

CalAIM's Potential to Transform and Advance Health Equity

October 12, 2022

Institute for Health Policy and Leadership

Agenda

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- A background image of a woman and a young girl laughing joyfully, overlaid with a blue gradient.
- 01** CalAIM Overview
 - 02** Enhanced Care Management
 - 03** Community Supports
 - 04** Supportive Funding
 - 05** Key Concepts



What is CalAIM?

CalAIM Overview

California Advancing and Innovating Medi-Cal — known as CalAIM — is a \$6 billion, far-reaching, **multi-year plan to transform California's Medi-Cal program** and to make it integrate more seamlessly with other social services.

Success requires the investment and sustained commitment of a broad network of health partners, including plans, providers, and community-based organizations, with incentives to achieve a high quality of service. When CalAIM is fully implemented, Medi-Cal will better serve and benefit enrollees because it will be a seamless and streamlined health care system.

Evolving the program



Enhanced Care Management (ECM)

Collaborative and interdisciplinary approach to intensive community-based care management services for high-need Medi-Cal beneficiaries.



Community Supports (CS)

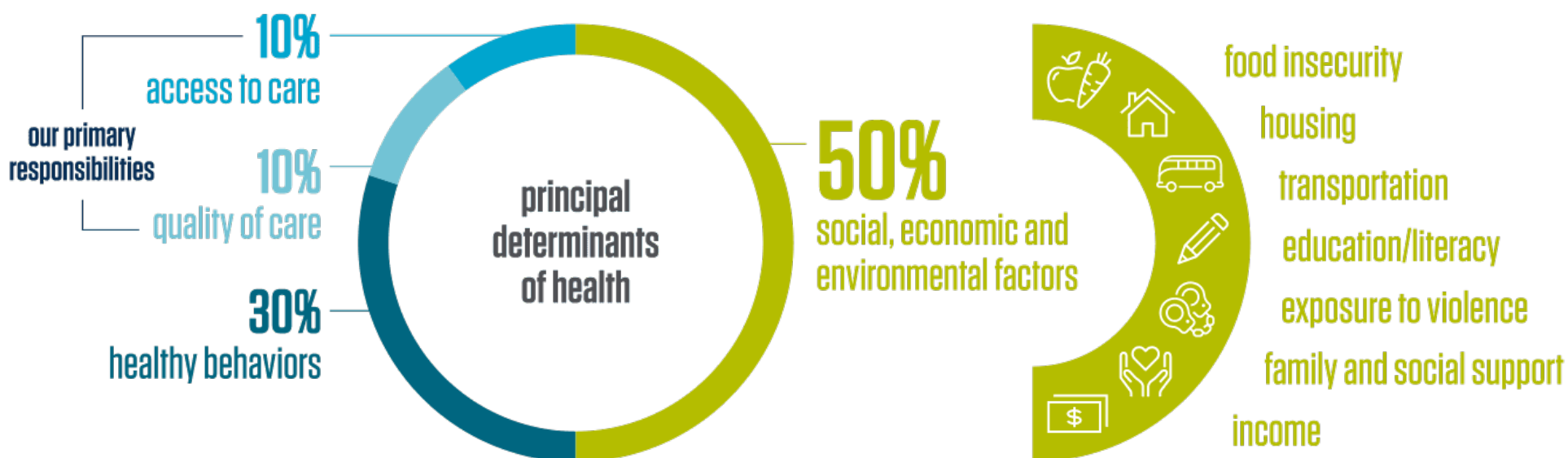
Integrated and targeted wrap-around services to fill critical service gaps (14 specific programs) to allow members to obtain care in the least restrictive setting possible and to keep them in the community as medically appropriate.



Supportive Funds

Distinct funding opportunities available from DHCS to “on-the-ground” partners.

What makes CalAIM unique



Under a funded reimbursement model, CalAIM provides the opportunity to address a broader spectrum of the determinants of health than traditional health care.

It is a shift that recognizes the core business lines of healthcare include hospitals, clinics, AND communities.

By shifting care upstream of acute and severe illness, this initiative will reduce associated health care cost pressures (high utilization, lengths of stay, readmissions, etc.).

A close-up photograph of a hand wearing a blue nitrile glove, gently holding a patient's hand. The patient's hand is resting on a white surface, possibly a bedsheet. The background is softly blurred, showing more of the white fabric. A semi-transparent blue overlay covers the left side of the image, and a white rounded rectangle frames the text.

Enhanced Care Management

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Supportive Funds

Governor's budget allocated \$3.35 B in incentive funding phased in through FY 2024-25.

Enhanced Care Management Distinctions

Description	Traditional case management	Enhanced case management
Directly reimbursable	No	Yes
Extends beyond 30 days	No	Yes
Community (field) based	No	Yes
Discharge plan coordination	Yes	Yes
SDOH assessment & care plan	No	Yes
Chronic care coordination	Yes	Yes
Sole focus on most vulnerable	No	Yes
Extends to non-AH patients	No	Yes
Primary staff unlicensed (CHW's)	No	Yes
Warm hand-off to CBO's	No	Yes
Secures identified resource needs	No	Yes
Focus on trust & relationship building	No	Yes

- ECM provides a **structured approach** to field-based case work, including structured assessments and care planning
- **6 New billing codes** have been established for claims / reimbursement related to ECM.
- **Payers are reimbursing for enrolled members** either by fee for service for case rates.
- **Managed Care Plans are phasing** in counties and populations of focus.
- **Phase I counties went live with ECM** on January 1 (former Whole Person Care counties). Phase 2 counties will be live July 1, which is the remainder of the counties.

Populations of focus

Live July 2022

- Individuals and families experiencing homelessness
- Adult high utilizers
- Adult with severe mental illness/substance use disorder

Coming 2023

- Children and youth
- Individuals transitioning from incarceration
- Individuals at risk of institutionalization and eligible for long-term care services
- Nursing facility residents who want to transition to the community

A close-up photograph of a hand wearing a blue nitrile glove, gently holding a human hand. The background is a soft, out-of-focus white surface. A semi-transparent blue horizontal band is overlaid across the middle of the image, containing the text 'Community Supports' in white. A thin white line outlines a semi-circle on the right side of the blue band.

Community Supports

Evolving the program



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Incentive Funds

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- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF)
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically-Supportive Food/Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

Community Supports:

Cost-effective alternatives to traditional medical services or settings, designed to address the social drivers of health.

- Managed care plans are encouraged to offer as many of the **14 pre-approved** Community Supports as possible.
- Community Supports are available to eligible members **regardless of whether they qualify for ECM.**
- **Payers are reimbursing for enrolled members** either by fee for service for case rates.
- **Managed Care Plans are phasing** in community supports



Supportive Funds

Evolving the program



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Two main sources of infrastructure and capital funding totaling 3.35 billion dollars

1. **Incentive Payment Program** - California State Budget allocated 1.5 billion from January 2002 – June 24 for ECM and CS infrastructure. Funds will flow from DHCS to MCP's.
2. **PATH Program** (Providing Access and Transforming Health) – CMS approved CalAIM waiver applications, which includes 1.85 billion from January 2002 through December 2026 for ECM and CS infrastructure. Funds will flow directly from DHCS to eligible entities.
3. Additional funding opportunities will extend beyond IPP and PATH funds including:

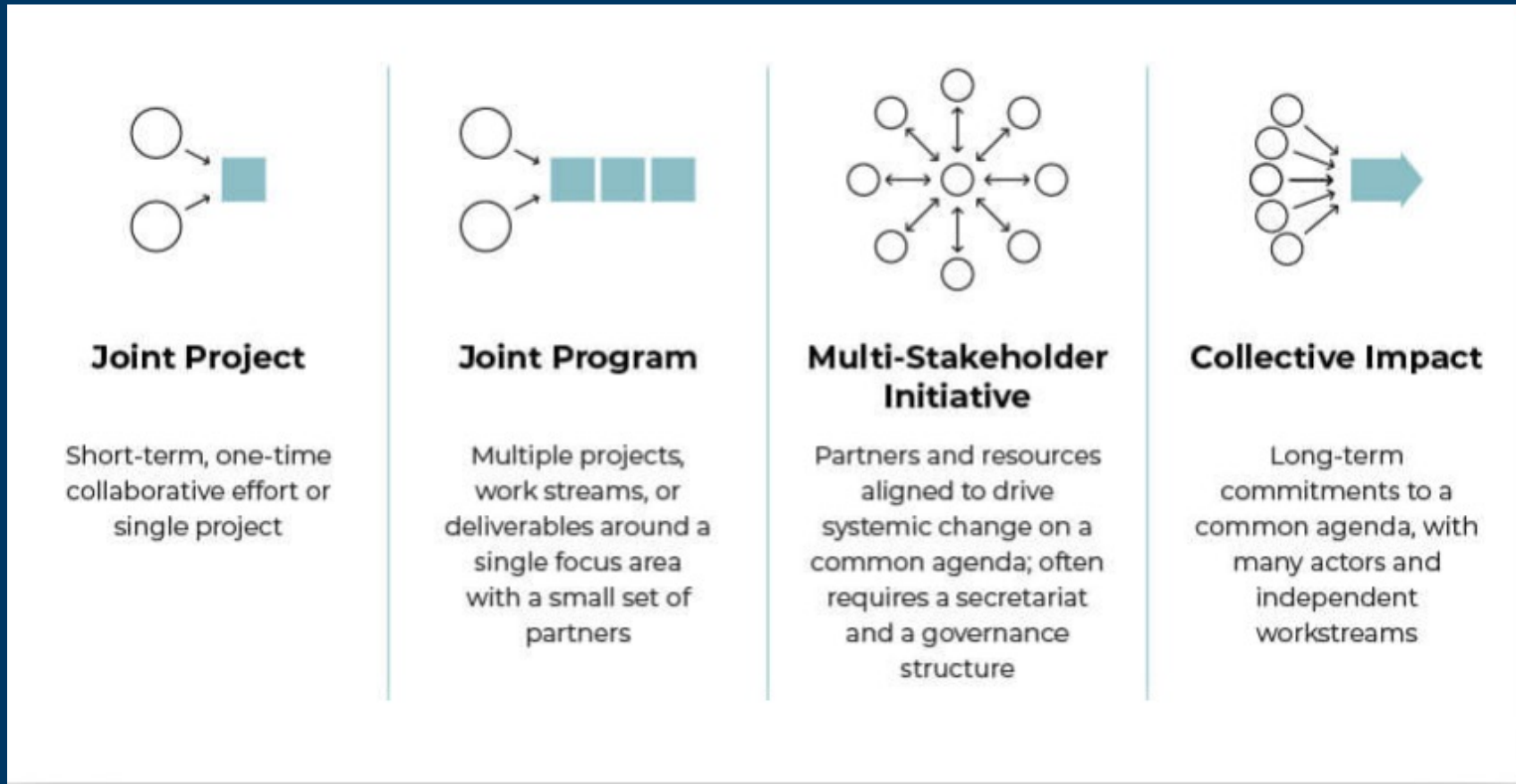
Housing and Homelessness Incentive Program (HHIP): As part of the state's overarching home and community-based services (HCBS) spending plan, MCPs can earn incentive payments for investments and progress in addressing homelessness as a social determinant of health and keeping individuals housed.

Behavioral Health Quality Improvement Program (BH-QIP): Behavioral Health Delivery Systems (i.e., Mental Health Plans and Drug Medi-Cal Organized Delivery Systems, referred to as Behavioral Health Plans or BHPs)¹ will be eligible to participate in an incentive payment program that supports them as they prepare for changes needed to participate in CalAIM.



Key ideas

CalAIM has the potential to evolve the system of care and strengthen community eco-systems through multi-sector collaboration

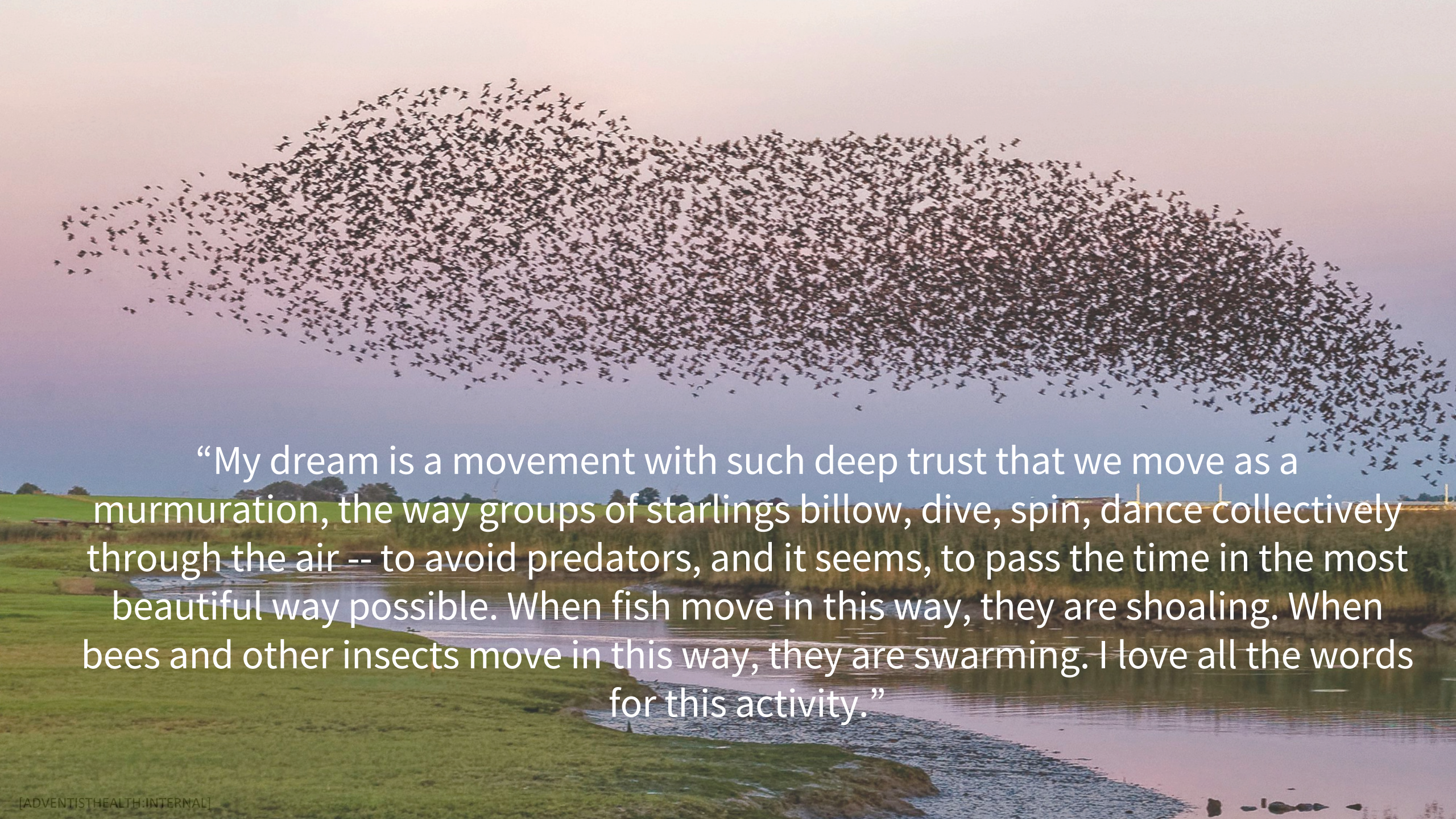


Meet Laura Jean

VIDEO

Value Proposition

Historical Value Proposition	CalAIM Value Proposition
Improved patient outcomes	Improved patient outcomes
Reduced utilization of some health care services (admissions, readmissions, lengths of stay, etc.) measured by pre/post enrollment	Reduced utilization of some health care services (admissions, readmissions, lengths of stay, etc.) measured by pre/post enrollment
Reduced utilization of some community services (emergency transports, police encounters, jail days) measured by pre/post enrollment	Reduced utilization of some community services (emergency transports, police encounters, jail days) measured by pre/post enrollment
Increased utilization of some health care services (outpatient, preventative care, etc.) measured by pre/post enrollment	Increased utilization of some health care services (outpatient, preventative care, etc.) measured by pre/post enrollment
	Infrastructure funding to build programs and innovations
	Outreach reimbursement
	ECM reimbursement
	Community Supports reimbursement

A large flock of starlings is captured in mid-flight, forming a dense, dark, cloud-like shape against a soft, pinkish-orange sky at sunset. Below the birds, a calm body of water reflects the sky and the flock. The foreground shows a grassy bank and the edge of the water.

“My dream is a movement with such deep trust that we move as a murmuration, the way groups of starlings billow, dive, spin, dance collectively through the air -- to avoid predators, and it seems, to pass the time in the most beautiful way possible. When fish move in this way, they are shoaling. When bees and other insects move in this way, they are swarming. I love all the words for this activity.”

The background is a solid dark blue color. It features several large, semi-transparent geometric shapes in a lighter shade of blue. These shapes include squares and rounded rectangles, some of which are partially overlapping each other, creating a layered effect. The shapes are positioned in the corners and along the edges of the frame, leaving the center area more clear for the text.

Thank you

Additional Resources

[DHCS CalAIM Overview](#)

[DHCS Community Supports Fact Sheet](#)

[DHCS Funding Opportunities Fact Sheet](#)

[Cross-sector collaboration for vulnerable populations reduces utilization and strengthens community partnerships. Hardin, L, Trumbo, S., Wiest, D. Journal of Interprofessional Education and Practice, March 2020, Volume 18, 100291](#)

[Taking care of Charlie helped one California town nearly halve hospital use. Hardin, L, Trumbo, S. STAT, April 8, 2019](#)

[Rethinking value: Perspectives on the benefits of cross-sector collaboratives serving populations with complex health and social needs. Camden Coalition, The National Center for Complex Health and Social Needs. February 15, 2022](#)