



# CalAIM Academy for Hospitals and Health Systems

Session 1: Introduction & CalAIM Overview  
Wednesday, February 12, 2025 | 12-1:30 p.m.



Welcome  
from



**Palav Babaria**

Chief Quality Officer and  
Deputy Director of Quality and  
Population Health Management

California Department of Health  
Care Services

# Welcome from CHCF



California  
Health Care  
Foundation

**Melora Simon**

Associate Director, People-Centered Care

The California Health Care Foundation is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care.

<https://www.chcf.org/publication/medi-cal-federal-government/>

# Academy Facilitators



**Dora Barilla, DrPH**  
PRESIDENT, CO-FOUNDER  
HC<sup>2</sup> Strategies



**Rick Rawson, MBA**  
CHIEF STRATEGIST AND CO-FOUNDER  
HC<sup>2</sup> Strategies



**Julie Miller-Phipps**  
CEO, PRINCIPAL CONSULTANT  
Collaborative Innovation Partners

**HC<sup>2</sup> Strategies** is a mission-driven strategy and community health consultancy with a national footprint, devoted to helping hospitals, organizations, and communities nurture holistic strategies that support community well-being and population health.

We work to integrate the clinical and social aspects of community and population health to improve health equity and reduce disparities.

**CONNECT | INNOVATE | TRANSFORM**



Local presence in California and strong relationships with health care, MCPs, public health, and CBOs nationwide

Deep expertise in working in the intersection of health care, social services, and public health

Longstanding leadership in the hospital quality journey

National experience in developing connected systems of care for underserved populations

# Strategic Initiatives

*We work to provide transformational systems change and promote intercultural health equity in Southern California.*



## **Advancing Community Health**

CLC facilitates regional convenings with health care, public health, and community stakeholders to explore community health data, priorities, and improvement strategies and identify opportunities for alignment across institutions.



## **Birth Equity Initiative**

A multi-sector collaborative initiative to reduce infant deaths and improve patient experience and safety for moms and birthing families in Southern California.



## **Diversity, Health, Equity & Inclusion**

Committed to diversity, inclusion, and addressing health, racial, and social inequities by fostering a culture that values differences and similarities equally.



# Introduce Yourself!

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Chat in your...

- Name
- Role
- Organization
- Location
- & *How long you have lived in California*



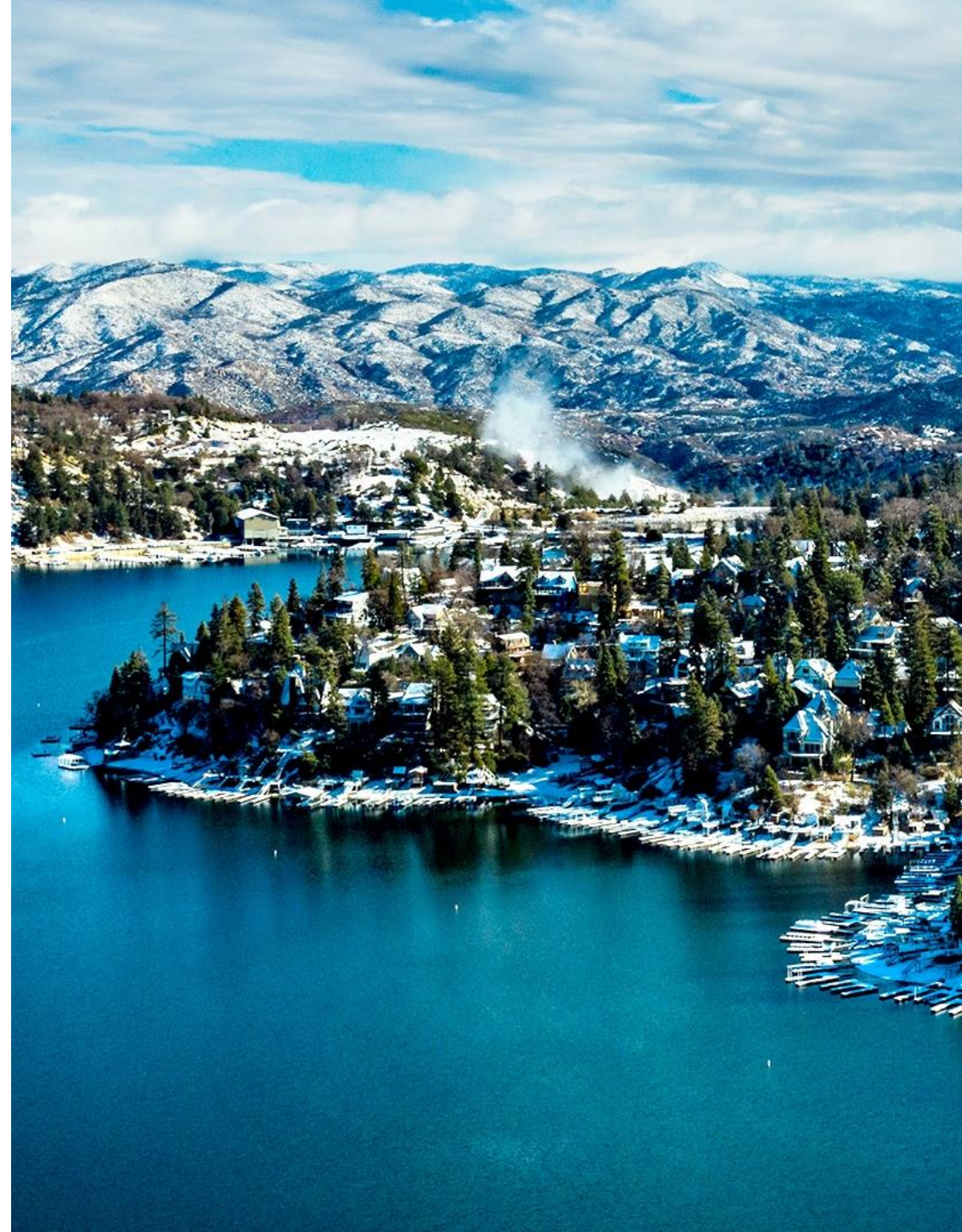
The aim of the CalAIM Academy for Hospitals & Health Systems is to create a **broad cadre of hospital and health system leaders** who understand the unique **opportunities presented by CalAIM** transformation efforts and are **primed to partner** across the health care sector to collectively **improve the health of Medi-Cal members.**



# Academy Objectives

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1. Build and/or expand your understanding of the history of CalAIM, what it is, and why it is important for Medicaid transformation
2. Articulate and advocate for the business case and sustainability models for CalAIM, including PATH CITED Round 4
3. Plan strategies for implementing CalAIM and improving population health outcomes
4. Develop the capability for effective partnership within your community (including social services, CBOs, and other nontraditional partners)
5. Foster connections with other health system and hospital champions



# Our Six-Session Arc

1

Introduction &  
CaAIM Overview

2

Hospital's Role in  
CaAIM  
Leadership

3

Building CaAIM  
Infrastructure

4

Coordination in  
Community-  
Based Health Care

5

Payment Models  
for the Future

6

Bringing It All  
Together

# Academy Logistics

- Continuous participation
- Discussion-based breakouts
- Recording calls (not breakouts)
- End of Call Feedback Survey
- Accessing resources
- Participants may earn:
  - 1.0 ACHE Qualified Education Hour per session
  - 1.0 BRN Credit per session for sessions 2, 3, and 4

The screenshot shows the website header with the logo 'COMMUNITIES LIFTING COMMUNITIES' and a search bar. The navigation menu includes 'WHO WE ARE', 'WHAT WE DO', 'EDUCATION & DEVELOPMENT', 'NEWS & EVENTS', 'SUPPORT US', and 'CONTACT US'. The main content area is titled 'EDUCATION & WORKSHOPS' and features a prominent yellow box with the text 'To update – Daniel?'. Below this, there are three cards: 'Education and Workshops' with details for 'BUILDING BRIDGES: ADVANCING SUPPLIER DIVERSITY IN HEALTH CARE' on Thursday, September 26, 2024, at the Quiet Cannon; and two 'Workshop' cards with images of hands.

<https://communities.hasc.org/education-workshops/>

# Academy Norms

1. **Build connections** – use the chat box to connect and exchange contact information with others.
2. **All teach, all learn** – we all have something we can learn, and we all have something we can teach others.
3. **Create a safe space** – for sharing of learnings, challenges, and vulnerability.
4. **No sales, please** – this is not a space to sell your product or technology to others.
5. **Own this with us** – bring your questions and ideas for improvement.



## Today's Objectives

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- Describe the CalAIM Academy program objectives, curriculum arc, and facilitators.
- Summarize the history, nuts and bolts, and vision of the CalAIM policy in the context of planned and political developments in the field.
- Relate the ways that hospitals can engage and benefit from CalAIM through vertical and/or horizontal integration to their current and future strategies.
- Identify upcoming funding opportunities and associated supports for PATH CITED Round 4.



# Today's Agenda

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Welcome to the CalAIM Academy

CalAIM 101 for Hospitals

Questions/Full Group Discussion

Closing

Breakouts



# CalAIM 101 For Hospitals

# Why CalAIM Matters for Hospitals

A once-in-a-generation opportunity, encompassing much of what you already are doing, that will:



Make a difference in patients' lives



Build your services for your community



Improve your community's health by working together to serve unmet needs



# Poll: Your CalAIM Journey



**Where are you in your CalAIM journey? Please select the answer that best fits your situation.**

1. I am curious and want to learn more about it.
2. My organization wants to explore contracting to become a CalAIM Enhanced Care Management and/or Community Supports provider.
3. My organization is a contracted CalAIM Enhanced Care Management and/or Community Supports provider.
4. My organization wants to learn more about partnering with organizations to refer clients to CalAIM services.
5. Other

# HCS Whole Person Care Overview

## Overarching goals for Whole Person Care (WPC)

- Coordination of health, behavioral health, and social services
- Comprehensive coordinated care for the beneficiary, resulting in better outcomes

## WPC pilot entities work collaboratively to:

- Identify target populations
- Share data between systems
- Coordinate care real time, resulting in better outcomes
- Evaluate individual and population progress



# CalAIM Overview: Goals

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory.



Implement a whole-person care approach and address social drivers of health.



Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system.

***Our journey to a healthier California for all***

# CalAIM Initiatives

Bold Goals

Behavioral Health

Community Supports

Dental

Enhanced Care Management

Incentive Payment Program

Integrated Care for Dual Eligible Members

Population Health Management

Providing Access and Transforming Health (PATH)

Statewide Managed Long-Term Care

# CalAIM Overview: People Served

## Traditional



Children and families



Adults



Adults with disabilities



Older Californians

## CalAIM Populations of Focus



People with serious  
mental illness/  
substance use disorder



Medically  
complex



People who  
are justice-  
involved



People  
experiencing  
homelessness  
or housing  
instability



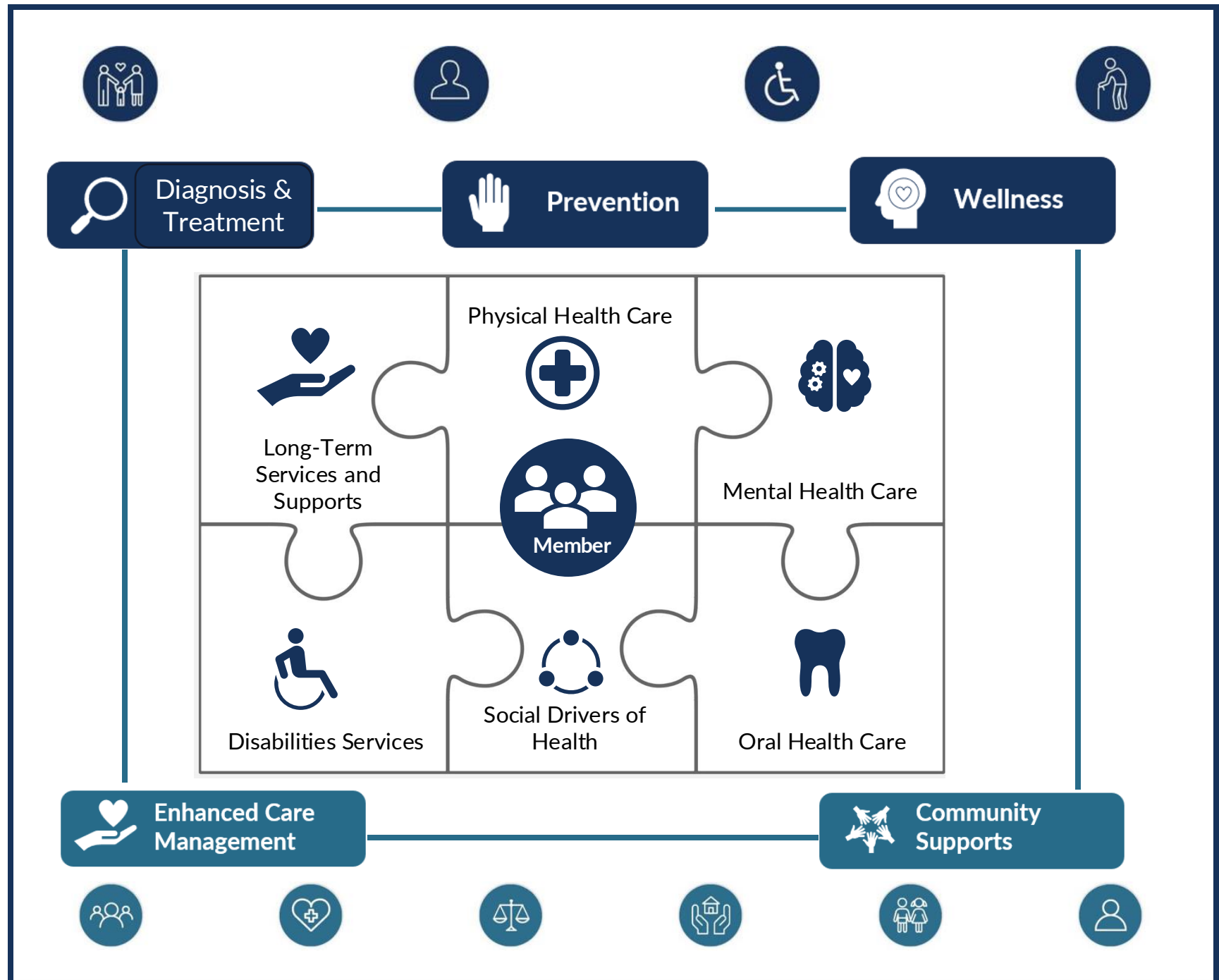
Foster youth



People at risk of  
institutionalization

# CalAIM Overview: Care Connections

Traditional care combines with CalAIM services in a Population Health framework that cares for the whole person.



# How CalAIM Works

Department of Health Care Services (DHCS)

- DHCS sets objectives, targets, and reporting requirements for managed care plans.
- Managed care plans are also required to submit and publish gap-filling plans to achieve targets.

Managed Care Plans

- Managed care plans contract with hospitals, clinics, and community-based organizations to provide Enhanced Care Management and Community Support services to meet DHCS objectives.

Enhanced Care Management

- Enhanced Care Management and Community Supports providers work closely with managed care plans to 1) understand requirements and processes, and 2) meet goals and gap-filling plans.
- Providers are expected to report on their results.

Community Supports

- Contracting with managed care plans also gives providers access to other DHCS funding sources.

# Enhanced Care Management (ECM) and Community Supports Benefits

## Enhanced Care Management (ECM):

A Medi-Cal managed care benefit that addresses the clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

**Enhanced Care Management benefits give Medi-Cal members with complex needs the support that will help them stay healthy and thrive.**

## Community Supports (CS):

Optional non-clinical services provided by Medi-Cal Managed Care Plans to help avoid utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

**Community Supports are designed for members' social needs. Members can now receive healthy food, housing support, and other services as Medi-Cal benefits.**

*Both ECM and Community Supports are administered by Medi-Cal managed care plans.*

**Plans are listed by county at this link:**

<https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>



# ECM Populations of Focus

	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 (October 2024)	✓	✓
5	Adults Living in the Community and at Risk for Long-Term-Care Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (MCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity	✓	✓

Details about Populations of Focus may be found in the [Enhanced Care Management Policy Guide](#).

# 7 Core ECM Services



Outreach and Engagement



Comprehensive Assessment and Care Management Plan



Enhanced Coordination of Care



Coordination of and Referral to Community and Social Support Services



Member and Family Supports







Health Promotion



Comprehensive Transitional Care

# What are Community Supports?

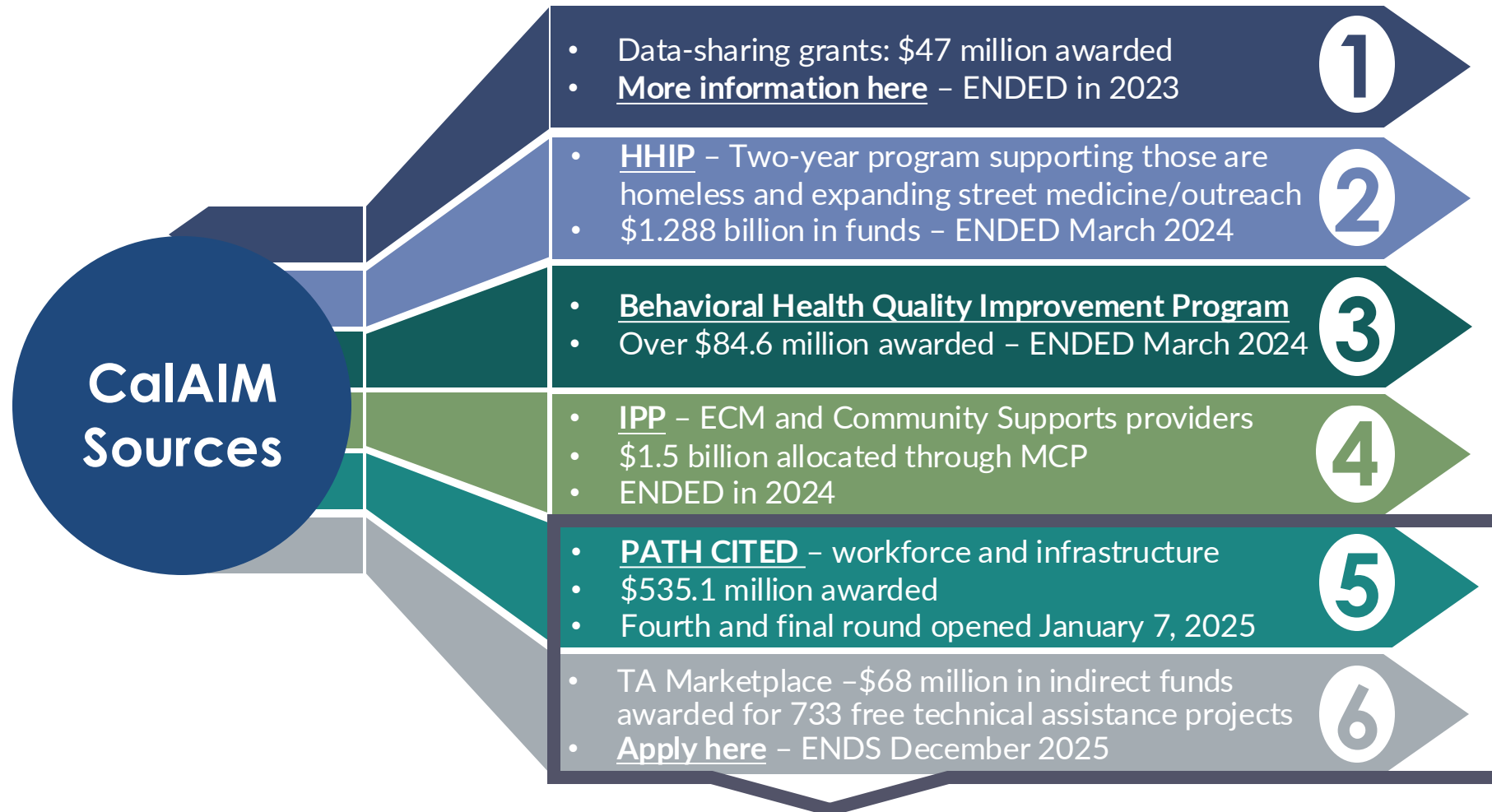
Community Supports (CS) are non-medical, wrap-around services provided as a substitute or support to avoid other Medi-Cal covered services such as emergency room visits, an avoidable hospital or skilled nursing facility admission, or a discharge delay.

<b>Supports for Housing Insecurity</b> 	<b>Supports to Keep People at Home</b> 	<b>Supports to Improve a Chronic Condition</b> 	<b>Support to Recover from Acute Intoxication</b> 
Primary Audience: Individuals experiencing homelessness	Primary Audience: Individuals at risk for institutionalization in a nursing home	Primary Audience: Individuals who have certain chronic conditions and require support	Primary Audience: Individuals found publicly intoxicated to divert from jail or the Emergency Department
<ol style="list-style-type: none"><li>1. Housing Transition Navigation Services</li><li>2. Housing Deposits</li><li>3. Housing Tenancy &amp; Sustaining Services</li><li>4. Short-Term Post Hospitalization Housing</li><li>5. Recuperative Care (Medical Respite)</li><li>6. Day Habilitation</li><li>7. Transitional Rent (starting in 2025)</li></ol>	<ol style="list-style-type: none"><li>8. (Caregiver) Respite Services</li><li>9. Nursing Facility Transition/ Diversion to Assisted Living Facilities</li><li>10. Community Transition Services/ Nursing Facility Transition to a Home</li><li>11. Personal Care &amp; Homemaker Services</li><li>12. Environmental Accessibility Adaptations (Home Modifications)</li></ol>	<ol style="list-style-type: none"><li>13. Meals/Medically Tailored Meals</li><li>14. Asthma Remediation</li></ol>	<ol style="list-style-type: none"><li>15. Sobering Centers</li></ol>

More information: [Community Supports Policy Guide](#)

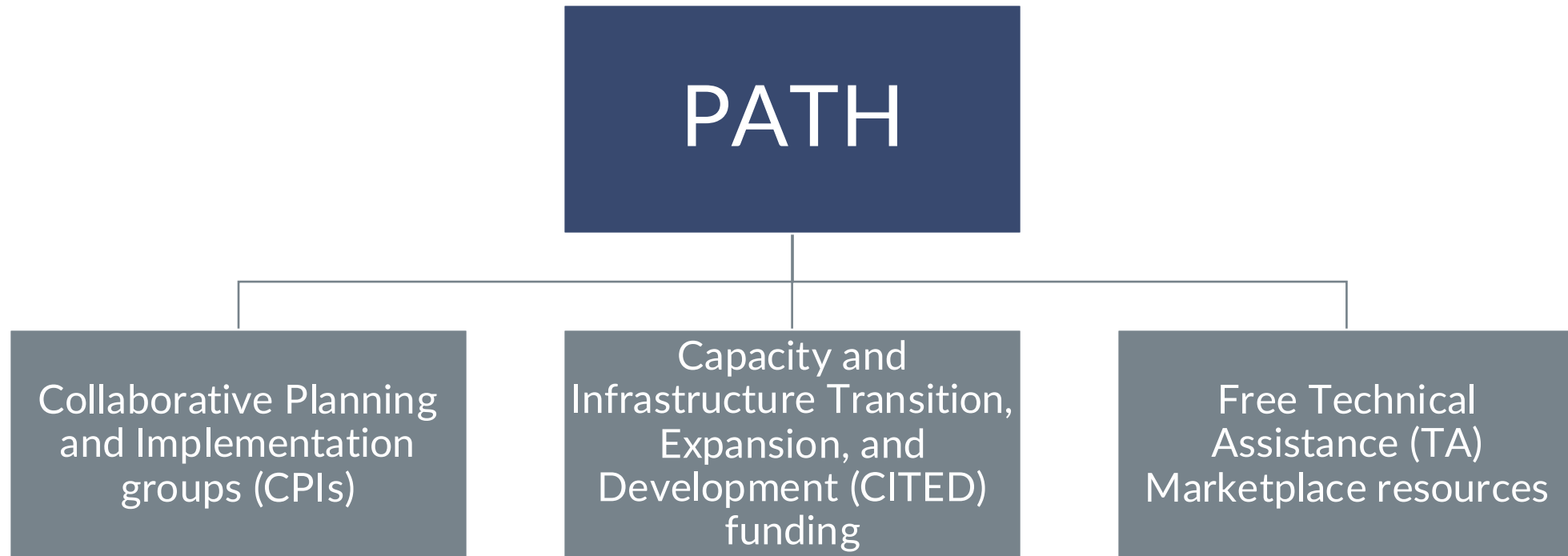
# CalAIM Funding Streams

## Support for Your Services



Two funding sources are still available. [Funding Opportunities Cheat Sheet \(ca.gov\)](#)

# Providing Access and Transforming Health (PATH) Supports CalAIM Implementation



# Capacity and Infrastructure Transition, Expansion, and Development (CITED)

Applicants include organizations that are contracted, or intend to contract, to provide ECM and/or Community Supports:

- County, city, and local government agencies
- Hospitals
- Health care providers
- Community-based organizations
- Tribal partners
- Others, as approved by DHCS

Applicants must meet minimum eligibility criteria for CITED

CITED funds may only be used on outlined permissible uses <https://www.ca-path.com/cited>

Round 1-3 awards totaled \$495 million

## Round 4

- The application period will run from January 7 – May 2, 2025

# PATH CITED Round 4

## Overview

Application period:  
January 7 – May 2, 2025

Round 4 is the final round  
of CITED funding.

Average award in first 3  
rounds: \$1.1 million

**New: All Round 4 award  
milestones must be  
completed within one year.**

## Funding Priorities

1. County-specific ECM/Community Supports gaps
2. Statewide ECM/Community Supports gaps
  - Birth Equity, Justice-Involved, and Transitional Rent
3. Tribal entities or other entities serving tribal members
4. Rural counties
5. Entities operating in counties with lower funding in prior CITED rounds
6. Entities serving individuals whose primary language is not English
7. Local community-based organizations
8. Counties providing Transitional Rent

# PATH CITED Round 4 Resources

Visit the [PATH CITED website](#) for resources, information, webinars, office hours, and contacts.

1. [Guidance Document](#) with instructions and FAQs
2. Information Session [recording](#) and [slides](#)
3. [Application Guide](#)
4. Funding Request Workbook and samples
5. Send questions to [cited@ca-path.com](mailto:cited@ca-path.com) or use the form at the bottom of the <https://www.ca-path.com/cited> webpage.



# Technical Assistance (TA) Marketplace Can Help

**\$86 million** has been executed on the TA Marketplace across 872 projects through December 2024.

Don't miss out on this free opportunity to help your organization and clients.

## Step 1: TA Recipient Application Requirements

### Contracted

- Entities contracted with an MCP or other eligible entity to provide ECM and/or Community Support services - Download the attestation form.

### Planning to Contract

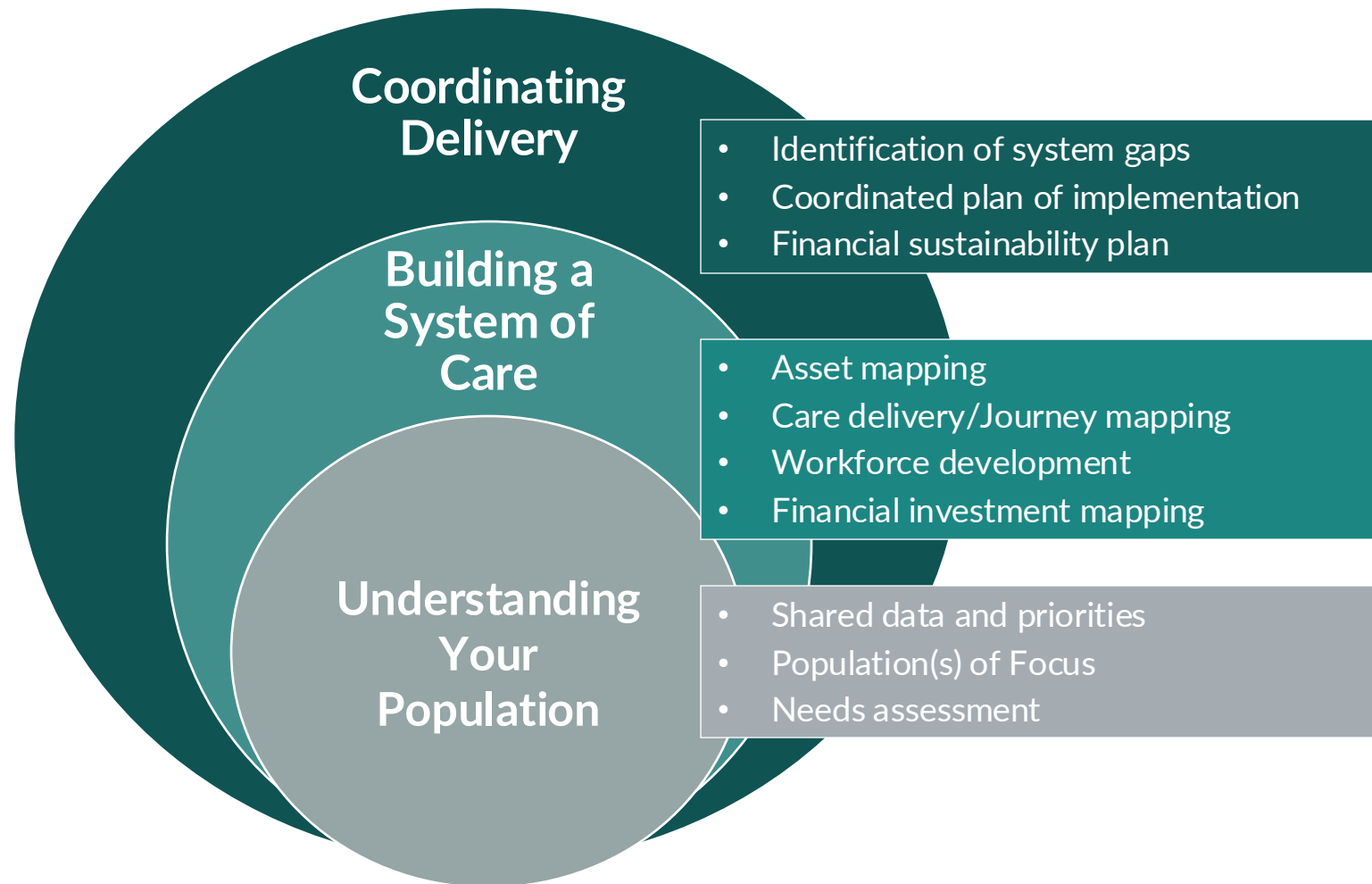
- Entities planning to contract with an MCP or other eligible entity to provide ECM and/or Community Support services or actively exploring that possibility with an MCP or other eligible entity - Download the attestation form.

### Requesting DHCS Approval

- To be approved by DHCS to receive TA, entities must deliver the types of services that would enable them to eventually contract with an MCP or other eligible entity to provide ECM/Community Supports. Complete a survey to get started.

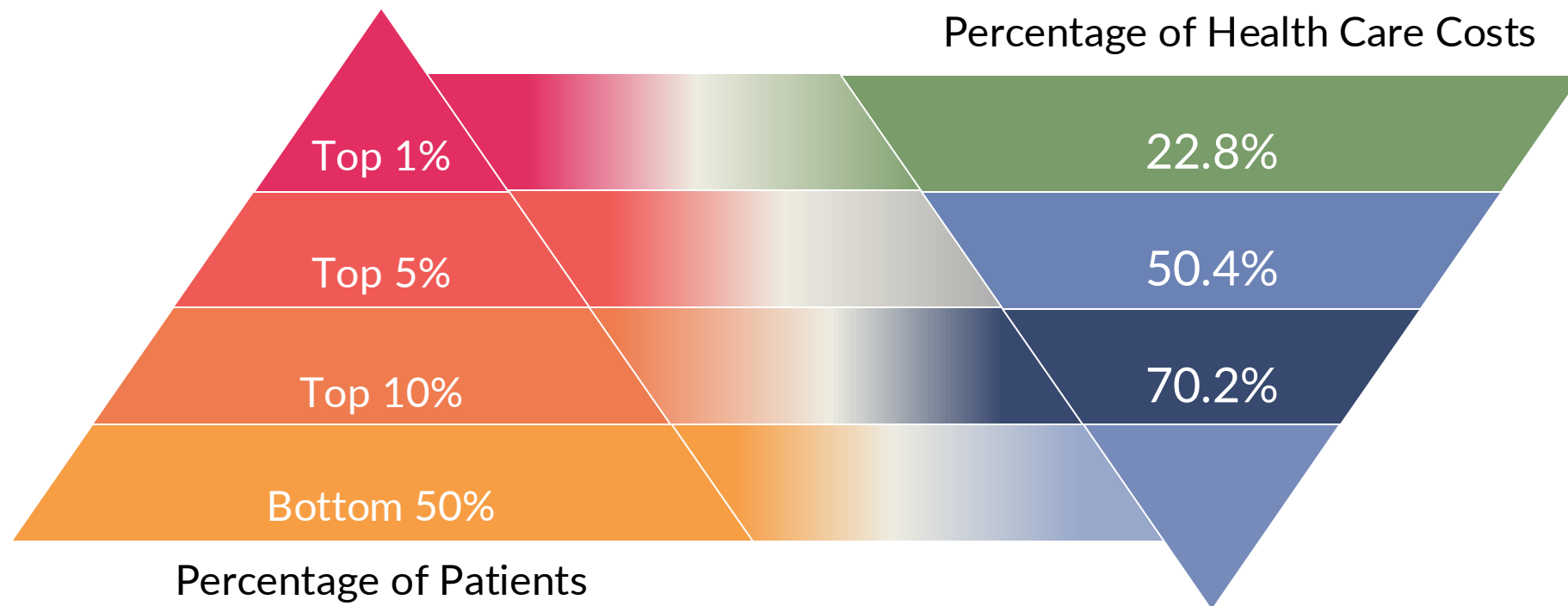
# Building a Connected Community of Care

## CalAIM as a Community of Care for Socially Complex Communities



Source: [https://www.bettercareplaybook.org/\\_blog/2019/1/using-asset-maps-match-community-supports-patients-complex-care-needs-interview-camden](https://www.bettercareplaybook.org/_blog/2019/1/using-asset-maps-match-community-supports-patients-complex-care-needs-interview-camden)

# Distribution of Health Care Expenditures



Sources:

AHRQ [https://meps.ahrq.gov/data\\_files/publications/st497/stat497.pdf](https://meps.ahrq.gov/data_files/publications/st497/stat497.pdf)  
NIHCM Foundation <http://www.nihcm.org/component/content/article/5-issue-brief/1299-the-concentration-of-health-care-spending-data-brief>

# Pause for Questions

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- Do you have any questions about the basics of CalAIM that were just covered?

*Please chat in your clarifying question*



# Strategic role and opportunities

1. Improve care and services to Medi-Cal patients
2. Engage in community partnerships
3. Increase revenue/business development
4. Reduce the burden on utilization of inpatient and emergency department services

# A Paradigm Shift

## Culture

- Mission
- Executive sponsorship
- The external environment

## Incentives

- CalAIM funding
- Appropriate utilization
- Quality improvement
- Value-based care



## Structure

- Organizational Infrastructure and developing new service lines
- Building a system of care in partnership with community
- Data

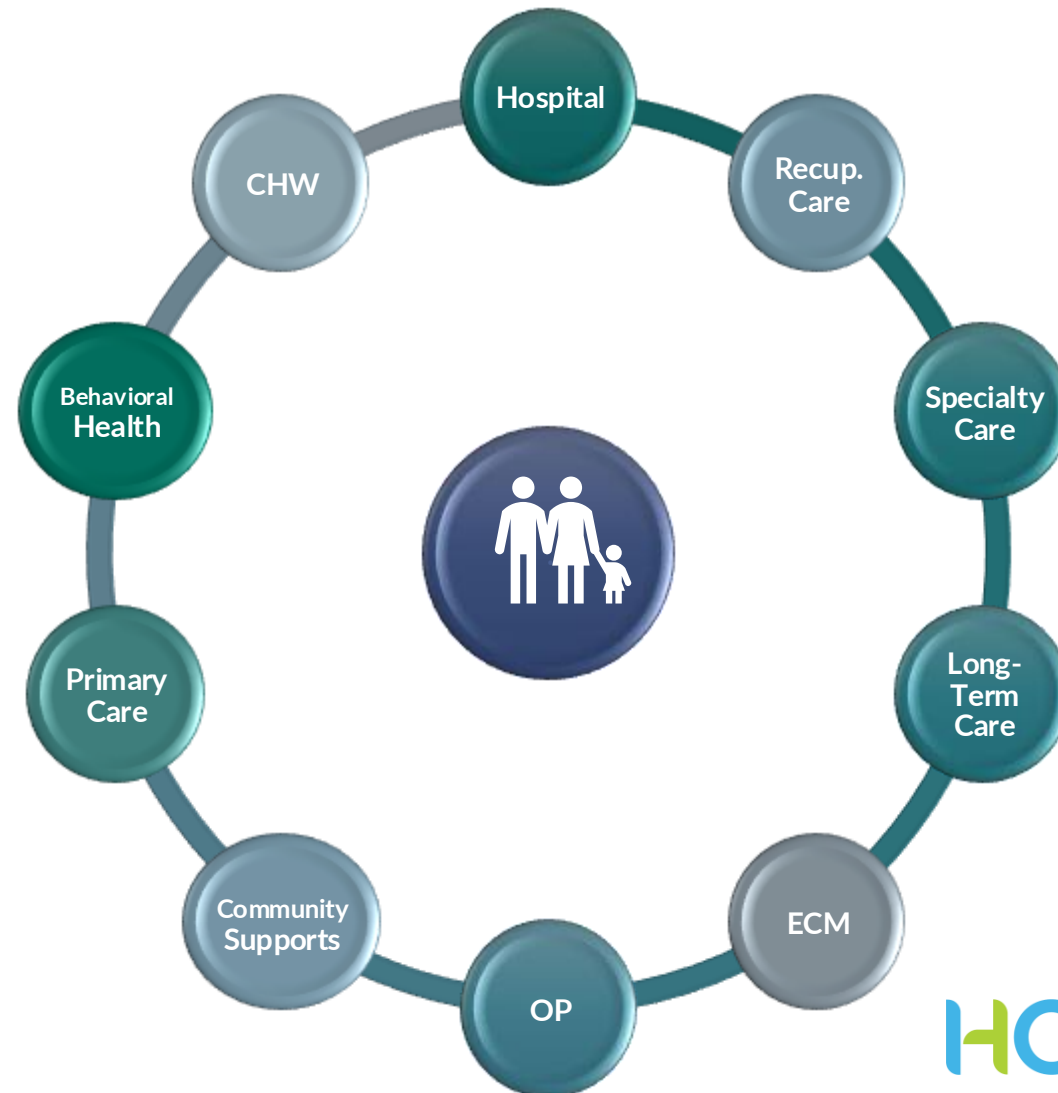
## Competencies

- Staff and team roles
- Integrating workflows to address high utilizers and ED challenges
- Integration of social and clinical care

# Build Systems to Care for the Whole Person

## Person-Centered Integrated Model

Clinical services work together with social services to customize the care each member needs to thrive.



# Alternative Approaches to Integration



Set up a care delivery system with community partners  
(Horizontal Integration)



Contract and deliver services under CalAIM  
(Vertical Integration)



# Building Infrastructure with CalAIM

1. What are you already doing that you can bill for via CalAIM?
2. What services do your patients (members) need that you could expand to provide?
3. What additional funding sources are available to create a sustainable infrastructure?
4. What level of care coordination/integration can be created with community partners to benefit your patients?

# Strategic Advantages of Engaging with CalAIM

1. Improve utilization and care for Medi-Cal patients.
2. Develop an integrated care system with community partners.
3. Create new sustainable revenue opportunities for CalAIM services developed and operated by the hospital.
4. Develop an infrastructure of care that can be deployed to other populations.

# Discussion

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1. Why does CalAIM interest you?
2. What questions do you have?

*Please chat in your questions/comments*





**Closing**  
***Remain on the call for breakouts***

# Ways to Engage in CalAIM

- Connect with the managed care plans in your county
- Engage in [Collaborative Planning and Implementation Groups](#)
- Access DHCS resources: <https://www.dhcs.ca.gov/calaim>
  - Webinars
  - Office Hours
  - Online resources
  - Managed care plans' gap-filling plans
  - [PATHways Success Stories website](#) and [story submission form](#)
- Access CalAIM funding opportunities
  - [Incentive Payment Program \(IPP\)](#)
  - [PATH CITED](#)

# Suggested Actions

Reflect on what you learned today:

1. How can my organization benefit patients by implementing CalAIM?
2. If we're not already a provider of services, do we want to pursue it?
3. What community partners do we need to connect with?
4. Do we want to pursue CITED Round 4 funding?
5. How can we begin to educate and engage our board?

# More CalAIM Resources

- [DHCS CalAIM Overview](#)
- [DHCS CalAIM Initiatives](#)
- [DHCS CalAIM Resources](#)
  - [ECM Policy Guide](#)
  - [CS Policy Guide](#)
- [CalAIM Resource Guide](#)
- [CHCF Medi-Cal Policy at a Glance](#)

Visit the [PATH CITED website](#) for resources, information, webinars, office hours, and contacts.

# Our Six-Session Arc

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Bringing It All  
Together



- Define the hospital's role and leadership in communitywide delivery systems.
- Strategize how to gain buy-in and will from others around CalAIM.
- Illustrate a coordinated, multi-departmental, systems approach to CalAIM implementation within the hospital.
- Discover how ECM and Community Supports providers can be integrated into the hospital to accelerate connection to services.

# See you at Session 2!

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**Hospital's Role in CalAIM Leadership**  
Wednesday, February 26 | 1–2:30 p.m.

[Insert note about guest speaker when confirmed]

*Stay on the line for optional breakouts*



*If you are not staying on for breakouts...*

## **Please fill out our survey**

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Feedback will be incorporated into upcoming sessions and future iterations of the CalAIM Academy

*If you are staying on for breakouts...  
do not complete the survey now and  
stay on the line.*



# Breakouts

# Reminder: Academy Norms

1. **Build connections** – use the chat box to connect and exchange contact information with others.
2. **All teach, all learn** – we all have something we can learn, and we all have something we can teach others.
3. **Create a safe space** – for confidential sharing of learnings, challenges, and vulnerability.
4. **No sales, please** – this is not a space to sell your product or technology to others.
5. **Own this with us** – bring your questions and ideas for improvement.

# Self-Select Into A Breakout Room

Where are you in your CaAIM journey?

## Room 1

- I am curious and exploring CaAIM

## Room 2

- I am interested in being a contracted provider

## Room 3

- I am currently a contracted entity

## Room 4

- I am engaged as a referral partner



# Please fill out our survey

---

Feedback will be incorporated into upcoming sessions and future iterations of the CalAIM Academy



**Thank you!**



# Appendix



# Acronyms

**BH-QIP** = Behavioral Health Quality Improvement Program

**CES** = coordinated entry system

**CITED** = Capacity and Infrastructure Transition, Expansion and Development

**CoC** = continuum of care

**CS** = Community Supports (also known as ILOS or In Lieu of Service)

**ECM** = Enhanced Care Management

**FQHC** = Federally Qualified Health Center

**HHAP** = Homeless Housing, Assistance and Prevention Program

**HHIP** = Housing and Homelessness Incentive Program

**HIPAA** = Health Insurance Portability and Accountability Act (patient privacy regulations)

**HIT** = health information technology

# Acronyms

**HMIS** = homeless management information system

**ILOS** = In Lieu of Service (also known as Community Supports or CS)

**IPP** = Incentive Payment Program

**PIT** = Point in Time homeless survey

**LHP** = Local Homelessness Plan

**MCP** = Managed Care Plan

**PATH** = Providing Access and Transforming Health Program

**SB-HIP** = Student Behavioral Health Improvement Program

**TA** = technical assistance

# Key Terms

**California Advancing and Innovating Medi-Cal (CalAIM):** CalAIM is a DHCS initiative to reform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members.

**Community Supports or In Lieu of Service (ILOS):** Services that Medi-Cal managed care plans have the option to provide as a substitute to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

**Data-Sharing Agreement (DSA) or DUA (Data-Use Agreement):** A data-sharing agreement is a formal contract that clearly documents what data are being shared and how the data can be used. Such an agreement serves two purposes. First, it protects the agency providing the data, ensuring that the data will not be misused. Second, it prevents miscommunication on the part of the provider of the data and the agency receiving the data by making certain that any questions about data use are discussed before the data is shared (University of Chicago, 2011).

# Key Terms

**Department of Health Care Services (DHCS):** is the department within the California Health and Human Services Agency that helps provide low-income and disabled Californians' access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services, and long-term care.

**Enhanced Care Management (ECM):** A Medi-Cal managed care benefit that will address clinical and non-clinical needs of high-need, high-cost individuals through coordinated services and comprehensive care management.

**Managed Care Plan (MCP):** MCPs provide health care services for their members through contracts with health care providers and medical facilities. These providers and facilities make up the plan's network.

**Protected Health Information (PHI):** Protected health information includes all individually identifiable health information, including demographic data, medical histories, test results, insurance information, and other information used to identify a patient or provide healthcare services or health care coverage. 'Protected' means the information is protected under the HIPAA Privacy Rule (HIPAA Journal, 2021).

# Resources

[Billing and Invoicing Guidance](#): Submission formats, data elements and information about members, services, billing and administration

[Community Supports Policy Guide](#)

[ECM, Community Supports and IPP information, FAQs and webinars](#)

[Coding Options](#): Codes and modifiers to use when billing for ECM and Community Support services

[Medi-Cal Transportation Benefit](#)

[PATH Collaboratives](#)

[PATH Technical Assistance Marketplace](#)

[CalAIM News and Updates](#)

[Data-Sharing Guidance](#): Steps to ensure that patients' personal health information, or PHI, is shared among health partners while complying with the Health Insurance Portability and Accountability Act (HIPAA)

[ECM Policy Guide](#)

[Non-Binding Pricing Guidance for Community Supports or ILOS Services](#): Tool discusses methodologies and variations in price midpoints and ranges

[Medically Tailored Meals Spotlight](#)

[Standard Terms and Conditions for ECM and Community Supports](#) : DHCS definitions and requirements for providers