

CPOC Foundation CalAIM TRAINING SERIES

“Bridging Systems - Synthesizing Knowledge - Improving Outcomes”

CalAIM County, State and Federal Requirements

May 28 & 29, June 4 & 5

Meet the Trainers



Brian Richart

Chief Probation Officer, Retired
El Dorado County
CEO - Nautikos Consulting



Chelsey Chappelle

Assistant Chief Probation Officer, Retired
Shasta County



Scott Coffin

CalAIM JI Specialist
Serrano Advisors, LLC

- Understanding CalAIM helps all of us bridge systems, align our work, and improve outcomes for the populations we serve

Today's Roadmap

Federal

- Establishes the legal framework authorizing CalAIM

State

- Defines policy, operational requirements, and implementation expectations

Local

- Determines how systems coordinate and carry out requirements in practice

Practice

- Where cross-system collaboration and day-to-day implementation directly impacts outcomes

Training Objectives

#1

Describe the federal, state, and local framework shaping CalAIM



#2

Identify cross-system roles, responsibilities, and operational expectations



#3

Review key requirements, timelines, and coordination processes



#4

Highlight collaborative strategies that support effective implementation, communication, and continuity of care

Partnership Between Federal and State Programs

Framework

- Federal law established Medicaid structure

Oversight

- CMS approved and monitors Medicaid programs and waiver authority

Administration

- State operated Medicaid programs within federal guidelines

Implementation

- State uses waiver authority to operationalize CalAIM

Compliance

- CMS requires reporting, evaluation, and on-going monitoring

Waiver Authority

Section 1115 & 1915(b) Waivers

- **Waiver allows:**
 - Pre-release services
 - Expanded care coordination
- **1115 Waiver:**
 - Innovation authority
 - Delivery system reform
 - Requires federal approval and evaluation
- **1915(b) Waiver**
 - Managed care authority
 - Enables MCP service delivery structure

CalAIM is built on both waiver authorities

- **Enables:**
 - Whole person care
 - Expanded services
 - Justice-involved initiatives

What waivers allow:

- Enhanced care coordination
- Increased flexibility in care coordination
- Payment and delivery system reform
- Cross-system integration

How Waivers Expand JI Services

Justice-Involved Initiative Under the Waiver

- **Focus on individuals:**
 - In carceral settings transitioning back to the community
- **Goals:**
 - Improve health outcomes
 - Reduce recidivism
 - Improve continuity of care
- **Emphasis on:**
 - Pre-release engagement
 - Warm handoffs to community care

Medicaid Requirements

- **Medical necessity**
 - Clinically appropriate services
- **Eligibility rules**
 - Medi-Cal eligible
 - Pre-release criteria
- **Coverage limitations**
 - Targeted pre-release services
 - Timeline restrictions

What CalAIM Does Not Cover

- **Important Boundaries of CalAIM**
 - Not all individuals are eligible
 - Not all services covered in pre-release
 - Must meet medical necessity
 - Cannot override court orders
 - Not all individuals in custody qualify for Medi-Cal
- **Services in custody are limited to approved pre-release services only**
- **Cannot override:**
 - Court orders
 - Probation conditions
- **Cannot bypass:**
 - Medical necessity requirements
 - Eligibility determinations
- **Does not guarantee:**
 - Immediate service access
 - Availability in all countries

Role of Department of Health Care Services

DHCS is California's Medicaid authority (Medi-Cal) responsible for:

**Implementing
and
operationalizing
the federal
waiver**

**Translating
federal
requirements in
policy, program
design, and
operational
expectations**

**Defining
eligibility,
covered
services, and
when and how
services can be
delivered**

**Overseeing MCP
contracts,
implementation
requirements,
reimbursement,
and statewide
guidance**

**Establishing
reporting, data
collection, and
accountability
requirements to
support program
oversight and
outcomes
evaluation**

State Authority Under CalAIM

- CalAIM is California's multi-year transformation of Medi-Cal
 - Primary statutory authority is found in WIC Article 5.51
- Focus areas:
 - Delivery System Transformation and Alignment
 - Enhanced Case Management
 - Behavioral Health Payment Reform
 - Justice-Involved and Reentry Initiatives

Health Care Requirements

MCP Contract Requirements

- Responsible for service delivery
- Accountable for outcomes

MCPs contract with DHCS to:

- Delivery Medi-Cal services
- Coordinate care
- Manage provider networks
- MCP responsibilities include:
 - Identifying eligible members
 - Assigning ECM providers
 - Authorizing services
 - Tracking outcomes

MCPs are financially and operationally accountable

MCPs do not directly deliver services

- They rely on:
 - Provider Networks including ECM providers and Community-based organizations
 - Coordination with County Health Agencies

ECM & Community Supports

- Care coordination
- Engagement expectations
- High-touch, intensive care coordination
- Designed for individuals with:
 - Complex medical
 - Behavioral health
 - Social needs
 - Community Supports

ECM Responsibilities:

- Outreach and engagement
- Comprehensive care planning
- Coordination across systems

Services must:

- Meet medical necessity
- Be delivered by appropriate providers
- Be documented and trackable

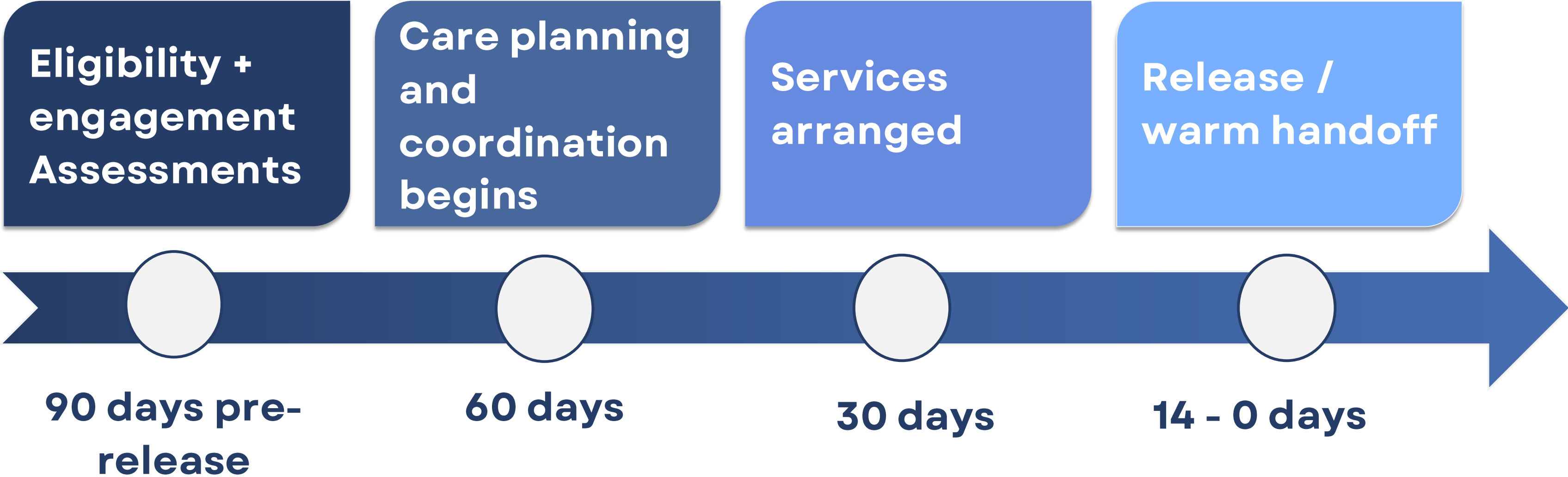
Requires:

- Care coordination
- Member engagement
- Outcome tracking

Emphasizes:

- Preventative care
- Continuity of care
- Reduced system fragmentation

Pre-Release Timeline: What Happens and When?



No Single CalAIM Model

County variation

- **California is a county-based system**
- **Counties differ in:**
 - **Size and population**
 - **Available funding and infrastructure**
 - **Staffing levels**
 - **Community-based provider networks**

Local MCP variation

- **MCP's differ in:**
 - **Network size**
 - **Contracted providers**
 - **ECM delivery models**
 - **Level of coordination infrastructure**
- **Some have established ECM networks and others are building capacity**

Local Implementation and Coordination

Local implementation is shaped by systems, resources, partnerships, and community needs

**Referral
Pathway**

**Access to
Custody**

(In Reach)

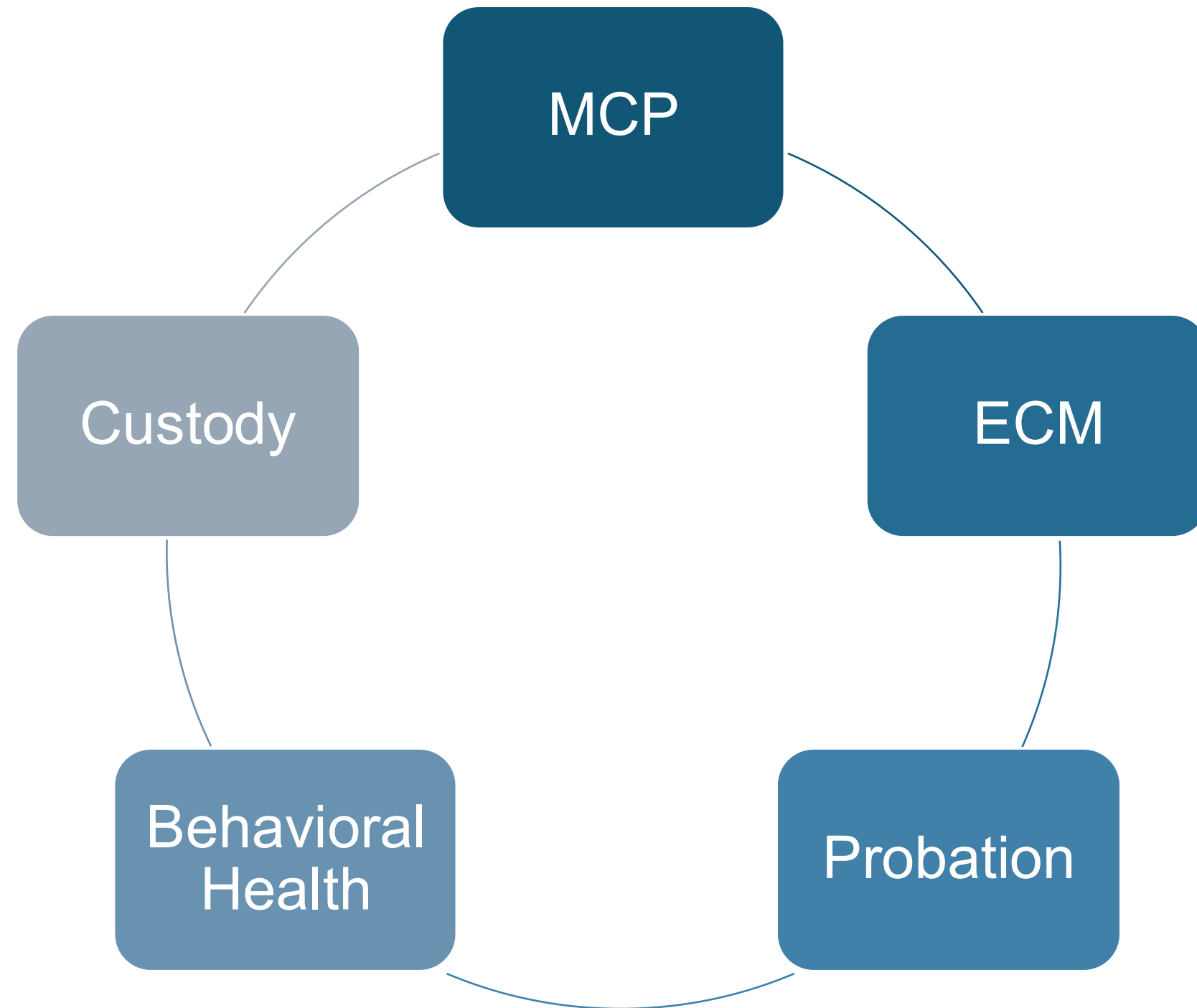
**Information
Sharing
Protocols &
Requirements**

**MOUs
Data Sharing
Agreements**

**Discharge
Planning
Process**

**Treatment
Focus**

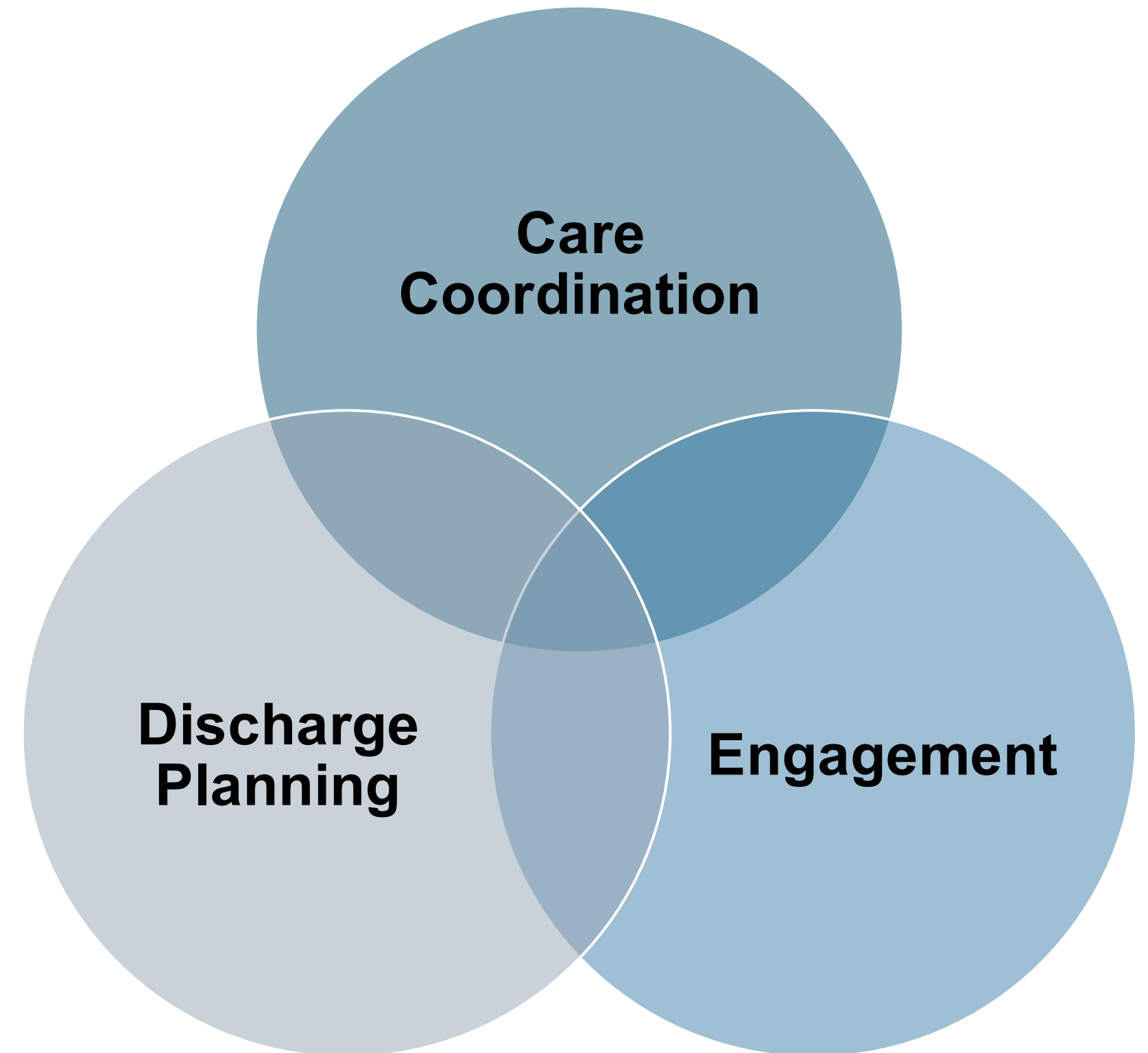
Shared Responsibility Model



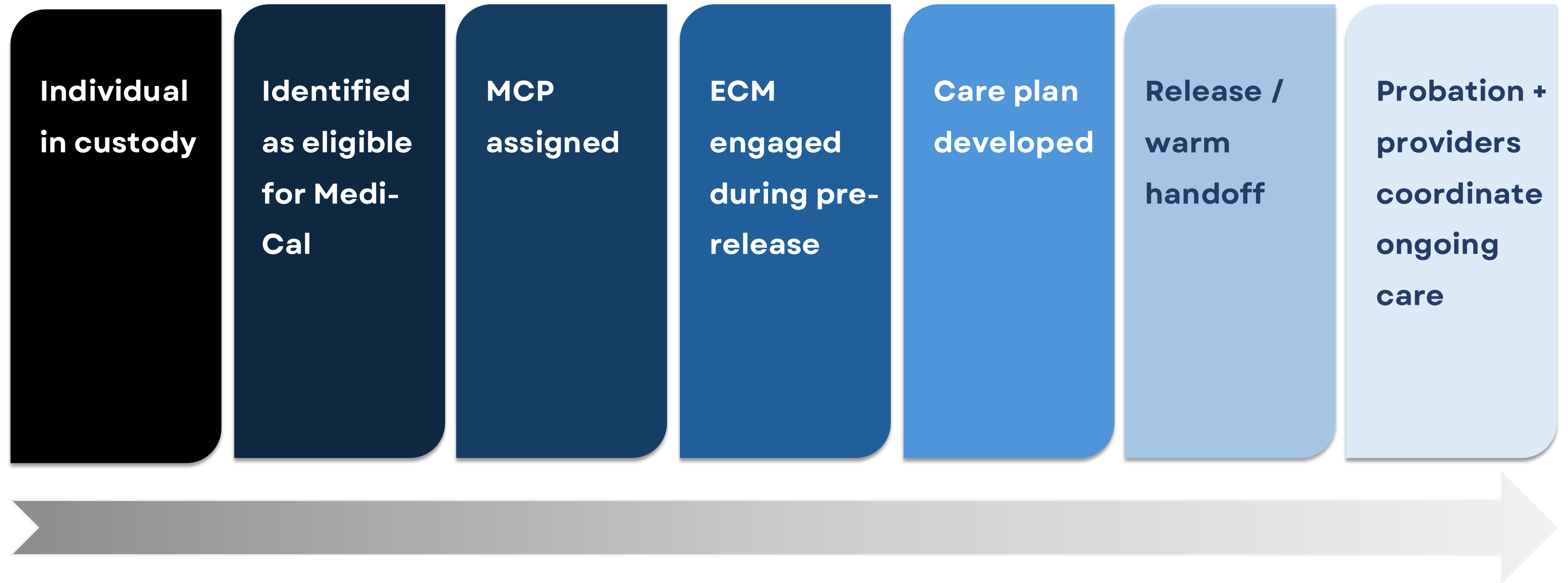
WHERE RESPONSIBILITIES OVERLAP

Shared Responsibility Model

- Roles are intentionally overlapping
- Requires
 - Communication
 - Coordination
 - Clarity



What This Looks Like in Practice



Coordination Realities in Implementation

Common Coordination Challenges

- Limited pre-release timelines
- Delays in identifying eligible individuals
- Multiple systems with different workflows
- Information-sharing and consent requirements
- Variation in local resources and provider capacity
- Referral and discharge coordination across agencies

Areas That Require Strong Communication and Alignment

- Early pre-release engagement
- Referral and service initiation
- Timely information exchange
- Care plans and court conditions/requirements
- Transition planning points from custody to community

Key Takeaways

1

CalAIM is federally authorized - but locally implemented

2

MCPs are accountable – but success depends on partnership

3

Probation plays a critical – but variable – role in coordination

4

Pre-release is a short window that requires early engagement

5

Successful outcomes depend on strong cross-system coordination and communication

CPOC Foundation CalAIM TRAINING SERIES

“Bridging Systems - Synthesizing Knowledge - Improving Outcomes”

COHORT – ADULT

COHORT 1: JUNE 16 & 17

COHORT 2: JUNE 16 & 17

COHORT 3: JUNE 23 & 24

COHORT 4: JUNE 23 & 24

COHORT 5: JUNE 30 & JULY 1

COHORT 6: JUNE 30 & JULY 1