



Medi-Cal Academy
AGENCY BUSINESS PLAN GUIDE
Contracting for CalAIM Housing-related Community Supports

I. Executive Summary

Note: Agencies will have multiple external and internal audiences for their Business Plan and the executive summary of the Plan may change based on the audience. The Executive Summary will be a valuable tool to market your plan as it presents an introduction to your agency, identifies your target population served and offers a brief and summary of how your agency will be successful in achieving its business goal. (In this case contracting with a Medi-Cal Managed Care Plan to provide housing-related services). Leave this section as last to write.

II. Provider Agency Overview

A. Mission Statement, Principles and Goals

B. Current Business Description (high level overview)

- i. Board and Staff (human assets)
 1. Governance structure
 2. Key staff unique to your agency, # of staff by function, staff demographics reflecting populations served and including leaders with lived experiences of homelessness, number of paid staff who identify as peers, professional staff credentials and business function backgrounds and levels as well as any reference to staff qualifications or requirements by fund source;
- ii. Current affiliations with networks and other health and behavioral health organizations

III. Agency Qualifications: Why are you uniquely qualified to succeed? What outcomes do you track and achieve that are shared outcomes with your target audience (housing placement, housing retention, time from referral to housing, improvements in health and wellbeing)? What are the resources, connections, skills, and expertise at your fingertips to achieve your goal of providing housing navigation and transition services and/or housing and tenancy sustaining services reimbursed by Medi-Cal Managed Care?

A. Summary of Current Agency Capacity (may include the following- but remember keep it brief)

- i. Programs and Services
 1. Description of services
 2. Demographics, Eligibility, Enrollment data and a summary of description of the levels of need for the target population(s) you serve
 3. Actual current # of people served by service type and fund source
 4. Performance management (indicators and measurement) capacity and experience
- ii. Operations and Technology Systems Infrastructure
 1. Information and billing system, tracking capacity including capacity to track and report staff or program unit outputs; capacity to track (and assist consumers with) eligibility for Medi-Cal, housing related community supports, other benefits
 2. Quality Improvement (What outcomes are you achieving? What outcomes are you working to measure and achieve? Include how you review service planning, conducting assessments and tying services back to service plan)

3. Quality Assurance Plan/ Compliance: do you have a current plan? (plan should include clinical record documentation record reviews, mechanisms for reporting fraud and abuse, training, staff responsibility, internal and Board approval) Note: If not applicable to your organization, do not include
- iii. Financial
 1. Funders by type, name, amount and type of funding
 2. Experience in business planning, change management processes, raising capital funds; current fund raising activities
 3. Current budget by fund source and expenditure categories
 4. Ability to manage and submit Medi-Cal claims

B. Trends: any significant business trends; any trends in service demand (see demographics above) or other trends that may impact your organization

IV. Marketing and Sales Strategy

A. Business Environment Analysis/ SWOT

- i. Potential fund source changes, by type and scope or new business options
- ii. Who are the payors in the future? What services do they want to buy? for which (priority) populations? and under what conditions?
- iii. Market for services (current and new--define your niche)
- iv. Market risks (what is the likelihood that fund sources or service referrals/demand may change)

B. Internal Capacity Analysis

- i. Challenges for current staff, potential human resources issues including availability of qualified staff
- ii. Minimum requirements for change (infrastructure: tracking, monitoring for compliance and billing, (qualified) staffing, operations, available reserves, utilization reports)
 1. QA/QI Department and/or Electronic Health Record have capacity to: verify client eligibility, submit claims, track assessments, service/treatment planning with expirations, authorization eligibility review dates, report required information electronically (mortality reports, Critical Incident reports etc) and track requirement dates, review and respond to remittance advice, frequency of client visits, type of client visit, client profiles include payer source, current eligibility, auth review dates, TX plan dates, contact and emergency contact information, health data, household data
 2. Staff have access to technology (computers/tablets/wifi/cell phones) and ability to email and submit documentation electronically
- iii. Staffing scenarios: current staff requirements vs. potential staff requirements including adjustments for how staff are currently assigned
 1. Assess current documentation requirements versus staff submitting progress notes/documentation within 2 business days or 48 hours from date of service
 2. What staff and/or data systems can translate case notes into invoices/claims to submit for reimbursement.
 3. Senior team qualifications--can you run this organization?
 - a. Ability to monitor and support staff compliance with documentation training and requirements (timeliness, accuracy, completeness, medical necessity, support program req and quality services)

V. Program, Staffing, Operations Plan

- A. Proposed new business or services approach (e.g., serve different populations, develop new services, realign existing services, etc.) along with potential funding source
 - B. Key decisions and time frames
 - C. Proposed new or modified programs, contracts and/or affiliations
 - D. Description of internal changes to support programs, contracts and affiliations
 - E. Changes to meet any required staffing (by type)
 - F. Changes to meet operational requirements
 - G. Work Plan: tasks, time frames and responsibilities for A-F above
- VI. Financial Plan** (includes onetime costs and assumptions for revenues and costs over time)
- A. Expected Revenues
 - B. Expected Expenses
 - C. Break even analysis
 - i. Return on investment in staffing, infrastructure, etc.
 - ii. Volumes of services/prices necessary to break even over time, including any foreseen changes in cash flow
 - iii. How much funding do you need and when do you need that funding
 - D. Braiding and blended funding streams
 - E. Operating Reserves
- VII. Risk Mitigating Milestones**
- A. Event that when completed makes your company likely to succeed
 - i. Hiring and training staff #x staff in x key topics (HIPAA compliance, billing and claims, authorizations, documentation standards)
 - ii. Agency certification in X
 - iii. \$x revenue received by x date
 - iv. Start-up costs funded by x donors