Partners in Care
FOUNDATION℠

Mission:
To improve health outcomes by bridging healthcare and community-based services- empowering people to live safely, heal fully, and thrive

1

Navigating Medi-Cal

Enhanced Care Management, Waivers & Community-Based Services in California

A Practical Overview for County Social Workers & Area Agencies on Aging

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VP & Chief Strategy Officer
Partners in Care Foundation

Helping connect Californians to whole-person, community-based care.

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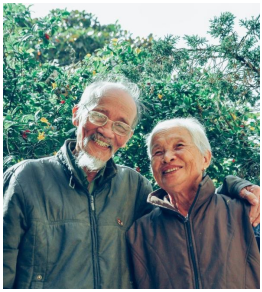

About Us

Partners in Care FOUNDATION

28+ Years of System Leadership | 2.8M+ lives transformed

San Fernando Valley based non-profit integrating healthcare and community-based services for complex populations at scale

Partners in Care Foundation partners with healthcare organizations, health plans, and public agencies to deliver whole-person care to older adults and high-risk populations across Medicaid, Medicare, and Dual Eligible populations serving 40,000+ individuals annually across California.

$40M+ ANNUAL COMMUNITY-BASED REIMBURSEMENT
Reinvesting health plan dollars locally

50%+ REDUCTION IN HOSPITAL READMISSIONS
Measurable improvement in care transitions

40% OUTREACH & ENGAGEMENT RATE
Exceeding industry benchmarks

Fragmentation is Driving Cost, Utilization & Poor Outcomes

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Healthcare organizations are managing complex populations across;

- Disconnected Systems
- Fragmented Community Providers
- Inconsistent Follow-Through

Partners solves this through a proven, coordinated, accountable Regional Specialty Delivery System that connects healthcare and community-based services at scale;

- Delivered through the **Community Care Hub model** pioneered and operationalized by Partners
- **Nationally recognized as a leading framework** for integrating healthcare and community-based services advancing whole-person care

A Regional Specialty Delivery System:

The Value of The Community Care Hub (Hub)

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Statewide Network of Service Providers	Payor Relationship Expertise	Scalable Specialty Network Development	Comprehensive Admin. Services
Extensive experience in designing and managing a statewide network of service providers.	Partnerships with diverse payors to develop a deep understanding of their unique priorities and challenges.	Agile approach enables rapid response to payor needs.	• Coordination & Managment of Network • Large Geographic Coverage • Licensing & Certification Oversight • Quality Assurance: NCQA-accredited and oversight of providers. • Single Point of Entry for Referrals • Streamline Reporting & Billing
Understand the importance of tailoring network composition and coordination to address contract and population health needs.	Proactively identify opportunities to create customized network solutions that align with their strategic objectives.	Onboard providers, adjust networks, and implement care models to maintain relevant, effective specialized networks	

40K **INDIVIDUALS**
Served annually across California

100+ **COMMUNITY-BASED ORGANIZATIONS**
Bridging healthcare and community-based services

Services Overview

Trusted To Provide Care Coordination with the Most Vulnerable Individuals

Long-Term Services & Supports

Partners is a leading MSSP, HCBA Waiver, Assisted Living Waiver, Enhanced Care Management, and CalAIM Community Supports provider in California.

Short-Term Services & Supports

Providing care transitions, care coordination, and private duty services under contract with healthcare organizations to address health-related social needs and improve chronic condition management.

Accreditation

NCQA Accredited in Case Management for Long-Term Services and Supports.

Work Force Development

State-aligned Community Health Worker (CHW) and Supervisor training delivered online in English/Spanish, with advanced modules that strengthen interdisciplinary teams serving complex populations.

D-SNP & CICM Services

Non-clinical support aligned with CMS Model of Care and DHCS CICM guidance. Strengthening HRA completion, care transitions, and whole-person coordination without delegated clinical risk.

Evidence-Based Programs

Utilizing the Manatt Playbook alongside proven strategies and policy insights to design & implement scalable, data-driven interventions that enhance outcomes and drive system efficiencies.

Engagement Center

Delivering outreach and engagement supporting HRA completion, health screenings, and coordinated care exceeding industry benchmarks.

HomeMeds AI-Enhanced

Medication Review Platform

Identifies high-risk medication interactions and helps prevent adverse drug events, **contributing to 24% fewer ER visits within 30 days.**

Navigating Medi-Cal Enhanced Care Management, Waivers & Community-Based Services in California

Helping connect Californians to whole-person, community-based care that help people with ongoing health needs live safely at home or in the community instead of a nursing facility.

Services may include help with:

- Daily Activities
- Care Coordination
- Support Services That Improve Health and Independence

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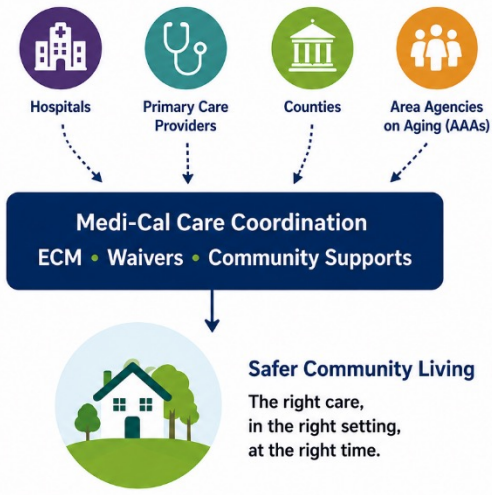
Understanding the Medi-Cal Care Continuum

- **California's CalAIM initiative** expands whole-person care coordination.
- **Goal:** keep individuals safely at home and connected to community services.
- **Services address:**
  - Medical needs
  - Behavioral health
  - Social determinants of health
  - Long-term services and supports (LTSS)
- **Community-based organizations, counties, health plans, hospitals, and AAAs all play a role.**



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Major Programs Supporting High-Risk Medi-Cal Members

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Program	Purpose	Typical Population
Enhanced Care Management (ECM)	Intensive care coordination	High-risk Medi-Cal members with complex medical and social needs
Community Supports	Non-medical supportive services	Members with needs related to housing, nutrition, respite, etc.
HCBA Waiver (Home & Community-Based Alternatives)	Home-based alternative to institutional care	Individuals who meet nursing facility level of care
MSSP (Multipurpose Senior Services Program)	Ongoing care management to prevent or delay institutionalization	Frail older adults at risk of institutionalization
Assisted Living Waiver (ALW)	Assisted living placement support	Individuals needing higher levels of support in assisted living
PACE (Program of All-Inclusive Care for the Elderly)	Comprehensive medical and social care model	Frail older adults eligible for nursing facility care

Availability and eligibility may vary by county and managed care plan.

Enhanced Care Management (ECM)

Comprehensive Support For High Need Medi-Cal Managed Care Members

Partners delivers ECM services in partnership with Medi-Cal health plans providing intensive, person-centered care coordination for individuals with complex medical, behavioral, and social needs to improve outcomes and reduce avoidable utilization.

Program Overview

Our teams proactively engage members through: Telephonic Outreach | In-person | Hospital Bedside

Support to:

- Coordinate care
- Navigate services
- Ensure follow-through across healthcare and community-based providers, no matter where the members seek care

Who it Serves

- Medi-Cal members with high-risk, high-cost needs
- Individuals with multiple chronic conditions or serious illness
- Individuals experiencing housing instability or frequent hospital use
- Populations identified by health plans as requiring enhanced coordination

Eligibility

- Must be enrolled in a Medi-Cal managed care health plan living in LA County and surrounding areas
- Meet criteria for at least one of the Populations of Focus defined by the California's Department of Health Care Services (DHCS)

Referral Pathway

- Referrals must be made through the member's health plan, provider, or care manager
- If you believe someone may qualify, contact their health plan to request an ECM referral or contact ecm@picf.org

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ECM Populations of Focus

DHCS – Populations of Focus (CalAIM/ECM)

Populations of Focus are high-need Medi-Cal members who benefit most from coordinated care.

Core Populations of Focus:

- Individuals experiencing homelessness
- High utilizers of emergency and hospital services
- Adults with serious mental illness or substance use disorder
- Children and youth with serious emotional disturbance
- Individuals transitioning from incarceration
- Nursing facility residents transitioning back to the community
- Individuals at risk of institutionalization
- Children and youth involved in child welfare (foster care)

Private Duty

Community Supports- Respite Services

Respite Services provides short-term relief for member caregivers.

Members may receive caregiver services in their home or in an approved facility on an hourly, daily, or nightly basis as needed.

Program Overview

Trained caregivers step in to assist with daily needs, giving family caregivers time to rest, manage personal responsibilities, or recover from burnout

Services May Include

- Assistance with daily activities (bathing, dressing, mobility)
- Meal preparation and light housekeeping
- Medication reminders
- Supervision and safety monitoring
- Companionship and support

Who it Serves/Eligibility

- Family caregivers supporting older adults or individuals with complex needs
- Individuals who need assistance with daily activities at home
- Caregivers requiring short-term relief or additional support
- Individuals who may benefit from specialized care, including dementia support

Referral Pathway

Referrals may come from healthcare providers, community partners, or family members

Individuals and caregivers can contact Partners directly privateduty@picf.org

Services are arranged based on individual needs and availability

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Home & Community-Based Alternatives (HCBA) Waiver

An alternative to Nursing Facility Care for Medi-Cal Members of All Ages

Partners in Care)Foundation is an approved HCBA Waiver Agency.

Participants receive care management and coordinated services that support their health and daily needs while living in their home or community.

Services are designed to help individuals maintain their health, safety, and independence in a community setting.

The HCBA Waiver is part of California's Home and Community-Based Services (HCBS) programs.

These programs allow eligible Medi-Cal members who would otherwise require institutional care to receive services in their homes.

Program Overview

A dedicated care team works with participants and their families to develop a care plan based on medical needs, daily supports, and living circumstances.

Services May Include

- Care coordination
- Home accessibility adaptations
- Personal care assistance
- Medical equipment and supplies
- Respite services

Other services that help individuals remain safely at home.

Who it Serves/Eligibility

To receive HCBA services, you must:

- Be enrolled in Medi-Cal
- Meet nursing level of care
- Have a stable living arrangement
- Live in a ZIP code served by Partners

LA County Covered Zip Codes

Alternative HCBA waiver agencies: Department of Healthcare Services

Referral Pathway

Visit Partners' HCBA Application

Or Call Partners 1.800.251.6764

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Multipurpose Senior Services Program (MSSP)

Care Management for Medi-Cal Members Age 60 or Older and Disabled in Select ZIP Codes

The Multipurpose Senior Services Program (MSSP) is a Medi-Cal Home and Community-Based Services Waiver program run by the California Department of Aging.

MSSP helps older adults who are at risk of going into a nursing home stay safely in their own homes.

Program Overview

Our team of nurses and social workers:

- Conduct a comprehensive assessment
- Develop an individualized care plan
- Coordinate services that support safety, independence, and quality of life at home

Services May Include

- Care management
- Adult day care
- Minor home repair/maintenance
- Supplemental in-home chore, personal care, and protective supervision services
- Respite services
- Transportation services
- Counseling and therapeutic services
- Meal services
- Communication service

Who it Serves/Eligibility

- Must be 60 years of age or older
- Must be enrolled in Medi-Cal
- Meet a level of care criteria
- Have health or daily living needs
- Live in a ZIP code within Partners assigned MSSP catchment areas

An assessment is required to determine eligibility

Referral Pathway

Visit Make a Referral to Partners' MSSP Today

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Multipurpose Senior Services Program (MSSP)

Partners Catchment ZIP Codes

Partners serves eligible adults age 60 or older and disabled living in specific ZIP codes within the following regions.

Not all ZIP codes in these areas are covered.

- Antelope Valley
- Kern County
- North Los Angeles / San Fernando Valley
- South Los Angeles
- Santa Barbara County
- Santa Clarita Valley

For a list of Partners ZIP codes visit:

Multipurpose Senior Services Program | Partners In Care Foundation

For a complete list of all MSSP providers statewide visit:

MSSP Providers - Multipurpose Senior Services Program - Providers & Partners | California Department of Aging - State of California

Eligibility & Referral Pathways

How Social Workers Can Connect Individuals to Services

1. COMMON ELIGIBILITY INDICATORS

- Medi-Cal enrollment
- Frequent hospital or ED use
- Functional limitations
- Housing instability
- Serious chronic conditions
- Risk of institutionalization
- Behavioral health or substance use needs

2. REFERRAL PATHWAYS

ECM	• Refer directly through Medi-Cal Managed Care Plan websites • PCPs, hospitals, counties, and CBOs may submit referrals
HCBA / MSSP / ALW	• Referral through waiver agencies or local providers • Assessment required for level of care eligibility
Community Supports	• Typically authorized through Medi-Cal managed care plans • Often coordinated through ECM or care management providers

IMPORTANT PRACTICAL POINT

Social workers do not need to solve every problem alone — knowing where and how to refer is often the most important first step.

Eligibility criteria and referral processes may vary by county, managed care plan, and provider. Always check current requirements and local resources.

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Practical Tips & Resources

Best Practices for Successful Navigation

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- **Build relationships** with local ECM and waiver providers.
- **Maintain updated** county referral lists.
- **Encourage warm handoffs** whenever possible.
- **Use multidisciplinary collaboration** to address complex needs.
- **Focus on keeping members** safely in the community.
- **Document social determinants** and functional needs clearly.

Key Resources

Local Medi-Cal Managed Care Plans
Visit your local plan's website for ECM and Community Supports referrals.

California Department of Health Care Services (DHCS)
www.dhcs.ca.gov
Information on CalAIM, waivers, and Medi-Cal programs.

Area Agencies on Aging (AAAs)
Contact your local AAA for services, programs, and community connections.

Community Care Hubs
Access local social services, housing, food, transportation, and more.

Local HCBA/MSSP Providers
Identify and connect with waiver agencies and community-based providers.

Effective navigation and coordinated referrals can significantly reduce hospitalizations, improve quality of life, and help Californians remain safely in their homes and communities.

Together, we can **connect care** and improve lives.

Thank you

To continue this conversation contact:

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For additional program questions or to make a referral:

ECM: ECM@picf.org

Enhanced Care Management (ECM) Model of Care | Partners In Care Foundation

HCBA: HCBA@picf.org

Home and Community-Based Alternatives (HCBA) Waiver Program | Partners In Care Foundation

MSSP: MSSP@picf.org

Multipurpose Senior Services Program | Partners In Care Foundation