



QA What is CalAIM or Medi-Cal Transformation?

CalAIM, a program administered by the State of California’s Department of Healthcare Services (DHCS), stands for **California Advancing and Innovating Medi-Cal**. This is a long-term plan to transform and strengthen Medi-Cal by making it more equitable, coordinated, and person-centered to improve Californians’ health and life trajectory. CalAIM includes two programs: *Enhanced Care Management* and *Community Supports*. CalAIM has recently been rebranded to “Medi-Cal Transformation.”

QA What is 211/CIE’s CalAIM Navigation?

CalAIM Navigation consists of a small team at 211/CIE who:

1. Review all potentially eligible CalAIM individuals and households submitted via CIE Direct Referral
2. Verify that the family or household has Medi-Cal
3. Confirm enrollment in one of the following Medi-Cal Managed Care Plans:



4. Submit a referral to the most appropriate CalAIM provider/program and update 211/CIE outcomes

QA What are the new services/programs clients are potentially eligible for?

Enhanced Care Management (ECM)

What is it?

Members receive coordination of health-related needs from a lead care manager. The lead care manager can assist in ways including:

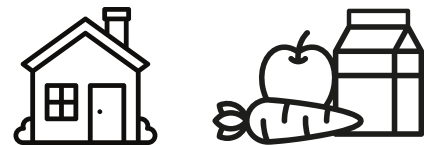
- Helping you find doctors, make appointments, arrange transportation, and connect all of your healthcare providers
- Connecting you with programs for adults, children, and families such as legal aid, in-home support services, transportation, groceries, and applying for additional support
- Connecting with you monthly to review your needs, set goals and help address barriers to services

Community Supports (CS)

What is it?

Members receive additional support from a community based organization or other provider to address specific social needs, such as housing or food.

There are **14** Community Supports programs that households might be eligible for and can be reviewed at www.211sandiego.org/community-supports or by entering “Community Supports” into the 211 referral search.



Sample Language to Introduce ECM/CS:

"I'd like to share about a helpful program that may be available to you through your health insurance. It's called Enhanced Care Management (ECM) and it's for people who might need extra support with their healthcare. It's designed to help you tackle challenges and connect with the services you need to make life easier such as transportation or food. ECM is also a helpful starting point to get connected to Community Supports which are additional services that assist with specific needs like housing navigation. Does that sound like something that could help?"

QA What are examples of other needs that CalAIM services can help address?



Housing - Clients who are experiencing homelessness or are at risk of losing their housing. Not intended for **immediate** housing solutions; for those in need of shelter or homeless outreach, search "Coordinated Street Outreach" or "Homeless Outreach" in 211 referral search.



Direct Referral

1. [PATH San Diego](#) serves the City of San Diego (Zip Codes starting with 921)
2. [Downtown San Diego Partnership](#) serves anyone staying in the 92101 zip code (Downtown, SD)



Nutrition - Clients who are stating they cannot afford food for themselves or their family.



Transitions of Care - Clients who are leaving the hospital and have no where to recover or who are accessing the Emergency Room for their primary care.



Transportation - Clients who are stating they are having issues with getting to their doctor appointments or other healthcare services.

QA Who is eligible for these services?

The following types of individuals/households are **potentially** eligible for CalAIM services:

Individuals or households with health conditions, Severe Mental Illness (SMI), Substance Use Disorder, or who are pregnant **AND** one of the following apply:

- experiencing homelessness
- at risk of homelessness in the next 30 days
- high or inappropriate use of healthcare services (ED visits, hospital admissions)
- at risk of institutionalization (e.g. nursing facility)
- recently released from incarceration or other institution
- are less than 21 years old or have children under 21 years old in the household

QA How do I refer to CalAIM Navigation?

1. Login to Partner Community: <https://211.my.site.com/s/login/>
2. Review client record for: **health insurance type, health insurance provider, and health conditions**
 - a. If fields are not available, enter these details in the referral notes
3. Launch **Find Referral** from the client record and enter "CalAIM Navigation" in search bar
4. Choose either:

CalAIM Navigation for
Adults



CalAIM Navigation for
Children
(less than 21 years old)



5. Submit **Direct Referral** and include details of client situation in the note/health information note of referral

QA How do I check in on a referral outcome?

- Referral updates will be entered in the CalAIM Navigation Referral outcome field
- Referral updates will also be entered into any subsequent CalAIM related referrals
- Check any program enrollments on record which may provide additional information

NOTE: CalAIM referrals will always have "Enhanced Care Management," "CalAIM," "ECM", or "Community Supports" in the service name.

Reminders

- Community Supports does not provide emergency housing, hotel vouchers or rental assistance. Clients with immediate needs should be referred to a Coordinated Entry (CES) site, shelters, homeless outreach teams etc.
- To learn more about CalAIM Enhanced Care Management (ECM) refer to: [DHCS ECM Policy Guide](#)
- To learn more about CalAIM Community Supports refer to: [DHCS Community Supports Policy Guide](#)
- For additional referral support, email calaim@211sandiego.org