

# State of California—Health and Human Services Agency Department of Health Care Service



### CalAIM Workgroup Participation Request Form

Please submit the following information to **CalAIM@dhcs.ca.gov** no later than **September 27<sup>th</sup>, 2019** if you wish to be considered by DHCS for participation in one or more of the five CalAIM stakeholder workgroups.

Workgroup size will be limited to ensure a productive discussion environment. DHCS will let you know if you have been selected to participate in a CalAIM workgroup by October 18<sup>th</sup>.

Participant name:	
Title:	
Organization:	
Phone number:	
Email address:	

#### Select entity type (check all that apply):

Health Plan/Health Plan Association	Legislative Staff
County Behavioral Health	Consumer Advocate Organization
Provider/Provider Association	Trade Association
Stakeholder/Advocate	Other, please list:
Beneficiary	

## Select workgroup interest (check all that apply):

- Population Health Management and Annual Health Plan Open Enrollment
- NCQA Accreditation
- Enhanced Case Management and In-Lieu-of-Services
- Full Integration Pilots
  - Behavioral Health
    - SMI/SED IMD Demonstration Opportunity
    - Payment Reform
    - MH/SUD Integration
    - Other Sub-Topics as Needed

## Confirm commitment to attend several (estimated 4-6, potentially more for behavioral health workgroups) in-person workgroup meetings in Sacramento between November 2019 and February 2020:

Yes

No

Description of background and knowledge regarding selected workgroup topic(s) (150 words or less):