





## What is CaAIM?

California Advancing and Innovating Medi-Cal (CaAIM) is a new Medi-Cal initiative that seeks to improve the health of Californians. It is a multi-year program that is focused particularly on Californians with the most complex needs. The federal government granted a special waiver to the state that allows California to adapt Medi-Cal to make it more “equitable, coordinated, and person-centered.”

The first of CaAIM’s reforms began in January 2022 and additional changes will be added through 2027. For more in depth information about CaAIM, see the California Health Care Foundation’s resource, [CalAIM Explained: A Five-Year Plan to Transform Medi-Cal](#).

### The CaAIM Initiative aims to:

-  Offer services that are standard and equitable for all.
-  Address the needs of the whole person, not just their “medical” needs, by integrating Medi-Cal with other social service programs.
-  Streamline and make it easier for members to navigate through the Medi-Cal system.
-  Encourage greater collaboration and coordination with other social services sectors (e.g., criminal legal system, child welfare system, housing and homeless systems.)

CaAIM has many different components that expand health coverage and use innovative strategies to provide better health care to California residents. As part of that goal, the state takes a broad view of the types of services the state will pay for under CaAIM. (For more information about the types of housing-related services covered for people experiencing homelessness, see our companion fact sheet: [CaAIM Housing-Related Services](#).)

### Medi-Cal








California’s name for the state Medicaid program

### Medicaid

A joint federal/state funded program that provides health coverage to individuals and families with low incomes; children; pregnant people; older adults; and people with disabilities.

## Who is CaAIM for?

While CaAIM is intended to help all Medi-Cal members, some new CaAIM programs focus specifically on people with the most complex needs, including:

-  Older adults
-  People with disabilities
-  Children and youth in foster care
-  Children with complicated health conditions (e.g., cancer, epilepsy, or congenital heart disease)
-  People with mental illness and/or substance use disorders
-  People experiencing homelessness who have physical or behavioral health issues
-  People re-entering the community from jail or prison who have physical or behavioral health issues

## How is care provided under CaAIM?

Under CaAIM, the State contracts with managed care plans (MCPs) to provide Medi-Cal health coverage for people enrolled in Medi-Cal. The MCPs then contract with networks of health care providers and other qualified service providers to provide delivery of direct services to Medi-Cal beneficiaries.

Some Medi-Cal MCPs offer health coverage in only one county, others cover members in a few, and still others offer coverage in many counties across the state. Most counties offer Medi-Cal members at least two MCPs to choose from. Some plans are local initiatives or county-organized and as such, only serve a specific county. Other MCPs are commercial plans that may have small Medi-Cal programs that cover people in multiple counties across the state. People who are enrolled in Medi-Cal and have chosen an MCP are referred to as that MCP’s “members.” Each MCP is only directly responsible for providing health coverage to its own members. (You can find a list of the managed care plans for your county here: <https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>.)

The MCPs receive payment from the state per member / per month to provide all the Medi-Cal services and benefits that the State offers, including the new services and benefits under CaAIM. (Please see the companion document, [CaAIM Housing-Related Services](#), to learn more about the new programs.)

Among the many components of California's CalAIM initiative, three new programs provide opportunities to improve care for people at risk of or experiencing homelessness:



**Enhanced Care Management (ECM)**



**Community Supports (CS)**



**Housing & Homelessness Incentive Program (HHIP)**

Enhanced care management services are the only one of the three new programs that Medi-Cal managed care plans (MCPs) are required to provide. The other two are optional.



## Enhanced Care Management (ECM)

Enhanced care management is a statewide program for Medi-Cal members with complex care needs that impact their physical, mental, and/or social well-being. The State has identified several "populations of focus" who should be offered the opportunity to receive these services and to facilitate referrals to and engagement in enhanced care management programs that meet their needs. Typically, plans are contracting with other providers, such as Federally Qualified Health Centers, to be enhanced care management providers.

### Enhanced care management (ECM) services

Enhanced care management is intended to address the clinical and non-clinical needs of Medi-Cal members by providing intensive care coordination and services across multiple systems of care. Enhanced care management providers are required to meet members where they are in their communities, instead of just at the doctor's office; that means they can care for members at a shelter, on the street, or at home. Enhanced care managers help Medi-Cal members set clear goals, make sure that they receive the full array of benefits they're eligible for to meet those goals, and coordinate across systems to help members achieve their goals.

### Members who can receive enhanced care management (ECM)

Medi-Cal members who are eligible for enhanced care management can be referred by anyone (self-referred, referred by community members/family, by providers, etc.) to receive enhanced care management services. The populations eligible to enroll in enhanced care management are:

- Individuals and families experiencing homelessness.
- Adults, youth, and children who are high utilizers of avoidable emergency department, hospital, or short-term skilled nursing facility services.
- Adults with serious mental illness or substance use disorders.
- Children and youth with serious emotional disturbances at clinical high risk for psychosis or experiencing a first episode of psychosis.
- Adults and youth who are incarcerated and transitioning to the community.
- Adults at risk of institutionalization and eligible for long-term care.
- Adult nursing facility residents transitioning to the community.
- Children and youth enrolled in California Children's Services (CCS) with additional needs not met by CCS.
- Children and youth involved in the child welfare system (including individuals with a history of involvement with child welfare and/or a history with the foster care system who are not yet 26 years old).





## Community supports (CS)

Community supports are new services that Medi-Cal MCPs can add to the package of benefits and services they offer to eligible members. They are intended for Medi-Cal members with complex health needs who also have unmet social needs due to issues such as food insecurity, homelessness, or systemic racism. MCPs are strongly encouraged to offer these services but consumers cannot be required to accept the services.

### Community Support (CS) services

There are 14 pre-identified services that MCPs who elect to offer community supports can choose to provide:

- Housing Transition Navigation Services
- Housing Tenancy and Sustaining Services
- Recuperative Care (Medical Respite)
- Caregiver Respite Services
- Community Transition Services/Nursing Facility Transition to a Home
- Environmental Accessibility Adaptations (Home Modifications)
- Sobering Centers
- Housing Deposits
- Short-Term Post-Hospitalization Housing
- Day Habilitation Programs
- Personal Care and Homemaker Services
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Medically Supportive Food/Meals/Medically Tailored Meals
- Asthma Remediation

All Medi-Cal MCPs are encouraged to offer as many of the fourteen community supports as possible. Some may elect to offer limited options at first and expand the offerings at a later time. Some may choose not to offer many services at first but are able to add additional services to their offerings every 6 months and can also decide once each year to remove services from their offerings. MCPs are encouraged to think strategically about how to bundle their housing-related service offerings to provide a complete package for their members. MCPs have the flexibility to contract with local housing and homelessness service providers to deliver any or all of the community supports they make available to members.

### Members who can receive community support (CS) services

As with enhanced care management, Medi-Cal members who are eligible for community supports can self-refer or be referred to and enrolled in the program to receive the services. Because each plan decides which of the 14 community supports to offer, each MCP may have a different referral process and eligibility criteria.





## Housing & Homelessness Incentive Program (HHIP)

The Housing and Homelessness Incentive Program (HHIP) is a program funded with \$1.3 billion in one-time American Rescue Plan Act (ARPA) funding. Under HHIP, MCPs can earn incentive funds through investments and progress toward addressing homelessness and health disparities.

To access the funds, MCPs must have submitted a Local Homeless Plan by June 30, 2022 and must meet specific metrics, which include engaging with the local homeless system of care (known as the Continuum of Care or CoC) and connecting with local Coordinated Entry Systems (CES) and Homeless Management Information Systems (HMIS).

There are three unique aspects to HHIP when compared to enhanced care management and community supports:

1. It is geographically-based. All Medi-Cal MCPs in a county must collaborate together to develop a Local Homeless Plan.
2. The work under HHIP must be in collaboration with the county and the CoC and must fit in with the local, state-funded Homeless, Housing and Prevention Program (HHAP) plans.
3. HHIP makes additional Medi-Cal funding and resources available to the community (in addition to the per member / per month rate that the MCPs receive).

The State does not direct or restrict MCP's use of HHIP incentive funds. However, the State intends HHIP to bolster housing- and homeless-focused efforts and investments, with the aim of achieving measurable progress in reducing and preventing homelessness. The State expects MCPs will maximize investment with local partners who are leading housing- and homeless-related efforts and most directly support and assist this population. For more information on HHIP, see our companion fact sheet: [The Housing & Homelessness Incentive Program \(HHIP\)](#).

While the State has not provided guidance on expenditures, HHIP funds can potentially be used to fill gaps in the homeless system of care, including such things as:

- Capital expenditures
- Enhancing Coordinated Entry Systems
- Improving Point-in-Time (PIT) counts
- System improvement
- Data systems
- Funding evidence-based programs
- Operating reserves
- Technical assistance

August 10, 2022

