Housekeeping

- Please enter questions through the Q&A feature in Teams (screenshot below), and we will answer questions at the end

- You may also email questions directly to info@copehealthsolutions.com
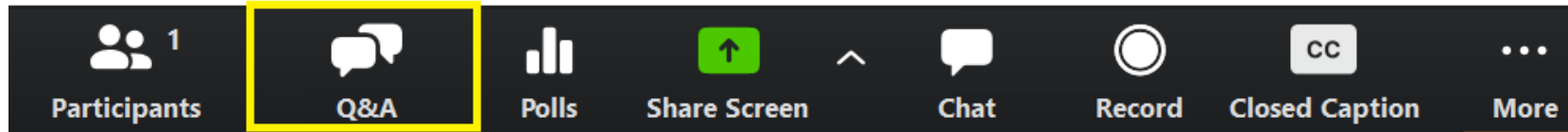
- Attendees will receive a PDF copy of the presentation, a link to the recording and a written Q&A.

Introducing Our Presenters

Allen Miller

Principal & CEO

COPE Health Solutions

Allison Blakemore

Manager

COPE Health Solutions

Julio Arellano

Director of Special Programs

Via Care Community Health Center

Jorge Reyno, MD

Senior VP of Population Health

MLK Community Health Center

Agenda

- **Overview of CalAIM**

- **CalAIM Lessons Learned to Date**

- **CalAIM and the National Health Care Landscape**

- **Funding Landscape**

- **Panel Discussion - How CalAIM has Impacted our Organizations**

- **Q&A**

Overview of CalAIM

What is CalAIM?

Medi-Cal Transformation, formerly known as California Advancing and Innovating Medi-Cal (CalAIM) is a multi year initiative to transform California's Medi-Cal program and enable it to work more seamlessly with other social services. As of June 2024, it became formally known as "Medi-Cal Transformation."

Led by the California Department of Health Care Services (DHCS), its goal is to improve outcomes for Medi-Cal patients, including those with the most complex needs.

dhcs.ca.gov/CalAIM

CalAIM Initiatives: Community Supports and Enhanced Care Management

As of June 2024, **239,700 Medi-Cal members** accessed Community Supports since the program launched in 2022.*

Community Supports provide services that address health-related social needs, promoting healthier lives and reducing costly care.

Members do not need to be enrolled in ECM to access Community Supports.

CalAIM Initiatives

- Supporting Children & Families
- Dental
- Long Term Care
- Community Supports
- Enhanced Care Management
- Pop Health Management
- Justice Involved
- Integrated Care for Duals

As of June 2024, **244,800 Medi-Cal MCP members** across California received Enhanced Care Management since the program launched in 2022.*

ECM is a statewide Medi-Cal benefit available to eligible members with complex needs, including:

- A dedicated Lead Care Manager for comprehensive care coordination

- Access to quality care across various providers

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7

Data from DHCS updated in Dec. 2024 and reflects data from Jan. 2022 through June. 2024.

CalAIM Lessons Learned to Date

1. ECM-PCP Coordination
- ECM Providers and PCPs working in silos leading to fragmented care coordination
- Need for integrated approach to improve alignment and effective collaboration

2. Contractual Measures
- MCPs hold Providers accountable and provide incentives through contractual performance and outcome measures
- Compliance and monitoring of impact on identified measures are key for closing quality care gaps and improving outcomes

3. MCP Challenges
- Varying MCP contractual and platform requirements make streamlined data, billing, and workflow development difficult for providers
- Providers with limited admin support face challenges navigating these complexities

4. Workforce Shortage
- Workforce shortages stem from variations in expectations of ECM staffing models and associated salaries
- Varying payment rates and delayed reimbursements make hiring financially challenging for organizations introducing ECM/CS into programing

5. Building Community Partnerships
- Robust community partnerships are essential due to inefficient member lists that produce low levels of patient engagement
- Partnerships create direct pathways for bi-direction referrals for services and create strong engagement from identified members

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Going Forward: Requirements for Success

ECM Pivot and IPP Dollars

- MCPs are shifting IPP funds to pay-for-performance models tied to quality measures and incentives

- Southern California MCPs working to adopt this approach to improve quality and reduce total cost of care

Quality and Care Gap Closures

- Success on MCP contracts and member outcomes will be measured through the ability to adopt HEDIS measures, close care gaps, and reduce cost of care

- MCPs incentivize quality to meet these goals and ensure long-term sustainability

Importance of Innovative Models

- Continuing to develop and implement innovative programs that build on ECM's progress to integrate coordinated services for complex needs

- The Community Integration and Coordination Model (CICM) is becoming increasingly important, especially for Dual Special Needs Plans (DSNPs)

Streamlining Referral Management

- Closed-loop referral systems are key to integrating platforms that support referral management and care coordination

- California has made efforts to improve data sharing processes across health entities to streamline coordination of care through initiatives such as the Data exchange Framework

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CalAIM and National Health Care Landscape

DHCS Medi-Cal Accountability and Improvement Efforts

The Department of Health Care Services (DHCS) published quality ratings for Medi-Cal Managed Care Plans (MCPs) and Behavioral Health Plans (BHPs), holding plans accountable for meeting established performance standards.

20 out of **24 MCPs** (83%) face sanctions for failing to meet quality measures with a focus on preventive care and behavioral health services, totaling **$3.07 million** in penalties.

What This Means for Californians:

→ **Impact on Care:** Sanctions drive MCPs to improve care access, reduce wait times and increase care coordination, including supporting preventive visits and behavioral health services.

→ **Health Equity Focus**: Aligning with CalAIM's health equity goals, DHCS aims to reduce health disparities by improving care for vulnerable populations, particularly through ECM, CS, and other similar programing.

→ **Behavioral Health Improvements:** Behavioral health plans are working to enhance access to culturally responsive services, with future sanctions planned to ensure continued progress.

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Medi-Cal FY 25-26 Estimated Budget

Year-over-Year Change from 2024-25 to 2025-26
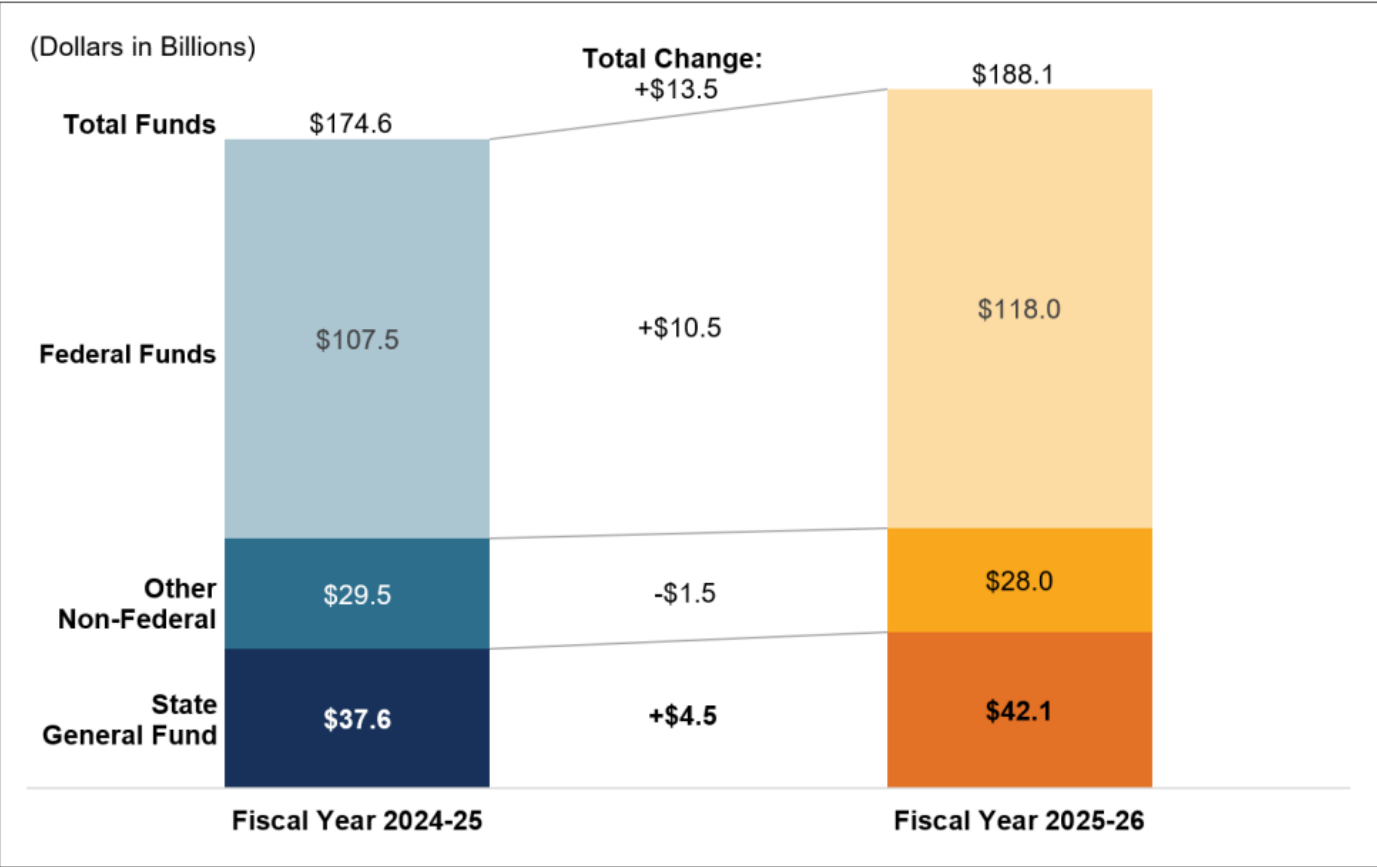
The Medi-Cal Estimate projects **total spending** will **increase by $13.5 billion** (7.7%) and **General Fund spending** will increase **by $4.5 billion** (11.8%) between 2024-25 and 2025-26.

Major factors driving the changes in estimated General Fund spending include:

- Changes in the use of available MCO tax revenues
- Projected growth in Medi-Cal pharmacy expenditures
- Net impact of growth in average managed care rates

Source: DHCS Nov 2024 Medi-Cal Local Assistance Estimate for FY24-25 and 25-26

Medicaid Waiver Comparison - California

	1115		1915(b)	1915(c)
Name	CalAIM	BH-CONNECT	CalAIM	
	Research and Demonstration Projects		"Freedom of Choice" Waivers	Home-and Community-Based Services (HCBS) Waivers
Expiration	12/31/26	12/31/29	12/31/26	2026-2029, based on waiver
Scope / Expenditures Allowed	(non-exhaustive) • Community Based Adult Services • Duals • PATH • Drug Medi-Cal Organized Delivery System • Contingency Management • **Community Supports: Recuperative Care, Post-Transition Housing Pre-Release Services** • Global Payment Program • Justice-Involved Reentry Initiative	• Access, Reform and Outcomes Incentive Program • Workforce Initiatives • Activity Funds Initiative • Residential and Inpatient Treatment for SMI • Community Transition In-Reach Services • HRSN Services – **Transitional Rent**	Consolidate Specialty Mental Health Services with Medi-Cal managed care delivery system programs previously authorized under 1115 waiver: • Medi-Cal Managed Care – through this authority, MCP contracts and other policy guidance serve as the vehicle to establish **ECM** and **CS/ILOS** • Dental Managed Care • Drug Medi-Cal Organized Delivery System (DMC-ODS) **Other Community Supports/**ILOS – outlined in Special Terms and Conditions (STCs)	• Medi-Cal Waiver Program (MCWP) • Assisted Living Waiver (ALW) • Home and Community-Based Alternatives (HCBA) Waiver • Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD) Waiver • Multipurpose Senior Services Program (MSSP) • Self Determination Waiver

Source: DHCS Medi-Cal Current Waivers
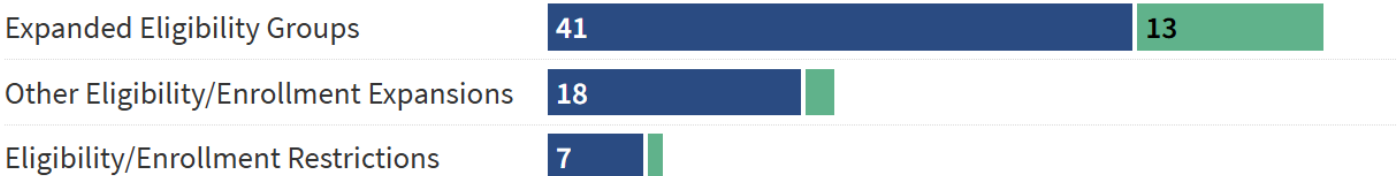
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14

Section 1115 Waivers: Landscape of Approved and Pending

Landscape of Approved and Pending Section 1115 Waivers

as of March 14, 2025
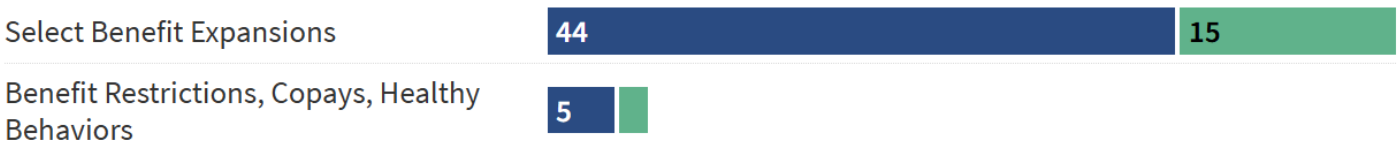
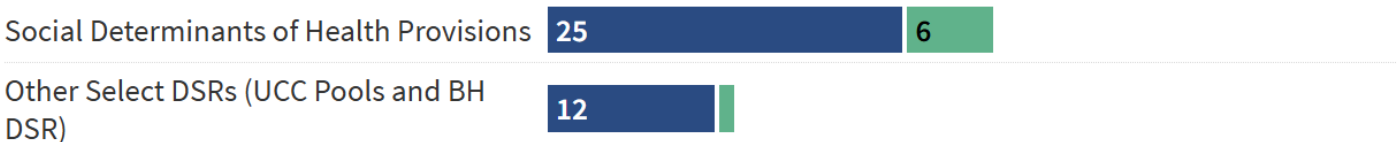■ 66 Approved Across 47 States ■ 27 Pending Across 25 States

Eligibility

Expanded Eligibility Groups	41 / 13
Other Eligibility/Enrollment Expansions	18
Eligibility/Enrollment Restrictions	7

Benefits

Select Benefit Expansions	44 / 15
Benefit Restrictions, Copays, Healthy Behaviors	5

SDOH & Other DSR

Social Determinants of Health Provisions	25 / 6
Other Select DSRs (UCC Pools and BH DSR)	12

Source: KFF Medicaid Waiver Tracker

Recent approvals focus on extending multi-year **continuous eligibility for children**, **care transitions for individuals reentering from incarceration**, and **addressing HRSN**:
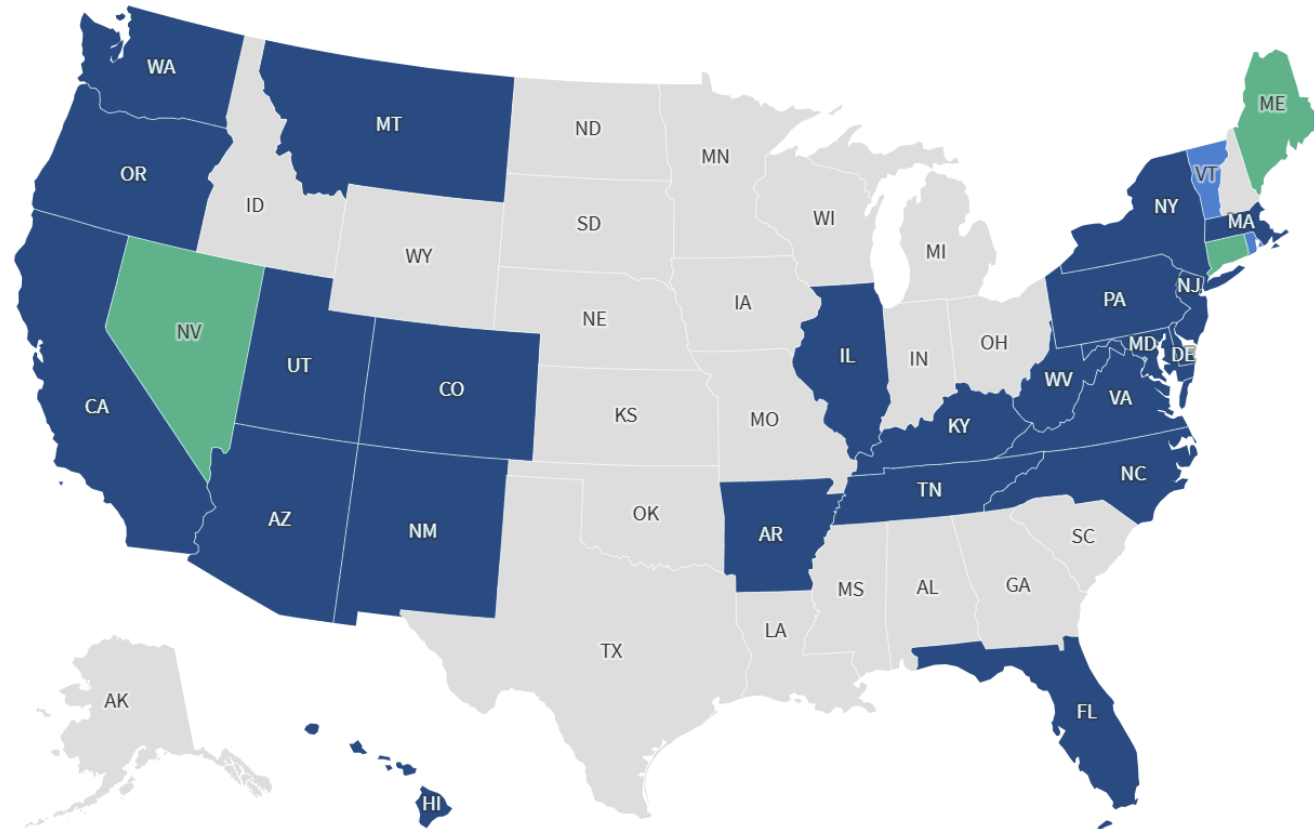
1. *Arizona*
2. *Colorado*
3. *Hawaii*
4. *Maryland*
5. *Michigan*
6. *Pennsylvania*
7. *Utah*
8. *Vermont*
9. *New York*

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15

SDOH Trends Across the 1115 Waivers Landscape

Section 1115 Waivers: Social Determinants of Health (SDOH)

as of March 14, 2025

■ Approved (23 states) ■ Approved and Pending (2 states) ■ Pending (4 states including DC)

Source: KFF Medicaid Waiver Tracker

Key SDOH Trends Across 1115 Waivers Include:

- Individuals Requiring Housing and Nutrition Supports

- Individuals at Risk of or Experiencing Homelessness

- Individuals with SMI or SUD

- Individuals Reentering After Incarceration

CalAIM 1115 Waiver Renewal Considerations and Opportunities

1. Medicaid Changes: Potential modifications in financing, funding reductions and new CMS policies

2. Local Funding: Availability of state funds and possibility for counties to provide support

3. Other state waivers: 1915(b), MCO Tax Waiver, BH-CONNECT (1115)

4. Political Landscape: State relationship with Administration and priorities of incoming CMS leadership

5. Cost-Effectiveness Data: Cost savings and outcomes data highlighting impact and value of ECM and CS

6. Opportunities for California: **BH-Connect** and **CICM** present significant opportunities for California to enhance behavioral health integration, improve care coordination and address SDOH for D-SNP beneficiaries

Funding Landscape

What's Changing and How to Maximize Available Resources

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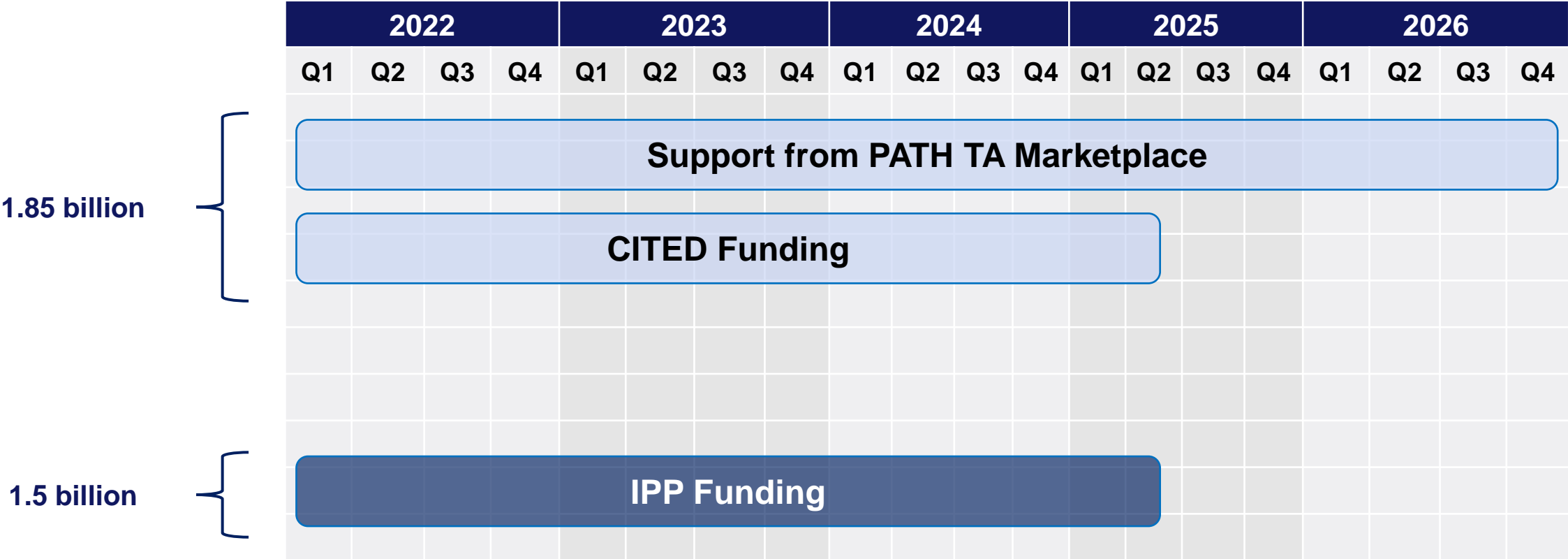# Funding Sources for ECM and CS

IPP Funding

- **The Incentive Payment Program (IPP)** are provided by MCPs and supports the implementation and expansion of ECM, CS and other CalAIM initiatives.

PATH Funding

- Providing Access and Transforming Health (PATH) is a five-year, $1.85 billion initiative to build up the capacity and infrastructure of on-the ground partners for ECM, CS and Justice-Involved services, including **Capacity and Infrastructure Transition Expansion and Development (CITED)** and **Technical Assistance Marketplace (TAM)**

	PATH TAM Total	PATH CITED Awardees
Number of Projects	728	-
Number of Recipients	488	421
Total Dollars	$87,000,000	$495,000,000 in Round 1, 2, & 3

DHCS TA Marketplace Data as of November 1st, 2024

Program Funding and Timeline

	2022				2023				2024				2025				2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

1.85 billion

Support from PATH TA Marketplace

CITED Funding

1.5 billion

IPP Funding

The TA Marketplace will remain available through 2026, offering providers the opportunity to access valuable resources through technical assistance, including hands-on training, workforce development, and support for integrating platforms to enhance ECM and CS service delivery.

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Fund Implementation of Core Strategic Initiatives

Strategic Objective	Initiative Alignment	Funding Support Options
Measure and address health equity and SDOH	• SDOH data collection & analytics • Risk stratification	• CITED, IPP and TA Marketplace
Increase value proposition to payers, deepen VBP alignment	• Quality care gap closure initiatives • Expand use of support staff; navigators or CHWs • Clinical data exchange & reporting	
Lower avoidable utilization for risk-based arrangements (Medi-Cal)	• Improved analytics to identify and engage high utilizers • Increased use of care management for all population segments in risk arrangements	• ECM & CS benefit • CITED, IPP and TA Marketplace
Expand reach beyond clinical setting to impact SDOH	• ECM & CS: Highest needs populations (top 5-10%) • CHW: Lower acuity, majority of patients • Engage under-represented populations • Organize and provide Community Supports (CS)	
Expand workforce & care team model modernization	• Expand use of mid-levels within care teams • Grow MA and care coordinators • Expand outreach & care navigator teams	• CHW benefit & ECM • CITED, IPP and TA Marketplace

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Leveraging CalAIM Dollars to Fund Infrastructure Development

Organizations can access funding to support & directly offset design, planning and implementation efforts*

Client Path to CalAIM funding through CHS

#1: Becoming Eligible to Access the Marketplace

CHS helps clients create TA Marketplace account to apply for DHCS funding
(1-3 weeks)

#2: Developing a Marketplace Project Application

CHS collaboratively develops a TA project application with client for initial DHCS approval
(1-2 weeks)

#3: Formal Scope of Work (SOW) Submission & Approval

CHS submits SOW for client and DHCS approval
(2-3 weeks)

CHS is a state approved Technical Advisor for all seven Marketplace domains, enabling us to provide end-to-end support for all CalAIM related services.

1. TA Marketplace overview: https://www.ca-path.com/technical-assistance
2. Marketplace Attestation options (we recommend DHCS pathway, option #3): https://www.ca-path.com/ta-marketplace/eligibility-criteria-to-shop-marketplace

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22

Panel Discussion

How CalAIM has Impacted our Organizations

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Open Discussion

Allen Miller
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COPE Health Solutions

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Manager
COPE Health Solutions

Julio Areliano
Director of Special Programs
Via Care Community Health Center

Jorge Reyno, MD
Senior VP of Population Health
MLK Community Health Center

Question & Answer (Q&A)

For more information on how COPE Health Solutions can support you in maximizing Medi-Cal Transformation (formerly known as CalAIM) funding and opportunities, please contact our team at info@copehealthsolutions.com or 213-259-0245.

www.copehealthsolutions.com

How Can We Help You?

Contact COPE Health Solutions to schedule a review of our CalAIM Technical Support Services Overview, to **assure a successful program roadmap and generate new funding sources and recurring revenue.**

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Visit the CalAIM Marketplace at https://www.ca-path.com/shop-tam to access our credentials and Vendor Profile