CalAIM Initiatives Launch Timeline as of February 2022

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 enrollees, 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 and 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

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

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CalAIM Initiatives Launch Timeline – Summary of Go-Live Dates

DHCS Major CalAIM Program Initiatives -- Go-Live Dates (pending readiness and federal approvals)								Updated: February 2022	
Activity	**1/22**	**7/22**	**10/22**	**1/23**	**7/23**	**1/24**	**1/25**	**1/26**	**2027**
Administrative Integration of SMH and SUD	Starts								Fully Integrated
Benefits Standardization	Transplant In/MSSP Out			LTC In	Specialty MH Out				
Dental (new benefits and P4P)	X								
Enhanced Care Management (ECM)	X	X		X	X				
Community Supports	X								
Incentive Payments	X			X		X			
Mandatory Managed Care Enrollment	Non-Duals			Duals					
PATH Funds (ECM, Community Supports, Justice-Involved)	X	X							
Regional Capitation Rates and Shared Savings/Risk	X			X		X	X	X	
Specialty Mental Health Services - Criteria for Services	X								
DMC-ODS Renewal and Policy Improvements	X								
Behavioral Health No Wrong Door		X							
Contingency Management		X							
Behavioral Health Documentation Redesign		X							
SMI/SED IMD Waiver			Earliest to CMS		X				
Population Health Management (including Service)				X					
Behavioral Health Standard Screening and Transition Tools				X					
County Eligibility and Oversight					X				
Transition to Statewide MLTSS and D-SNP (CCI ends)		Feasibility Study		CCI Counties				Non-CCI Counties	Statewide MLTSS
Justice-Involved Package				X					
Behavioral Health Payment Reform					X				
County CCS Oversight						X			
NCQA Accreditation								X	
Full Integration Plans									X
Foster Care Model of Care (TBD)									
DMC-ODS Traditional Healers and Natural Helpers (TBD)									
Behavioral Health Regional Contracting (TBD)									
Improving Beneficiary Contact and Demographic Information (TBD)									

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CalAIM Initiatives Launch Timeline – Details of Go-Live Dates

Go-Live Date	Initiative[2]	Go-Live
January 2022	**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 & Families Experiencing Homelessness; High Utilizer Adults; Adults with Severe Mental Illness or Substance Use Disorder (SMI/SUD); and Adults & Children/Youth Transitioning from Incarceration in 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 members.
	Incentive Payments	Program Year 1 began on January 1, 2022 and the first round of performance incentive payments are expected to be issued to MCPs no sooner than April 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.[3]
	Mandatory Managed Care Enrollment (MMCE)	Certain members are required to enroll into managed care. Other members are required to move from managed care into fee-for service.[4]
	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").

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[2] Includes CalAIM Proposal initiatives and key related initiatives.

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

[4] See All Plan Letter (APL) 21-015 for more information on MMCE Phase I populations.

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Go-Live Date	Initiative[2]	Go-Live
	Specialty Mental Health Services – Criteria for Services	Specialty Mental Health Services (SMHS) criteria for both adults and children updated and clarified.
	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.
	Providing Access and Transforming Health (PATH) Funds (ECM, Community Supports, Justice-Involved)	Registration period opens for WPC Services and Transition to Managed Care Mitigation Initiative in Q1 2022.
	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 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 Individuals & Families Experiencing Homelessness; High Utilizer Adults; and Adults with SMI/SUD.
	Behavioral Health No Wrong Door	Updated documentation requirement guidance for SMHS and SUD services published, no wrong door policy and co-occurring treatment policy go live.
	Behavioral Health Documentation Redesign	Revised, simplified, and streamlined mental health documentation requirements implemented to align with medical provider requirements, improve efficiency and decrease provider burnout.
	Contingency Management	Launch of contingency management pilot in select DMC-ODS counties that will run until March 2024.

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Go-Live Date	Initiative[2]	Go-Live
	Transition to Statewide MLTSS and D-SNP (CCI ends)	Release findings from Feasibility Study of Exclusively Aligned Enrollment (EAE) D-SNPs in non-CCI counties.
	Providing Access and Transforming Health (PATH) Funds (ECM, Community Supports, Justice-Involved)	In Q3 2022, procurement of Third-Party Administrator and launch of: PATH Technical Assistance Marketplace; Collaborative Planning and Implementation; Capacity and Infrastructure Transition, Expansion, and Development (CITED); and Justice-Involved Planning and Capacity Building initiatives.
January 2023	**Population Health Management (including Service)**	Launch of Population Health Management (PHM) Program, which is a cohesive approach for keeping members healthy, improving outcomes, and reducing disparities across the continuum of care. The PHM Service will launch at the same time to support the Program.
	Enhanced Care Management (ECM)	ECM services available for select Populations of Focus in all counties, including for Individuals Transitioning from Incarceration (adults and children/youth); Members Eligible for long-term care (LTC) and at risk of Institutionalization; and Nursing Home Residents Transitioning to the Community.
	Incentive Payments	Program Year 2 begins on January 1, 2023.
	Benefits Standardization	LTC services provided by all MCPs statewide.
	Mandatory Managed Care Enrollment	All full dual individuals, except share of cost or restricted scope, and all dual and non-dual individuals receiving LTC services (including those with a share of cost) move into Medicaid managed care.[5]
	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 and retrospective financial savings/risk calculation.

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[5] See [APL 21-015](#) for more information on MMCE Phase II populations.

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Go-Live Date	Initiative[2]	Go-Live
	Transition to Statewide MLTSS and D-SNP (CCI ends)	Medi-Cal MCPs operating in Coordinated Care Initiative (CCI) counties required to operate Medicare Dual Eligible Special Needs Plans (D-SNPs). Cal MediConnect (CMC) demonstration program transitions to exclusively aligned enrollment D-SNPs.
	Behavioral Health Standard Screening and Transition Tools	Standardized screening and transition of care tools implemented.
	Justice-Involved Package: Pre-Release Medi-Cal Application Process in County Jails	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.
	Justice-Involved Package: Behavioral Health Referrals for County Facilities	County jails and youth correctional facilities implement process for facilitated referral and linkage from county jail release to health plans (MCPs, County mental health plans, DMC-ODS counties) and providers (non-specialty mental health, SHMS, and SUD), in cases where the incarcerated individual was receiving behavioral health services while incarcerated, to allow for continuation of behavioral health treatment in the community.
	Justice-Involved Package: Medi-Cal Coverage in State Prisons, County Jails and Youth Correctional Facilities in the Facilities 90 Days Prior to Release	Select Medi-Cal-eligible individuals eligible for Medi-Cal coverage 90-days prior to their release from county jails, state prisons and youth correctional facilities, and eligible to receive limited Medi-Cal services during the 90-day pre-release period. Individuals will have a re-entry plan including referrals to ECM, Community Supports, clinical supports and behavioral health linkages.

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Go-Live Date	Initiative[2]	Go-Live
July 2023	Enhanced Care Management (ECM)	ECM services available for all children and youth Populations of Focus.
	Benefits Standardization	SMHS fully carved out to County mental health plans (MHPs).
	SMI/SED IMD Waiver	DHCS receives federal matching funds for services provided to Medi-Cal enrollees in institutions for mental disease (IMDs); additional federal funding will provide opportunities to improve service delivery and outcomes across the behavioral health continuum of care.
	Behavioral Health Payment Reform	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). Counties transitioned from cost-based reimbursement funded via Certified Public Expenditure (CPE) methodologies to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs).
	County Eligibility and Oversight	DHCS begins monitoring counties' performance against eligibility performance standards.
January 2024	Incentive Payments	Program Year 3 begins on January 1, 2024 and ends on June 30, 2024.
	Regional Managed Care Capitation Rates and Shared Savings/Risk	Earliest transition from county-based rates to regional rates statewide ("Phase 2 counties"). Continued implementation of shared savings/risk via SPD/LTC blended rate and retrospective financial savings/risk calculation.
	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 members enrolled in the CCS program throughout the state of California.

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Go-Live Date	Initiative[2]	Go-Live
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.
January 2026	**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 (CCI ends)	All Medi-Cal MCPs required to operate Medicare D-SNPs, unless determined otherwise by 2022 D-SNP Feasibility Study.
	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	**Full Integration Plans**	Full integration of physical health, behavioral health, and oral health in one MCP, meaning enrollees obtain services from one plan and DHCS consolidates all services under a single contract.
	Transition to Statewide MLTSS and D-SNP (CCI ends)	Managed long-term services and supports (MLTSS) implemented statewide in Medi-Cal managed care.
	Administrative Integration of SMH and SUD	Administration of specialty mental health and SUD services fully integrated into one behavioral health managed care program. This initiative is a multi-year effort that begins with 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.

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Go-Live Date	Initiative[2]	Go-Live
TBD	**Foster Care Model of Care**	DHCS and California Department of Social Services develop a long-term plan of action for children and youth in foster care, which may involve budget recommendations, waiver amendments, state plan changes, or other activities.
	Behavioral Health Regional Contracting	New counties participate in DMC-ODS leveraging regional contracting approaches where possible. County MHPs leverage other forms of regional contracting (e.g., Joint Powers Authority, Administrative Services Organization/ Third-Party Administrative Services).
	DMC-ODS Traditional Healers and Natural Helpers	Traditional healers and natural helpers can deliver DMC-ODS services.
	Improving Beneficiary Contact and Demographic Information	DHCS develops a recommended plan of action to improve the accuracy and flexibility of updating enrollee contact and demographic information in eligibility and enrollment systems/databases.

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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 enrollees 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 enrollee'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. To support PHM, DHCS will launch a PHM Service to ensure that care management plans are data-informed, and to enable data sharing across multiple delivery systems (e.g., physical, behavioral health, oral health systems) and with Medi-Cal enrollees, providers, human services programs, and other partners.
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 enrollees through intensive coordination of health and health-related services, performed largely in person and in the community. Through ECM, enrollees 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 their 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 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.
Incentive Payments: Develop a pathway for MCPs to invest in necessary delivery system infrastructure, build appropriate and sustainable ECM and Community Supports capacity, and achieve improvements in cross-delivery system quality performance.
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.

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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.
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 enrollees who only have Medi-Cal (non-dual) and a subset of enrollees who have both Medi-Cal and Medicare (dual) will transition 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), enrollees with other health care coverage (non-dual), and enrollees 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: enrollees covered under the Omnibus Budget Reconciliation Act in Napa, Solano, and Yolo counties, and share of cost (dual and non-dual) enrollees 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 Long Term Care (LTC), including LTC SOC, dual and non-dual, Non-Disabled Adults (with no SOC), Aged, Breast and Cervical Cancer Treatment Program (BCCTP), Disabled, enrollees with Other Health Care (OHC) coverage, enrollees living in rural zip codes and all enrollees in Home and Community Based Services Waivers, including Cal MediConnect.
Regional Capitation Rates and Shared Savings/Risk: Transition from county-based rates to regional rates in targeted groups of counties (Phase 1; 1/1/2022) and then regional rates statewide (Phase 2; no sooner than 1/1/2024). Implementation of retrospective (no sooner than 1/1/2023), and ultimately prospective (no sooner than 1/1/2026), 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.

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Behavioral Health Initiatives
SMI/SED IMD Waiver: Develop and submit to CMS a Section1115 demonstration waiver to receive federal matching funds for short-term residential treatment services provided to Medicaid enrollees 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. Transition specialty mental health and SUD services from existing HCPCS Level II coding to Level I CPT coding.
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 enrollees 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 enrollees 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 managed care program.
Behavioral Health Regional Contracting: Encourage counties that don't currently participate in DMC-ODS to participate through regional approaches. Encourage County MHPs to leverage other forms of regional contracting (e.g., Joint Powers Authority, ASO/TPA).
Drug Medi-Cal Organized Delivery System Renewal and Policy Improvements: Clarify or change DMC-ODS policies to improve enrollee experience, increase administrative efficiency, and ensure cost-effectiveness and achieve positive enrollee 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 enrollees with stimulant use disorder and supports their path to recovery.

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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 enrollee 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 databases, while maintaining compliance with all applicable state and federal privacy laws, and without creating unintended consequences for other social services programs, Medi-Cal enrollees, managed care plans, and the provider community.

LTC/MLTSS/Duals Initiatives
Transition to Statewide MLTSS and D-SNP (CCI ends): Transition the CCI, inclusive of Cal Medi-Connect (CMC), which is currently only available in seven counties, to a statewide MLTSS and exclusively aligned enrollment Medicare D-SNP structure. This will provide better coordination of care, 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 enrollees by having one plan manage both sets of benefits for the member. CMC members will be automatically transitioned to the aligned Medicare D-SNP and Medi-Cal plan affiliated with their CMC plan.

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 enrollees.
Justice-Involved Package: • 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 limited Medi-Cal services—to select individuals in the 90-days prior to their release from county jails, state prisons and youth correctional facilities. • The justice-involved behavioral health linkages proposal would require all county jails and youth correctional facilities to implement a process for facilitated referral and linkage from county jail 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 county 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. • Access to recovery services for individuals, including for justice-involved populations. • Enhancements for facilitating data sharing, including for justice-involved populations.
Providing Access and Transforming Health (PATH) Funds (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.