

CONTEXT:

California Advancing and Innovating Medi-Cal, or CalAIM, is a transformational to modernize the State’s Medicaid program. It will improve the quality of life and health outcomes of Medi-Cal members, 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 Milestones Calendar is a dynamic document that reflects DHCS’ expected timing of upcoming milestones through the fourth quarter of 2023 for CalAIM and key related initiatives. In some instances, program launch dates are contingent upon timely Centers for Medicare and Medicaid Services (CMS) approval. Because 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.

¹ See resources on the [DHCS CalAIM Webpage](#) and the [Section 1115 Demonstration Application and 1915\(b\) Waiver Webpage](#) for additional details.



CalAIM Milestone Calendar as of August 2023

To support stakeholders in their planning, this schedule is a dynamic document that reflects DHCS expected timing of upcoming milestones. Because these milestones may shift, the document will be updated regularly to reflect any changes. CalAIM Initiatives for which no major milestones are currently expected before Q4 2023 have been excluded from the table.

KEY: * = Document Release; ^ = Submission Deadline; + = Program or Advisory Group Launch; ~ = Other

Initiatives ²	Major Milestones					
	Q3 2023			Q4 2023		
	July	August	September	October	November	December
Population Health Management (PHM) (including Service)	<ul style="list-style-type: none"> Updated PHM Frequently Asked Questions (FAQ) Document released* Updated PHM Policy Guide Population Needs Assessment (PNA)/PHM Strategy 	<ul style="list-style-type: none"> First batch of Key Performance Indicators (KPI) data for PHM Monitoring due from MCPs^ 	<ul style="list-style-type: none"> Community Health Assessment/Community Health Improvement Plan Local Health Department Collaboration Survey released for PHM Strategy Deliverable* 	<ul style="list-style-type: none"> 2023 PHM Strategy Deliverable due from MCPs^ 	<ul style="list-style-type: none"> KPI data for PHM Monitoring (quarterly milestone) due from MCPs^ 	<ul style="list-style-type: none"> Updated PHM Policy Guide with additional guidance on PNA and 2024+ PHM Strategy released*

² Includes CalAIM proposal initiatives and key related initiatives. In some instances, program launch dates and related milestones are contingent upon timely CMS approval. Initiatives for which no major public-facing milestones are anticipated during the time period in this table have been excluded. These include: NCQA Accreditation, Full Integration Plans, Behavioral Health No Wrong Door, DMC-ODS Natural Healers and Traditional Helpers, and Behavioral Health Regional Contracting, Foster Care Model of Care, Mandatory Managed Care Enrollment, Recovery Incentives: CA's Contingency Management Program, the Long-Term Care (LTC) Carve-In: Skilled Nursing Facility (SNF), Behavioral Health CPT Code Transition, County Eligibility and Oversight, Dental, and Regional Capitation Rates and Shared Savings/Risk.



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	<ul style="list-style-type: none"> Section) released* 2023 PHM Strategy Template released* All Plan Letter (APL) on PNA/PHM Strategy released* 					
Enhanced Care Management (ECM)/ Community Supports	<ul style="list-style-type: none"> ECM Children & Youth Populations of Focus (POF) and Additional Community Supports Elections Go Live+ 	<ul style="list-style-type: none"> Q2 2023 Quarterly Implementation Monitoring Report due to DHCS (August 15th)^ 2022 ECM & Community 	<ul style="list-style-type: none"> Updated ECM and Community Supports Healthcare Common Procedure Coding System (HCPCS) Coding Options released* 	<ul style="list-style-type: none"> MOC Template for ECM Birth Equity POF Expansion due from MCPs^ Model of Care (MOC) Template for Individuals Transitioning 	<ul style="list-style-type: none"> Q3 2023 Quarterly Implementation Monitoring Report due to DHCS (November 15th)^ 	<ul style="list-style-type: none"> Draft ECM & Community Supports referral standards released for public comment* Final guidance on Community Supports service definition



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	<ul style="list-style-type: none"> Updated ECM & Community Supports Policy Guides and Attestation Forms published to reflect the Action Plan* ECM POF Spotlight for Children & Youth released* 	Supports Implementation Report released*		from Incarceration POF due from MCPs^		adherence released*
Incentive Payments	<ul style="list-style-type: none"> Needs Assessment and Gap Filling Plan for all Jan. 1, 2024 incoming MCPs distributed* 	<ul style="list-style-type: none"> Submission 3 responses due from MCPs^ 	-	-	-	<ul style="list-style-type: none"> Payment associated with submission 3 issued~ Submission 4 measurement period ends~



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	<ul style="list-style-type: none"> Submission 4 measurement period begins~ 					
Benefits Standardization Long Term Care (LTC) Carve-In: Skilled Nursing Facility (SNF) Specialty Mental Health (SMH) Carve-Out LTC Carve-In: ICF-DD Developmentally Disabled	LTC ICF/DD & Subacute Carve-In: <ul style="list-style-type: none"> Draft Subacute APL for Public Comment released* Draft ICF/DD APL released* ICF/DD Carve-In Educational webinar series launched (webinars to continue through the end of 2023)~ 	LTC ICF/DD & Subacute Carve-In: <ul style="list-style-type: none"> Final Subacute APL released* Final ICF/DD APL released* Other relevant policy guidance documents (such as FAQs, Model Contract Language, Billing and Invoice Guidance) published* ~ Subacute Carve-In Educational 	LTC ICF/DD & Subacute Carve-In: <ul style="list-style-type: none"> Final ICF/DD Carve-in Stakeholder workgroup meetings continue through end of the year Member Handbooks/Evidence of Coverage (EOC) due from MCPs for review^ 	LTC ICF/DD & Subacute Carve-In: <ul style="list-style-type: none"> MCPs' Member Handbook/EOCs approved~ 	LTC ICF/DD & Subacute Carve-In: <ul style="list-style-type: none"> 60 Day Notice sent to members (in hand no later than Nov. 1, 2023)~ Provider bulletin published~ Transition Data released to MCPs~ Health Care Options Member Call Campaign begins~ 	LTC ICF/DD & Subacute Carve-In: <ul style="list-style-type: none"> 30 Day Notice sent to members (in hand no later than Dec. 1, 2023) ~ Provider bulletin published~ Provider Newsflash published All readiness requirements deliverables approved~



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(ICF/DD, ICF/DD-H, and ICF/DD-N, excluding beneficiaries in an ICF-DD Waiver center); Subacute Care Services (Adult and Pediatric)		webinar series launched (webinars to continue through the end of 2023)~			<ul style="list-style-type: none"> 2024 Contract-sent to MCPs for signature~ 	<ul style="list-style-type: none"> Post Transitional Monitoring released to MCPs*
BH CONNECT Demonstration	-	<ul style="list-style-type: none"> Section 1115 demonstration application released for public comment* 	-	-	<ul style="list-style-type: none"> Section 1115 demonstration submitted to CMS~ 	-
Behavioral Health Payment Reform	Behavioral Health Payment Reform Go-Live+	-	-	-	-	-



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Behavioral Health Documentation Redesign	-	<ul style="list-style-type: none"> Draft update to Behavioral Health Information Notice (BHIN) 22-019 released for public comment* 	<ul style="list-style-type: none"> Update to BHIN 22-019 published* 	-	-	-
Drug Medi-Cal Organized Delivery System (DMC-ODS) Renewal and Policy Improvements	-	-	<ul style="list-style-type: none"> Draft update to BHIN 23-001 released for public comment* 	-	-	<ul style="list-style-type: none"> Update to BHIN 23-001 published*
Administrative Integration of SMH and Substance Use Disorder (SUD)	<ul style="list-style-type: none"> Expression of Interest (EOI) due for counties interested in voluntary early adoption of integrated SMH/SUD 	-	<ul style="list-style-type: none"> County Workgroup for Contract Early Implementers launched+ 	-	-	-



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	contracts (effective Jan. 1, 2025) [^]					
Transition to Statewide Managed Long-Term Services & Supports (MLTSS) and Dual Eligible Special Needs Plans (D-SNP)	<ul style="list-style-type: none"> • 2024 D-SNP State Medicaid Agency Contracts (SMACs) executed~ • County-Specific Stakeholder Meetings for the 2024 Medi-Medi Plan Expansion Counties (Fresno, Kings, Madera, Sacramento, and Tulare counties) launched+ 	-	-	<ul style="list-style-type: none"> • Medicare Open Enrollment period begins (Oct 15-Dec 7). Dual eligible members may select a Medi-Medi plan for 2024 in the following counties: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa 	-	-



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				Clara, and Tulare+ <ul style="list-style-type: none"> Senior Action Care Network Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) and Program of All-Inclusive Care for the Elderly (PACE) programs open for new enrollment+ 		
County California Children’s Services (CCS) Oversight	<ul style="list-style-type: none"> Electronic Visit Verification and CCS Training Requirements Numbered Letters (NL) published* 	<ul style="list-style-type: none"> CCS Compliance, Monitoring, and Oversight Program Plan released* 	<ul style="list-style-type: none"> Grievance, Appeal and State Hearing, and CCS Program Reporting and Survey NLS published* 	<ul style="list-style-type: none"> CCS Monitoring and Oversight Memorandum of Understanding Template released* 	-	-



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			<ul style="list-style-type: none"> CCS Monitoring and Oversight Information Notice published* 			
Improving Member Contact & Demographic Data	-	-	-	<ul style="list-style-type: none"> Member Contact and Demographic Information Initiative Strategy published (targeting Oct. 1, 2023) * 	-	-
Providing Access and Supporting Health (PATH) Initiatives (ECM, Community Supports, Justice-Involved)	<ul style="list-style-type: none"> PATH Justice Involved (JI) Round 3 applications due^ JI Round 3 award notices sent to early applicants~ Technical Assistance (TA) 	<ul style="list-style-type: none"> JI Round 2 grant agreements executed (August – September 2023)~ JI Round 3 Implementation Plan template released; 	<ul style="list-style-type: none"> JI Round 3 grant agreements executed~ CPI Facilitator funding disbursed~ 	<ul style="list-style-type: none"> JI Round 2 payments executed (October – December 2023)~ JI Round 3 payments executed~ Capacity and Infrastructure 	<ul style="list-style-type: none"> TA Marketplace Round 3 Vendor Application Closed^ 	<ul style="list-style-type: none"> CPI Facilitator funding disbursed~ WPC Mitigation 2023 Midyear funding disbursed~



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	July	August	September	October	November	December
	Marketplace Round 2 Vendor Profiles released on Marketplace~	applications open~ <ul style="list-style-type: none"> • JI Round 3 FAQ published* • Collaborative Planning and Implementation (CPI) Facilitators identified and contracts executed~ • WPC Mitigation 2023 Midyear Invoice Submission due^ 		Transition, Expansion and Development (CITED) Round 1 applicant (Q2) funding disbursed~ <ul style="list-style-type: none"> • CITED Round 2 Awards announced~ • CITED Round 3 application opens~ • TA Marketplace Round 3 Vendor Application opens~ 		
Justice-Involved Initiative	-	-	-	• Readiness Assessment for Pre-Release	-	-



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	Q3 2023			Q4 2023		
	July	August	September	October	November	December
				Services released*		
Housing and Homelessness Incentive Program	-		-	<ul style="list-style-type: none"> End of S2 reporting period~ 	-	-



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CalAIM Initiatives Descriptions

Population Health Initiatives

Population Health Management (including Service): Implement new PHM Program, which will be a cohesive approach for keeping all members 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 member’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 member 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.

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 members through intensive coordination of health and health-related services, performed largely in person and in the community. Through ECM, members will have a single care manager with responsibility for coordinating all clinical and non-clinical services, including Community Supports (described below).

Community Supports: Adopt Community Supports, new statewide services that MCPs may elect to offer to members 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 has preapproved 14 Community Supports, including housing-related services, that support transition from institutional settings to the community, medically tailored meals/food, and recuperative care.

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.

Managed Care Initiatives

Benefits Standardization: Standardize the benefits that are provided through Medi-Cal MCPs statewide, so that regardless of a member’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.



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Behavioral Health Initiatives

BH-CONNECT Demonstration: Develop and submit to CMS a Section 1115 demonstration waiver to receive federal matching funds for short-term residential treatment services provided to Medicaid members with an SMI or Serious Emotional Disturbance (SED) in an IMD, as part of a broader continuum of care.

Behavioral Health Payment Reform: Transition counties from cost-based reimbursement funded via CPEs to fee-for-service reimbursement funded via IGTs.

Behavioral Health Documentation Redesign: Update and clarify policies for SMHS, develop standardized screening and transition tools, and implement a “no wrong door” policy to ensure members 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 members 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 member experience, increase administrative efficiency, and ensure cost-effectiveness and achieve positive member health outcomes, and encourage new counties to opt into DMC-ODS.

County Oversight Initiatives

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 Member 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 member 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

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County Oversight Initiatives

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 members, 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 was 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 members by having one plan manage both sets of benefits for the member. CMC members were automatically transitioned to the aligned MMP affiliated with their CMC plan.

Other Initiatives

Justice-Involved Initiative:

- All counties and youth correctional facilities are required to 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.
- DHCS will 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. 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 requires 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 are available for eligible justice-involved populations of focus for coordinated re-entry.

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Other Initiatives

- Community Supports (e.g., housing support) are available for justice-involved populations upon re-entry.
- Reentry planning and services for justice-involved populations.
- Guidance 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 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.