



Request for Proposals: Regional CalAIM Implementation Overviews

Opportunity announced	October 20, 2022
Proposals due	November 18, 2022
Grant recipient announced	December 16, 2022
Project begins	January 2023
Project ends	April 2024

I. Summary

This RFP is intended to identify a grantee to lead a qualitative and quantitative description of implementation of CalAIM in six regional health care markets in California. Grantee will summarize descriptive statistics and complete structured interviews with 10–12 leaders of prominent safety-net organizations in each region. Grantee will also interview 10 individuals with statewide perspectives, including consultants and leaders of state-level health agencies, trade associations, and consumer groups. Analysis will include three of the CalAIM populations of focus:

- People experiencing homelessness
- People with behavioral health needs
- Older adults, including people eligible for both Medicare and Medi-Cal

Grantee will develop a regional overview of CalAIM implementation in the following six regions:

- Central Valley
- Inland Empire
- Los Angeles
- San Diego
- San Francisco and Alameda counties
- Shasta and Butte counties

Each regional profile will include the following elements:

- Descriptive statistics capturing magnitude of local needs
- Contracted organizations delivering Enhanced Care Management and Community Supports
- Estimate of enrollment in Enhanced Care Management
- Number and type of Community Supports provided
- Key engagement pathways (e.g., how enrollees engage in services, whether through self-referral, provider referral to plan, plan identification from data, etc.)
- Data-sharing solutions and workflows that characterize each region.

Grantee will write issue briefs summarizing findings for each of the six markets, as well as five cross-regional briefs on topics that emerge from findings; conduct briefings in seven cities in California, one with state policymakers in Sacramento and six in regional markets that were studied; and conduct three webinars, one on each of the populations of focus. Grantee will collect, consolidate, and incorporate up

to three rounds of substantive feedback from the California Health Care Foundation (CHCF) and interview participants. Final products will be branded and published by CHCF.

II. Background

In January 2022, the California Department of Health Care Services (DHCS) launched California Advancing and Innovating Medi-Cal, known as CalAIM. CalAIM is a far-reaching, multiyear plan to transform California's Medi-Cal program and to make it integrate more seamlessly with other social services. This major reform has the potential to improve outcomes for the millions of people enrolled in Medi-Cal. It also offers an unprecedented opportunity to move to a more equitable and patient-centered approach to care for people with the most complex health and social needs, including those with behavioral health conditions, people experiencing homelessness, and older adults with low incomes, among others. Too often, these groups have difficulty navigating the complexity of the current Medi-Cal system, where a lack of coordinated care, including access to social supports, can lead to poor outcomes and inefficiency.

CalAIM's initial (2022–2023) reforms create the following expectations for Medi-Cal managed care plans:

1. Launching a new benefit known as Enhanced Care Management for seven populations of focus and developing a network to deliver it
2. Determining which of 14 preapproved nontraditional services known as Community Supports to offer, and developing a network of providers to deliver them
3. Bringing statewide the mandatory managed care enrollment of all seniors and people with disabilities and the inclusion of institutional long-term care into managed care (previously, this was true in 27 of California's 58 counties)
4. Requiring plans to deliver a standardized Population Health Management program

At its core, this project seeks to understand (1) the degree to which service capacity and funding map to need, and (2) how networks and workflows are configured, especially which providers are included in managed care networks and at what scale, and how equitably services are being delivered. Past efforts to improve care for this population have disproportionately served enrollees that are more likely to be white, male, and older than one would expect given the makeup of enrollees with complex needs.

III. Project Goals and Target Audience

The overarching goal for this project is to provide a broad array of stakeholders — including local and state-level policymakers, media, industry leaders, advocates, and academics — with in-depth, objective information about the regional implementation of CalAIM with an equity lens. Audiences will use both regional and thematic, cross-regional findings to deepen their understanding of local needs and how different aspects of the program are coming together to meet those needs.

IV. Project Activities, Deliverables, and Timeline

For each regional report, we anticipate that there will be 10 major domains with themes and questions jointly developed by grantee and CHCF. A preliminary list of domains includes:

1. Scope and scale of need
2. Racial and ethnic makeup of the populations of focus
3. Local market structure (for Medi-Cal managed care, safety-net physical health, specialty mental health, substance use services, homeless services, nursing homes and assisted living facilities, and home- and community-based services for independent living)
4. Relationships among provider types and sectors related to CalAIM's programs
5. Early program impact, challenges, and suggested improvements
6. Regional CalAIM-related workforce challenges and responses.
7. Changes in volume and capacity related to CalAIM and sufficiency relative to scale and need
8. Key outreach, referral engagement, and authorization pathways and criteria for CalAIM's programs
9. Distribution and impact of plan incentive and PATH dollars
10. Data exchange and interoperability to support CalAIM

In order to develop these reports, the project includes four major activities:

1. *Data analysis using publicly available data:* Gather and analyze data on demographics of the three populations of focus and other descriptive indicators in each region. Possible California-specific data sources include the California Homeless Data Integration System, Mental Health Services Performance Dashboard, California Department of Health Care Access and Information, California Outcomes Measurement System (CalOMS) and External Quality Review Organization reports on Drug Medi-Cal, and data from the In-Home Supportive Services Program. Possible national data sources that provide data at the county level include the US Census Bureau's American Community Survey and the Substance Abuse and Mental Health Services Administration (SAMHSA).
2. *Key informant interviews:* Capture information about workflows and implementation choices in each region through interviews with the leaders of key safety-net entities and local agencies, targeting 10–12 interviews per region. Interviewees may be drawn from public and private safety-net hospitals, community and rural health clinics, local health departments, behavioral health providers, homeless service providers, Area Agencies on Aging, other community-based organizations, and Medi-Cal managed care plans. In addition, identify and interview 10 leaders to get a statewide perspective, including state-level health agencies, trade associations, and consumer groups.
3. *Targeted data requests:* Request information from local managed care plans about eligible populations, enrollment, data-sharing systems, provider networks, and incentive program funding for Enhanced Care Management and Community Supports to supplement and provide a comparison to outside-in data and insights from qualitative interviews. Request information on Providing Access and Transforming Health (PATH) and Incentive Payment Program (IPP) funding from DHCS and its third-party administrator.

4. *Development of final products*: Grantee will create the following deliverables:

A series of 11 written briefs of no more than 10 pages each plus visuals:

- Six summarizing findings for each of the six regions
- Five cross-regional briefs covering the following topics:
 - Insights across all six regions and populations
 - Insights from people experiencing homelessness
 - Insights from people with behavioral health needs
 - Insights from older adults who need support to live independently
 - Equity considerations

In developing the briefs, grantee will collect, consolidate, and incorporate up to three rounds of feedback from CHCF and interview participants. Final products will be branded and published by CHCF.

A series of 10 briefings to share findings and answer questions:

- One briefing in Sacramento with state policymakers
- Six briefings with stakeholders in each region studied
- Three webinars, one on each population:
 - Implementation approaches for people experiencing homelessness
 - Implementation approaches for people with behavioral health needs
 - Implementation approaches for older adults who need support to live independently

Key Milestones	Approximate Timeline
Grantee selected and contract signed	December 2022
Interview guides completed and background data compiled	March 2023
Interviews completed	May 2023
First draft of regional and cross-regional briefs	August 2023
Second draft of briefs	October 2023
Final papers and briefings	November 2023–April 2024

V. Budget

The proposed budget for this project has not been determined. Prospective grantees should include bids consistent with completing all work described in Section IV above.

VI. Proposal Packet

Include the following materials in the proposal packet:

1. **Proposal cover sheet** (available at <http://www.chcf.org/grantinfo/solicited>). This does not count toward the five-page limit.

2. **Proposal narrative.** The proposal narrative should be no more than five pages of text, single spaced, in a 12-point font. Applicants are expected to honor the space limitations. The proposal narrative should describe the following:
 - a. **Overall project design and approach.** In your proposal, please discuss the approaches you would use to complete the activities outlined in this RFP. In particular, please describe:
 - How you will estimate the sizes of the populations of focus
 - What data sources you plan to use, how you will gain access to them, and your prior experience acquiring and conducting analyses on them
 - The contacts across California that are necessary to conduct this work, your prior experience working with them, and your approach to developing contacts with any groups or organizations you have not previously worked with
 - b. **Work plan for the project.** Please describe responsibilities and time frames based on the activities and deliverables described above. You may use the activities and timeline presented in Section IV as a starting point.
 - c. **The challenges you see in this work** and how to address them.
 - d. **The qualifications, capacities, and roles of your key team members.** Describe individual team members' relevant experience with large mixed methods studies. Why are you the best team to conduct this work? Who will conduct each of the project activities?
3. **Appendices.** Appendices do not count toward the five-page limit.
 - a. **Brief biosketch or CV.** Include a brief biosketch or CV for all key team members.
 - b. **Budget form and budget narrative description.** Please submit a detailed budget and budget narrative for the entire length of the project. Line item and time/material budget forms are available at <http://www.chcf.org/grantinfo/solicited/>.

How would you allocate the budget among your suggested project components? Specify major budget categories such as staff, travel, data collection/analysis, and indirect costs. Note that it is expected that at least one senior member of the team will participate in one public briefing in Sacramento, six additional regional briefings, and three webinars.
 - c. **Links to sample written work product, ideally from related projects**
 - d. **List of references**

VII. Proposal Submission

Proposals must be delivered by email, in one file in PDF format, to RegionalRFP@CHCF.org, addressed to the attention of Diana Banki, program associate, CHCF, no later than noon (PT) on Tuesday, November

18, 2022. Proposals will be acknowledged by a return email within 24 hours. *Hard copies will not be accepted.* CHCF will not provide individual critiques of proposals submitted. For questions about the project or the proposal submission process, please contact Diana Banki, program associate, CHCF, at RegionalRFP@CHCF.org.

VIII. Selection Criteria

We are seeking a grantee with demonstrated ability to conduct studies of similar nature and familiarity with California's safety-net ecosystem. The review committee will use the following criteria to assess proposals:

- Proposed project design and approach
- Previous experience working with relevant stakeholders and networks to collect primary data
- Strength of previous writing samples
- Appropriateness of proposed budget and project timeline