



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team's expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

CONTEXT:

California Advancing and Innovating Medi-Cal, or CalAIM, is a transformational plan to modernize the State's Medicaid program. It will improve the quality of life and health outcomes of Medi-Cal beneficiaries, including those with the most complex health and social needs. CalAIM includes a series of far-reaching initiatives that together represent broad reforms of Medi-Cal's programs and systems. The Department of Health Care Services (DHCS) is implementing CalAIM in partnership with Medi-Cal providers, Managed Care Plans (MCPs), Counties, Community-Based Organizations and other stakeholders. These changes will span a multi-year period, with the first reforms already underway effective January 1, 2022 and subsequent reforms to be phased in through 2027.¹

This CalAIM Initiatives Launch Timeline is a dynamic document that reflects DHCS' expected timing of initiative launches across the implementation period for CalAIM and key related initiatives. In some instances, program launch dates are contingent upon timely Centers for Medicare & Medicaid Services (CMS) approval. Because these dates may shift as policies are finalized, the document will be updated regularly to reflect any changes. Stakeholders are encouraged to check the [DHCS CalAIM website](#) for updates to ensure access to the most up-to-date information.

ORIENTATION:

This document is divided into three sections:

1. A summary timeline of initiative go-live dates
2. A detailed matrix of initiative go-live dates
3. Brief descriptions of each initiative organized by broader categories of impact

¹ See the [DHCS CalAIM Webpage](#) for additional details.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team's expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

CalAIM Initiatives Launch Timeline – Summary of Go-Live Dates ²

DHCS Major CalAIM Program Initiatives -- Go-Live Dates (pending readiness and federal approvals)												Updated: 2/1/2023
Activity	7/22	12/22	1/23	7/23	1/24	4/24	5/24	7/24	1/25	7/25	1/26	2027
Administrative Integration of SMH and SUD			Phase I Voluntary Integration of Behavioral Health Functions							Phase II Voluntary Behavioral Health Contract Integration (County Option)		Fully Integrated
Benefits Standardization			Skilled Nursing Facility Carved Into Managed Care	Specialty Mental Health Carved Out of Managed Care*	ICF/DD & Subacute Care Facilities Carved Into Managed Care							
Enhanced Care Management (ECM)/Community Supports (ILOS)	X		X	X	X							
Incentive Payment Program			X		X							
Mandatory Managed Care Enrollment			Duals									
PATH Initiatives (ECM, Community Supports, Justice-Involved)		CITED Round 1 WPC Services & Collaborative Planning	TA Marketplace (Jan 23) CITED Round 2 Opens (Q1 2023)	CITED Round 3 Opens (Q3 2023)	CITED Round 4 Opens (Q1 2024)							
Regional Capitation Rates and Shared Savings/Risk			SPD & LTC Blend In COHS		SPD & LTC Blend Non-COHS+ Retrospective Shared Savings+				X		X	Prospective Shared Savings
Behavioral Health No Wrong Door	X											
Contingency Management			Q1 2023									
SMI/SED IMD Waiver (CalBH-CBC Waiver)				Earliest to CMS	X							
Transition to Statewide LTSS and D-SNP (CCI ends)	Feasibility Study		CCI Counties								Non-CCI Counties	Statewide MLTSS
Behavioral Health CPT Code Transition			X	X								
Behavioral Health Standard Screening and Transition Tools			X									
Justice-Involved Initiative			Pre-Release Medical Application									
Population Health Management (including Service (TBD))			PHM Program									
Behavioral Health Payment Reform				X								
County CCS Oversight								X				
NCQA Accreditation										X		
Full Integration Plans												X
County Eligibility and Oversight							X					
DMC-ODS Traditional Healers and Natural Helpers (TBD)												
Improving Beneficiary Contact and Demographic Information (TBD)												

Bold cells indicate change from prior version
 Quarters (Q) are based on calendar quarters
 * Solano and Sacramento Counties Only
 † Pending readiness and State approvals

² The Summary of Go-Live Dates table provides a snapshot of go-live dates beginning in July 2022 through 2027. The detailed launch timeline tables that follow provide a more comprehensive view which dates back to January 2022.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

CalAIM Initiatives Launch Timeline – Details of Go-Live Dates

Go-Live Date	Initiative ³	Go-Live
January 2022	Benefits Standardization	Benefits are standardized for major organ transplants and the Multipurpose Senior Services Program (MSSP). All major organ transplants are carved in and covered by MCPs statewide, and MSSP is no longer covered by MCPs in certain counties. ^{4,5}
	Dental (new benefits and P4P)	New dental benefits are available (including a caries risk assessment bundle for young children and Silver Diamine Fluoride for children and certain high-risk and/or institutional populations) and pay-for-performance initiatives to reward preventive services and continuity of care implemented statewide.
	Enhanced Care Management (ECM)	Enhanced care management (ECM) services are available for select Populations of Focus in Whole Person Care (WPC) Pilot and Health Home Program (HHP) counties, including for Individuals & Adults and Their Families Experiencing Homelessness; Adults at Risk of Avoidable Hospital or ED Utilization; Adults with Severe Mental Health and/or Substance Use Disorder (SUD) Needs; Adults with Intellectual and/or Developmental Disabilities (I/DD); Adults who are Pregnant or Postpartum; and Individuals Transitioning from Incarceration in select WPC Pilot counties only, where the services provided in the Pilot are consistent with those described in the ECM Contract.
	Community Supports	MCPs offer preapproved Community Supports to beneficiaries.
	Incentive Payments	Program Year 1 began on January 1, 2022, and the first round of performance incentive payments were issued to MCPs in April 2022.

³ Includes CalAIM Proposal initiatives and key related initiatives.

⁴ Only in Coordinated Care Initiative (CCI) counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, Santa Clara.

⁵ See [All Plan Letter \(APL\) 21-015](#) for more information on MMCE and Benefits Standardization.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Go-Live Date	Initiative ³	Go-Live
	Mandatory Managed Care Enrollment (MMCE)	Certain beneficiaries are required to enroll into managed care. Other beneficiaries are required to move from managed care into fee-for service. ⁵
	Regional Capitation Rates and Shared Savings/Risk	Regional Capitation Rates (Phase 1): County-based rates transitioned to regional rates in targeted groups of counties (“Phase 1 counties”).
	Specialty Mental Health Services – Criteria for Services	Specialty Mental Health Services (SMHS) criteria for beneficiary access to services for both adults and children updated and clarified.
	Drug Medi-Cal Organized Delivery System (DMC-ODS) Renewal and Policy Improvements	DMC-ODS added to the state plan, delivery system authorized by the Section 1915(b) waiver, and certain DMC-ODS policies clarified or changed. These include: updates to DMC-ODS services (i.e., revisions to the definition of residential treatment; expansion of types of clinicians who can provide and claim for Clinician Consultation Services (formerly Physician Consultation Services); new DMC-ODS beneficiary access criteria (per AB 133); and information and clarification regarding requirements for DMC-ODS services.
July 2022	Enhanced Care Management (ECM)	ECM services become available for select Populations of Focus in counties with neither WPC Pilot nor HHPs, including for: Adults and Their Families Experiencing Homelessness; Adults at Risk of Avoidable Hospital or ED Utilization; Adults with Serious Mental Health and/or SUD Needs; Adults with I/DD; and Adults who are Pregnant or Postpartum.
	Community Supports	Additional Community Supports elections go live.
	Behavioral Health No Wrong Door	No Wrong Door policy and co-occurring treatment policy go live.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Go-Live Date	Initiative ³	Go-Live
	Transition to Statewide MLTSS and D-SNP	Release findings from Feasibility Study of Exclusively Aligned Enrollment (EAE) D-SNPs in non-CCI counties.
December 2022	Providing Access and Transforming Health (PATH) Initiatives (ECM, Community Supports, Justice-Involved)	Funding disbursed to Collaborative Planning initiative facilitators. First round of funding disbursed on rolling basis for WPC Services and Transition to Managed Care Mitigation Initiative.
January 2023	Administrative Integration of SMH and SUD	Launch Phase I: Voluntary Integration of Behavioral Health Functions. under existing county contracts. Counties may integrate functions that do not require new state policy, such as beneficiary access lines, screening, assessment, treatment planning, and data management.
	Benefits Standardization	LTC Skilled Nursing Facility (SNF) transition to Medi-Cal managed care. ⁶
	Enhanced Care Management (ECM)	ECM launch for the two “Long-Term Care” Populations of Focus: 1) Adults Living in the Community and At Risk of Institutionalization; and 2) Adult Nursing Facility Residents Transitioning to the Community.
	Community Supports	Additional Community Supports elections go live.
	Incentive Payments	Program Year 2 begins on January 1, 2023.
	Mandatory Managed Care Enrollment	All full dual eligible individuals, except share of cost or restricted scope, and all dual eligible and non-dual eligible individuals receiving LTC services (including those with a share of cost) move into Medicaid managed care. ⁷

⁶ See [APL 22-018 \(ca.gov\)](https://www.ca.gov/apl/22-018) for more information on SNF LTC Benefit Standardization.

⁷ See [All Plan Letter \(APL\) 21-015](https://www.ca.gov/apl/21-015) for more information on MMCE and Benefits Standardization.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Go-Live Date	Initiative ³	Go-Live
	Providing Access and Transforming Health (PATH) Initiatives (ECM, Community Supports, Justice-Involved)	Launch of Technical Assistance Marketplace initiative. First meetings of Collaborative Planning and Implementation initiative groups.
	Regional Managed Care Capitation Rates and Shared Savings/Risk	Shared Savings/Risk: Earliest implementation of shared savings/risk via a Seniors and Persons with Disabilities (SPD)/LTC blended rate will occur within County Organized Health Systems (COHS).
	Transition to Statewide MLTSS and D-SNP	Medi-Cal MCPs operating in Coordinated Care Initiative (CCI) counties required to operate Medicare Medi-Cal Plans (MMPs), the California-specific program name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs). Cal MediConnect (CMC) demonstration program transitions to EAE D-SNPs.
	Mental Health Standard Screening and Transition Tools	Standardized mental health screening and transition of care tools implemented statewide by MCPs and county Mental Health Plans (MHPs).
	Justice-Involved Initiative: Pre-Release Medi-Cal Application Process in County Jails and Youth Correctional Facilities	County jails and youth correctional facilities implement pre-release Medi-Cal application process to ensure that incarcerated individuals who are eligible for Medi-Cal and need ongoing physical or behavioral health treatment receive timely access to services upon release from incarceration. This process is already implemented in state prisons.
	Population Health Management (PHM)	Launch of Population Health Management (PHM) Program, which will ensure that all members have access to a comprehensive set of services based on their needs and preferences across the continuum of care, leading to longer, healthier, and happier lives, improved outcomes, and healthy equity.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Go-Live Date	Initiative ³	Go-Live
Q1 2023	Recovery Incentives: California’s Contingency Management Program	Launch of contingency management pilot in select DMC-ODS counties.
	Providing Access and Transforming Health (PATH) Initiatives (ECM, Community Supports, Justice-Involved)	Funding disbursements for Round 1 of CITED. CITED Round 2 application opens.
July 2023	Benefits Standardization	SMHS fully carved out to County mental health plans (MHPs) in Sacramento and Solano Counties.
	Enhanced Care Management (ECM)	ECM launches for the Children and Youth Populations of Focus.
	SMI/SED IMD Waiver (CalBH-CBC Waiver)	Earliest submittal of CalBH-CBC Waiver to CMS, requesting authority for federal matching funds for services provided to Medi-Cal beneficiaries in institutions for mental disease (IMDs) in county mental health plans that opt-in; additional federal funding will provide opportunities to improve service delivery and outcomes across the behavioral health continuum of care.
	Behavioral Health CPT Code Transition	Specialty mental health and SUD services transitioned from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, Current Procedural Terminology (CPT).
	Behavioral Health Payment Reform	Counties transitioned from cost-based reimbursement funded via Certified Public Expenditure (CPE) methodologies to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs).
Q3 2023	Providing Access and Transforming Health (PATH) Initiatives (ECM, Community Supports, Justice-Involved)	CITED Round 3 application opens.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Go-Live Date	Initiative ³	Go-Live
January 2024	Benefits Standardization	Intermediate Care Facility/Developmentally Disabled (ICF/DD) facilities, ICF-DD/Habilitative, ICF-DD/Nursing and Subacute Care (Adult and Pediatric) facilities transition to Medi-Cal managed care.
	Enhanced Care Management (ECM)	ECM services launch for the Individuals Transitioning from Incarceration Populations of Focus. ECM available for the Birth Equity Population of Focus.
	Incentive Payments	Program Year 3 begins on January 1, 2024.
	Regional Managed Care Capitation Rates and Shared Savings/Risk	Earliest transition from county-based rates to regional rates methodology statewide. Expanded implementation of shared savings/risk via SPD/LTC blended rate and retrospective financial savings/risk calculation.
	SMI/SED IMD Waiver (CalBH-CBC Waiver)	DHCS receives authority for federal matching funds for services provided to Medi-Cal beneficiaries in institutions for mental disease (IMDs) in county mental health plans that opt-in; additional federal funding will provide opportunities to improve service delivery and outcomes across the behavioral health continuum of care.
Q1 2024	Providing Access and Transforming Health (PATH) Initiatives (ECM, Community Supports, Justice-Involved)	CITED Round 4 application opens.
April 2024	Justice-Involved Initiative: Pre-Release Medi-Cal Services	Beginning of 24-month phase-in period for Justice-Involved Pre-Release Medi-Cal Services.
May 2024	County Eligibility and Oversight⁸	DHCS begins monitoring counties’ performance against eligibility performance standards.

⁸ Updated initiative launch date subject to change dependent upon the end date of the COVID-19 Public Health Emergency.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Go-Live Date	Initiative ³	Go-Live
July 2024	County CCS Oversight	New monitoring and oversight approach implemented following the execution of DHCS/county Memorandum of Understanding to ensure consistent standards for quality and access to care for beneficiaries enrolled in the CCS program throughout the state of California.
January 2025	Regional Managed Care Capitation Rates and Shared Savings/Risk	Shared Savings/Risk: Continued implementation of regional rates statewide and shared savings/risk via SPD/LTC blended rate and retrospective financial savings/risk calculation.
July 2025	Administrative Integration of SMH and SUD	Launch Phase II Voluntary Behavioral Health Contract Integration (County Option). Counties may opt to enter into integrated SMH and SUD contracts with DHCS.).
January 2026	Regional Managed Care Capitation Rates and Shared Savings/Risk	Shared Savings/Risk: Continued implementation of regional rates statewide and shared savings/risk via SPD/LTC blended rate and retrospective financial savings/risk calculation.
	Transition to Statewide MLTSS and D-SNP	All Medi-Cal MCPs required to operate Medicare Medi-Cal Plans (MMPs), the California-specific program name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs), unless determined otherwise by the DHCS exemption process (in development). Exclusively aligned enrollment (EAE) required in all counties.
	NCQA Accreditation	All MCPs and their health plan subcontractors must have National Committee for Quality Assurance (NCQA) Health Plan Accreditation and NCQA Health Equity Accreditation.
January 2027 or Beyond	Administrative Integration of SMH and SUD	Phase III: Administration of specialty mental health and SUD services fully integrated into one behavioral health program and one contract in each county. This initiative is a multi-year effort that builds on the implementation of other CalAIM behavioral health policies, starting in 2022, including Criteria for SMHS, the DMC-ODS Policy Improvements and Behavioral Health Payment Reform initiatives.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team's expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Go-Live Date	Initiative ³	Go-Live
	Regional Managed Care Capitation Rates and Shared Savings/Risk	Shared Savings/Risk: Earliest implementation of shared savings/risk through a prospective rate methodology.
	Transition to Statewide MLTSS and D-SNP	Managed long-term services and supports (MLTSS) implemented statewide in Medi-Cal managed care.
	Full Integration Plans	Full integration of physical health, behavioral health, and oral health in one MCP, meaning beneficiaries obtain services from one plan and DHCS consolidates all services under a single contract.
TBD	Population Health Management (PHM) Service	Statewide launch of the PHM Service.
	DMC-ODS Traditional Healers and Natural Helpers	Traditional healers and natural helpers can deliver DMC-ODS services.
	Improving Beneficiary Contact and Demographic Information	DHCS implements a recommended plan of action to improve the accuracy and flexibility of updating beneficiary contact and demographic information in eligibility and enrollment systems and other databases.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

CalAIM Initiatives Descriptions

Population Health Initiatives
<p>Population Health Management (including Service): Implement new PHM Program, which will be a cohesive approach for keeping all beneficiaries healthy, improving health outcomes, and reducing disparities in access and care. MCPs will be required to implement a whole-system person-centered PHM strategy that includes assessments of each beneficiary’s health risks and health-related social needs, focuses on wellness and prevention, and provides processes for case management and care transitions across delivery systems and settings. The PHM Service will provide a data-driven service that supports whole-person care through integrating Medi-Cal beneficiary administrative, medical, behavioral, dental, social service and program information from disparate sources, performing population health functions, and allowing for multi-party data access and use.</p>
<p>Enhanced Care Management (ECM): Implement ECM benefit within Medi-Cal managed care, which will address both the clinical and non-clinical needs of the highest-need, highest-cost Medi-Cal beneficiaries through intensive coordination of health and health-related services, performed largely in person and in the community. Through ECM, beneficiaries will have a single care manager with responsibility for coordinating all clinical and non-clinical services, including Community Supports (described below).</p>
<p>Community Supports: Adopt Community Supports, new statewide services that MCPs may elect to offer to beneficiaries as medically appropriate, cost-effective alternatives to traditional medical services or settings. Community Supports are services addressing social drivers of health, which build on and scale existing work in the Whole Person Care Pilots and Health Home Program. California is rolling out 14 Community Supports, including housing-related services, services that support transition from institutional settings to the community, medically tailored meals/food, and recuperative care.</p>
<p>Incentive Payments: Complement and expand CalAIM and drive change at the MCP and provider level by building appropriate and sustainable capacity; investing in necessary delivery system infrastructure; bridging current silos across physical and behavioral health care service delivery; reducing health disparities and promoting health equity; achieving improvements in quality performance; and incentivizing MCP take-up of Community Supports.</p>
<p>NCQA Accreditation: Require all MCPs and their health plan subcontractors to have NCQA Health Plan Accreditation and NCQA Health Equity Accreditation by 2026. As part of the preparation for this requirement, DHCS must consider elements for deeming in relation to annual Audits and Investigations Division compliance audits and align all applicable processes with NCQA. Components of NCQA accreditation, such as for PHM, are required in advance of 2023.</p>



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Managed Care Initiatives

Benefits Standardization: Standardize the benefits that are provided through Medi-Cal MCPs statewide, so that regardless of a beneficiary’s county of residence or plan they are enrolled in, they will have the same set of benefits delivered through their Medi-Cal managed care plan as they would in another county or plan.

Mandatory Managed Care Enrollment: Enhance coordination of care, increase standardization, and reduce complexity across the Medi-Cal program by standardizing which groups will require mandatory managed care enrollment versus mandatory fee-for-service enrollment, across all models of care and aid code groups, statewide. This will happen in two phases. For Phase I, the following beneficiaries who only have Medi-Cal (non-dual) and a subset of beneficiaries who have both Medi-Cal and Medicare (dual) transitioned from FFS to managed care: Trafficking and Crime Victims Assistance Program (dual and non-dual), individuals granted accelerated enrollment (dual and non-dual), Breast and Cervical Cancer Treatment Program (non-dual), beneficiaries with other health care coverage (non-dual), and beneficiaries living in rural zip codes (non-dual). Also, as part of Phase I of mandatory managed care enrollment, the following populations will transition from a managed care plan to the FFS delivery system: beneficiaries covered under the Omnibus Budget Reconciliation Act in Napa, Solano, and Yolo counties, and share of cost (SOC) (dual and non-dual) beneficiaries in County Organized Health Systems and Coordinated Care Initiative counties.

Phase 2 moves all dual aid code groups, except SOC and OBRA, from FFS to Mandatory Managed Care and includes the following populations: individuals in Skilled Nursing Facility (SNF) Long Term Care (LTC), including SNF LTC SOC, dual and non-dual, Non-Disabled Adults (with no SOC), Aged, Breast and Cervical Cancer Treatment Program (BCCTP), Disabled, beneficiaries with Other Health Care (OHC) coverage, beneficiaries living in rural zip codes and all beneficiaries in Home and Community Based Services Waivers. Additionally, DHCS identified additional individuals who were subject to transition as part of Phase I, but did not transition for various reasons, that will transition as part of Phase 2 on January 1, 2023. This population includes dual and non-dual beneficiaries.

Regional Capitation Rates and Shared Savings/Risk: Transition from county-based rates to a regional methodology in targeted groups of counties (Phase 1; 1/1/2022) and then statewide (Phase 2; no sooner than 1/1/2024). Implementation of SPD/LTC blended rate (no sooner than 1/1/2023) followed by retrospective (no sooner than 1/1/2024), and ultimately prospective (no sooner than 1/1/2027), sharing of savings and risk to create mutual incentives for commitment to and investments in ECM, Community Supports, and MLTSS.

Full Integration Plans: Test the effectiveness of full integration of physical health, behavioral health, and oral health under one contracted entity through a Pilot program to address the current fragmented delivery system. DHCS will be engaging with stakeholders to assess the various components necessary for fully integrating health care services.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Behavioral Health Initiatives
SMI/SED IMD Waiver (CalBH-CBC Waiver): Develop and submit to CMS a Section 1115 demonstration waiver to receive federal matching funds for short-term residential treatment services provided to Medicaid beneficiaries with an SMI or Serious Emotional Disturbance (SED) in an IMD, as part of a broader continuum of care.
Behavioral Health CPT Code Transition: Transition specialty mental health and SUD services from existing HCPCS Level II coding to Level I CPT coding.
Behavioral Health Payment Reform: Transition counties from cost-based reimbursement funded via CPEs to fee-for-service reimbursement funded via IGTs.
CalAIM Behavioral Health Policies: Update and clarify policies for SMHS, develop standardized screening and transition tools, and implement a “no wrong door” policy to ensure beneficiaries receive treatment regardless of the delivery system in which they seek care. In addition, streamline documentation requirements for SMHS and SUD services.
Administrative Integration of SMH and SUD: Improve outcomes for beneficiaries and reduce administrative and fiscal burdens for counties, providers, and DHCS by integrating the administration of specialty mental health and SUD services into one behavioral health program in each county.
Drug Medi-Cal Organized Delivery System Renewal and Policy Improvements: Clarify or change DMC-ODS policies to improve beneficiary experience, increase administrative efficiency, and ensure cost-effectiveness and achieve positive beneficiary health outcomes, and encourage new counties to opt into DMC-ODS.
Contingency Management: Design and implement pilot program for DMC-ODS counties that provides incentives to beneficiaries with stimulant use disorder and supports their path to recovery.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

County Oversight Initiatives

County Eligibility and Oversight: Implement a phased approach to working with counties to increase program integrity with respect to eligibility and enrollment. To accomplish this, DHCS is reinstating county performance standards and developing updated processes for monitoring, reporting, and corrective action measures.

Enhancing County Oversight and Monitoring – CCS: Provide enhanced monitoring and oversight of all 58 counties to ensure continuous, and unwavering optimal care for children and youth. To implement the enhanced monitoring and oversight of the California Children’s Services (CCS) program in all counties, DHCS will develop a robust strategic compliance program to ensure consistency is applied across the counties.

Improving Beneficiary Contact & Demographic Data: Accurate contact and demographic information is critical for ongoing Medi-Cal eligibility, enrollment, and care management. To ensure that relevant entities (including MCPs and providers) can more easily share and obtain up-to-date beneficiary information, DHCS intends to reconvene the workgroup of interested stakeholders to develop a set of recommendations for ensuring that updated contact and demographic information can be used across all eligibility and enrollment systems and other databases, while maintaining compliance with all applicable state and federal privacy laws, and without creating unintended consequences for Medi-Cal, other social services programs, Medi-Cal beneficiaries, managed care plans, and the provider community.

LTC/MLTSS/Duals Initiatives

Transition to Statewide MLTSS and D-SNP : Transition the CCI, inclusive of Cal Medi-Connect (CMC), which is currently only available in seven counties, to a statewide MLTSS and Medicare Medi-Cal Plan (MMP) structure. MMP is the California-specific program name for Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs). This will provide better coordination of care and improve care integration and person-centered care. Additionally, this transition will create both program and financial alignment, simplify administration and billing for providers and plans, and provide a more seamless experience for dual eligible beneficiaries by having one plan manage both sets of benefits for the beneficiary. CMC beneficiaries will be automatically transitioned to the aligned MMP affiliated with their CMC plan.



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team’s expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Other Initiatives

Dental (new benefits and P4P): Implement a caries risk assessment bundle for young children, Silver Diamine Fluoride for children and specified high-risk and/or institutional populations and pay-for-performance initiatives to reward preventive services and continuity of care.

Foster Care Model of Care: Explore new ways to improve the model of care for foster youth, specifically to address the complex medical, behavioral, oral and developmental needs of children and youth involved in the child welfare system (children and youth, former foster care youth, and youth transitioning out). DHCS has launched a Foster Care Workgroup to inform long-term recommendations for these Medi-Cal beneficiaries.

Justice-Involved Initiative:

- All counties and youth correctional facilities implement a pre-release Medi-Cal application process to ensure that incarcerated individuals who are eligible for Medi-Cal and need ongoing physical or behavioral health treatment receive timely access to services upon release from incarceration.
- Pending CMS approval, DHCS would provide Medi-Cal coverage—with a select set of Medi-Cal services—to eligible individuals in the 90-days prior to their release from county jails, state prisons and youth correctional facilities. Proposed targeted services include: care management/care management, physical/behavioral health clinical consultation, laboratories/x-rays, community health worker services, medications and medication administration, medications for addiction treatment (MAT), and post-release services including a supply of medications in-hand for use post-release and durable medical equipment (DME) for use post-release.
- The justice-involved behavioral health linkages proposal would require all state prisons, county jails, and youth correctional facilities to implement a process for facilitated referral and linkage from correctional facility release to specialty mental health, Drug Medi-Cal, DMC-ODS and Medi-Cal managed care providers, in cases where the incarcerated individuals was receiving behavioral health services while in a correctional facility, to allow for continuation of behavioral health treatment in the community.
- ECM services for eligible justice-involved populations of focus for coordinated re-entry.
- Community Supports (e.g., housing support) for justice-involved populations upon re-entry.
- Reentry planning and services for justice-involved populations.
- Enhancements for facilitating data sharing, including for justice-involved populations.

Providing Access and Transforming Health (PATH) Initiatives (ECM, Community Supports, Justice-Involved): Support for city, county, and other government agencies, county and community-based providers – including but not limited to public hospitals, CBOs, and Medi-Cal Tribal and the Designees of Indian Health Programs – to support capacity building, including payments for infrastructure, interventions, and services to complement and ensure access to the array of services



CalAIM Initiatives Launch Timeline as of February 2023

This is a dynamic document that reflects the CalAIM team's expected timing of launches. In some instances, program launch dates are contingent upon timely CMS approval. Because these dates may shift, the document will be updated regularly to reflect any changes.

Other Initiatives

and benefits that are part of successful implementation of ECM and Community Supports under CalAIM, as well as intersecting CalAIM initiatives designed to ensure continuity of health care coverage and care for individuals leaving prisons and county jails and re-entering the community.