

CalAIM Enhanced Care Management and In Lieu of Service Provider Interest Form

Anthem Blue Cross (Anthem) is engaging all potential providers and counties in California to better understand the impact the California Advancing and Innovating Medi-Cal (CalAIM) initiative will have on individuals currently enrolled in Medi-Cal Managed Care (Medi-Cal) and receiving home- and community-based services (HCBS), care management, or housing services.

Enhanced Care Management (ECM) and Community Supports (CS) are foundational components of CalAIM. ECM will be a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and nonclinical needs of high-cost, high-need, managed care members. This is done through systematic coordination of services that is community-based, interdisciplinary, high-touch, and person-centered. CS are medically appropriate and cost-effective alternatives to services covered under the state plan. CS are optional for managed care members.

CalAIM success depends on your help. Understanding of the current ECM and CS services your organization provides will help Anthem develop an integrated approach to serving Medi-Cal beneficiaries.

Please complete the online interest form at https://www.AnthemListens.com/jfe/form/SV_3lbmuqbWgr0DDJs or complete this fillable .pdf form and email to Anthem at CalAIM@anthem.com.

About your organization — In the table below, please provide organizational information and designated point of contact information:

About your organization
Organization's name:
Legal entity name: (as it appears on W-9)
Organization's website:
Mailing address:
Organization's point of contact information
Contact name:
Phone number:
Email address:
Is your organization interested in remaining or becoming an ECM provider? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe, would like more information
Is your organization interested in remaining or becoming an CS provider? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe, would like more information
Did your organization serve as a Health Home program – community-based care management (CBCME) provider? <input type="checkbox"/> Yes <input type="checkbox"/> No

<https://providers.anthem.com/ca>

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ACAPEC-2834-21 December 2021

Counties your organization services (please select all that apply):

- | | | |
|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Glenn | <input type="checkbox"/> San Benito |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Inyo | <input type="checkbox"/> San Francisco |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Kings | <input type="checkbox"/> Santa Clara |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Madera | <input type="checkbox"/> Sierra |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Mariposa | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Mono | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Nevada | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Placer | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> Plumas | <input type="checkbox"/> Yuba |

Enhanced care management service delivery

In the table on the following page, please indicate the ECM services your organization or current providers will offer.

There are six services performed by the ECM provider for the Health Homes program. The services coordinate interventions that address the medical, social, behavioral health, functional impairment, cultural, and environmental factors affecting health and healthcare choices available to Health Homes program members.

1. **Comprehensive care management:** Includes development of a Health Action Plan made available to PCPs, mental health providers, substance use disorder (SUD) providers, and care coordinators for all Health Homes program members.
2. **Care coordination:** Includes assistance with access, referral coordination, medication monitoring, and communication with care team.
 - All program staff providing Health Homes program services are subject to ECM provider/care coordinator training.
3. **Health promotion:** May include health education, coaching, disease management, and motivational interviewing.
4. **Comprehensive transitional care:** Facilitation of hospital transition activities to help reduce avoidable admissions and readmissions.
5. **Individual and family support services:** Includes peer support and self-care activities.
6. **When appropriate, referral to community and social supports:** Including provision of housing transition services and housing/tenancy sustaining services.

Please check all that apply.

	Current members served			
ECM services	Your organization currently provides	Number of members currently served for	Your organization is developing	Your organization needs help in developing
Outreach and engagement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive assessment and care management plan	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Enhanced care coordination	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Health promotion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive transitional care	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Individual and family support services	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Referral to community and social supports	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Enhanced care management target populations

In the table below, please indicate which ECM target populations your organization or current providers will serve. ***Please check all that apply.***

Target population	Your organization currently serves	Additional information
High utilizers with frequent hospital or emergency room visits/admissions	<input type="checkbox"/>	
Individuals experiencing chronic homelessness or at risk of becoming homeless	<input type="checkbox"/>	
Individuals transitioning from incarceration	<input type="checkbox"/>	
Adults: Individuals at risk for institutionalization with SMI, or SUD with co-occurring chronic health conditions	<input type="checkbox"/>	
Children: Individuals at risk for institutionalization with SMI, children with serious emotional disturbance, or SUD with co-occurring chronic health conditions	<input type="checkbox"/>	
Individuals at risk for institutionalization, eligible for long-term care PCP or specialist physician or physician group	<input type="checkbox"/>	
Nursing facility residents who want to transition to the community	<input type="checkbox"/>	
Children or youth with complex physical, behavioral, developmental, and oral health needs, for example, California Children's Services (CCS), foster care	<input type="checkbox"/>	

In Lieu of Services

In the table below, please indicate the CS your organization or current providers will provide. ***Please check all that apply.***

	Current members served			
CS services	Your organization currently provides	Number of members currently served	Your organization is developing	Your organization needs help in developing
Housing transition/navigation services	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Housing deposits	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Housing tenancy and sustaining services	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Short-term post-hospitalization housing	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Recuperative care (medical respite)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Respite	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Day habilitation programs	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Nursing facility transition/diversion to assisted living facilities	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Nursing facility transition to a home	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Personal care and homemaker services	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Environmental accessibility adaptations	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Meals/medically tailored meals	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sobering centers	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Asthma remediation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

About your organization's service delivery model

Please check off list of current services your organization provides.

Please check all that apply.

Specialty type and services	Currently provides	Additional information
Primary care	<input type="checkbox"/>	
Specialty care	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	
Substance use disorder	<input type="checkbox"/>	
CBAS	<input type="checkbox"/>	
MSSP	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

About your organization's patient population

What populations do you currently serve (for example, kids, adults, specific conditions, etc.)?

Please describe below:

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Thank you for taking the time to complete this inquiry form.

<<FOR PDF VERSION: Please email your completed form to CalAIM@anthem.com>>

If you have any questions regarding CalAIM or this form, please send an email to CalAIM@anthem.com with your name, organization's name, and contact information, and an Anthem representative will contact you.