

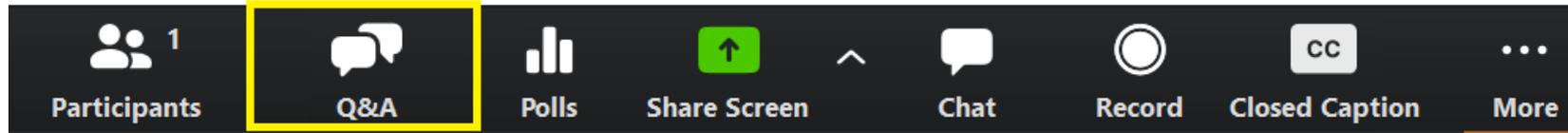


The Future of Managed Care: Optimizing Medicare, Medi-Cal & CalAIM Strategies in a Shifting Landscape

August 26, 2025

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



Ernesto Rodriguez
Executive Director of
Program Development
Kindful Restoration



Peter Hanna
Sr. Director of
Operations & Strategic
Initiatives
Clínica Monseñor
Oscar A. Romero



Emily Brosius
Director of Community
Services
Beach Cities Health
District

Agenda

- **Overview of CalAIM**
- **Lessons Learned from CalAIM**
- **California's Evolving Health care Landscape**
- **Key Funding Changes**
- **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.

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



Lessons Learned from CalAIM

CalAIM Lessons Learned to Date



Streamlined Management of Complex Members

CalAIM has shown that **proactive, personalized care planning, anchored by a Lead Care Manager serving as a single point of contact**, helps reduce fragmentation and improves outcomes for individuals with high medical, behavioral and social needs.



Integration of Lived Experience

Utilizing care team members such as case managers and community health workers who share **similar backgrounds with members has created deeper trust** and more culturally responsive care.



In-Person Connections

Face-to-face interactions remain vital, especially for vulnerable populations, and have helped tremendously to build relationships, identify unmet needs and reduce barriers to care.



Integration of Social & Community Services

Integrating **housing agencies, food programs, and other non-clinical partners directly into the care model has positively impacted resource access** for services that help to address clinical and non-clinical service needs across the identified population.



Comprehensive Closed-loop Care Coordination

Real-time communication and data-sharing between ECM providers and other care delivery organizations, including primary care, specialists, and CS providers has improved access to care, addressing gaps and **supporting seamless whole-person care delivery**.

Continued Focus on Innovative Initiatives within CalAIM

ECM is here to stay, and it's becoming more focused. ECM remains a cornerstone of CalAIM and will not be going away. As CalAIM continues to evolve, we expect more focused implementation strategies that align with gaps identified for the populations of focus including:



Behavioral Health Administrative Integration:

- DHCS requires counties to integrate administration of specialty mental health and substance use disorder services into a single behavioral health program by **January 1, 2027**.



Transitional Rent:

- Transitional Rent is the newest Community Support and will be **mandatory for all MCPs to launch by January 1, 2026**, across California, offering up to 6 months of rental assistance through Medicaid for the Behavioral Health Population and additional populations of focus in future phases.



Justice-Involved Initiative (JII):

- California is the first state approved under a 1115 waiver to provide targeted Medi-Cal services in correctional facilities, focusing on pre-release health services and reentry planning.
- All facilities must launch JII pre-release services between **October 1, 2024**, and **September 30, 2026**.

California's Evolving Health care Landscape

Medi-Cal Hits | BBB and State Budget Shortfall

The BBB Act's budget cuts are projected to reduce Medi-Cal membership in California, creating significant impacts on the State Budget and helping to driving future shortfalls.

H.R.1 (“One Big Beautiful Bill”) Impacts

- **MCO tax cap (2026) & work requirements (2027):** 19% reduction (≈\$164B over the decade) limits California's ability to draw down Medi-Cal dollars
- **Coverage & enrollment losses:** BBB could leave up to 10M people nationally uninsured, including 1.6M in California
- **Provider tax cap:** “Safe harbor” on provider taxes reduced from 6% → 3.5% by 2032
- **Coverage reductions:** Overall reductions in insured in California and Nationally put strains on the risk pools

*Federal cuts
trigger state
rollbacks*

State Budget Shortfall Impacts

- **California's 2025 undocumented coverage expansion no longer sustainable** under federal cuts, creating immediate budget pressure
- **Covered CA Subsidy impact:** ~600,000 members with premium subsidies will face reduced or lost assistance
- **Safety net strain:** Loss of coverage shifts costs to providers, FQHCs, and county clinics, driving higher uncompensated care, more ED utilization, and sicker patients entering care later
- **Premium increases:** Average premiums projected to rise 10.3% by 2026, raising costs for individuals and plans

CalAIM Programming Support for Identified Health Care Changes

As eligibility tightens, ECM, CHW and Population Health strategies will be key to sustaining access and easing pressure on the system.



Leverage ECM and CHW teams to guide members through work requirements and redeterminations to maintain coverage, and close quality care gaps.



Promote primary care first by educating members on appropriate use of primary care providers, urgent care, and emergency rooms, leveraging triage lines when available



Maximize benefit awareness so members understand and use services like medical therapy and transportation.



Strengthen partnerships with local community-based organizations to extend support, offset costs, and serve uninsured or underinsured populations.



Invest in population health analytics and care management platforms to better manage population needs and improve care coordination.

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%) faced sanctions for failing to meet quality measures with a focus on preventive care and behavioral health services, totaling **\$3.07 million** in penalties.

Opportunities for Care Providers to Strengthen Value and Expand Impact in California:

-  **Configure ECM and/or CHW programs** to improve quality, focus on connecting members to primary care and other health services, reduce avoidable utilization of the ED, and improve health outcomes.
-  **Develop processes and workflows to support members with Med-Cal redetermination and work requirements** to meet compliance requirements and ensure continued coverage to maintain member engagement.
-  **Demonstrate measurable impact on quality, outcomes, and cost** to strengthen positioning with MCPs for ECM contract extensions and new contracts and revenue through upcoming programs, like the California Integrated Care Management (CICM) model.

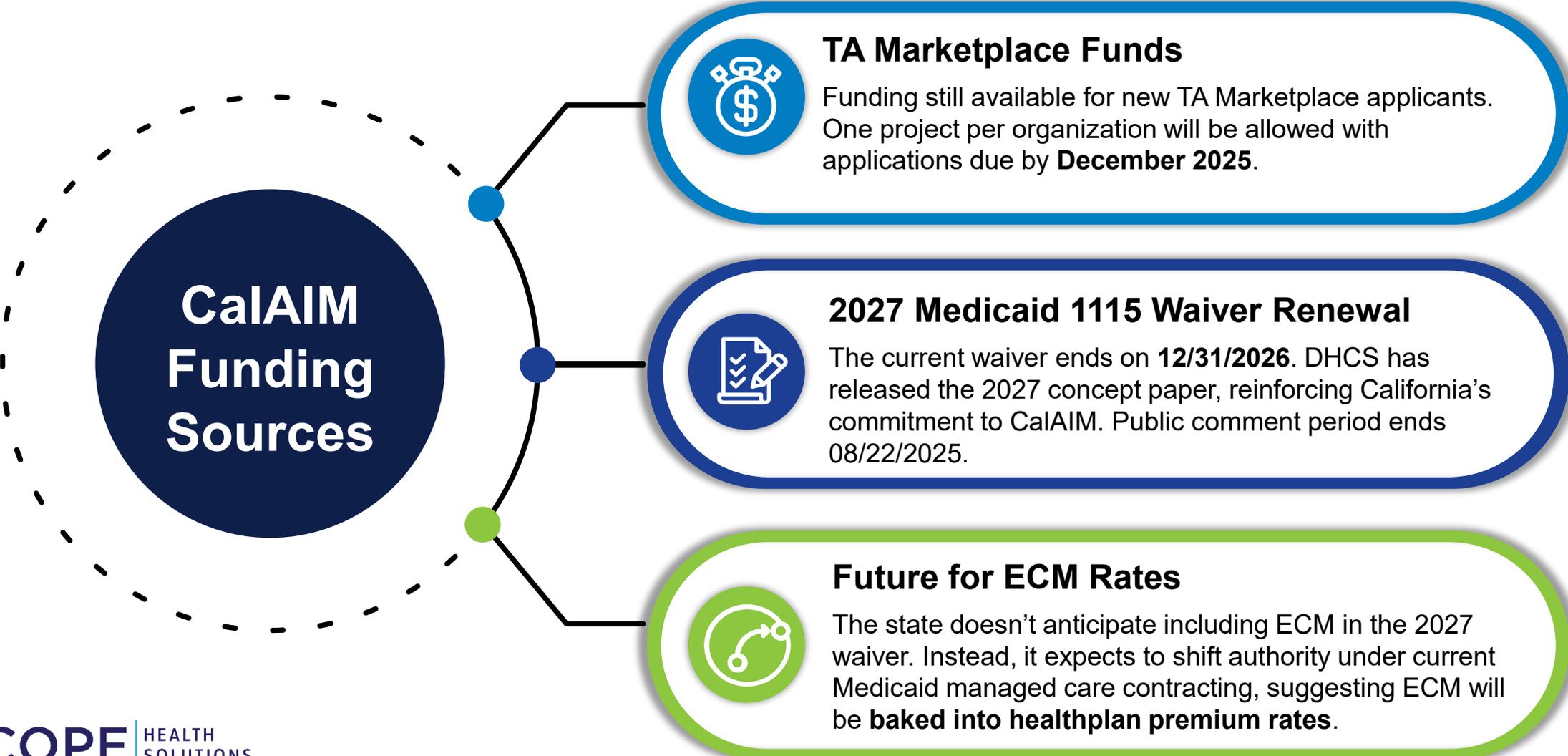
Source: DHCS New Release, December 2024

Key CalAIM Funding Changes

What's Changing for CalAIM and How to Maximize Available Resources

Current CalAIM Funding Opportunities

The funding sources below provide both short-term opportunities and long-term stability, enabling organizations to plan, scale and sustain CalAIM-aligned programs.



TA Marketplace – Important Reminders



DHCS is winding down the Technical Assistance Marketplace (TAM). Here’s what you need to know:

- 1 New Applicants Only – Priority will go to providers who have not previously accessed TAM
- 2 One Project Limit – Each organization may submit only one TA project for approval
- 3 **CHS recommends that projects be submitted by December 2025**
- 4 Approval Timeframe – Reviews and approvals typically take 4–6 weeks

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>

Discontinuation of Other CalAIM Funding

With IPP wrapped up and MCP funds allocated, organizations can look ahead to CITED Round 4 awards, as CHS expects awardees to be announced by the end of 2025. If applicants are awarded CITED, they will be required to draw down all allotted funds within the CY 2026 through Quarterly Progress Reports.

- Quarterly Progress Reports are uploaded through the Third-Party Administrator's (TPA) portal, Grants Connect
- Funding is disbursed based on the completion of milestones and the approval of the supporting documentation
- Milestones can be ***paid for performance*** or ***upfront funding*** and modifications are allowed if approved by DHCS

CHS is
here to
help!

As CITED Round 4 is awarded and organizations have questions, reach out! Our team of experts has helped many through the application and awarded periods.

Quarterly Progress Reports Components

- ✓ Narrative description of completed milestones
- ✓ Reporting to inform progress towards milestones
- ✓ Descriptions of activities
- ✓ Requests to modify activities or milestones
- ✓ Attestation of non-duplication of CITED funding
- ✓ Upfront milestone requests

Panel Discussion

How CalAIM has Impacted our Organizations

Technical Assistance (TA) Marketplace Powered Innovations



Leading Organization for JI Populations

Leveraged the TA Marketplace to become a best-practice leader for justice-involved (JI) populations within ECM, using the available projects to develop contracts, workflows, and staffing models that have positioned them for rapid growth. The strategic use of these tools has helped to secure multiple MCP contracts and expand their footprint across the Inland Empire.

CHW Training Hub



Leveraged CHW training through the TA Marketplace, to upskill their team and is now evolving into a training hub to support other ECM providers across the State. Positioning the organization as a regional leader in workforce development and capacity building within ECM.

Community Partnerships



Utilized the TA Marketplace to identify and engage community partners and referral resources, increasing direct referrals and strengthening their local network. Utilized this work to build a collaborative community across counties, hosting regular meetings to coordinate outreach and share best practices for serving the ECM population.

CICM Contracting for Duals



The CICM model of care mirrors many aspects of ECM, allowing organizations to leverage Marketplace-driven tools, workflows, and strategies to prepare for CICM's 2026 launch. Utilizing the existing ECM infrastructure will put providers ahead in aligning with CICM service expectations to expand future programming.

Open Discussion



Allen Miller
Principal & CEO
COPE Health
Solutions



Allison Blakemore
Manager
COPE Health
Solutions



Ernesto Rodriguez
Executive Director of
Program Development
Kindful Restoration



Peter Hanna
Sr. Director of
Operations & Strategic
Initiatives
Clínica Monseñor
Oscar A. Romero



Emily Brosius
Director of Community
Services
Beach Cities Health
District

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.**

Allen Miller

(213) 542-2234

amiller@copehealthsolutions.com

Allison Blakemore

(213) 819-8747

ablakemore@copehealthsolutions.com

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

This document is proprietary and confidential to COPE Health Solutions and is protected under the copyright laws of the United States and other countries as an unpublished work.

Any other reliance or disclosure in whole or in part of this information without the express written permission of COPE Health Solutions is prohibited.

Copyright © 2025 COPE Health Solutions. All rights reserved

