

Guide for Providers: CalAIM Overview & Contract Process

This guide was developed by the Health Education Council, the backbone organization for the Placer County Accountable Communities for Health Initiative. The purpose of this guide is to provide an overview of the California Advancing and Innovating Medi-Cal (CalAIM) as well as additional information to help organizations with information needed for contracting with Medi-Cal Managed Care plans.

Section 1: Understanding CalAIM	What is CalAIM?	<p>California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory. The success of CalAIM will be a model for transformation of the entire health care sector.</p> <ul style="list-style-type: none">• https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM/CalAIM-High-Level-Summary.pdf• https://calaim.dhcs.ca.gov/• https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-PRIMER-al1y.pdf
	CalAIM primary goals:	<p>CalAIM has three primary goals:</p> <ul style="list-style-type: none">• Identify and manage member risk and need through Whole Person Care Approaches and addressing Social Determinants of Health.• Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.
	CalAIM target population: ECM	<p>Enhanced Care Management (ECM):</p> <ul style="list-style-type: none">• What is ECM: a statewide Medi-Cal benefit available to select members with complex needs. Enrolled members receive comprehensive care management from a single lead care manager who coordinates all their health and health-related care, including physical, mental, and dental care, and social services. Enhanced Care Management makes it easier for members to get the right care at the right time in the right setting and receive comprehensive care that goes beyond the doctor's office or hospital.• Who is eligible: Enhanced Care Management is available to specific groups (called "Populations of Focus"), including:<ul style="list-style-type: none">○ Adults, unaccompanied youth and children, and families experiencing homelessness.○ Adults, youth, and children who are at risk for avoidable hospital or emergency department care.○ Adults, youth, and children with serious mental health and/or substance use disorder needs.

		<ul style="list-style-type: none"> ○ Adults living in the community and at risk for long-term care institutionalization. ○ Adult nursing facility residents transitioning to the community. ○ Children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model with additional needs beyond their CCS condition(s). ○ Children and youth involved in child welfare (foster care). ○ Adults and youth who are transitioning from incarceration. ○ Pregnant and postpartum individuals; birth -equity population of focus (starting in 2024). • What services are covered: <ul style="list-style-type: none"> ○ Outreach and Engagement, Comprehensive Assessment and Care Management Plan, Enhanced Coordination Care, Health Promotion, Transitional Care Services, Member and Family Supports, Coordination of and Referral to Community. • Additional ECM Resources <ul style="list-style-type: none"> ○ Enhanced Care Management Fact Sheet: https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf ○ ECM Policy Guide: https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf
	CalAIM target population: CS	<ul style="list-style-type: none"> • Community Supports (CS) <ul style="list-style-type: none"> ○ Services provided by Medi-Cal managed care plans (MCPs) to address Medi-Cal members' health-related social needs, help them live healthier lives, and avoid higher, costlier levels of care. ○ Members may receive a Community Supports service if they meet the eligibility criteria, and if the MCP determines the Community Supports service is a medically appropriate and cost-effective alternative to services covered under the California Medicaid State Plan. • Community Support services include the following: <ul style="list-style-type: none"> ○ 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 the Elderly (RCFE) and Adult Residential Facilities (ARF)

		<ul style="list-style-type: none"> ○ 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 Center ○ Asthma Remediation <ul style="list-style-type: none"> • Community Supports Fact Sheet: https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf • Community Supports Policy Guide: https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf
	CalAIM target population: CHW	<ul style="list-style-type: none"> • Community Health Workers (CHW) <ul style="list-style-type: none"> ○ Who is eligible: individuals who face barriers in meeting their health or health-related needs, individuals who could benefit from preventive services, individuals with behavioral health needs, individuals with exposure to trauma or violence ○ What services are covered? Health education, health navigation, screening, and assessment, individual, family support and/or advocacy ○ Oversight and billing structure. ○ Organizations interested in billing for CHW services must have a contract with MCP and do NOT need to be an ECM provider already. • Reimbursement for CHW services requires that CHWs complete specific training and/or certification.
Section 2: Am I eligible and ready for a CalAIM contract?	Organizational Capacity	<p>General readiness assessments are available to help you and your organization determine their readiness to engage in a partnership with a health care plan, assess costs and other considerations:</p> <ol style="list-style-type: none"> 1. Aging and Disability Business Institute's Readiness Assessment https://www.aginganddisabilitybusinessinstitute.org/assessment-tools/readiness-assessment/ 2. Fundamentals for Nonprofits' Nonprofit Readiness for Health Partnership https://nff.org/fundamental/nonprofit-readiness-health-partnership 3. Center for Health Care Strategies Inc. Community Based Health Care Partnership Cost Estimate Tool (Excel) https://nff.org/file/934/download?token=8-D8hvt0

	<p>4. Health Begins, Aurrera Health Group and Transform Health: Get Ready- A Contracting Best Practices Guide for Becoming a Medicaid Community Supports Provider https://healthbegins.org/wp-content/uploads/2023/07/Get-Ready-Best-Practices-for-Becoming-a-Medicaid-Community-Supports-Provider-HealthBegins-2023.pdf</p>
Steps before initiating a contract	<p>National Provider Identifier (NPI)</p> <p>1. <i>Does your organization have a National Provider Identifier (NPI)</i></p> <p>a. If no, please refer to the resources below:</p> <p>The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Standard. An NPI is a unique identification number for covered health care providers, created to help send health information electronically more quickly and effectively. Covered health care providers, all health plans, and health care clearinghouses must use NPIs in their administrative and financial transactions.</p> <p>An NPI is a 10-digit numeric identifier. It doesn't have information about you, like the state where you practice, your provider type, or your specialization. Your NPI won't change, even if your name, address, taxonomy, or other information changes. A taxonomy code that reflects your classification and specialization is needed when applying for an NPI to become a Medicare provider.</p> <p>b. NPI Basics https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/NPI-What-You-Need-To-Know.pdf</p> <p>c. Supplemental Resource: Step-By-Step Guide https://www.dhcs.ca.gov/Documents/MCQMD/NPI-Application-Guidance-for-MCPs-ECM-and-Community-Services-Providers.pdf</p> <p>d. Taxonomy Code Information: NPI Taxonomy — If an organization already has an NPI, it can use that NPI for CHW. However, please check that the taxonomy codes listed in the organization's NPI profile are current and reflect the licenses and services that will be provided as part of its participation for CHW. If you need to add a code to reflect CHW, please consider Taxonomy Code: 172V00000X – Community Health Worker. Taxonomy is used to process claims, and to properly place your organization in Anthem's provider directory. For more information on Taxonomy please visit DHCS' NPI</p>

		<p>Application Guidance. Medi-Cal provider identifier. All CHW supervising providers must attempt to enroll as a Medi-Cal provider through the DHCS Enrollment Division's provider Application and Validation for Enrollment (PAVE) system. At the end of the process, DHCS will issue you a 9-digit Medi-Cal provider numbers. Anthem must record this number in the contract and report this number to the State. Some non-traditional Medi-Cal providers (for example, housing agency) may not be able to enroll through PAVE. In this case, please alert your Anthem contracting points of contact.</p> <p>2. <i>Ready to create an NPI?</i></p> <p>a. Visit the National Plan & Provider Enumeration System and create an account: https://nppes.cms.hhs.gov/#/</p>
		<p>2. Are you already certified as a Medi-Cal Fee for Service provider?</p> <p>If no, Visit the website below to create a Provider Application and Validation for Enrollment (PAVE) application: https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx</p> <p>Step by Step Guide on how to start your application: https://www.dhcs.ca.gov/provgovpart/Documents/PAVE_Project_for_Provider_Enrollment_Division/New_Providers_2-of-8.pdf</p> <p>Tips on what you will need before completing the application:</p> <ul style="list-style-type: none"> • NPI/Taxonomy # • Worker's compensation certificate • Business permits for communities you serve. • Contact information for application holder. <ul style="list-style-type: none"> ○ Organization executive director must have access to electronically sign application. • Administrative business location • Information about non-profit board members • Preference on payment: check, electronic transfer, billing system <p><i>Note: the website works best when used in "incognito mode" according to PAVE technical support</i></p> <p>PAVE Application Timeline:</p> <ul style="list-style-type: none"> - PAVE Application window ranges from 60 – 90 days (about 3 months) to process. This may take longer if there are discrepancies in the review process. - If there are discrepancies, the Department of Health Care Services (DHCS) will notify the applicant with a "Deficiency Letter". The applicant will have 60 days to make changes and

		<p>resubmit the application from the date the letter is received. If changes are not made within this timeframe, applicants will need to re-submit application.</p> <ul style="list-style-type: none"> - When PAVE receives an application, a confirmation letter will be provided, but <u>this is separate from the letter of approval</u> and may not be sufficient to verify Medi-Cal enrollment status (please confirm with the MCP(s) you plan to contract with). - Once an organization has received an official confirmation letter from DHCS on official letterhead stating their enrollment as a Medi-Cal provider, the applicant may proceed with contacting MCP to submit a copy of a letter with your contract.
Section 3: Steps to Initiate a Contract with a Managed Care Plan (MCP)	MCPs in Placer County	<ul style="list-style-type: none"> • Partnership Health Plan of California <ul style="list-style-type: none"> ○ Established in 1988 in Solano County as Solano Partnership Health Plan and became Partnership Health Plan of California in 1997. ○ New Placer County organized health system managed care plan since January 2024. ○ Partnership is in the following counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba. ○ In Placer County Partnership oversees the care plans for approximately 60,013 Placer County Medi-Cal Recipients as of March 2024. ○ Headquarters in Solano County, new office in Auburn located at building 244-299 Nevada Street, Auburn, CA 95603. • Partnership HealthPlan About Us: <ul style="list-style-type: none"> https://www.partnershiphp.org/About/Pages/default.aspx#:~:text=Beginning%20in%20Solano%20County%20in,%E2%80%8BYolo%2C%20%E2%80%8BAnd%20Yuba. • Partnership HealthPlan County Annual Reports • Kaiser Permanente <ul style="list-style-type: none"> ○ As of January 1, 2024, Kaiser Foundation Health Plan, Inc. has contracted with the DHCS under a new direct contract to provide Medi-Cal services to enrollees in all the geographic regions where KP has a commercial footprint. This area comprises 32 counties in the state. ○ County Organized Health Systems with Partnership Health Plan are Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, and Yuba Counties.

		<ul style="list-style-type: none"> ○ For a recipient to select Kaiser Permanente as their health plan they need to have been with the health plan already. ○ In Placer County Kaiser Permanente oversees the care plans for approximately 17,351 Placer County Medi-Cal Recipients as of January 2024. • Additional Resources <ul style="list-style-type: none"> ○ https://healthy.kaiserpermanente.org/northern-california/shop-plans/medicaid/why-kp ○ https://healthy.kaiserpermanente.org/northern-california/shop-plans/medicaid/calaim-programs
	CalAIM contract Process for Partnership Health Plan of California (PHC)	<ol style="list-style-type: none"> 1. Once you are ready to initiate a discussion regarding a potential contract with PHC with one or more CalAIM benefit services, complete the appropriate questionnaire by emailing CalAIM@partnershiphp.org to request an ECM and/or CS Readiness Questionnaire if you have not done so already <ol style="list-style-type: none"> a. Partnership Questionnaire & Instructions: https://www.dropbox.com/scl/fi/tduiezxr1bs6atqcz5oh7/ECM-Community-Supports-Questionnaire-Instructions-1.pdf?rlkey=nmxxezcite98ywwc2ix629e4b&st=615rou9n&dl=0 b. Tip: Complete the questionnaire to the best of your ability, it's okay if you are unsure where you fit in. PHC will discuss possible contract options further upon completion of form. 2. Once completed PHC will set up an “Imagination Session” to further discuss responses to your completed questionnaire. 3. During your meeting with PHC: <ol style="list-style-type: none"> a. Plan to share more about what your organization does. b. Ask questions about what CalAIM services they think you align best with c. Discuss next steps for contracting, including timeline. 4. Initiate contract(s) with PHC representative
	CalAIM contract Process for Kaiser Permanente	<ol style="list-style-type: none"> 1. Kaiser Permanente is contracting with three NLEs to provide a network of ECM, CS, CHW services across Medi-Cal. <ol style="list-style-type: none"> a. In Northern California, there are two national lead entities (NLE) supporting contracts for ECM, CS, CHW. b. These NLEs are Full Circle Health Network and Independent Living Systems 2. All contracting with Kaiser for organizations to be ECM, CS or CHW providers will be through the NLE. This means that you will have a contract with said NLE and not Kaiser Permanente directly. 3. The NLE an organizations contracts with will be dependent on the population that you serve.

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		<ul style="list-style-type: none"> a. Providers will be distributed to NLEs based on geography, population expertise, services provided, and capacity. b. If you are an organization who works with youth and families, then you will be contracted with Full Circle Health Network. c. Organizations who do not work with youth and families will be contracting with Independent Living Systems. <p>4. Once you are ready to initiate a discussion regarding a potential contract with KP with one or more CalAIM benefits please email:</p> <ul style="list-style-type: none"> • Full Circle Health Network: network@fullcircleanh.org • Independent Living Systems: ILSCAProviderRelations@ilshealth.com <ul style="list-style-type: none"> • Additional Resources <ul style="list-style-type: none"> ○ Kaiser Permanente, National Lead Entity FAQ: https://healthy.kaiserpermanente.org/content/dam/kpor/final/documents/community-providers/ncal/ever/kp-nle-faq-external.pdf ○ Independent Living Systems Letter of Intent Example: https://www.dropbox.com/scl/fi/k6oe2xau6pp1wqjm6v19a/CA-LOI.pdf?rlkey=xgr6csf3187hhkcvdx4xtvlwh&st=dwohdmag&dl=0
	Billing Rates for CalAIM Services	<ul style="list-style-type: none"> • Partnership Health Plan <ul style="list-style-type: none"> ○ Enhanced Case Management (ECM) <ul style="list-style-type: none"> ▪ \$350 Per Enrollee per Month (PEPM) ▪ \$150 one-time successful engagement ▪ \$100 PEPM for Incentive Dollars- based upon monthly reporting, enrolled members, and the capacity survey. ○ Community Supports (CS) <ul style="list-style-type: none"> ▪ Rates are paid per unit of service (PMPM- Per Meal Per Hour) at DHCS mid-point. ▪ Full rates: https://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/Community%20Supports%20Documents/CS%20Codes%20Rates_Final_4.3.23.pdf
Section 4: Need additional support?	Trainings	<ul style="list-style-type: none"> • Partnership Health Plan roundtables <ul style="list-style-type: none"> ○ 2024 Schedule: May 30th, July 25th, September 26th and November 21st from 9am-10am https://www.partnershiphp.org/Community/Pages/Community-Supports.aspx • Nor Cal PATH

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		<ul style="list-style-type: none"> ○ https://www.ca-path.com/
	Resource Hub	<ul style="list-style-type: none"> • Placer ACH CalAIM Provider training 6/28 <ul style="list-style-type: none"> ○ View the recording ○ Password - A\$U9T@fd • Estimator tool: https://camdenhealth.org/resources/calaim-budget-estimator-tool/