95415	Enhanced Care manager	Adults Experiencing Homelessness without Dependent Children/Youth Living	50	25	3
Long Valley Health Center	Yes	50 Branscomb Road Laytonville, Ca 95454	Enhanced Care manager	Adults Experiencing Homelessness without Dependent Children/Youth Living	140	104	5
Mendocino County BHRS	Yes	1120 S. Dore Street, Ukiah, CA 95482	Enhanced Care manager	Adult - Serious Mental Health (SMH) and/or Substance Use Disorder (SUD)	35	0	4
Anchor Health Management	Yes	350 E. Gobbi St. Ukiah, Ca. 95482	Enhanced Care manager	Adult - Serious Mental Health (SMH) and/or Substance Use Disorder (SUD)	245	225	7



Mendocino County ECM and Community Support Map

Overview Discussions



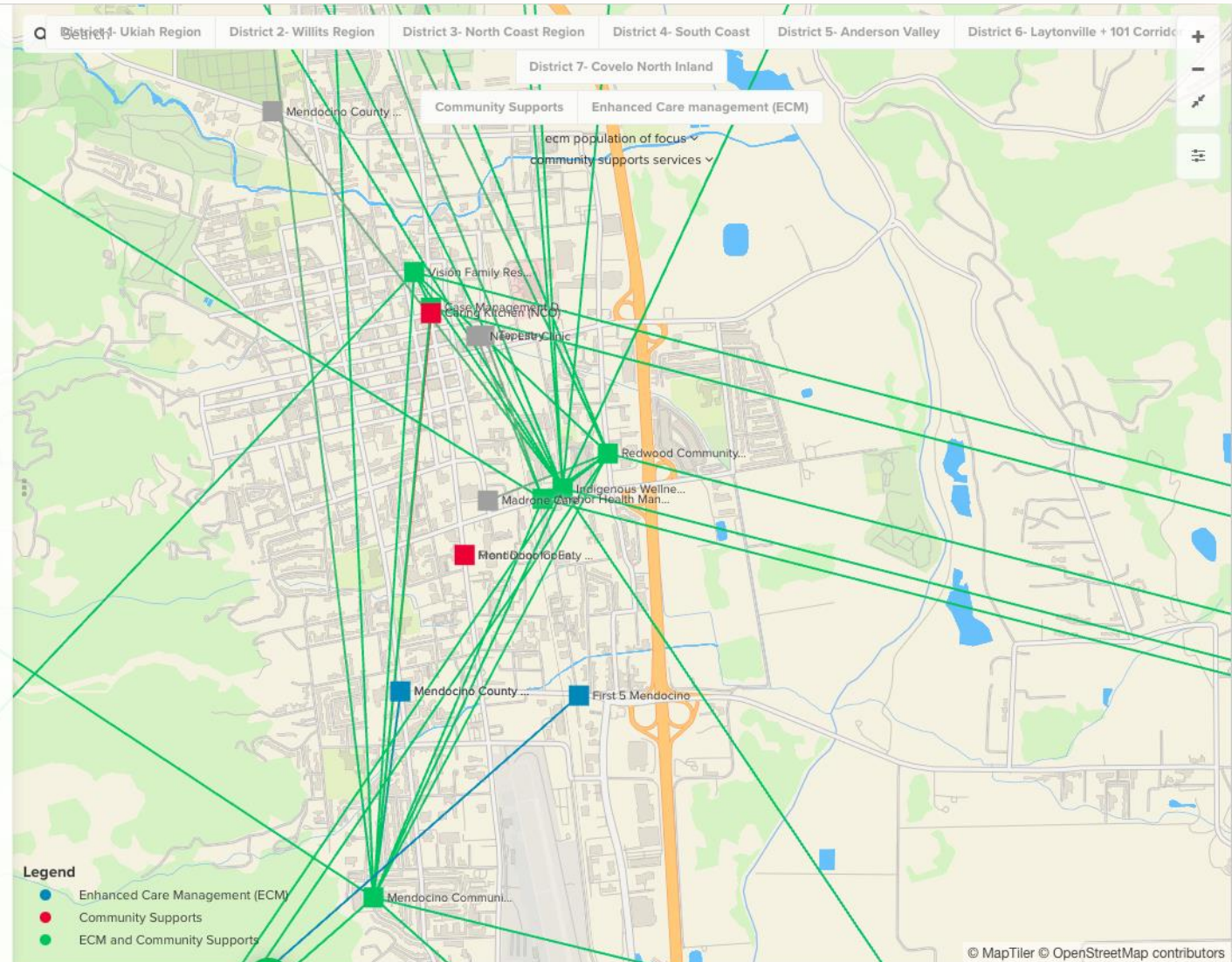
Mendocino County CalAIM Collaborative Organization Profiles

The Mendocino County CalAIM Collaborative Organization Asset map offers an interactive view of the Mendocino county's community health system and organizational assets.

The map includes all network data collected through the Mendocino CalAIM Collaborative Organization Profiles Survey. To add your organization data, please follow this url to take the survey: <https://forms.gle/h9nsEEFsseVLn5hs5>

Using the Map

- Each dot on the map represents an organization, county, or Tribal Nation.
- Each line connecting dots represents a reported collaboration, referral, or data exchange linkage.





Anderson Valley Health Center

ENHANCED CARE MANAGEMENT (ECM)

Linked

ADDITIONAL SERVICES	Referrals and Resources, Senior Services, Transportation Services
ADDRESS	13500 Airport Rd, Boonville CA 95415
AVAILABLE ECM REFERRALS	25
CALAIM SERVICES	Enhanced Care management (ECM)
COMMUNITY SUPPORTS SERVICES	Housing Transition Navigation Services Housing Deposits Housing Tenancy and Sustaining Services
DATA UPDATE DATE	5/27/2025 16:52:55
ECM CAPACITY	50
ECM LEVEL OF ENROLLMENT	25
ECM POPULATION OF FOCUS	Adults Experiencing Homelessness without Dependent Children/Youth Living with Them Homeless Families Adult - Individuals At Risk for Avoidable Hospital or Emergency Department (ED) Utilization

ECM SERVICES PROVIDED TO ENROLLEE

Adult - Serious Mental Health (SMH) and/or Substance Use Disorder (SUD)
Adult Individuals Transitioning from Incarceration
Adult Nursing Facility Residents Transitioning to the Community
Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization
Adult - Intellectual or Developmental Disability (I/DD)
Adult - Pregnancy/Postpartum (Birth Equity)

We can offer help with medication management, referrals, etc. We know many and can research resources to refer to. We can help schedule transportation, etc.

GEOGRAPHIC REGION OF SERVICE PROVISION

District 1- Ukiah Region
District 3- North Coast Region
District 5- Anderson Valley

NUMBER OF EMPLOYEES DELIVERING ECM SERVICES

25

PERCENT OF ECM CAPACITY OCCUPIED

50

PROGRAM POINT OF CONTACT

Jasmine Young - jasyoung@avhc.org - 707.895.3477 ext. 625

REFERRAL POINT OF CONTACT

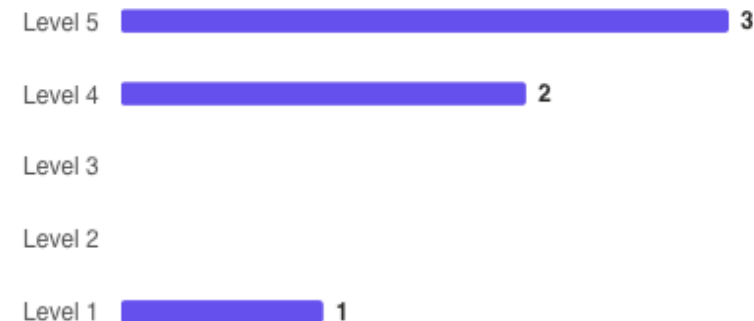
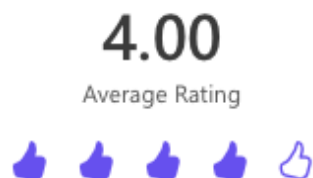
Jasmine Young - jasyoung@avhc.org - 707.895.3477 ext. 625

What Data Showed Us

- Midpoint survey and feedback results
 - Ease
 - Utility

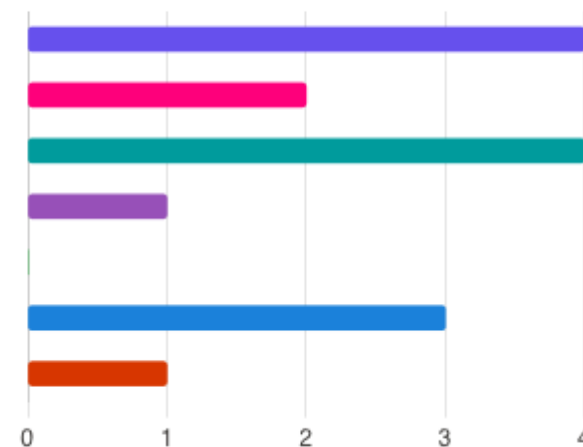
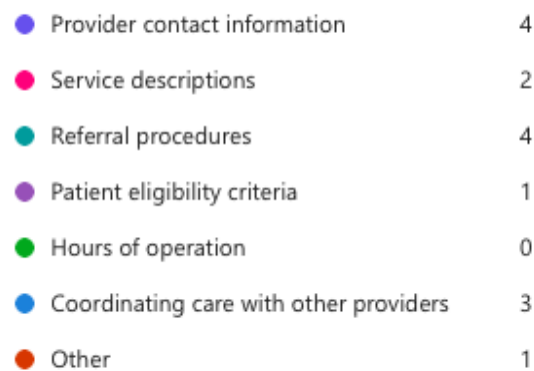
1. How would you rate your overall experience with the Mendocino County CalAIM Collaborative Organization Asset Map?

[More details](#)



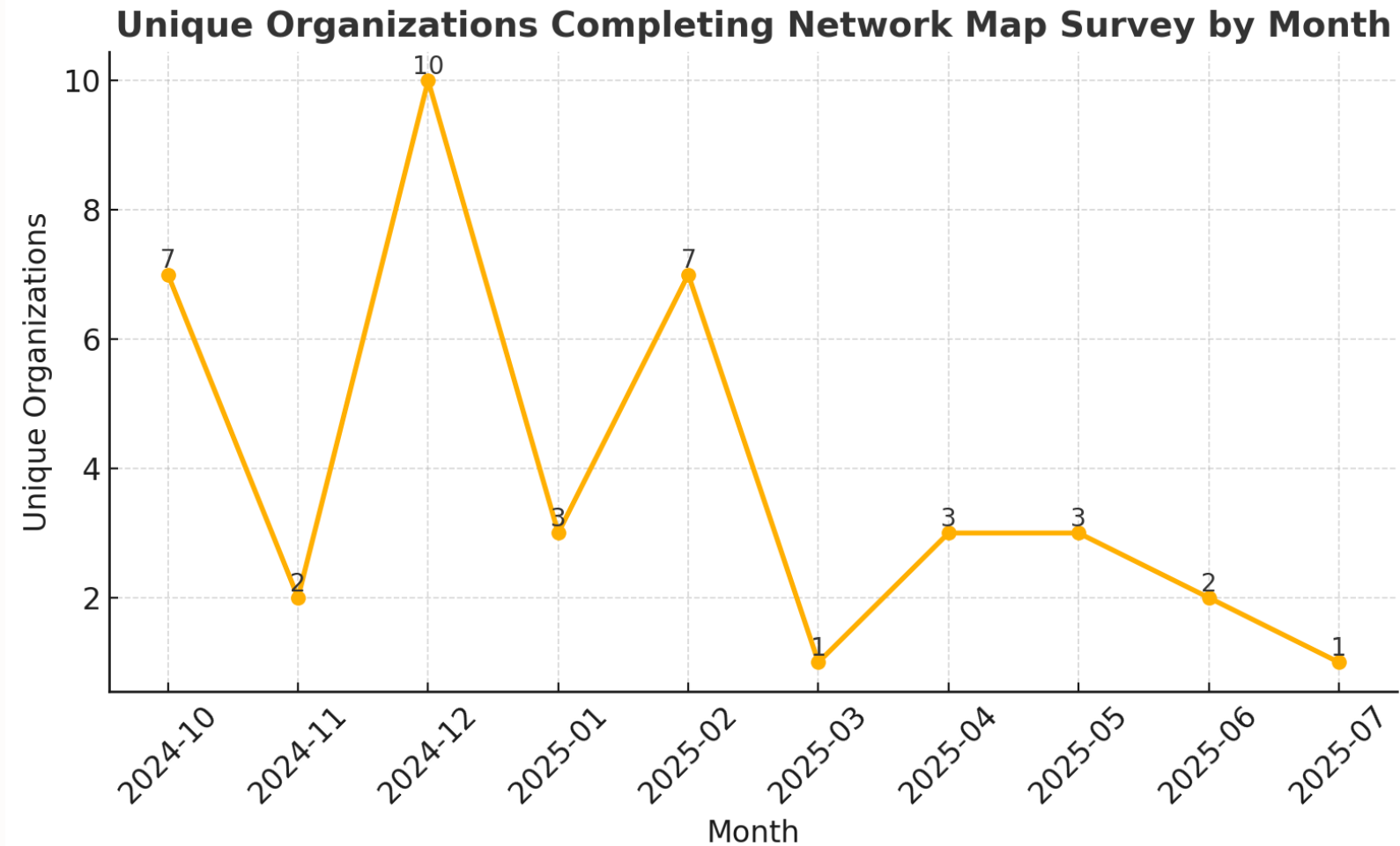
9. What kinds of information do you utilize from the Mendocino County CalAIM Collaborative Organization Asset Map? Please select all that apply


[More details](#)






Data Takeaways Overall



 **Declining engagement** — fewer responses each month

 **Felt duplicative** — same info already reported to MCPs

 **Survey fatigue** — monthly cadence lost momentum



What We Heard On the Ground

- Great reception at the presentation of the map.
- A few comments early on around the use of the map, positive.
- Radio silence



Overall Group Takeaways

- Duplication of data to two different entities is cumbersome.
- If all (or most) agencies are not inputting data, the value of the system diminishes.
- Agencies find their own way of doing things, even if it creates silos.



PHIL Asked the Mendocino Team:



If you could have a magic wand to make this pilot work better,
what would the wand do?





Recommendations

- Really need an MCP-wide platform that works for agencies in the field that is required to be used by all contractors.
- Warm handoffs when available to new agency.
- Communication back to referring party even if unable to find or engage client.

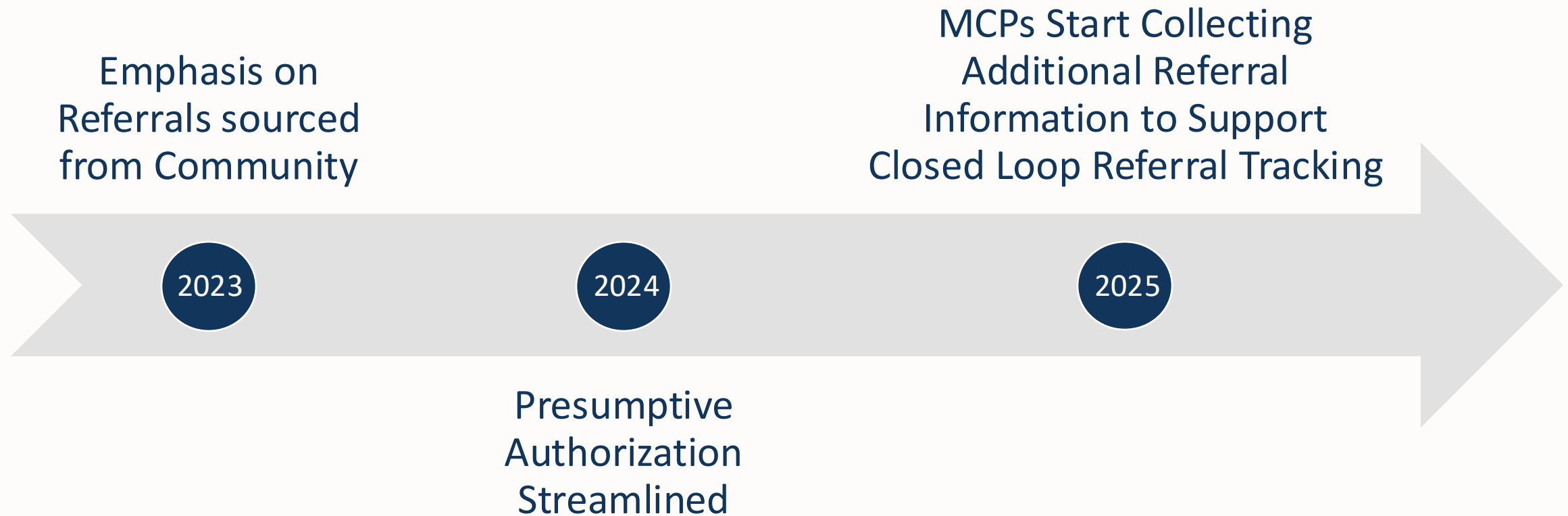




Questions?



DHCS Referral Process Evolution



A woman with long brown hair, wearing a blue lab coat, is holding a pink stethoscope. The stethoscope's tubing is looped into a heart shape, which she holds with both hands. The chest piece of the stethoscope is visible at the bottom. The background is a blurred, light-colored wall. The text "Group Discussion" is overlaid in a bright yellow-green color on the left side of the image.

Group Discussion



Mentimeter Poll



Partnership HealthPlan of California (PHC)

Managed Care Plan CalAIM Updates
August 2025

Selene Sanchez-Aliva

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



MCP CalAIM Updates August 2025



Agenda

CS Updates

Closed Loop Referral (CLR)

Member Rights, Grievances, and Best Practices

Reminder: Place of Service (POS) Codes Update

DHCS Policy Updates

CS Policy Guide (April 2025):

- ✓ Volume 1:
www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf
- ✓ Volume 2:
www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf

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

Updated Policy / Service Definitions		Location	Effective Date
Global cap on coverage of Room and Board services		Volume 2 (pp. 13-15)	1/1/2025
Recuperative Care	<i>Updates to service duration and frequency</i>	Volume 2 (p. 49)	1/1/2025
	<i>All other updates <u>except</u> the service duration/frequency</i>	Volume 2 (pp. 48-51)	7/1/2025 ¹
Short-Term Post-Hospitalization Housing	<i>Updates to service duration and frequency</i>	Volume 2 (p. 54)	1/1/2025
	<i>All other updates <u>except</u> the service duration/frequency</i>	Volume 2 (pp. 52-56)	7/1/2025 ¹
Assisted Living Facility Transitions		Volume 1 (pp. 13-18)	7/1/2025 ¹
Community or Home Transition Services		Volume 1 (pp. 19-24)	7/1/2025 ¹
Personal Care and Homemaker Services		Volume 1 (pp. 25-27)	7/1/2025 ¹
Medically Tailored Meals/Medically Supportive Foods		Volume 1 (pp. 32-38)	7/1/2025 ¹

DHCS Policy Updates (contin.)

CS Policy Guide (April 2025):

- ✓ **Volume 1:**
www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf
- ✓ **Volume 2:**
www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf

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

Updated Policy / Service Definitions		Location	Effective Date
Asthma Remediation	<i>Updates to eligibility and service list</i>	Volume 1 (pp. 42-47)	7/1/2025 ¹
	<i>In-home trigger assessments and asthma self-management education can only be provided via the APS benefit</i>	Volume 1 (pp. 42-47)	1/1/2026
Housing Transition Navigation Services		Volume 2 (pp. 25-30)	1/1/2026
Housing Deposits	<i>[Clarification] Do not include first and last month's rent (separate from the security deposit)</i>	Volume 2 (p. 31)	Current policy ²
	<i>All other updates to the service definition</i>	Volume 2 (pp. 31-36)	1/1/2026
Housing Tenancy and Sustaining Services		Volume 2 (pp. 37-42)	1/1/2026
NEW Transitional Rent		Volume 2 (pp. 57-80)	7/1/2025 for MCPs that elect to launch at this time 1/1/26 for all MCPs for the Behavioral Health Populations of Focus (POF) (and any other populations the MCP has elected to cover)

Closed-Loop Referral (CLR) Overview

- Managed Care Plans (MCPs) are required to provide entity referral source notification regarding their submitted community-based referral, TAR status, and member engagement up to the CLR.
 - Via email or mail
- MCPs will track and monitor CS and ECM referral (30-60-90 days)

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



Member Rights, Grievances, and Provider Best Practices

- Members have rights to file grievances when they encounter a problem or unhappy with service and/or benefit
- Partnership has a dedicated Appeals and Grievance Department to support members
- Partnership's Enhanced Health Services Department may reach out to you for specific information and details
- Provider Best Practices:
 - ✓ Promptly response(s)
 - ✓ Remain neutral, supportive, and provide the facts



Reminder: Place of Service (POS) Codes Update

Place of Service (POS) codes are critical in billing to indicate where a healthcare service was provided, directly impacting claim processing. Providers must accurately identify the service location.

What is POS?

- POS codes are two-digit codes used in medical billing to specify the setting where a healthcare service was delivered.

Why this is important?

- They dictate reimbursement rates, influence claim processing, and ensure accurate payment for services rendered.

Common Examples:

- POS 11: Office
- POS 10: Telehealth Provided in Patient's Home
- POS 12: Home
- POS 04: Homeless Shelter
- POS 27: Outreach Site/Street
- POS 22: On-Campus Outpatient Hospital

The full POS list and descriptions of POS codes, can be found here: <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>

Partnership ECM/CS Invoice Template has been updated

https://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/Billing/PartnershipHealthPlan_ECM_CS_Claims_Invoice_Updated_7.3.25_COMSFINAL.xlsx



Questions

Contacts:

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

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



Kaiser Permanente

Managed Care Plan CalAIM Updates

August 2025

Dalma Diaz
Medi-Cal Local Engagement






Southwest Region PATH CPI Monthly Update

Dalma Diaz, Medi-Cal Local Engagement

August 2025

Closed-Loop Referral (CLR) Overview

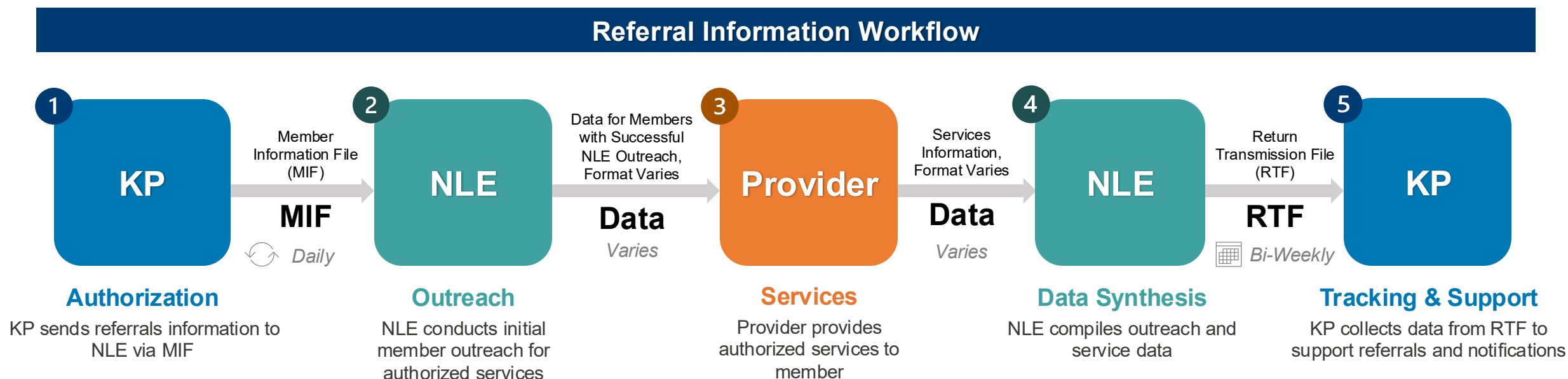
Definition	
Closed-Loop Referral (CLR): A referral initiated on behalf of a Medi-Cal Managed Care Member that is tracked, supported, monitored and results in a <i>known closure</i> . A known closure occurs when a Member’s initial referral loop is completed with a known outcome.	
Background	Requirement Components
<ul style="list-style-type: none">▪ CLR requirements effective on July 1, 2025 solely apply for two services:<ul style="list-style-type: none">❑ Enhanced Care Management – all Population of Focus (PoF)❑ Community Supports – all services upon go-live, except Sobering Centers▪ The goal is to increase the share of Medi-Cal Members successfully connected to the services they need by identifying and addressing gaps in referral practices and service availability.▪ DHCS intends to expand similar CLR requirements to other applicable services (i.e. CHW) over time. An official timeline has not been shared other than for BH services beginning in some time in 2026.	<div>Tracking Referral: Track a minimum set of data elements for each referral</div> <div>Supporting Referral & Closure: Provide assistance with referral and processing, notifying members and referring entities and work with providers to troubleshoot challenges</div> <div>Monitoring Referrals: Monitor data to resolve challenges across referral partners, internal operations, and providers</div>

*DHCS has shared that they are giving Plans a 1-year grace period to implement systems and processes for CLR for ECM/CS after the CLR policy is effective on July 1, 2025.

Sources: [CLR Implementation Guidance May 2025](#), [Closed-Loop-Referral-FAQs May 2025](#)

ECM & CS Provider Reporting Changes Due to CLR Guidance

- Data elements will be updated on the MIF and RTF to meet Closed Loop Referral (CLR) data requirements, *including but not limited to*:
 - Contact Information for Referring Organization / Person
 - Referral Status: Pending, Accepted, Declined, Outreach Initiated, Referral Loop Closed
 - Reason for Referral Loop Closure: Services Received, Service Provider Declined, Unable to Reach Member, Member No Longer Eligible for Services, Member No Longer Needs Services or Declines, Other, Authorization Denied (*determined only by KP*)
- For more information on how **CLR** and **MIF/RTF** updates may impact your organization, please contact your contracted **Network Lead Entity** (Full Circle Health Network, Independent Living Systems, Partners in Care).



Additional NLE Provider Support | NLE Contact Information

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](#)

Prospective Providers

First Thursdays of the Month

1:00 - 2:00 pm

[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

Questions?

Email: Hubinfo@picf.org

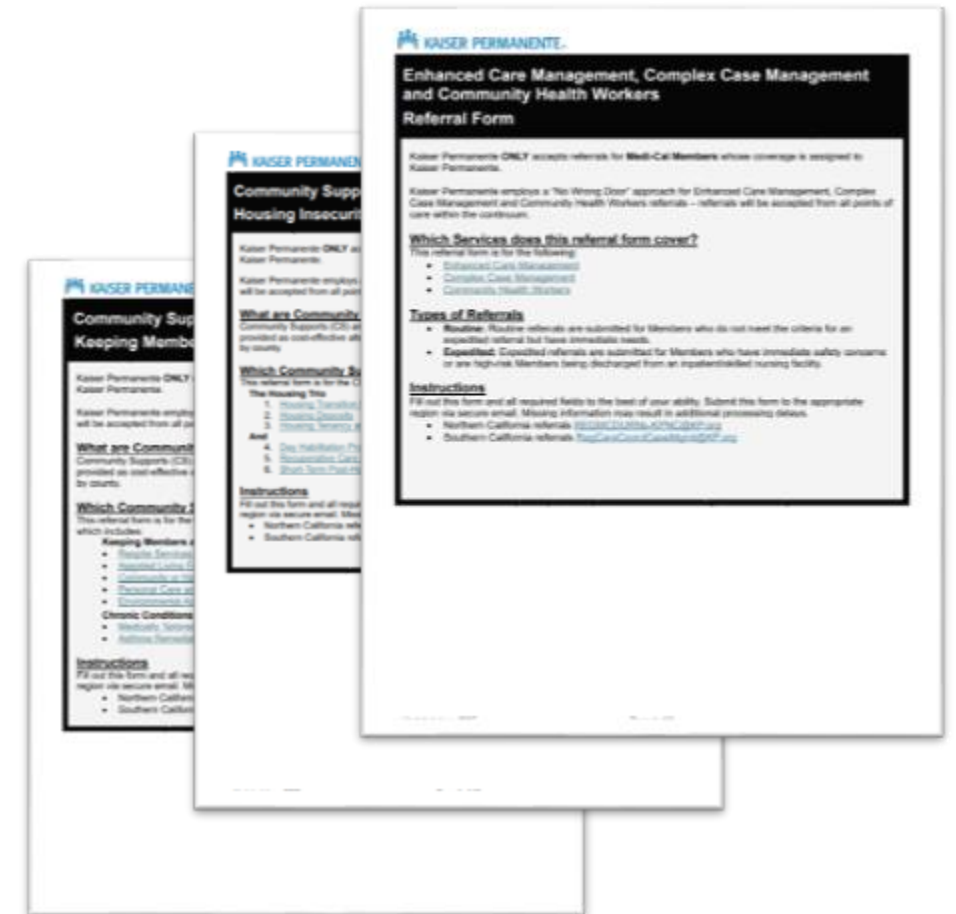
Phone: 818-837-3775

**** Partners In Care only serves the Southern California region***

Reminder: NEW Kaiser Permanente Referral Forms




Kaiser Permanente has released new CalAIM referral forms as of July 2025. New referral forms aim to improve successful linkages and enhance information collected, thereby reducing authorization delays.

1. [Enhanced Care Management, Complex Care Management \(CCM\), and Community Health Workers Referral Form](#)
2. [Community Supports – Referral Form Housing Insecurities](#)
3. [Community Supports – Referral Form Keeping Members at the Home and Chronic Conditions](#)



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 referral form to REGMCDURNS-KPNC@kp.org Subject line: “ECM Referral” or “CS Referral” or “CHW services request”	Send completed referral form to RegCareCoordCaseMgmt@kp.org 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.



Questions?



Reflections?



Ideas?

Contact your Medi-Cal Local Engagement Representative!

Tamar Kurlaender

Tamar.X.Kurlaender@kp.org



CalAIM Announcements and Policy Updates



New! Care Plan Updates for ECM



Enhanced Coordination of Care

Enhanced Care Management (ECM) focuses on:

- Improve Patient Outcomes
- Enhanced Patient Experience
- Lowering Costs
- Ensure Continuity of Care

The Care Plan is a reporting tool to drive effective care coordination.

Partnership HealthPlan Updated Care Plan now available.

- Training Slides
- Informative FAQ Document
- Care Plan Template



Recently Updated Tools and Resources

Make sure to visit the Partnership HealthPlan CalAIM website for new updates added in June and July.

Updated Information on:

- Best Practices in Billing
- Return Transmission File (RTF) and Member Information File (MIF)
- Invoicing
- Orientation and Claims Billing Trainings
- And more....





DHCS Consent Sharing Form Update

New “ASDMI” Final Form Released July 2025:

To support Care Coordination for Medi-Cal members and reduce burden on providers, DHCS refined and updated the pilot consent form to help coordinate the health and social services.

- [FAQ Sheets for Clients and Care Providers](#)
- [NEW Data Sharing Toolkits](#)
[Specific to:](#)
 - Medi-Cal Housing Supports
 - Medi-Cal Reentry Initiative

**AUTHORIZATION TO SHARE
CONFIDENTIAL MEMBER
INFORMATION (ASDMI) FORM**



DHCS Resources – Federal Budget

Medi-Cal Program Changes (2026-2027)

What Medi-Cal Members Need to Know



- [New Medi-Cal Information Sheet](#)
- DHCS Presentation: [Navigating Federal Cuts: A Presentation with Cal HHS](#)

Ask questions if you're unsure:

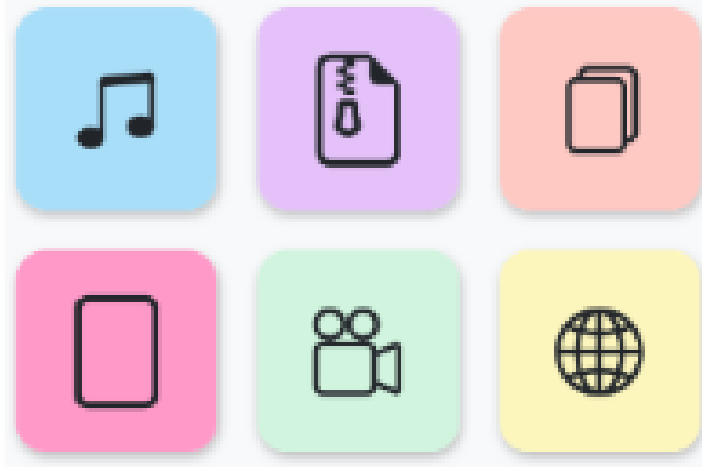
- » Contact your local Medi-Cal office.
- » Call the Medi-Cal Member Help Line at (800) 541-5555.
- » Contact your health care plan.





New! On Demand Resources: TA Marketplace

Visit the [PATH On-Demand Resource Library](#)



New On-Demand resources include:

- Building Resiliency Toolkit
- ECM and Community Supports Budget Estimator
- Queer and Trans Perinatal Mental Health Toolkit
- ECM with Children and Youth Involved in Child Welfare



Questions?



New to the CPI: Zoom Doc / Resource Hub

PATH Southwest Region CPI Monthly Meeting Resource Hub

Updated at 09:37 PM 08/20/2025 | Quick preview

←

[Event Details](#)

Beyond Land Acknowledg...

Monthly Meetings Links

August 21, 2025



Upcoming Events

Stay in Touch with PHIL & ...

Welcome to the resource page for our monthly CPI Meeting!

Meetings Occur the Third Thursday of the Month | 11 am -12:30 pm PT

Our Sponsors:



Event Details

A monthly event is hosted by the [Population Health Innovation Lab \(PHIL\)](#) for the [PATH Southwest Collaborative Implementation and Planning \(CPI\) Region](#) which includes five California counties: Lake, Marin, Mendocino, Napa, and Sonoma.

The Southwest CPI is comprised of partners who come together to improve the quality of care for families and individuals in the region. Registered participants collaboratively support the implementation of [Enhanced Care Management \(ECM\) and Community Supports](#) initiatives by

*Click the image
to open the
Zoom Doc*



Upcoming Events

Find All Registration Links on [Zoom Doc](#)

August	September	October
<div>25</div> <div>NW Data Tools Pop Up (Virtual)</div> <hr/>	<div>3</div> <div>TA Marketplace Vendor Fair (Virtual)</div> <hr/>	<div>16</div> <div>SW Monthly Meeting (Virtual)</div> <hr/>
<div>28</div> <div>SW Data Tools Pop Up (Virtual)</div>	<div>3</div> <div>Strategizing with Network Maps - PHIL Up Your Cup (Virtual)</div> <hr/>	
	<div>18</div> <div>SW In-Person Meeting at SOMO Village Event Center in Rohnert Park</div>	



Reminder: TA Marketplace Updates

New Guidance for the TA Marketplace was announced in June, 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

TA Marketplace Vendor Fair



September 3, 2025



1:00-2:30 pm

[Register Here](#)



Save the Date: THREADS 2025 Symposium

First Annual Behavioral Health Bridge Housing (BHBH) Collaborative Symposium

- **Focus:** Strengthen the fabric of care for individuals experiencing homelessness with serious mental illness (SMI) and/or substance use disorder (SUD)
- **Date:** November 17-19, 2025
- **Location:** Luther Burbank Center for the Arts, Santa Rosa, CA
- **Cost:** FREE
- [Register Here](#)



THREADS
~ 2025 ~



4th Annual Rural ACEs Summit: “It Takes a Village”

Building Systems of Care that Center Youth & Families

December 9 & 10, 2025

Holiday Inn Redding | 1900 Hilltop Dr., Redding, CA

[Sign up for our mailing list](#) to learn more and receive updates. Registration coming soon!



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/j/bPFbl3ebZ>



Thank You!

Feel free to contact our PATH CPI team any time at
PATH@pophealthinnovationlab.org

A healthcare worker, likely a nurse, is shown from the chest up, wearing blue scrubs. They are holding a pink stethoscope that is shaped into a heart. The stethoscope has a silver chest piece with a logo. The worker has pink nail polish and is wearing several rings. The background is a blurred, light-colored wall.

Thank you!