CalAIM Enhanced Care Management and In Lieu of Services
Provider Letter of Interest

The Medi-Cal Managed Care (Medi-Cal) Plans would like to assess your interest and ability to provide Enhanced Care Management (ECM) or Community Supports (CS), or both, under the State's new California Advancing and Innovating Medi-Cal (CalAIM) initiative. For additional information from DHCS on CalAIM, see the DHCS webpage: https://www.dhcs.ca.gov/calaim

Enhanced Care Management (ECM) and In Community Supports (CS) are foundational components of CalAIM. ECM is a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members across multiple delivery system.
CS are non-traditional support services that are provided "in-lieu" of more costly services, including hospitalizations and nursing facility stays that are covered by Medi-Cal. Our success depends on you. Thank you for all that your organization is already doing for Medi-Cal managed care members. CalAIM in an opportunity to do that work in a more integrated and more impactful way.

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 / becoming an ECM Provider?	☐ **Yes** ☐ **Maybe, would like more information**
Is your organization interested in remaining / becoming an CS Provider?	☐ **Yes** ☐ **Maybe, would like more information**
Did your organization serve as a Health Home Program - Community Base Care Management (CBCME) Provider?	☐ **Yes** ☐ **No**
Does your organization serve as a Pathways (Whole Person Care program) provider?	☐ **Yes** ☐ **No**
If previously served as a HHP CB-CME, what Health Plan did you contract with?	☐ Anthem Blue Cross ☐ Molina Healthcare of California ☐ Kaiser Permanente

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	☐ Aetna Better Health of California ☐ Health Net

Enhanced Care Management Service Delivery

There are six services performed by the Provider for the Enhanced Care Management Program. The services coordinate interventions that address the medical, social, behavioral health, functional impairment, cultural, and environmental factors affecting health and health care choices available to ECM members.

- Comprehensive Care Management: Includes development of a Health Action Plan made available to PCPs, mental health providers, SUD providers, and care coordinators for all ECM members.
- Care Coordination: Includes assistance with access, referral coordination, medication monitoring, and communication with care team.
- All program staff providing ECM services are subject to ECM Provider/care coordinator training.
- Health Promotion: May include health education, coaching, disease management, and motivational interviewing.
- Comprehensive Transitional Care: Facilitation of hospital transition activities to help reduce avoidable admissions and readmissions.
- Individual & Family Support Services: Includes peer support and self-care activities.
- When appropriate, referral to Community & Social Supports: Including provision of Housing Transition Services & Housing/Tenancy Sustaining Services.

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

	Current Members Served			
ECM Services	**Your organization currently provides**	**Number of members currently served**	**Your organization is developing**	**Your organization needs help in developing**
Outreach & Engagement	☐		☐	☐
Comprehensive Assessment & Care Management Plan	☐		☐	☐
Enhanced Care Coordination	☐		☐	☐
Health Promotion	☐		☐	☐
Comprehensive Transitional Care	☐		☐	☐
Individual & Family Support Services	☐		☐	☐

Referral to Community & Social Supports	☐		☐	☐

Enhanced Care Management Target Populations

In the table below, please indicate which Enhanced Care Management 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	☐	
Individuals experiencing chronic homelessness or at risk of becoming homeless	☐	
Individuals transitioning from incarceration	☐	
Adults: Individuals at risk for institutionalization with SMI, with Serious Emotional Disturbance or Substance Use Disorder (SUD) with co-occurring chronic health conditions	☐	
Children: Individuals at risk for institutionalization with SMI, children with Serious Emotional Disturbance or SUD with co-occurring chronic health conditions Indian health clinic	☐	
Individuals at risk for institutionalization, eligible for long-term care Primary care provider (PCP) or specialist physician or physician group	☐	
Nursing facility residents who want to transition to the community	☐	
Children or youth with complex physical, behavioral, developmental, and oral health needs, e.g. California Children's Services (CCS), foster care)	☐	

In Lieu of Services

In the table below, please indicate the In Lieu of Services 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 for**	**Your organization is developing**	**Your organization needs help in developing**
Housing Transition / Navigation Services	☐		☐	☐
Housing Deposits	☐		☐	☐
Housing Tenancy and Sustaining Services	☐		☐	☐
Short-Term Post-Hospitalization Housing	☐		☐	☐
Recuperative Care (Medical Respite)	☐		☐	☐
Respite	☐		☐	☐
Day Habilitation Programs	☐		☐	☐
Nursing Facility Transition / Diversion to Assisted Living Facilities	☐		☐	☐
Nursing Facility transition to a home	☐		☐	☐
Personal Care and Homemaker Services	☐		☐	☐
Environmental Accessibility Adaptions	☐		☐	☐
Meals / Medically Tailored Meals	☐		☐	☐
Sobering Centers	☐		☐	☐
Asthma Remediation	☐		☐	☐

About Your Organization's Service Delivery Model *

Please check off list of current services your organization provides.
Please check all that apply.

Specialty Type & Services	Currently provides	Additional Information
Primary Care	☐	
Specialty care	☐	
Mental Health	☐	
Substance Use Disorder	☐	
CBAS	☐	
MSSP	☐	
Other	☐	

About Your Organization's Patient Population

What populations do you currently serve (i.e. kids, adults, specific conditions, etc.)? Please describe below:

Please complete this form and email to:

Health Plan	Email Address	Additional Instructions
Anthem Blue Cross	CASpecialPrograms@anthem.com	
Aetna Better Health of CA	BradleyA5@aetna.com	
Health Net	Kristin.C.Schlater@healthnet.com	
Molina Healthcare of California	Health_Homes_Program@Molinahealthcare.com	