Sacramento CalAIM Roundtable Frequently Asked Questions

The purpose of the Sacramento CalAIM Roundtable frequently asked questions (FAQ) is to provide additional information about California Advancing and Innovating Medi-Cal (CalAIM), California's long-term commitment to transform and strengthen Medi-Cal. With a specific focus on how to support the provision of Enhanced Care Management (ECM) and Community Supports (CS) services, this FAQ is in service to ECM and CS providers in Sacramento County. The Sacramento CalAIM Roundtable, part of a larger system of CalAIM Roundtables convened across the state, is a forum for ECM and CS service providers and Medi-Cal managed care plans (MCPs) to address health care needs and gaps in communities working to implement CalAIM.

The questions contained in the FAQ are largely derived from questions sent to the Sacramento CalAIM Roundtable email inbox: saccalaimroundtable@transformhc.com. While this FAQ document will be updated over time to capture ongoing CalAIM implementation updates and opportunities, we encourage you to continue to email the roundtable inbox with any questions you may have. Additional information and resources are also available in the appendix.

About Enhanced Managed Care (ECM) and Community Support (CS) Services

1. **What date do CS services go into effect?**
   - CS services were launched statewide on January 1, 2022; however, implementation varies by county and MCP. Please visit the DHCS website for a list of the CS services available under individual MCPs and delineated by county. For more general information on CS services, please refer to the DHCS Community Supports Policy Guide, linked here. Effective January 1, 2022, CS services were implemented in Sacramento County.

2. **How do members access CS services?**
   - There are three ways members can access CS services:
     i. Members who qualify may be contacted directly by their health plan and/or a CS provider. MCPs are responsible for regularly identifying members who may benefit from CS and who meet the criteria for the program. Once a member is identified, the health plan and/or their assigned CS provider will contact them to discuss CS services;
     ii. A health and social services provider, including an ECM or CS provider, may submit a referral for members. If a member has not yet been

identified by the MCP as eligible for CS services but appears to meet the requirements, their provider can submit a referral to the member's health plan. The health plan is required to have a referral process that is available for health and social service providers. You do not need to be a clinician to refer someone to CS; and,

  iii.   Members may self-refer or ask for information to see if they qualify. A member or the member's family can contact their MCP to see if they qualify for CS services. Members can contact their health plan by calling the number on the back of their insurance card.

3. **How do Medi-Cal members access ECM Services?**
   - The ECM benefit is available to Medi-Cal managed care plan members who meet the "Population of Focus" criteria. More information on populations of focus can be found in the [ECM policy guide](#). Members can be identified for ECM through their MCP, provider, family/caregiver, community-based organizations (CBOs), or via a self-referral.

4. **How are MCPs identifying members eligible for CS? Is it just for those already enrolled in ECM? Are MCPs using data, such as post-discharge notifications, to enroll members into CS, such as medically tailored meals?**
   - ECM and CS services are closely linked, but they are not mutually exclusive. CS services are not restricted to members who qualify for ECM. Data sources, such as post-discharge information, could be used to identify eligible individuals. Providers may also refer members for consideration for CS services.

5. **Will there be technical assistance (TA) to discuss how CalAIM works to serve as a level set for people who want to learn more or are not familiar with the current Medi-Cal program?**
   - The PATH TA marketplace is intended to serve as a technical assistance resource for entities that provide, or intend to provide, ECM and/or CS services. TA Vendors will either provide "off-the-shelf" projects or "hands-on" TA services to applicants. The [TA Vendor Application landing page](#) provides information on what types of expertise will be made available via the TA Marketplace.
   - Please note more information and guidance is forthcoming. In the meantime, all public CalAIM webinars held to date are posted on the [DHCS website.](#) These webinars are the best source of information until the TA marketplace is operationalized.

6. **How are the CalAIM Roundtables leveraging the expertise of community-based organizations (CBOs) to better coordinate ECM services for persons experiencing homelessness?**
   - CBOs are invited to participate in the CalAIM Roundtables. MCPs are also contracting with CBOs that are knowledgeable and responsive to the needs of

people experiencing homelessness by working to identify potential sheltering and housing opportunities, leveraging CS services to fund barriers to housing like deposits and first month's rent, and providing ongoing tenancy supports once housed.

- Additionally, through DHCS' Housing and Homeless Incentive Program (HHIP), there is an opportunity to have more focused conversations with housing providers and others related to CalAIM implementation and addressing homelessness. More information about HHIP is available [here.](#)

7. **How do the CalAIM Roundtables plan to reach, engage, and incorporate input and wisdom from community members who are non-English speaking, digital barrier-facing, and/or persons with disabilities?**
    - MCPs are committed to ensuring that participation in the CalAIM Roundtables is representative of California's diversity and includes the voices of those impacted by health care disparities. This entails ensuring that CalAIM Roundtable activities are inclusive of stakeholders/organizations which are representative in terms of racial, cultural, and linguistic diversity, and ensuring CalAIM Roundtable meetings and materials are accessible. CalAIM Roundtable meetings can always be accessed over the phone, and if attendees choose to participate in the webinar format, there is always an option for closed captioning and audio transcripts.
    - Furthermore, all CalAIM Roundtable websites have a UserWay accessibility menu that can be found on the bottom right side of the browser. This tool can be used to adjust the font size, spacing, highlighting links, screen reader, dictionary, and more. If you have additional questions or needs relating to CalAIM Roundtable accessibility, please reach out to us at saccalaimroundtable@transformhc.com.

8. **Is there a willingness for a feedback loop regarding this stakeholder process, including suggesting new agenda topics, processes, and follow-ups to questions raised?**
    - The MCPs are always open to suggestions from stakeholders on how to improve the CalAIM Roundtable. Stakeholders are encouraged to email us at saccalaimroundtable@transformhc.com with questions, comments, concerns, and requests.

Providing ECM/CS Services

1. **If providers already have a Medi-Cal contract with an MCP, will they need an amendment to add CalAIM?**
    - If a provider does not have a contract explicitly for ECM or CS, the provider will need to reach out to the MCP(s) to inquire about becoming a certified provider. A separate contract or contract amendment will be required. Please reach out to

your point of contact at the MCP of interest to inquire about becoming an ECM and/or CS provider.

2. **How can entities learn more about becoming a Technical Assistance (TA) provider under the PATH funding?**
   - To learn more about becoming a TA provider, visit the [TA Marketplace website](#) or reach out to the state's Third Party Administrator. They can be contacted at [ta-marketplace@ca-path.com](#).

3. **How can ECM staff refer clients to CS services?**
   - Providers can submit a closed-loop referral via a referral form to the individual's MCP or findhelp.org for some MCPs. Please contact the MCP directly for guidance or questions.

4. **Are all MCPs providing the same CS services?**
   - CS services may vary by plan and by county. Please refer to [this chart](#) for additional information regarding CS service provisions by MCP. You can also reach out directly to the MCP for the most up-to-date information.

5. **Can a member who is enrolled through one ECM provider move to a different ECM provider?**
   - Members may change ECM providers at any time. MCPs are expected to accommodate the ECM provider change within 30 days to the extent the requested ECM provider can accommodate the change. Please refer to the ECM Policy Guide, linked [here](#), for additional information.

6. **If a member is enrolled in an MCP that is not offering a CS that they need, could they transfer to another MCP that is offering that CS?**
   - If an individual is already enrolled through an MCP and wants to choose another MCP for any reason, they may leave the MCP and join a different one. Individuals can call Health Care Options (HCO) at 1-800-430-4263 (TTY 1-800-430-7077). The individual may also visit an HCO presentation site for help changing their MCP, and can complete and mail an Enrollment Choice Form to Health Care Options. To read more about enrollment, and receive an enrollment form, [visit the enrollment page](#). Additional information regarding your health care choices is available on the [DHCS website.](#)

7. **Is the ECM/CS referral process envisioned as a one-way referral system with the health care systems referring to community service providers? Or will service providers be able to trigger ECM connections as a way to fund interventions such as housing and case management that they are providing?**
   - The MCPs have designed the process to be as flexible as possible. For ECM and CS, referrals to both programs can come from several sources and are not limited to only a one-way, health care system-initiated referral pathway. Providers and CBOs can refer for ECM and CS services, and members are also

able to self-refer. For the time being, please contact the respective MCPs for additional information on their referral process.

8. **Will ECM and CS provider networks be shared publicly?**
   - Each MCP's Provider Directory will include providers they have contracted for ECM and CS services. Please review each MCP's website, or contact them directly, for additional information.

9. **What will data exchange look like for CBOs regarding MCP reporting?**
   - There are no required data platforms for individual providers. MCPs are looking at each provider's capacity to meet DHCS's reporting needs.

10. **Is there an urgent authorization process for patients in the hospital discharging and needing access to CS for Recuperative Care and Short Term Post Hospitalizations services?**
    - Some CS services are designed to meet urgent Member needs and should be authorized on an expedited basis. DHCS has determined the following Community Supports are inherently time sensitive and are subject to expedited authorization:
      i. Recuperative Care
      ii. Short Term Post Hospitalization Housing
      iii. Sobering Centers
      iv. Medically Tailored Meals being offered post-acute care

ECM/CS Funding Opportunities for Providers

1. **What is the timeline for the Providing Access and Transforming Health (PATH) funding initiative?**
   - The five-year, $1.85 billion (across all PATH programs) disbursement of funding varies based upon initiative:
     - The Justice-Involved Capacity Building PATH initiative is slated to become available from Q3 2022-Q4 2026
     - The Whole Person Care (WPC) Services and Transition to Managed Care Mitigation PATH initiative is expected from Q1 2022-Q4 2023.
     - All other PATH initiatives (Technical Assistance Marketplace, Collaborative Planning, and Implementation, Capacity and Infrastructure Transition, Expansion and Development) will vary but are expected to be available from Q3 2022-Q4 2026. Please refer to this slide deck, presented by DHCS, for further information on the expected timelines.

2. **What is the timeline for the CalAIM Incentive Payment Program (IPP) initiative?**
   - The $1.50 billion program, which spans January 1, 2022, to June 30, 2024, is divided into three program years (PY): PY 1 (January 2022 - December/2022); PY 2 (January 2023 - December 2023); and PY 3 (January 2024 - December/2024).

- ○ It is anticipated that there may be two funding rounds per program year; however, please refer to the MCPs in each respective region for further guidance.
- ○ The counties of Fresno, Kings, Los Angeles, Madera, Sacramento, and San Diego held their inaugural IPP application period in May 2022. Please refer to this slide deck, presented by DHCS, for further information.

3. **How will providers be engaged in the MCP's process to make IPP investments?**
   - IPP investments will be broken down into two categories: provider-specific investments and community-wide investments.
     - ○ Provider-specific: MCPs launched a joint IPP Grant Application process in April 2022 that ensures the non-duplication of investments. This is the first round of funding and the application is currently closed. Additional funding information will be announced in CalAIM Roundtable meetings.
     - ○ Community-wide: CalAIM Roundtables will have focused conversations on the gaps and needs of the community. This will inform MCP investments and, hopefully, spur local-level ideas and collaborations on how we may collectively address the identified ECM and CS needs.

4. **During the IPP funding application process, what is the relationship between the certification process and IPP applications?**
   - During the certification process, MCP(s) are evaluating providers' ability and readiness to provide ECM/CS services. MCPs are also evaluating providers' capacity to meet reporting requirements set forth by the state. This is the final step in the process before the MCPs officially contract with providers around ECM/CS service delivery. Providers may apply for IPP funding if they have ECM or CS capacity and infrastructure needs. Providers are only eligible for IPP funding if they are already certified or are currently in the process of getting certified.

5. **Under IPP funding, will there be funding for temporary or emergency housing?**
   - No. IPP would not fund temporary or emergency housing, as the goal of IPP is to increase ECM and CS provider capacity, build delivery system infrastructure, and improve quality reporting. Temporary or emergency housing are not measures that are currently included in these specific initiatives; however, other state-funded initiatives may cover these areas.

6. **Are all current ECM and CS providers eligible for PATH CITED funding?**
   - Yes, all current ECM and/or CS providers are eligible for PATH CITED funding.

7. **Will CalAIM support access to the Homeless Management Information System (HMIS)?**
   - Yes. DHCS has encouraged MCPs to develop approaches for collaborating with entities, including but not limited to, county social services, county behavioral health, public healthcare systems, county/local public health jurisdictions,

community-based organizations (CBOs), correctional partners, housing continuum and others within the county to improve data integration across behavioral health and physical health providers. This is also a priority of HHIP (i.e., Priority Area 2. Infrastructure to coordinate and meet member housing needs). To read more on this, please read the IPP Gap Filling Plan Narratives, posted by Medi-Cal managed care plan by county, linked [here](#).

8. **Are the PATH CITED applications supposed to align with the Gap Filling Plans?**
   - Yes, the State wants the CITED applications to be aligned with both the Gap Filling Plans and the Needs Assessments. MCP Gap Filling Plans are available on the DHCS website, [linked here](#).

ECM/CS Populations of Focus

1. **What is the state's timeline for developing a plan for the ECM Individuals Transitioning from Incarceration Population of Focus? How are stakeholders involved?**
   - The Justice-Involved Population of Focus is expected to be launched in 2024. The state has developed a workgroup process that it is using to provide input on key policy and implementation issues. DHCS has developed a CalAIM Justice-Involved Advisory Group – a stakeholder advisory group of leaders and representatives from key sectors, including counties, prisons, jails, providers, consumers, health plans, and policy organizations – to solicit stakeholder input on policy and implementation matters regarding the CalAIM Justice-Involved initiative. More information is available on the [DHCS website](#). Please note that full implementation of the initiative is contingent on the approval of an outstanding waiver request to the Centers for Medicare and Medicaid Services.

Regional-Specific Questions

1. **What is the process to become an ECM or Community Supports Provider?**
   - The MCPs have collaborated on a joint ECM and joint CS application process. Please reach out to each MCP you are interested in contracting with, either individually or collectively, to learn more about their provider application processes for both ECM and CS services. Interested providers may complete one ECM and/or CS application and submit the same application to the MCPs with whom they are interested in contracting. If collectively, the MCPs will collaborate on a joint discussion with interested providers to ease the burden on providers.

2. **How many unique IPP applicants were there for Round One IPP funding in Sacramento County?**
   - Medi-Cal managed care plans received applications from 19 providers in Sacramento County during the first round of CalAIM Incentive Payment Program

funding. Of those, 16 providers were notified of funding — which will be an expected $3.5 million investment into Sacramento County.

3. **We had 50% of Pathways clients switch to CalAIM. From a case management aspect, would former Whole Person Care (WPC) providers assist with CalAIM?**
   - Yes. The MCPs made a concerted effort to contract with these providers and will provide follow-up. If the provider changed, there would have been a warm hand-off.

4. **What is the difference between Social Health Information Exchange (SHIE) and Homeless Management Information System (HMIS)? How will providers interact with each?**
   - The proposed Social Health Information Exchange (SHIE) is an aggregate data platform that works to compile all the various data platforms that are utilized in Sacramento County into one platform for provider use. The Homeless Management Information System (HMIS) is a data platform that collects client-level data and data provisioned related to housing and houselessness. At this juncture, plans are still mapping out how providers will be working with data platforms in their ECM/CS work.

5. **Will Sacramento Housing and Redevelopment Agency Housing Choice Vouchers be available for CalAIM referrals as a part of Housing Navigation services?**
   - Housing Choice Vouchers via SHRA will continue to be a resource, as available, for Navigation Services, generally through the housing response system. Any additional developments will be shared by Transform Health as it becomes available.

6. **What will data exchange look like for CBOs?**
   - There are no required data platforms for individual providers. MCPs are looking at each individual provider's capacity to meet DHCS's reporting needs, while also acknowledging that some of these funds may be needed to build out or bolster existing infrastructures to meet those needs. From a community perspective, the Social Health Information Exchange (SHIE) could support all providers in providing a centralized data platform; however, it is important to note that SHIE is the long-term vision. The state is holding MCPs accountable for making improvements in the near term, so MCPs are working to ensure continued investment in the community is possible by critically evaluating a provider's data capacity.

7. **Do new enrollments include Whole Person Care (WPC) clients?**
   - New enrollments may include former WPC clients if they were not previously enrolled in Medi-Cal Managed Care or they did not opt to transition to ECM/CS in December 2022.

Appendix

- [DHCS Webpage - CalAIM Initiatives and Updates](): provides information on California Advancing and Innovating Medi-Cal (CalAIM), with resources on implementation and ongoing updates.
- [DHCS Webpage - Enhanced Care Management and Community Supports](): contains resources on CalAIM Enhanced Care Management (ECM) and Community Supports (CS) services, policies, upcoming webinars, and materials from past DHCS webinars.
- [DHCS Policy Guide - Enhanced Care Management](): a guide providing operational guidance for implementing and managing the Enhanced Care Management program.
- [DHCS Policy Guide - Community Supports](): a guide explaining the fourteen Community Supports services with operation guidance.
- [DHCS FAQ - Enhanced Care Management and Community Supports:]() answers an array of ECM and CS frequently asked questions – ranging from inquiries about the possibility of required annual assessments to specific billing questions.
- [DHCS Presentation - ECM/CS Implementation - PATH and IPP Program Review:]() outlines the Providing Access and Transforming Health (PATH) and Incentive Payment Program (IPP) programs and provides timelines for deliverables, expectations, and alignment opportunities.
- [DHCS FAQ - ECM/CS Implementation - CalAIM Funding Cheat Sheet:]() a summary of the funding streams available to assist in CalAIM Implementation, namely Providing Access and Transforming Health (PATH) and Incentive Payment Program (IPP). Includes funding timelines for PATH initiatives, application processes for each funding stream, permissible funding usages, and more.
- [DHCS Webpage - ECM/CS Implementation - CalAIM PATH:]() provides information on the various initiatives of the PATH program including DHCS webinars, application information, and program updates.
  - [DHCS Guidance - CalAIM PATH - Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative](): provides further guidance on the PATH CITED initiative and outlines the roles of the Third Party Administrator (TPA).
  - [DHCS Webpage - CalAIM Path - Technical Assistance (TA) Vendor Marketplace:]() more information on upcoming TA opportunities and how to apply to become a TA vendor. TA offerings will include the option to request custom, hands-on technical support or to request off-the-shelf TA projects, which are packaged and ready for implementation.
- [DHCS Factsheet - ECM/CS Implementation - PATH Funding](): factsheet providing an overview of PATH funding
- [DHCS FAQ - ECM/CS Implementation - IPP Funding](): a repository of frequently asked questions surrounding IPP funding.

- [Toolkit - Providers Offering Enhanced Care Management](): intended for stakeholders involved in ECM service delivery. The provider guide includes actionable and digestible content to guide providers through ECM programmatic details to help them better understand their roles and responsibilities, what the services entail, who is eligible, how to become a provider, and more.
- [Toolkit - Medi-Cal Members Accessing Enhanced Care Management](): member toolkit, authored and disseminated by Aurrera Health, is intended for qualified Medi-Cal members. The member toolkit can also be used by ECM providers, Medi-Cal managed care plans, and community-based partners to educate and inform members about the benefit. This toolkit covers a breadth of topics, including what ECM entails, who is eligible for ECM, who provides ECM services, and member rights and responsibilities.