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LEARNING
CENTER

August 27, 2026

CalAIM:
Connecting Patients to Services
Referral Pathways & Community Based Partnerships for SIPs

PART 3 of 3

Presented by Noetic Consulting

Disclosure

CPCA staff and speakers have reviewed all financial relationships with ineligible companies and the presenters have no relevant financial relationships to disclose.

Welcome

While we're waiting, please rename yourself.

RENAME YOURSELF

1. **Click** the Participants icon
2. **Hover** over your name & click rename
3. **Add** your name, pronouns, and organization
4. **Click** OK

**Please no acronyms*

ON PHONE AUDIO?

Here's how to connect.

1 Find your participant ID in the top-left of your Zoom window.

2 Press #number# (e.g., #24321#) to connect.

3 You'll see: “You are now using your audio for your meeting.”

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Housekeeping Reminders

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Mute	We'll mute lines during the presentation to prevent background noise.
Questions	Submit questions using the chat feature or unmute and ask!
Slides + Recording	Slides and recording will be posted to PopHealth Website and emailed out after the session.
Tech Issues	Private chat **Kathleen Figoni** for assistance.

Continuing Education Credit

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, the Learning Center has partnered with the California Primary Care Association (CPCA) to provide continuing education for the healthcare team:

- **Accreditation Council for Continuing Medical Education (ACCME)**
- **Accreditation Council for Pharmacy Education (ACPE)**
- **American Nurses Credentialing Center (ANCC)**

ASWB ACE approved continuing education

California Primary Care ASSOCIATION

TO RECEIVE CREDIT:

You will need to fill out the evaluation that will be shared at the end of this session.

Continuing Education Credit

Credit Type	Profession	Accreditation Statement
AMA PRA Category 1TM (CME)	Physicians	In support of improving patient care, this activity has been planned and implemented by the Population Health Learning Center and the California Primary Care Association. The California Primary Care Association is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **This activity is approved for 1 AMA PRA Category 1TM Credit.**
Nursing ANCC	Nurses	In support of improving patient care, this activity has been planned and implemented by the Population Health Learning Center and the California Primary Care Association. The California Primary Care Association is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **This activity is approved for 1 ANCC contact hour.**
ASWB ACE Credits	Social Workers	In support of improving patient care, this activity has been planned and implemented by the Population Health Learning Center and the California Primary Care Association. The California Primary Care Association is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) . Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. **Social workers completing this course will receive 1 credit.**

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ACE
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Introduce Yourself in the Chat

1	**Your Name**	Type your first and last name
2	**Your Role**	E.g. Medical Director, Care Manager, Medical Assistant
3	**Your Organization**	Practice Name
4	**What brings you here today?**	Tell us one thing you're hoping to learn about referral pathways or CBO partnerships.

Alison Tudor

MPH

CalAIM & Independent Consultant

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Alison Tudor provides technical assistance and implementation support to county human services and behavioral health agencies, healthcare providers, and community-based organizations on CalAIM & CYBHI implementation.

Drawing on over 18 years of nonprofit leadership experience in behavioral health, foster youth services, and domestic violence programming, she brings an understanding of service delivery operations and the organizational capacity required for sustainable Medi-Cal integration.

She holds an MPA from University of Colorado Denver where her focus was on Gender-Based Violence.

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Agenda Overview

- Overview of CalAIM
- Closed-Loop Referrals
- Navigate CalAIM referral pathways
- Strategies for connecting patients to CalAIM
- Scenario Conversation

Understanding CalAIM: What is it?

CalAIM is a System of Care, not just a list of programs.

CalAIM: California Advancing & Innovating Medi-Cal

- Why Transform Medi-cal?
  - Members often have complex health conditions
  - Multiple delivery systems can be complicated
  - High need = High Cost

Address CA's physical & mental health needs

Improve & integrate care for Californians

Be a catalyst for equity & justice

Work together to build a healthier state

Source: DHCS CalAIM Website

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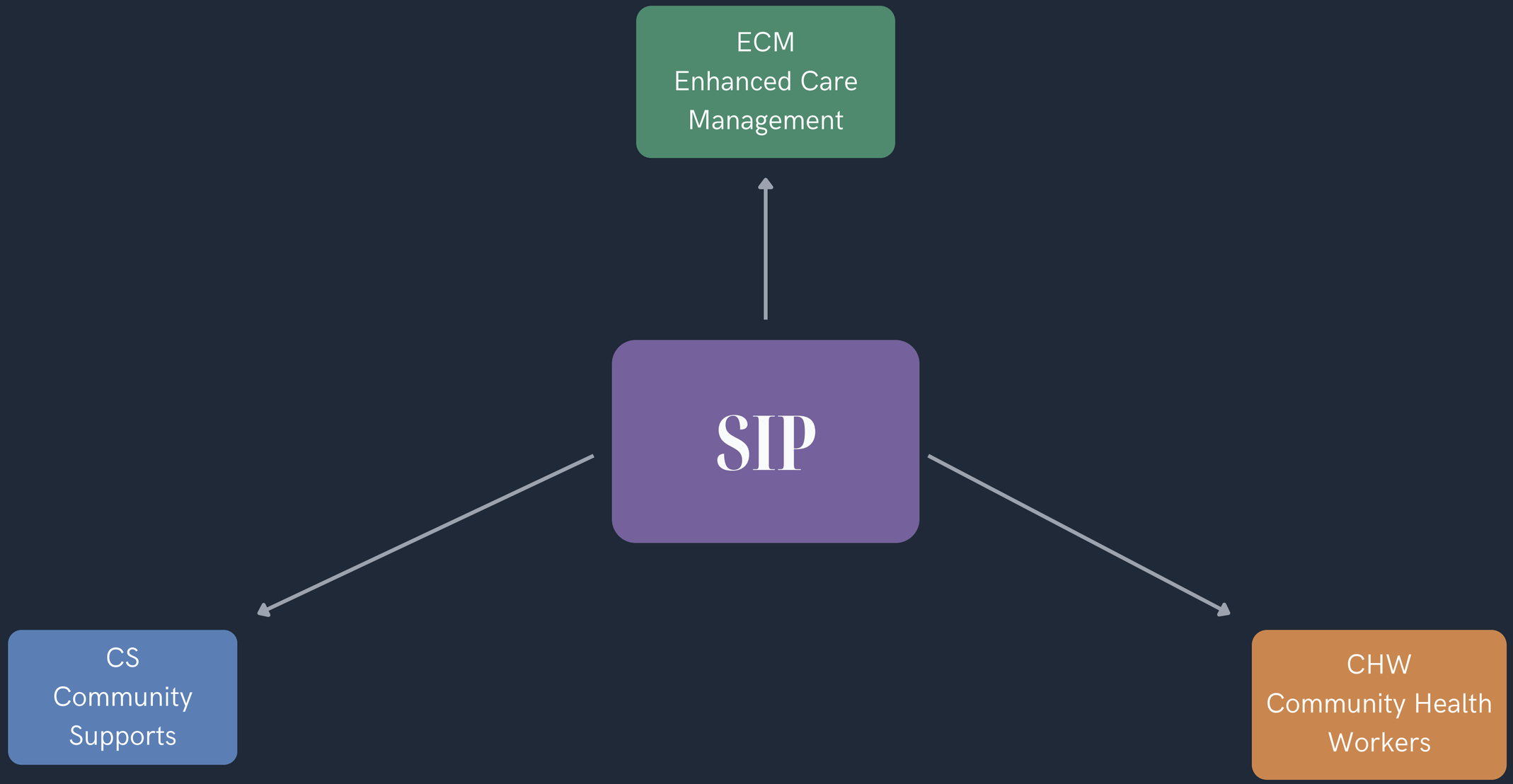
SIP's & CalAIM


ECM
Enhanced Care
Management
SIP
CS
Community
Supports
CHW
Community Health
Workers

ECM Populations of Focus		Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals at Risk for Avoidable Hospitalization or ED Utilization	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children & Youth Enrolled in CA Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children & Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓

Community Supports

•Community Supports are services that address MCP Members' social drivers of health and help them avoid higher, costlier levels of care.

•DHCS has pre-approved 15 medically appropriate and cost-effective Community Supports that MCPs are strongly encouraged but not required to offer as substitutes for utilization of other services or settings.

Pre-Approved DHCS Community Supports

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing*
- Recuperative Care (Medical Respite)*
- Caregiver Respite Services
- Day Habilitation Programs
- Assisted Living Transitions

- Community or Home Transition Services
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically-Tailored Meals or Medically-Supportive Foods
- Sobering Centers
- Asthma Remediation
- Transitional Rent**

Source: DHCS Community Supports Volume 1 & Volume 2

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Referral Pathways

How can my practice access CalAIM services for patients?

Providers & community referral partners identify individuals eligible for CalAIM services

Individuals & families can also access services through self-referrals

MCPs may also use member data to identify eligible individuals

Managed Care Plan

MCP CalAIM Referral Pages

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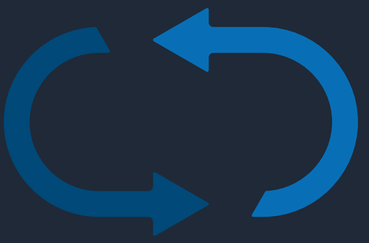
Closed-Loop Referral Process

- Closed-Loop Referral (CLR) means that a referral is tracked, supported, monitored, and reaches a “known-closure”.
- CLR was mandatory July 1, 2025.
- Across the state, referrers are often reporting back that they do not hear from the MCP regarding the status of the referral.
- Your organization may be able to go into the MCP portal and see if there is an assigned CalAIM provider.
- You can also call the MCP CalAIM team and ask for a status update.



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How can my practice access CalAIM services for patients?

Practitioner identifies individuals eligible for ECM, CS, CHW

Practitioner discusses CalAIM services with patient

Practitioner makes a referral to the MCP or to a CalAIM provider directly

Practitioner is a part of the care team

Practice as a Referring Entity

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Direct MCP Referral

- Establish potential eligibility keeping in mind Community Supports vary between MCPs
- Each MCP has their own preferred method for referrals.
- DHCS has created a standardized ECM referral form that many MCPs will accept; Community Supports do not have a standardized referral form.

Provider → MCP → CalAIM Provider → Patient

CDSS CalAIM Referral Pages

Direct CalAIM Provider Referral

- Establish potential eligibility keeping in mind Community Supports vary between MCPs
- Each CalAIM Provider likely has a different referral method, but likely more referral pathways than an MCP
- This referral pathway may connect you patient to services more quickly and be more streamlined for your practice

Simple Strategies to Connect

- Provide flyers to patients that may be eligible
- Have flyers posted in your office/exam rooms
- Have information on a hold recording or on a TV screen in the waiting room

DID YOU KNOW?
YOU CAN GET HOUSING ASSISTANCE THROUGH MEDI-CAL!

DO YOU QUALIFY?

You may qualify if you are:

✓ A Medi-Cal member who has selected a health plan (like Anthem, Blue Shield, or a local plan) **AND**
✓ Staying on the street, in your car, in a shelter OR will lose your housing in the next 30 days **AND**
✓ Have a health condition (for example, diabetes, asthma, heart disease, mental health and/or substance use disorder diagnosis, disability, or are pregnant/had a baby in the past 12 months).

WHAT YOU CAN GET

Enhanced Care Management (ECM)

Personal Care Coordinator

- Meets you wherever you are
- Helps you find and get transportation to doctors & treatment
- Assists you with getting ID & documents
- Helps apply for benefits (ex. food stamps)
- Connects you to housing services like Community Supports

Community supports (CS)

Direct Support to Get Housed

- Help to look for/identify housing options, fill out applications, and work with landlords
- Money for housing/utility deposits & help with rent, in some situations
- Help staying housed
- A place to recover after the hospital

What does Medi-Cal consider housing-related services?

- Enhanced Care Management (to help coordinate your health and housing needs)
- Housing Transition Navigation Services (to find, apply for, and secure housing)
- Housing Deposits (security deposits for housing and/or utilities)
- Housing Tenancy and Sustaining Services (support to maintain safe and stable housing)
- Recuperative Care (Medical Respite) (short-term housing to heal after illness or injury)
- Short-Term Post-Hospitalization Housing (housing up to 6-months to continue recovery)
- Transitional Rent (up to 6-months to bridge from homelessness to permanent housing)

HOW TO GET THIS HELP

Already enrolled in Medi-Cal?

- Call **"Member Services"** on the back of your Medi-Cal Member ID Card
- **OR** - look up your health plan on the **DHCS Medi-Cal Managed Health Care Plan Directory**: https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx
- **OR** - ask street outreach, emergency shelter, community clinic, or hospital social worker staff for help. Say: ***"Can you refer me for Enhanced Care Management and Community Supports? I need housing, and I think I may qualify."***

Need to get Medi-Cal first?

- **Apply Online:** Covered California at Coveredca.com or BenefitsCal.com
- **In person**: County Medi-Cal office, community center, or Health Enrollment Navigator. To find your county Medi-Cal Office, visit https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx
- **By phone:** Dial 211 to connect with local help
- **Ask** your case manager or people helping with your health or housing to help you get Medi-Cal

Create a Resource Guide

If your organization doesn’t have the capacity to refer patients to CalAIM services, but want to help patients connect more easily:

- Locate the MCP Provider Directory
- Determine local organizations providing services (ECM only or selected Community Supports)
- Create a self-referral resource guide to hand to patients

Prioritize Common Needs

- Do many of your patients meet an ECM Population of Focus?
- Is housing instability a common issue patients face?
- Is asthma a problem for many patients?
- Is understanding the nutrition requirements for their medical condition an issue?

Determine 1-2 common issues and prioritize these referrals

Sustainability for Small Practices

Choose 1-2 services types that will benefit patients

Determine what types of patients to prioritize
    a. Chronic disease + housing insecurity
    b. Frequent flyers + social complexity

Determine 1-2 referral pathways
    a. CBO
    b. MCP

Scenario

Meet Marcus, age 52, enrolled in a local MCP
He came in today due to a severe cold.

Background information:

- He‘s been homeless for 4 months living in his car
- He has Type 2 diabetes that is not well controlled
- Missed his last three visits
- Doesn’t have a phone
- Ran out of his diabetes medication 2 months ago
- He is feeling really overwhelmed

Streamlined Referral Process

Your practice has determined that patients often fit the "Individuals experiencing homelessness" Population of Focus.

Option 1

Self-referral flyer

Benefit:
Simplest for your practice; expect low engagement

Option 2

Submit referral to MCP

Benefit:
Moderate time requirement; higher engagement

Option 3

Submit referral to CalAIM provider

Benefit:
Initial effort to establish relationship;
faster & higher engagement

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Group Discussion

Has any practice done a CalAIM referral? What was your experience?

What's the biggest barrier you anticipate facing when you start implementing CalAIM referrals?

Why are you considering referring patients to CalAIM?

Questions?

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Close & Next Steps

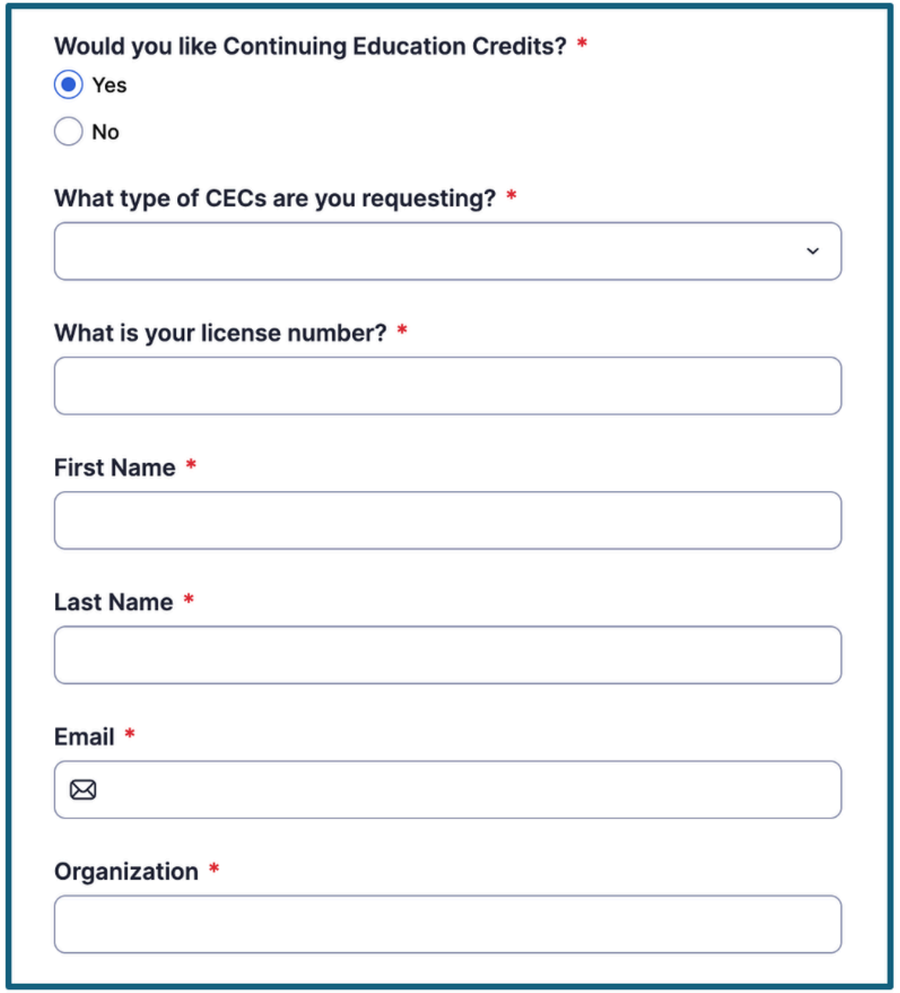
Evaluation

Please fill out the evaluation.

Chose **Part 2B** on **Thursday, August 27** as the date.

When completing the evaluation, you will need to confirm that you would like to receive CECs and provide the necessary information to receive them.

The link will be posted in the chat and shared in the follow up email.



TECHNICAL ASSISTANCE

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Key Reminders

01

Interim Submission Window

The optional Interim Submission Window for BH & HRSN deliverables is now open in the portal and will remain active through August 31. Submitting early allows your practice to receive, direct non-binding feedback before the formal fall deadline.

02

One-on-One Coaching

30-minute 1:1 coaching sessions, available for BH, HRSN and VBP only, run now through September. It can be tailored to whatever your practice needs most, refining a workflow, getting feedback on a deliverable draft, or troubleshooting an operational hurdle.

03

Office Hours

Our August Office Hours session on **August 25 has been canceled.** For tailored support with your BH, HRSN, or VBP deliverables, please book a 1:1 coaching session.

Next office hours will be topic-specific: **BH on Sept 16, 12:30 – 1:30PM.**

04

Final Learning Community

Please register for our Final Learning Community Part 1 & Part 2

Part 1 (select one)

- Session A: Tuesday, September 29 | 3:00 – 5:00PM
- Session B: Thursday, October 1 | 11:00 – 1:00PM

Part 2 (select one)

- Session A: Tuesday, October 6 | 3:00 – 5:00PM
- Session B: Thursday, October 8 | 11:00 – 1:00PM

Thank you!

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Resources

- DHCS CalAIM Website
- DHCS CalAIM Resources Website (where to find updated policy guides)
- DHCS ECM Policy Guide- Updated January 2026
- DHCS CHW Website
- DHCS Community Supports Volume 1 & Volume 2- Updated April 2025
- CDSS MCP CalAIM Referral Pages
- 1115 Waiver Information
- H.R. 1 Language
- DHCS H.R. 1 Implementation Fact Sheet
- DHCS MCP Directory
- DHCS Community Supports- MCP Elections- Updated June 2026
- Change Well Project Community Supports Tracker by County
- CalAIM One Pager- Housing Focus- English
- CalAIM One Pager- Housing Focus- Spanish

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