



**PATH Support for Implementation of ECM and Community Supports Guidance:
Collaborative Planning and Implementation Initiative**

DRAFT: May 2022

Introduction

CalAIM is designed to build a whole system, person-centered approach to care, in which clinical and social services are integrated to support people’s health and wellbeing throughout their lives. As a statewide, population health initiative, CalAIM will reach all Medi-Cal members while focusing particularly on advancing health equity by expanding resources available to populations and communities that have been historically under-resourced and under-served. CalAIM is an evolution of the intense work DHCS and its partners have been supporting in providing whole person care. California has been innovating in the delivery of integrated physical, behavioral and social services particularly through the Whole Person Care (WPC) and Health Homes Pilots in select regions of the state. Based on the success of these pilots and experience in Home and Community Based Services (HCBS) programs, a first stage of CalAIM implementation involves scaling impactful services from these initiatives statewide through Enhanced Care Management (ECM) and Community Supports (California’s nomenclature for the proposed list of state-approved In Lieu of Services/ILOS).

California has received targeted expenditure authority for the “Providing Access and Transforming Health” (PATH) initiative as part of its section 1115 demonstration renewal to scale whole person approaches to care statewide with a clear equity lens, ensure a strong foundation for integrated, comprehensive care, and a smooth transition from WPC and Health Homes that retains investments made by the state, local partners, and the federal government. PATH will provide services to members during the transition to CalAIM and will also provide tools and resources to county and community-based providers including public hospitals, county, city and other government agencies, justice agencies, community-based organizations (CBOs), Medi-Cal Tribal and Designees of Indian Health Programs and others to ensure a successful implementation.

PATH is comprised of multiple aligned initiatives that will support implementation of ECM and Community Supports services in varying ways. See the DHCS Funding Opportunities summary document [here](#) and California’s approved 1115 Waiver [Special Terms and Conditions](#) for additional detail on the various PATH initiatives.



This document is solely focused on the PATH Collaborative Planning and Implementation Initiative. This guidance captures the latest program design elements of this initiative as of 5/23/2022, however, some aspects of the program design may change prior to initiative launch. Updated guidance for this initiative may be disseminated in future all-comer webinars, guidance memos, FAQs, or application/registration forms for this initiative. Any future guidance related to this initiative will supersede guidance described in this document, and will be posted on the [PATH section of the DHCS CalAIM](#) website. Stakeholders are encouraged to visit the website in order to view the latest guidance available for this initiative.

Collaborative Planning and Implementation Initiative

Overview

This initiative will provide funding to support regional collaborative planning efforts among managed care plans (MCPs), providers, community-based organizations, county agencies, public hospitals, tribes, and others to support implementation of ECM and Community Supports. The PATH Third Party Administrator (TPA) will work with stakeholders in the region to convene county or regional collaborative planning efforts. Stakeholders in a region will form collaborative planning groups that work together to identify, discuss, and resolve implementation issues and identify how PATH and other CalAIM funding initiatives—including the CalAIM Incentive Payment Program (IPP)—may be used to address gaps identified in MCP Needs Assessments and Gap Filling Plans. Each PATH collaborative planning group will have a designated facilitator that will be responsible for managing programmatic activities and regularly convening collaborative planning groups. Entities that do not participate in collaborative planning efforts will still be able to apply for PATH Capacity and Infrastructure Transition Expansion and Development (CITED) funding and/or other PATH funding.

Collaborative planning groups may operate at the county or regional (i.e., multi-county) level. In general, DHCS expects that there will be a single, PATH-funded collaborative planning group in each county or region. Funding will be disbursed to the designated collaborative planning facilitator in each county or region. Individual participants in collaborative planning groups will not receive funding via this initiative. MCPs are strongly encouraged to participate in PATH-funded collaborative planning groups, however they are not eligible to serve as facilitators of these groups.

PATH-funded collaborative planning groups may leverage existing, non-PATH collaborative planning efforts if they align with PATH program parameters and



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Collaborative Planning Initiative requirements. Eligible entities that currently facilitate local or regional ECM and Community Supports-related collaborative planning efforts may also serve as facilitators for PATH collaborative planning groups. Lessons learned and best practices from existing collaborative planning efforts will help accelerate participation in and programming for PATH-funded collaborative planning groups.

Collaborative Planning Facilitators

Each collaborative planning group will have a designated facilitator approved and assigned by the PATH TPA in conjunction with DHCS. Facilitators will be responsible for hosting and facilitating convenings, and developing programmatic activities for county and regional collaborative planning groups. One entity may serve as a facilitator for multiple collaborative planning groups. Generally speaking, entities that are eligible to serve as facilitators for PATH Collaborative Planning Groups are not eligible to serve as collaborative planning participants. Entities eligible to serve as PATH-funded collaborative planning facilitators include but are not limited to the following:

- Technical assistance vendors
- Consulting companies
- Foundations or non-profits
- Other entities approved by DHCS

The TPA will work with DHCS and stakeholders to identify multiple entities to serve as facilitators of PATH collaborative planning groups. Entities that are interested in serving as collaborative planning facilitators may complete a standardized application that will be reviewed by the TPA and vetted against DHCS-defined evaluation criteria.

The TPA in conjunction with DHCS will approve and assign a facilitator to each PATH collaborative planning group. If participants in a collaborative planning group collectively prefer to work with an alternative facilitator – including those that have established regional collaboratives focused on ECM and Community Supports Implementation – then they may propose an alternative facilitator for their local collaborative planning group. If participants propose an alternative facilitator, then the proposed alternative facilitator will be responsible for collecting letters of support from participants in the collaborative planning group. The proposed alternative facilitator must then submit these letters of support along with an application to the PATH TPA, who will work with DHCS to determine whether the alternative facilitator will be approved. Potential alternative facilitators will be required to complete the same standardized application



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

and meet the same DHCS-defined evaluation criteria as other DHCS-approved facilitators.

Application Process for Collaborative Planning Facilitators

Entities that are interested in serving as collaborative planning group facilitators may complete a standardized application that will be reviewed by the TPA. The TPA will review applications and provide the top recommended applicants for DHCS to approve. Applications will collect information on the following:

- Previous experiences hosting collaborative planning groups or learning networks with diverse participants;
- Inclusion of letters of support from a diverse set of collaborative planning partners;
- Description of the proposed approach to collaborative planning;
- Description of the process to engage potential collaborative planning participants that addresses the following:
 - Inclusion of a diverse set of participants in order to meet collaborative goals and objectives, including: MCPs; city, county, and other government agencies; community-based providers including, but not limited to, public hospitals, Community-Based Organizations (CBOs), and Medi-Cal Tribal and Designees of Indian Health Programs; and others as specified by DHCS
 - Approach for engaging and including providers/organizations that are under-resourced and/or serve historically underserved populations.
- Proposed funding milestones (e.g. execution of contract with DHCS to facilitate collaborative planning groups, hosting first meeting with collaborative planning participants, expanding group to include at least 25 participants, completion of 6-month progress report etc.)

The TPA will provide initial funding to collaborative planning group facilitators upon contract execution, and additional funding upon achievement of milestones. The amount of funding available to facilitators will be determined by the number and size of collaborative planning groups that they support. Funding will be used by facilitators to convene and facilitate collaborative planning groups. Individual participants will not receive direct funding from the TPA for this initiative although the PATH-funded facilitator may pass through funding to individual participants as needed.



Collaborative Planning Participants

The following entities are eligible and strongly encouraged to participate in the Collaborative Planning and Implementation initiative:

- MCPs
- County, city, and local government agencies
- County and community-based providers (including but not limited to public hospitals)
- CBOs
- Medi-Cal Tribal and Designees of Indian Health Programs
- Others as approved by DHCS

The PATH TPA and collaborative planning group facilitators will work with key stakeholders in each county or region to identify and invite entities to participate in local collaborative planning efforts, including entities that are contracted with MCPs to provide ECM/Community Supports services. Other entities may proactively register to participate via the PATH TPA (more details provided in the next section). All entities that apply for PATH funding through other initiatives (e.g. CITED, or TA Marketplace) will be invited to participate in their county or regional collaborative planning group.

Registration Process for Collaborative Planning Participants

Entities that are not initially identified and invited to participate in a local PATH-funded collaborative planning group will still be able to register to participate on an ongoing basis. Entities interested in participating in collaborative planning groups will complete a standardized registration form to indicate their interest and intent to join a collaborative in the community they operate in. Entities may participate in more than one county/regional collaborative if they operate in multiple counties/regions. CBOs and under-resourced entities will be supported by the TPA throughout the registration process.

Role of MCPs in PATH-Funded Collaborative Planning Groups

MCPs will be encouraged to participate in and support PATH collaborative planning efforts in the counties they serve. MCP participation is not required and will not impact whether a collaborative planning group is launched. MCPs will be expected to work with the TPA to identify entities that participated in the development of IPP Needs Assessment and Gap Filling Plans as well as contracted ECM/Community Support network providers that may benefit from participation. The TPA will ensure that these



entities are invited to join local PATH-funded collaborative planning groups. MCPs will be eligible to earn IPP funding by participating in the PATH Collaborative Planning and Implementation groups. MCPs may not serve as the facilitators of PATH Collaborative Planning and Implementation groups.

Role of the TPA

DHCS will engage a TPA to support administration and management of the Collaborative Planning and Implementation initiative. The TPA will serve the following roles and responsibilities for this initiative:

- Working with stakeholders including facilitators to identify and invite entities to participate in local collaborative planning groups
- Ensuring that collaborative planning efforts are open to all eligible participants, non-discriminatory, and support an unbiased and constructive approach to collaboration
- Identifying vendors to serve as designated facilitators for county or regional collaborative planning and implementation groups
- Reviewing applications for collaborative planning facilitators and recommending applications for approval to DHCS
- Developing a standardized registration form for collaborative planning and implementation group participants
- Reviewing and approving registration forms for collaborative planning participants
- Supporting content development for collaborative planning groups/convenings
- Drafting, maintaining, and updating public facing documentation
- Troubleshooting issues as they arise
- Reporting to DHCS on best practices and uses of collaborative planning funds, including for CMS-required progress reports
- Serving as the fiscal intermediary for payments
- Monitoring progress against collaborative planning and implementation goals
- Working with participants to understand and provide guidance on how PATH and other CalAIM funding opportunities may be used to support implementation of CalAIM
- Collecting letters of support for potential alternative facilitators of collaborative planning and implementation groups



Sample Uses of Funding

The needs of local providers and stakeholders will shape collaborative planning and implementation activities by county and region. The below table provides select examples of potential activities that may be funded using Collaborative Planning and Implementation initiative PATH Funding. The table is meant to be illustrative and is non-exhaustive.

Category	Potential Activities
Identifying ECM/Community Supports needs and gaps within the community	<ul style="list-style-type: none"> Participants may assess current ECM/Community Supports services provided in the county/region and the TPA will work with them to identify pressing needs and gaps Participants may work with MCPs to review Incentive Payment Program (IPP) Needs Assessment and Gap Filling Plans TPA may work with participants to understand how PATH and other CalAIM funding may be used to address needs and gaps within the county/region
Identifying and resolving implementation issues	<ul style="list-style-type: none"> TPA/facilitators may host regular convenings for entities to identify, discuss, and resolve local implementation issues that arise as CalAIM is rolled out across a county/region TPA/facilitator may work with participants to identify opportunities to use PATH and other CalAIM funding sources to address CalAIM implementation issues
Monitoring how PATH funds are used to address implementation issues and disseminating best practices	<ul style="list-style-type: none"> Proactively monitoring how entities are using PATH funds to address implementation issues and reporting on uses of funds to the TPA or DHCS as needed Disseminating best practices that address implementation issues both within and across collaborative planning groups



Initiative Oversight

DHCS is committed to the robust oversight of all PATH programs and initiatives, including the Collaborative Planning and Implementation initiative. The TPA will ensure that information on participants in regional collaboratives will be publicly available. In addition, collaborative planning group facilitators will be responsible for submitting progress reports to the TPA every six months that document the following:

- Entity participation in collaborative planning groups;
- Successes and challenges experienced by participants in collaborative planning groups;
- Lessons learned and best practices identified by MCPs and other entities in the collaborative planning group; and,
- Results from a participant survey assessing satisfaction with collaborative planning facilitators and recommendations for future topics and convenings.

The TPA will also track and report funding on a routine basis to DHCS. The TPA will report the following performance measures to DHCS, including, at a minimum:

- Entity participation in collaborative planning groups, including which entities are under-resourced, and/or serve historically underserved communities (as defined by the State);
- Agendas, attendee lists, and meeting summaries of collaborative planning convenings;
- Identified successes and challenges experienced by participants in the collaborative planning initiative;
- Lessons learned and best practices identified in the collaborative planning group;
- Results from a participant survey assessing satisfaction with collaborative planning facilitators and recommendations for future topics and convenings;
- Summary of complaints/grievances received related to the initiative; and,
- Other metrics as defined by DHCS.

DHCS or the TPA, as appropriate, may perform spot audits of funding disbursements across all PATH initiatives. DHCS and the TPA may utilize a standardized Corrective Action Plan process for facilitators who are not meeting progress reporting or other requirements for receipt of PATH funding.

PRELIMINARY DRAFT



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

Next Steps

DHCS is continuing to refine program design elements of the PATH Collaborative Planning and Implementation initiative. Updated design elements will be communicated in PATH All-Comer webinars and future guidance documents or released alongside application/registration templates. These documents will be publicly posted on the PATH section of the DHCS CalAIM web page when available. Any future guidance will supersede guidance described in this document. If you have questions regarding the PATH Collaborative Planning and Implementation initiative, please email 1115path@dhcs.ca.gov and include 'PATH Collaborative Planning' in the email subject line.

Draft 2022 Timeline for PATH Collaborative Planning Initiative

Activity	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Draft guidance released							
Application template for Collaborative Planning Facilitators Released							
Open application period for Collaborative Planning Facilitators							
DHCS / TPA to develop and execute contracts with approved facilitators and make initial funding disbursements							
DHCS to announce 'designated' collaborative planning facilitators and assigned counties / regions							
Registration template for Collaborative Planning Participants released							
Open registration period for collaborative planning participants							
First collaborative planning group convenings							
Open window to propose alternative collaborative planning facilitators							