ALAMEDA ALLIANCE FOR HEALTH
CalAIM FAQs

December 30, 2021

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider customer satisfaction.

The California Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) initiative will start on Saturday, January 1, 2022. We have put together a list of frequently asked questions (FAQs) to provide information on the initiative.

Q: What is the difference between California Advancing and Innovating Medi-Cal (CalAIM), Enhanced Care Management (ECM), and Community Supports (CS)?

A: CalAIM is the new initiative under DHCS that is revamping the Medi-Cal system. CalAIM is the umbrella program designed to "transform and strengthen" Medi-Cal. ECM is the case management program under CalAIM, focusing on our most vulnerable members (the target populations). CS is the CalAIM program that focuses on the social determinants of health and gives the Alliance the ability to now pay for services to help keep our members in their homes and out of hospital emergency departments (EDs), acute hospitals, and other facilities.

Q: How does Major Organ Transplant (MOT) fit into CalAIM?

A: Remember, CalAIM is the umbrella program designed to revamp the Medi-Cal system. The change in MOT is another program under CalAIM. Currently, the Alliance is responsible for cornea and kidney transplants. Starting Saturday, January 1, 2022, the Alliance will become responsible for all major organ transplants (lung, heart, liver, pancreas, intestine, and bone marrow). MOT includes adults and kids, and the recipient and donor.

Q: What sets Enhanced Care Management (ECM) apart from the existing care management programs?

A: ECM is "high touch" and must include a level of in-person contact in a place where the member lives, seeks care and prefers to access services.

ECM must be provided by community providers rather than health plan staff unless exceptional circumstances apply. This requirement is designed to ensure that ECM is as connected as possible with the member's medical care and social services, not something separate and apart.

ECM is "whole person" – meaning it spans all medical, behavioral, social, oral, and long-term services and supports (LTSS) needs that members experience.

Q: Is Enhanced Care Management (ECM) a benefit?

ECM is a benefit that provides extra care coordination services to members with highly complex needs.

Q: What are the Enhanced Care Management (ECM) "populations of focus"?

- Individuals experiencing homelessness (January 2022)
- Adult high utilizers (January 2022)
- Adult with serious mental illness (SMI)/substance use disorder (SUD) (January 2022)
- Adults (January 2023) & children/youth transitioning from incarceration (July 2023)
- Adults at risk for institutionalization and eligible for long-term care (January 2023)
- Nursing facility residents who want to transition to the community (January 2023)
- Children/youth with serious emotional disturbance (SED), SMI, SUD, and experiencing homelessness (July 2023)

Members must meet eligibility requirements for each population of focus.

Q: Who will provide Enhanced Care Management (ECM)?

ECM will be offered primarily through in-person interaction where members and their families and support networks live, seek care, and prefer to access services. The Alliance will contract with community-based organizations (CBOs) to provide ECM.

Q: Which community-based organizations (CBOs) will the Alliance contract with for Enhanced Care Management (ECM)?

- Alameda Health System (AHS)
- Bay Area Community Services (BACS)
- California Cardiovascular Consultants and Medical Associates (CCCMA)
- Community Health Center Network (CHCN)
- East Bay Innovations
- Family Bridges
- Roots Community Health Center
- Watson Preventive Care Network

Q: Is Enhanced Care Management (ECM) subject to standard utilization management medical authorization timeframes, Notice of Action (NOA) requirements, and the grievance and appeals processes?

Yes. Managed care plan's (MCP) medical authorization timeframes, NOA requirements, and standard grievance and appeals processes apply to ECM for all members. ECM is a managed care benefit for members who meet the specific population of focus criteria. MCPs must ensure that authorization requests for ECM occur in accordance with federal and state regulations for processing authorizations as well as grievances and appeals.

Q: What are Community Supports (CS)?

CS is medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan.

Q: Which Community Supports (CS) services will be offered by the Alliance?

- Asthma Remediation – Contractor: Health Care Services Agency(HCSA)
- Housing Bundle – Contractor: Health Care Services Agency (HCSA)
- Housing deposits
- Housing navigation
- Housing tenancy/sustaining service
- Meals/Groceries – Contractor: Project Open Hand
- Recuperative Care (medical respite) – Contractors: Bay Area Community Services (BACS), Cardea Health, LifeLong Medical Care

Q: Is Community Supports (CS) a benefit?

No. All members must meet the eligibility criteria for each CS in order to qualify for the service. Eligibility criteria are established by DHCS. While CS is not a benefit, the Notice of Action (NOA) requirements, and standard grievance and appeals processes apply to CS for all members.

Q: What are the requirements for managed care plan (MCP) authorization of Community Supports (CS)?

MCPs are required to validate member eligibility for CS using the same methodology for all members based on approved CS service definitions and eligibility criteria.

Q: Do individuals have to consent to Community Supports (CS) before they can receive them?

There are no formal requirements for the ECM provider or managed care plan (MCP) to document the individual's consent before beginning to provide services. However, a member may decline or discontinue CS at any time.

Q: Who at the Alliance can I contact with questions about Enhanced Care Management (ECM) or Community Supports (CS)?

For general questions, please call:

Alliance Case & Disease Management (CMDM) Department
Phone Number: **1.510.747.4512**
Toll-Free: **1.877.251.9612**

Q: Where can I find more information about CalAIM?

DHCS website: **www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices**