

# Cal AIM 101 for LTC Providers

## CalAIM Basics and LTC Carve-In

The California Department of Health Care Services (DHCS) is unifying Managed Medi-Cal Benefits statewide and expanding the dual alignment plans statewide as well. As a part of this process, all long-term care (LTC) aid codes will transition to Managed Medi-Cal in 2023, including both dual and non-dual LTC populations regardless of Share of Cost. Non-LTC Medi-Cal recipients (including duals) with Share of Cost or limited scope Medi-Cal are not carved into managed care.

**This means all currently residing LTC Fee-for-service Medi-Cal patients will transition to a managed care plan beginning January 1, 2023.** ICF-DD and Subacute populations transitioning to Managed Medi-Cal (where not already included) have been delayed to July 1, 2023 (SB 184 2022). Currently, ICF-DD populations are already carved into Managed Medi-Cal in counties with County Operated Health Systems (COHS), while subacute populations are already carved into Managed Medi-Cal in COHS and Coordinated Care Initiative (CCI) counties.

DHCS is also requiring all Medi-Cal managed care plans to operate an aligned Dual Eligible Special Needs Plan (D-SNP) statewide. DHCS is calling the aligned Medicare plan a “Medicare Medi-Cal Plan” or MMP. Aligned Medicare plans already existing under the CCI will transition to the new MMP format beginning January 1, 2023. Plans in counties that did not already have aligned D-SNP Medicare advantage plans will be required to have the Aligned D-SNP MMP plan available by January 1, 2026.

In addition to statewide managed long-term care and support services (MLTSS), DHCS is instituting a new Enhanced Care Management (ECM) program through expanding and replacing the current Health Homes and Whole Person Care programs.

Alongside Enhanced Care Management, plans will be able to offer Community Supports, which are wraparound services that plans can offer to integrate into the ECM and population health managed programs. Such services could include housing deposits, housing transition/navigation services, nursing facility transition services (to assisted living or residential care), personal care and homemaker services, home modifications, etc. These are additional services that plans may voluntarily provide to their beneficiaries to remain in their primary residence and avoid placement in higher levels of care.

Also, DHCS is updating their master contracts between DHCS, Centers for Medicare & Medicaid Services (CMS) and the Medi-Cal Managed Care Plans (MCPs). As a part of these updates, DHCS has completed a procurement process to re-bid for commercial Medi-Cal Managed Care plans under the new CalAIM framework, including the plan requirements to operate an aligned DSNP, participate in ECM, and other changes from the prior DHCS/CMS/MCP contracts. In addition to re-contracting the Commercial Plans, DHCS allowed counties to elect to change their Managed care model type (such as Two plan, County Operated Health system (COHS), Regional, etc.) to a type that incorporates a local initiative. Seventeen counties have elected to transition to a model with a local plan initiative during this transition. Along with the county model changes and commercial procurement, Kaiser Permanente has secured a statewide contract to be a Managed Medi-Cal Provider in the 32 counties where Kaiser currently operates. Enrollment with Kaiser is subject to certain eligibility criteria such as previously being a Kaiser

member, or family of an existing Kaiser member. (See 2024 Plan Model Changes and Medi-Cal Commercial Procurement.)

### Counties Newly Carved-In for LTC 1/1/2023

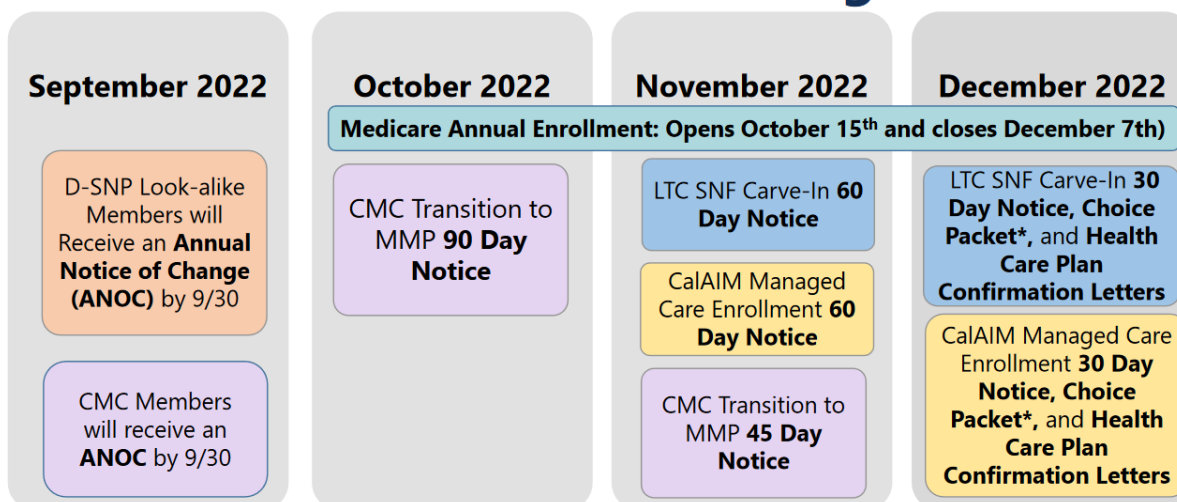
Alameda	Inyo	San Francisco
Alpine	Kern	San Joaquin
Amador	Kings	Sierra
Butte	Madera	Stanislaus
Calaveras	Mariposa	Sutter
Colusa	Mono	Tehama
Contra Costa	Nevada	Tulare
El Dorado	Placer	Tuolumne
Fresno	Plumas	Yuba
Glenn	Sacramento	
Imperial	San Benito	

### Counties Newly Carved-In for ICF-DDs Residents 7/1/2023

The above 31 counties PLUS: Los Angeles, Riverside, San Bernardino, San Diego and Santa Clara.

### Enrollment Transitions 2023

## Combined Transition Noticing Timeline



\* In 12 counties beneficiaries who are already enrolled in a Medicare Advantage plan will be enrolled in the “matching” Medi-Cal plan, under the same parent organization, if there is a matching plan and will not receive the Choice Packet.

## Medi-Cal Matching Plan Policy - Dual Eligible Residents in Counties with CCI or Aligned D-SNPs Existing

In 12 counties, including the Coordinated Care Initiative (CCI) counties, beneficiaries who are already enrolled in a Medicare Advanced Plan with an aligned Medi-Cal Plan option will be auto enrolled in the aligned Medi-Cal Managed Care plan.

If the beneficiary has selected Fee-for-Service (FFS) Medicare, or a non-aligned Medicare Advantage plan, they will be given a choice package to select their Managed Medi-Cal Plan. If the beneficiary does not select a Managed Medi-Cal plan, they will be auto enrolled into one.

**The 12 counties with the Medi-Cal matching plan policy are:** Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Stanislaus counties.

### **DHCS WILL NOT AUTO ENROLL BENEFICIARIES IN A MEDICARE ADVANTAGE PLAN (D-SNP).**

## CMC to MMP Transition Timeline

**September 2022:** Current CMC Medicare plans will send out Annual Notice of Change (ANOC).

**October 2022:** Current CMC Medicare plans will send a 90-day transition notice and two inserts – Notice of Additional Information (NOAI) and list of other integrated coverage options available.

**November 2022:** CMC Plans will send second 45-day notice along with NOAI.

## LTC Carve-In Timeline for 1/1/23 Transition

**November 2022:** DHCS to mail 60-day notice and NOAI.

**Late November 2022:** Choice packets mailed to beneficiaries that are not a part of Medi-Cal Matching Policy. Beneficiaries that have chosen an aligned D-SNP plan will be auto enrolled in matching Medi-Cal managed care plan.

**December 2022:** DHCS will send second 30-day notice in advance of the transition along with NOAI.

## 2024 Plan Model Changes and Medi-Cal Commercial Procurement

### Counties Newly Electing Local Initiative / Changing Managed Care Model Type

The following counties have elected to change their current plan model and are incorporating the following local plans in their area:

#### **Electing Single Plan:**

Alameda – Alameda Alliance

Contra Costa – Contra Costa Health Plan

Imperial – California Health and Wellness

#### **Electing Two Plan Model with Health Plan San Joaquin:**

Alpine and El Dorado

#### **Electing COHS with Central California Alliance:**

Mariposa and San Benito

#### **Electing COHS with Partnership Health Plan:**

Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, and Yuba

### Medi-Cal Managed Care Commercial Plan Procurement Awards

DHCS released the Notice of Intent to Award (NOIA) for the Medi-Cal Commercial Procurement Process. The following plans were awarded the specified counties:

**Molina:** Los Angeles, Riverside, Sacramento, San Bernardino, and San Diego

**Anthem Blue Cross Partnership Plan:** Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Sacramento, San Francisco, Santa Clara, and Tuolumne

**Health Net:** Amador, Calaveras, Inyo, Mono, San Diego, San Joaquin, Stanislaus, Tulare, and Tuolumne

### Kaiser Statewide Contract

DHCS has granted Kaiser Permanente a statewide contract as a Medi-Cal provider in counties where they currently operate. The Kaiser enrollment option may be limited. Existing Kaiser members will have the option to stay with Kaiser, and growth in enrollment is expected via continuity (current Kaiser members transitioning to Medi-Cal), family linkage, dual alignment, foster youth, and open default enrollment up to an annual cap.

The Kaiser option will be available in the following counties:

Alameda	Mariposa	Santa Clara
Amador	Napa	Santa Cruz
Contra Costa	Orange	Solano
El Dorado	Placer	Sonoma
Fresno	Riverside	Stanislaus
Imperial	Sacramento	Sutter
Kern	San Bernardino	Tulare
Kings	San Diego	Ventura
Los Angeles	San Francisco	Yolo
Madera	San Joaquin	Yuba
Marin	San Mateo	

## CAL AIM Resources:

DHCS CalAIM Website:

<https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>

DHCS CalAIM Proposal:

<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf>

DHCS ECM-ILOS:

<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

Plan Community Supports Elections:

<https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf>

DHCS LTC Carve-In:

<https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx>

DHCS MLTSS Workgroup:

<https://www.dhcs.ca.gov/provgovpart/Pages/MLTSS-Workgroup.aspx>

Archive of MLTSS Workgroup Presentations:

<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-MLTSS-and-Duals-Integration-Workgroup-Past-Meeting-Archive.aspx>

SB 184 – 2022-2023 Health Trailer Bill

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220SB184](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB184)

County Plan Changes

<https://www.dhcs.ca.gov/services/Documents/MMCD/Managed-Care-Plan-County-Plan-Model-Change-Update-12-07-2021.pdf>

Commercial Plan Procurement

<https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx>

MCP Procurement FAQ

<https://www.dhcs.ca.gov/CalAIM/Documents/MCP-Procurement-FAQs.pdf>

MCP County Enrollment Table w/ Estimate Beneficiaries

<https://www.dhcs.ca.gov/CalAIM/Documents/MCP-County-Enrollment-Table.pdf>

# Appendices

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Page 21 - Nursing Home Transition to Home Community Supports Guide

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## Managed Medi-Cal Plan Contracts Beginning 2024

Based on DHCS Notice to Award Commercial Contracts  
and County Plan Model Changes  
Final plan selections may change as result of appeals of Medi-Cal Procurement.  
\* Appeal filed for County

County Plan Model Change	New Medi-Cal MCP in County
New Local Plan in County	Medi-Cal MCP Exiting County
Awarded in Medi-Cal Procurement	Medi-Cal MCP Exiting Medi-Cal Entirely

Note: This listing is of the Managed Care Orgnaizatons - Plan/product names within the organization are subject to change.

County	CAHF Region	Model	Carve-In 2023	CCI	Pace Option	Kaiser Contract	Medi-Cal MCP Plan Option 1	Medi-Cal MCP Plan Option 2	Plans No Longer Medi-Cal MCPs in County	Plans No longer Medi-Cal MCPs in County 2	Plans No longer Medi-Cal MCPs in County 3	Plans No longer Medi-Cal MCPs in County 4
Alameda		1 Single Plan	Y		Y	Y	Alameda Alliance		Anthem Blue Cross Partnership Plan			
Alpine*		2 Two plan	Y				Health Plan of San Joaquin	Anthem Blue Cross Partnership Plan	California Health and Wellness			
Amador		2 Regional	Y			Y	California Health and Wellness (Health Net)	Anthem Blue Cross Partnership Plan				
Butte		2 COHS	Y				Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Calaveras		2 Regional	Y				California Health and Wellness (Health Net)	Anthem Blue Cross Partnership Plan				
Colusa		2 COHS	Y				Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Contra Costa		1 Single Plan	Y		Y	Y	Contra Costa Health Plan		Anthem Blue Cross Partnership Plan			
Del Norte		1 COHS					Partnership Health Plan of California					
El Dorado*		2 Two plan	Y		Y	Y	Health Plan of San Joaquin	Anthem Blue Cross Partnership Plan	California Health and Wellness			
Fresno*		3 Two plan	Y		Y	Y	CalViva Health	Anthem Blue Cross Partnership Plan				
Glenn		2 COHS	Y				Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Humboldt		1 COHS			Y		Partnership Health Plan of California					
Imperial		5 Single Plan	Y			Y	California Health and Wellness		Molina Healthcare of California Partner Plan			
Inyo		5 Regional	Y				California Health and Wellness (Health Net)	Anthem Blue Cross Partnership Plan				
Kern*		3 Two plan	Y		Y	Y	Kern Family Health Care	Anthem Blue Cross Partnership Plan	Health Net Community Solutions			
Kings*		3 Two plan	Y		Y	Y	CalViva Health	Anthem Blue Cross Partnership Plan				
Lake		1 COHS					Partnership Health Plan of California					
Lassen		2 COHS					Partnership Health Plan of California					
Los Angeles*		4 Two plan		Y	Y	Y	L.A. Care Health Plan	Molina Healthcare of California	Health Net Community Solutions			
Madera*		5 Two plan	Y		Y	Y	CalViva Health	Anthem Blue Cross Partnership Plan				
Marin		1 COHS				Y	Partnership Health Plan of California					
Mariposa		3 COHS	Y			Y	Central California Alliance		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Mendocino		1 COHS					Partnership Health Plan of California					
Merced		2 COHS					Central California Alliance					
Modoc		2 COHS					Partnership Health Plan of California					
Mono		5 Regional	Y				California Health and Wellness (Health Net)	Anthem Blue Cross Partnership Plan				
Monterey		1 COHS					Central California Alliance					
Napa		1 COHS				Y	Partnership Health Plan of California					
Nevada		2 COHS	Y				Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Orange		5 COHS		Y	Y	Y	CalOptima					



## Managed Medi-Cal Plan Contracts Beginning 2024

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and County Plan Model Changes

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\* Appeal filed for County

County Plan Model Change	New Medi-Cal MCP in County
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County	CAHF Region	Model	Carve-In 2023	CCI	Pace Option	Kaiser Contract	Medi-Cal MCP Plan Option 1	Medi-Cal MCP Plan Option 2	Plans No Longer Medi-Cal MCPs in County	Plans No longer Medi-Cal MCPs in County 2	Plans No longer Medi-Cal MCPs in County 3	Plans No longer Medi-Cal MCPs in County 4
Placer	2	COHS	Y		Y	Y	Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Plumas	2	COHS	Y				Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Riverside*	5	Two plan		Y		Y	IEHP	Molina Healthcare of California Partner Plan				
Sacramento*	2	Geo	Y		Y	Y	Anthem Blue Cross Partnership Plan	Molina Healthcare of California Partner Plan	Health Net Community Solutions	Aetna Better Health California		
San Benito	1	COHS	Y				Central California Alliance		Anthem Blue Cross Partnership Plan	California Health and Wellness		
San Bernardino*	5	Two plan		Y	Y	Y	Inland Empire Health Plan	Molina Healthcare of California Partner Plan				
San Diego*	5	Geo		Y	Y	Y	Health Net Community Solutions	Molina Healthcare of California Partner Plan	Aetna Better Health California	Blue Shield of California Promise Health Plan	Community Health Group Partnership Plan	United Health care Community Plan
San Francisco	1	Two plan	Y		Y	Y	San Francisco Health Plan	Anthem Blue Cross Promise Plan				
San Joaquin*	2	Two plan	Y		Y	Y	Health Plan of San Joaquin	Health Net Community Solutions				
San Luis Obispo	3	COHS					CenCal Health					
San Mateo	1	COHS		Y		Y	Health Plan of San Mateo					
Santa Barbara	3	COHS					CenCal Health					
Santa Clara*	1	Two plan		Y	Y	Y	Santa Clara Family Health Plan	Anthem Blue Cross Partnership Plan				
Santa Cruz	1	COHS				Y	Central California Alliance					
Shasta	2	COHS					Partnership Health Plan of California					
Sierra	2	COHS	Y				Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Siskiyou	2	COHS					Partnership Health Plan of California					
Solano	1	COHS				Y	Partnership Health Plan of California					
Sonoma	1	COHS				Y	Partnership Health Plan of California					
Stanislaus*	2	Two plan	Y		Y	Y	Health Plan of San Joaquin	Health Net Community Solutions				
Sutter	2	COHS	Y		Y	Y	Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Tehama	2	COHS	Y				Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		
Trinity	1	COHS					Partnership Health Plan of California					
Tulare*	3	Two plan	Y		Y	Y	Anthem Blue Cross Partnership Plan	Health Net Community Solutions				
Tuolumne	2	Regional	Y				California Health and Wellness (Health Net)	Anthem Blue Cross Partnership Plan				
Ventura	3	COHS				Y	Gold Coast Health Plan					
Yolo	2	COHS				Y	Partnership Health Plan of California					
Yuba	2	COHS	Y		Y	Y	Partnership Health Plan		California Health and Wellness	Anthem Blue Cross Partnership Plan		

## Appendix F: Managed Care Enrollment Proposed Aid Code Group Coverage

Managed Care Enrollment											
Aid Code Group Coverage											
			Current			2022			2023		
Aid Code Group	Aid Codes <sup>6</sup>	Non-Dual/Dual <sup>7</sup>	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment
Adult Expansion	7U, L1, M1	Non-Dual	All Models	N/A	N/A	All Models	N/A	N/A	All Models	N/A	N/A
Non-Disabled Adults (19 & Over)	01, 02 <sup>8</sup> , 08, 30, 34, 35, 37, 39, 38, 54, 59, 81 <sup>8</sup> , 82, 83, 84, 85, 0A, 3D, 3E, 3N, 3P, 3U, 7S, G0, J1, J2, K1, K2, K6, M3	Non-Dual	All Models	N/A	N/A	All Models	N/A	N/A	All Models	N/A	N/A

<sup>6</sup> Members residing in a LTC facility in a non-LTC aid code subject to the LTC benefit carve-in will be transitioned into managed care based on the Non-Dual/Dual Mandatory and Voluntary timeline.

<sup>7</sup> Non-Dual/Dual Definitions: (1) Non-Dual – A Medi-Cal only beneficiary or a Medi-Cal only beneficiary with Medicare Part A or Part B only; (2) Dual – Medi-Cal only beneficiary with Medicare Part A and Part B or Medicare Part A, B, and D.

<sup>8</sup> Aid code can have a SOC or no SOC

Managed Care Enrollment											
Aid Code Group Coverage											
			Current			2022			2023		
Aid Code Group	Aid Codes <sup>6</sup>	Non-Dual/ Dual <sup>7</sup>	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment
<b>Aged</b>	10 <sup>9</sup> , 14, 16, 1E, 1H, 1X, 1Y	Non-Dual	All Models	N/A	N/A	All Models	N/A	N/A	All Models	N/A	N/A
<b>Breast and Cervical Cancer Treatment Program (BCCTP)</b>	0M, 0N, 0P, 0W	Non-Dual	All Models	N/A	N/A	All Models	N/A	N/A	All Models	N/A	N/A
<b>Disabled</b>	20 <sup>2</sup> , 23, 24, 26, 27, 36, 60 <sup>2</sup> , 63, 64, 66, 67, 88, 89, 2E, 2H, 6A, 6C, 6E, 6J, 6G, 6H, 6N, 6R, 6V, 6W, 6X, 6Y, 8G, 9L, K4, K8, L6	Non-Dual	All Models	N/A	N/A	All Models	N/A	N/A	All Models	N/A	N/A
<b>Long Term Care (includes LTC SOC)</b>	13, 23, 53, 63	Non-Dual	COHS, CCI	N/A	All Other Models	COHS, CCI	N/A	All Other Models	All Models	N/A	N/A
<b>Foster Children</b>	03, 04, 06, 07, 40, 42, 43, 45, 46, 49, 2P, 2R, 2S, 2T, 2U,	Non-Dual	COHS	Non-COHS	N/A	COHS	Non-COHS	N/A	COHS	Non-COHS	N/A

<sup>9</sup> Aid codes 10, 20, 60 are Supplemental Security Income (SSI)/State Supplemental Payment (SSP). Medi-Cal beneficiaries in these three aid codes have mandatory and voluntary enrollments based on different managed care models. These beneficiaries are mandatory in COHS, voluntary in San Benito, voluntary in GMC/Regional/Two-Plan for duals, and mandatory in GMC/Regional/Two-Plan for non-duals.

Managed Care Enrollment											
Aid Code Group Coverage											
			Current			2022			2023		
Aid Code Group	Aid Codes <sup>6</sup>	Non-Dual/ Dual <sup>7</sup>	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment
	4A, 4C, 4F, 4G, 4H, 4K, 4L, 4M, 4S, 4T, 4W, 5K, 5L										
<b>Omnibus Budget Reconciliation Act (OBRA) Restricted Scope Only</b>	58	Non-Dual	Napa, Solano, and Yolo counties	N/A	All Other Models	N/A	N/A	All Models	N/A	N/A	All Models
<b>Share of Cost</b>	17, 27, 37, 50, 53, 58, 67, 71, 73, 81 <sup>8</sup> , 83, 85, 87, 89, 02 <sup>8</sup> , 1Y, 4V, 5F, 5R, 6R, 6W, 6Y, 7M, 7P, 7R, 7V, 8V, C2, C4, C6, C8, D1, D3, D5, D7, D9	Non-Dual	COHS & CCI	N/A	All Other Models	N/A	N/A	All Models	N/A	N/A	All Models
<b>Non-Disabled Adults (19 &amp; Over)</b>	01, 02 <sup>8</sup> , 08, 30, 34, 35, 37, 39, 38, 54, 59, 81 <sup>8</sup> , 82, 83, 84, 85, 0A, 3D, 3E, 3N, 3P, 3U, 7S, G0, J1, J2, K1, K2, K6, M3	Dual	COHS, CCI	All Other Models	N/A	COHS, CCI	All Other Models	N/A	All Models	N/A	N/A
<b>Non-Disabled Children (Under 19)</b>	30, 32, 33, 34, 35, 37, 38, 39, 47, 54, 59, 72, 82, 83, 2C, 3A, 3C, 3D, 3E, 3F, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 4N, 4U, 5C, 5D, 5E, 6P,	Dual	COHS, CCI	All Other Models	N/A	COHS, CCI	All Other Models	N/A	All Models	N/A	N/A

Managed Care Enrollment											
Aid Code Group Coverage											
			Current			2022			2023		
Aid Code Group	Aid Codes <sup>6</sup>	Non-Dual/ Dual <sup>7</sup>	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment
	7A, 7J, 7T, 7W, 7X, 8P, 8R, 9H, E6, E7, H1, H2, H3, H4, H5, M5, P5, P7, P9, T1, T2, T3, T4, T5										
<b>Aged</b>	10 <sup>2</sup> , 14, 16, 1E, 1H, 1X, 1Y	Dual	COHS, CCI	All Other Models	N/A	COHS, CCI	All Other Models	N/A	All Models	N/A	N/A
<b>Breast and Cervical Cancer Treatment Program (BCCTP)</b>	0M, 0N, 0P, 0W	Dual	COHS, CCI	All Other Models	N/A	COHS, CCI	All Other Models	N/A	All Models	N/A	N/A
<b>Disabled</b>	20 <sup>2</sup> , 23, 24, 26, 27, 36, 60 <sup>2</sup> , 63, 64, 66, 67, 88, 89, 2E, 2H, 6A, 6C, 6E, 6J, 6G, 6H, 6N, 6R, 6V, 6W, 6X, 6Y, 8G, 9L, L6, K4, K8	Dual	COHS, CCI	All Other Models	N/A	COHS, CCI	All Other Models	N/A	All Models	N/A	N/A
<b>Long Term Care (includes LTC SOC)</b>	13, 23, 53, 63	Dual	COHS, CCI	All Other Models	N/A	COHS, CCI	All Other Models	N/A	All Models	N/A	N/A
<b>Share of Cost</b>	17, 27, 37, 50, 53, 58, 67, 71, 73, 81 <sup>8</sup> , 83, 85, 87, 89, 02 <sup>8</sup> , 1Y, 4V, 5F, 5R, 6R, 6W, 6Y, 7M, 7P, 7R, 7V, 8V, C2, C4, C6, C8, D1, D3, D5, D7, D9	Dual	COHS, CCI	N/A	Non-COHS & Non-CCI	N/A	N/A	All Models	N/A	N/A	All Models

Managed Care Enrollment											
Aid Code Group Coverage											
			Current			2022			2023		
Aid Code Group	Aid Codes <sup>6</sup>	Non-Dual/ Dual <sup>7</sup>	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment
<b>Presumptive Eligibility (Hospital and CHDP PE)</b>	2A, 4E, 8L, 8W, 8X, H0, H6, H7, H8, H9, P1, P2, P3	Both	N/A	N/A	All Models	N/A	N/A	All Models	N/A	N/A	All Models
<b>Trafficking and Crime Victims Assistance Program (TCVAP)</b>	2V, 4V, 5V, 7V, R1	Both	N/A	N/A	All Models	All Models	N/A	TCVAP SOC	All Models	N/A	TCVAP SOC
<b>Accelerated Enrollment (AE)</b>	8E	Both	N/A	N/A	All Models	All Models	N/A	N/A	All Models	N/A	N/A
<b>Child Health and Disability Prevention (CHDP) Infant Deeming</b>	8U, 8V	Both	N/A	N/A	All Models	All Models	N/A	N/A	All Models	N/A	N/A
<b>State Medical Parole/County Compassionate Release/Incarcerated Individuals</b>	F1, F2, F3, F4, G0, G1, G2, G3, G4, G5, G6, G7, G8, G9, J1, J2, J3, J4, J5, J6, J7, J8, K2, K3, K4, K5, K6, K7, K8, K9, N0, N5, N6, N7, N8, N9	N/A	N/A	N/A	All Models	N/A	N/A	All Models	N/A	N/A	All Models
<b>Limited/Restricted Scope Eligible</b>	48, 50, 53, 55, 58, 69, 71, 73, 74, 76, 77, 80, 0L, 0R, 0T, 0U, 0V, 0X, 0Y, 1U, 3T, 3V, 5J, 5R, 5T, 5W, 6U, 7C, 7F, 7G,	Both	N/A	N/A	All Models	N/A	N/A	All Models	N/A	N/A	All Models

Managed Care Enrollment											
Aid Code Group Coverage											
			Current			2022			2023		
Aid Code Group	Aid Codes <sup>6</sup>	Non-Dual/ Dual <sup>7</sup>	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment
	7H, 7K, 7M, 7N, 7P, 7R, 8N, 8T, C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, E1, L7, M0, M2, M4, M6, M8, P0, P4, P6, P8, T0, T6, T7, T8, T9, F1, F2, F3, F4, G1, G2, G3, G4, G5, G6, G7, G8, G9, J3, J4, J6, J8, K3, K5, K7, K9, N0, N5, N6, N7, N8, N9										

Pregnancy Related Aid Codes							
	Citizen/Lawfully Present				Non-Citizen		
	Aid Codes	Current	Proposed (2021)		Aid Codes	Current	Proposed (2021)
Title XXI (SCHIP) 213-322%	86, 87, 0E	Full Scope/MC	Full Scope/MC	Title XXI (SCHIP) 213-322%	0E	Full Scope/MC	Full Scope/MC
Title XIX (PRS/ES) 138-213%	44, M9	Limited Scope/FFS	Full Scope/MC	Title XXI (PRS – SCHIP) Title XIX (ES) 138-213%	48, M0	Limited Scope/FFS	Limited Scope/FFS
Title XIX (PRS/ES) 0-138%	M7	Full Scope/MC	Full Scope/MC	Title XXI (PRS – SCHIP) Title XIX (ES) 0-138%	D8, D9, M8	Limited Scope/FFS	Limited Scope/FFS



Population Exclusions									
Populations	Current			2022			2023		
	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment	Mandatory	Voluntary	Excluded from Enrollment
<b>American Indian<sup>10</sup></b>	COHS	Non-COHS	N/A	All Models <sup>11</sup>	N/A	N/A	All Models <sup>11</sup>	N/A	N/A
<b>Beneficiaries with Other Healthcare Coverage (OHC)</b>	COHS	N/A	Non-COHS	All Models <sup>11</sup>	N/A	N/A	All Models <sup>11</sup>	N/A	N/A
<b>Beneficiaries in Rural Zip Codes<sup>12</sup></b>	COHS	Non-COHS	Non-COHS	All Models <sup>11</sup>	N/A	N/A	All Models <sup>11</sup>	N/A	N/A
<b>Beneficiaries in Home and Community Based Services Waivers</b>	COHS & CCI MLTSS = All Non-COHS & Non-CCI = Non-Duals	Non-COHS & Non-CCI = Duals	Cal MediConnect	COHS & CCI MLTSS = All Non-COHS & Non-CCI = Non-Duals	Non-COHS & Non-CCI = Duals	Cal MediConnect	All Models <sup>11</sup>	N/A	N/A

<sup>10</sup> American Indian Beneficiaries will be enrolled into a managed care plan, but they will have the option to opt out of enrollment if they choose to remain in FFS

<sup>11</sup> Would align with Mandatory/Voluntary/Excluded MC Enrollment by aid code, no special exclusions from enrollment solely based on zip code, OHC, American Indian or 1915c Waiver Enrollment

<sup>12</sup> The following zip codes are currently excluded from enrollment or are voluntary for enrollment: 93558, 90704, 92225, 92226, 92239, 92242, 92267, 92280, 92323, 92332, 92363, 92364, 92366, 93562, 9359293555, 93556, 93560, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92304, 92305, 92309, 92310, 92311, 92312, 92314, 92315, 92317, 92321, 92322, 92325, 92327, 92333, 92338, 92339, 92341, 92342, 92347, 92352, 92356, 92358, 92365, 92368, 92372, 92378, 92382, 92385, 92386, 92391, 92397, 92398

## Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities

### Description/Overview

Nursing Facility Transition/Diversion services assist individuals to live in the community and/or avoid institutionalization when possible.

The goal is to both facilitate nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for Members with an imminent need for nursing facility level of care (LOC). Individuals have a choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility when they meet eligibility requirements.

The assisted living provider is responsible for meeting the needs of the Member, including Activities of Daily Living (ADLs), Instrumental ADLs (IADLs), meals, transportation, and medication administration, as needed.

For individuals who are transitioning from a licensed health care facility to a living arrangement in a Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF). Includes wrap-around services: assistance w/ ADLs and IADLs as needed, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment. Includes 24-hour direct care staff on-site to meet scheduled unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety, and security. Allowable expenses are those necessary to enable a person to establish a community facility residence (except room and board), including, but not limited to:

1. Assessing the Member's housing needs and presenting options.<sup>16</sup>
2. Assessing the service needs of the Member to determine if the Member needs enhanced onsite services at the RCFE/ARF so the Member can be safely and stably housed in an RCFE/ARF.
3. Assisting in securing a facility residence, including the completion of facility applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
4. Communicating with facility administration and coordinating the move.
5. Establishing procedures and contacts to retain facility housing.
6. Coordinating with the Medi-Cal managed care plan to ensure that the needs of Members who need enhanced services to be safely and stably housed in RCFE/ARF settings have Community Supports and/or Enhanced Care Management services that provide the necessary enhanced services.
  - A. Managed care plans may also fund RCFE/ARF operators directly to provide these enhanced services.

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<sup>16</sup> Refer to Housing Transition/Navigation Services Community Support for additional details.

## Eligibility (Population Subset)

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### A. For Nursing Facility Transition:

1. Has resided 60+ days in a nursing facility;
2. Willing to live in an assisted living setting as an alternative to a Nursing Facility; and
3. Able to reside safely in an assisted living facility with appropriate and cost-effective supports.

### B. For Nursing Facility Diversion:

1. Interested in remaining in the community;
2. Willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services; and
3. Must be currently receiving medically necessary nursing facility LOC or meet the minimum criteria to receive nursing facility LOC services and in lieu of going into a facility, is choosing to remain in the community and continue to receive medically necessary nursing facility LOC services at an Assisted Living Facility.

## Restrictions/Limitations

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Individuals are directly responsible for paying their own living expenses.

Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally-funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

## Licensing/Allowable Providers

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Providers must have experience and expertise with providing these unique services in a culturally and linguistically appropriate manner. The below list is provided as an example of the types of providers Medi-Cal managed care plans may choose to contract with but is not an exhaustive list of providers who may offer the services.

- Case management agencies
- Home Health agencies
- Medi-Cal managed care plans
- ARF/RCFE Operators

Medi-Cal managed care plan network providers that have a state-level enrollment pathway must enroll in the Medi-Cal program, pursuant to relevant DHCS APLs including Provider Credentialing/Recredentialing and Screening/Enrollment [APL 19-004](#). If there is

no state-level enrollment pathway, managed care plans must have a process for vetting the Community Supports Provider, which may extend to individuals employed by or delivering services on behalf of the Community Supports Provider, to ensure it can meet the capabilities and standards required to be a Community Supports Provider.

RCFE/ARFs are licensed and regulated by the California Department of Social Services, Community Care Licensing (CCL) Division.

## Community Transition Services/Nursing Facility Transition to a Home

### Description/Overview

Community Transition Services/Nursing Facility Transition to a Home helps individuals to live in the community and avoid further institutionalization.

Community Transition Services/Nursing Facility Transition to a Home are non-recurring set-up expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board and include:

1. Assessing the Member's housing needs and presenting options.<sup>17</sup>
2. Assisting in searching for and securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history).
3. Communicating with landlord (if applicable) and coordinating the move.
4. Establishing procedures and contacts to retain housing.
5. Identifying, coordinating, securing, or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move-in day.
6. Identifying the need for and coordinating funding for environmental modifications to install necessary accommodations for accessibility.<sup>18</sup>

Identifying the need for and coordinating funding for services and modifications necessary to enable a person to establish a basic household that does not constitute room and board, such as: security deposits required to obtain a lease on an apartment or home; set-up fees for utilities or service access; first month coverage of utilities, including telephone, electricity, heating and water; services necessary for the individual's health and safety, such as pest eradication and one-time cleaning prior to occupancy; home modifications, such as an air conditioner or heater; and other medically-necessary services, such as hospital beds, Hoyer lifts, etc. to ensure access and reasonable accommodations.<sup>19</sup>

### Eligibility (Population Subset)

1. Currently receiving medically necessary nursing facility Level of Care (LOC)

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<sup>17</sup> Refer to the Housing Transition/Navigation Services and/or Housing Tenancy/Sustaining Services Community Support for additional details.

<sup>18</sup> Refer to the Environmental Accessibility Adaptations and/or Asthma Remediation Community Support for additional details.

<sup>19</sup> Refer to the Housing Deposits Community Support for additional details.

services and, in lieu of remaining in the nursing facility or Medical Respite setting, is choosing to transition home and continue to receive medically necessary nursing facility LOC services; and

2. Has lived 60+ days in a nursing home and/or Medical Respite setting; and
3. Interested in moving back to the community; and
4. Able to reside safely in the community with appropriate and cost-effective supports and services.

### Restrictions/Limitations

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- Community Transition Services do not include monthly rental or mortgage expense, food, regular utility charges, and/or household appliances or items that are intended for purely diversionary/recreational purposes.
- Community Transition Services are payable up to a total lifetime maximum amount of \$7,500.00. The only exception to the \$7,500.00 total maximum is if the Member is compelled to move from a provider-operated living arrangement to a living arrangement in a private residence through circumstances beyond his or her control.
- Community Transition Services must be necessary to ensure the health, welfare, and safety of the Member, and without which the Member would be unable to move to the private residence and would then require continued or re- institutionalization.

Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

### Licensing/Allowable Providers

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Providers must have experience and expertise with providing these unique services. The list is provided as an example of the types of providers Medi-Cal managed care plans may choose to contract with, but it is not an exhaustive list of providers who may offer the services.

- Case management agencies
- Home Health agencies
- Medi-Cal managed care plans
- County mental health providers
- 1915c HCBA/ALW providers
- CCT/Money Follows the Person providers

Medi-Cal managed care plan network providers that have a state-level enrollment pathway must enroll in the Medi-Cal program, pursuant to relevant DHCS APLs including Provider Credentialing/Recredentialing and Screening/Enrollment [APL 19-004](#). If there is no state-level enrollment pathway, managed care plans must have a process for vetting the Community Supports Provider, which may extend to individuals employed by or delivering services on behalf of the Community Supports Provider, to ensure it can meet the capabilities and standards required to be a Community Supports Provider.

# **NOTICE OF INTENT TO AWARD**

DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

Contracts Division  
1501 Capitol Avenue  
Sacramento, CA 95814

August 25, 2022

IN CONSIDERATION OF THE RESPONSES TO THE  
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES'

Medi-Cal Managed Care Plans

RFP # 20-10029

DHCS HEREBY ANNOUNCES ITS  
INTENT TO AWARD A CONTRACT IN THE COUNTIES NOTED BELOW  
TO THE FOLLOWING INTENDED AWARDEES:

COUNTY	INTENDED AWARDEE
Alpine	Blue Cross of California Partnership Plan, Inc.
El Dorado	Blue Cross of California Partnership Plan, Inc.
Fresno	Blue Cross of California Partnership Plan, Inc.
Kern	Blue Cross of California Partnership Plan, Inc.
Kings	Blue Cross of California Partnership Plan, Inc.
Los Angeles	Molina Healthcare of California, Inc.
Madera	Blue Cross of California Partnership Plan, Inc.
Riverside	Molina Healthcare of California, Inc.
San Bernardino	Molina Healthcare of California, Inc.
Santa Clara	Blue Cross of California Partnership Plan, Inc.
San Francisco	Blue Cross of California Partnership Plan, Inc.
San Joaquin	Health Net Community Solutions, Inc.
Stanislaus	Health Net Community Solutions, Inc.
Tulare	Health Net Community Solutions, Inc.
Sacramento	Molina Healthcare of California, Inc. Blue Cross of California Partnership Plan, Inc.
San Diego	Molina Healthcare of California, Inc. Health Net Community Solutions, Inc.
Amador	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.
Calaveras	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.
Inyo	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.
Mono	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.
Tuolumne	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.

THIS NOTICE OF INTENT TO AWARD SHOULD NOT BE CONSIDERED AS A BINDING COMMITMENT BY DHCS TO MAKE A CONTRACT AWARD. The last day to appeal this award is September 1, 2022 by 5:00 PM (PT). Proposers wishing to appeal the award must follow the instructions outlined in the Request for Proposal (RFP).

Proposals and all evaluation materials are now available upon request. Please send requests for the Bidders Package via email to [CDRFP8@dhcs.ca.gov](mailto:CDRFP8@dhcs.ca.gov). Requests for materials not included in the Bidders Package may be submitted via email to [PRAResquest@dhcs.ca.gov](mailto:PRAResquest@dhcs.ca.gov) or via the [Public Records Act \(PRA\) portal](#).



# **NOTICE OF INTENT TO AWARD**

DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

Contracts Division  
1501 Capitol Avenue  
Sacramento, CA 95814

September 2, 2022 **UPDATE**

IN CONSIDERATION OF THE RECEIPT REGARDING  
NOTICES OF INTENT TO APPEAL FOR THE  
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES'

Medi-Cal Managed Care Plans Request for Proposal # 20-10029

DHCS HEREBY ANNOUNCES AWARD STAUS' FOR THE INTENDED AWARDEES:

COUNTY	INTENDED AWARDEE	STATUS	NOTICE OF INTENT TO APPEAL FILED BY
Alpine	Blue Cross of California Partnership Plan, Inc.	Appeal Filed	A, H
El Dorado	Blue Cross of California Partnership Plan, Inc.	Appeal Filed	A, H
Fresno	Blue Cross of California Partnership Plan, Inc.	Appeal Filed	A, C
Kern	Blue Cross of California Partnership Plan, Inc.	Appeal Filed	A, C, H
Kings	Blue Cross of California Partnership Plan, Inc.	Appeal Filed	A, C
Los Angeles	Molina Healthcare of California, Inc.	Appeal Filed	C, H
Madera	Blue Cross of California Partnership Plan, Inc.	Appeal Filed	A, C
Riverside	Molina Healthcare of California, Inc.	Appeal Filed	A, C, H
San Bernardino	Molina Healthcare of California, Inc.	Appeal Filed	A, C, H
Santa Clara	Blue Cross of California Partnership Plan, Inc.	Appeal Filed	A, H
San Francisco	Blue Cross of California Partnership Plan, Inc.	No Appeal Filed	
San Joaquin	Health Net Community Solutions, Inc.	Appeal Filed	A
Stanislaus	Health Net Community Solutions, Inc.	Appeal Filed	A
Tulare	Health Net Community Solutions, Inc.	Appeal Filed	A, C
Sacramento	Molina Healthcare of California, Inc. Blue Cross of California Partnership Plan, Inc.	Appeal Filed Appeal Filed	H, C
San Diego	Molina Healthcare of California, Inc. Health Net Community Solutions, Inc.	Appeal Filed Appeal Filed	A, C, E, H
Amador	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.	No Appeal Filed No Appeal Filed	
Calaveras	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.	No Appeal Filed No Appeal Filed	
Inyo	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.	No Appeal Filed No Appeal Filed	
Mono	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.	No Appeal Filed No Appeal Filed	
Tuolumne	Blue Cross of California Partnership Plan, Inc. Health Net Community Solutions, Inc.	No Appeal Filed No Appeal Filed	

A: Blue Shield of California Promise Health Plan  
B: Imperial Health Plan of California, Inc.  
C: Aetna Better Health of California, Inc.  
D: Molina Healthcare of California, Inc.  
E: CHG Foundation, d.b.a. Community Health Group Partnership Plan  
F: Chinese Community Health Plan  
G: Blue Cross of California Partnership Plan, Inc.  
H: Health Net Community Solutions, Inc.

Please send requests for the Bidders Package via email to [CDRFP8@dhcs.ca.gov](mailto:CDRFP8@dhcs.ca.gov). Requests for materials not included in the Bidders Package may be submitted via email to [PRARquest@dhcs.ca.gov](mailto:PRARquest@dhcs.ca.gov) or via the Public Records Act (PRA) portal.