



CalAIM: California Advancing and Innovating Medi-Cal



CalAIM Overview

DHCS has developed a comprehensive and ambitious framework for the upcoming waiver renewals that encompasses a broader delivery system, and program and payment reform across the Medi-Cal program, called CalAIM: California Advancing and Innovating Medi-Cal.

Includes initiatives and reforms for:

- Medi-Cal Managed Care
- Behavioral Health
- Dental
- Other County Programs and Services



CalAIM Overview

Advances several key priorities of the Newsom Administration by leveraging Medi-Cal as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as:

- homelessness,
- increasing behavioral health care access,
- children with complex medical conditions,
- growing number of justice-involved populations who have significant clinical needs, and
- growing aging population.



CalAIM Goals

CalAIM has three primary goals:

- 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.



Identify and Manage Member Risk and Need

The following proposals fall under this goal as well as incorporate the third goal of improved quality outcomes:

- Population Health Management
- Enhanced Care Management
- Mandatory Medi-Cal Application & Behavioral Health Coordination
- In Lieu of Services and Incentives
- Mental Health IMD Waiver (SMI/SED)
- Full Integration Plans
- Long-Term Plan for Foster Care



Moving Medi-Cal to a Consistent and Seamless System

The following proposals fall under this goal as well as incorporate the third goal of improved quality outcomes:

- Standardize the Managed Care Benefit
- Standardize Managed Care Enrollment
- Transition to Statewide MLTSS
- Annual Medi-Cal Health Plan Open Enrollment
- NCQA Accreditation of Medi-Cal Managed Care Plans
- Regional Rates for Medi-Cal Managed Care
- Behavioral Health Proposals
 - Payment Reform
 - Revisions to Medical Necessity
 - Administrative Integration Statewide
 - Regional Contracting
 - SUD Managed Care Renewal (DMC-ODS)
- Future of Dental Transformation Initiative Reforms
- Enhancing County Oversight and Monitoring
- Improving Beneficiary Contact and Demographic Information



Advancing Key Priorities

CalAIM aligns with and advances several key priorities of the Newsom Administration.

At its core, CalAIM recognizes the impact of Medi-Cal on the lives of its beneficiaries well beyond just accessing health services in traditional delivery settings.

CalAIM establishes a foundation where investments and programs within Medicaid can easily integrate, complement and catalyze the Administration's plan to impact the State's homelessness crisis, support reforms of our justice systems for youth and adults who have significant health issues, build a platform for vastly more integrated systems of care, and move toward a level of standardization and streamlined administration required as we explore single payer principles through the Healthy California for All Commission



Stakeholder Engagement

Throughout 2019 and 2020, DHCS will conduct extensive stakeholder engagement for both CalAIM and the renewal of the 1115 and 1915b waiver(s).

DHCS intends to work with the Administration, Legislature and our other partners on these proposals and recognizes the important need to discuss these issues and their prioritization within the state budget process. These are initial proposals whose implementation will ultimately depend on whether funding is available.



From Medi-Cal 2020 to CalAIM: A Crosswalk

Medi-Cal 2020 Waiver Component	Planned for CalAIM	Timeline
Medi-Cal Managed Care	Transition to new 1915(b) waiver.	January 1, 2021
Whole Person Care Pilots	Transition to new 1915(b) waiver.	January 1, 2021
PRIME	Transition to managed care directed payment under the Quality Incentive Program (QIP).	QIP 2.0 – July 1 – December 31, 2020 QIP 3.0 – January 1, 2021
Health Homes Program	Transition to new 1915(b) waiver.	January 1, 2021
Coordinated Care Initiative and Cal MediConnect	Managed care authority to new 1915(b) waiver; Extension of 1115A demonstration for Cal MediConnect through 2022; eventual Medicare-Duals Special Needs Plans (D-SNPs).	1915(b)/1115A to continue current CCI program with end date of December 31, 2022 January 2021 - Carve out MSSPs; LTC carved in January 2023 – full transition all duals into managed care statewide; all Medi-Cal managed care plans to operate DSNPs



From Medi-Cal 2020 to CalAIM: A Crosswalk

Medi-Cal 2020 Waiver Component	Planned for CalAIM	Timeline
Global Payment Program	1115 waiver renewal.	GPP program year ends June 30, 2020; renewal request to begin GPP extension on July 1, 2020.
Drug Medi-Cal Organized Delivery System (DMC-ODS)	Expenditure authority for residential SUD treatment remains in 1115 waiver; Services and delivery system move to new 1915(b) waiver.	Implementation continues; transition to 1915(b) waiver in January 2021
Dental Transformation Initiative	Transition authority to Medi-Cal State Plan.	January 1, 2021
Community-Based Adult Services (CBAS)	Transition to new 1915(b) waiver.	January 1, 2021
1115 Eligibility and Population Authorities	1115 waiver renewal.	January 1, 2021
Rady CCS Pilot	Not included.	Pilot expires on December 31, 2020
Designated State Health Programs (DSHP)	Not included.	Expires December 31, 2020
Tribal Uncompensated Care	Not included.	Expires December 31, 2020