



2025-2026 CalAIM Grant Program Application – Round 3

Section 1: Applicant Information	
1.1: Program Application and Contact Information	
Date:	
Organization Name:	
Provider Type:	
Counties Served:	<input type="checkbox"/> Butte <input type="checkbox"/> Colusa <input type="checkbox"/> Del Norte <input type="checkbox"/> Glenn <input type="checkbox"/> Humboldt <input type="checkbox"/> Lake <input type="checkbox"/> Lassen <input type="checkbox"/> Marin <input type="checkbox"/> Mendocino <input type="checkbox"/> Modoc <input type="checkbox"/> Napa <input type="checkbox"/> Nevada <input type="checkbox"/> Placer <input type="checkbox"/> Plumas <input type="checkbox"/> Shasta <input type="checkbox"/> Sierra <input type="checkbox"/> Siskiyou <input type="checkbox"/> Solano <input type="checkbox"/> Sonoma <input type="checkbox"/> Sutter <input type="checkbox"/> Tehama <input type="checkbox"/> Trinity <input type="checkbox"/> Yolo <input type="checkbox"/> Yuba
Contact Person Name and Title:	
Contact Number:	
Email Address:	
Organization Mailing Address:	

Which program is your organization currently contracted or intending to contract?
<input type="checkbox"/> Enhanced Care Management (ECM) <input type="checkbox"/> Community Supports (CS) Services <i>If selected, organizations intending to contract, must submit completed contracting/credentialing documentation to Partnership before May 15, 2025 to be eligible to receive funds.</i> Information on ECM and CS rates at https://www.partnershiphp.org/Community/Pages/CalAIM.aspx
Provide an overview of the demographics of the populations you serve:
Did you receive any PATH CITED or IPP/CalAIM funds previously? If yes, please attach a copy of the grant application. <input type="checkbox"/> PATH CITED Grant Attached <input type="checkbox"/> IPP/CalAIM Grant Attached
Provide a short description of how much your organization received and how it was used:

Section 2: Program Overview

2.1: Background Information

CalAIM's Enhanced Care Management (ECM) and Community Supports (CS) Services programs launched January 1, 2022. Utilizing the CalAIM Incentive Payment Program (IPP) Funding, Partnership HealthPlan of California has developed the CalAIM Grants to invest in ECM and CS provider capacity and delivery system infrastructures to support these programs.

The 2025-2026 Grants available are listed below: (*Applicants may only apply to ONE*)

- Justice Involved Population of Focus – capacity building *limited to \$250,000*
- Access – projects that support PCP/Specialty access for members to establish care *limited to \$250,000*
- Rural Focus – capacity building *limited to \$250,000*
- Build capacity and/or expansion of Short-Term Post Transition Housing and/or Short-Term Recuperative Care facility *limited to \$400,000*

Funds awarded must be spent by December 31, 2026.

2.2: General Instructions

Through the CalAIM Grant Program application, each applicant will select one category to invest in September 1, 2025 thru December 31, 2026. Providers will demonstrate within their application how they intend to meet various capacity building goals, objectives, sustainability and milestones.

To apply, providers must complete and sign this application and submit directly to Partnership. Prior to completing this application, applicants should carefully review the entire application. Questions regarding Partnership's CalAIM Grant Program should be emailed to grants@partnershiphp.org.

Applications must be submitted to Partnership via email to grants@partnershiphp.org. Applications will be accepted beginning February 20, 2025, and must be received no later than 5 p.m. on May 16, 2025. Incomplete and/or late applications will not be considered. To be considered complete upon submission, all components of this application must be completed, including a budget template.

Applicants may apply to one category only.

Application Submission Requirements

- Narratives for each question should not exceed 1,000 words
- Narratives should be contained to the area provided within this application document
- If additional or supporting documentation is needed, it must be no more than three pages
- Additional documentation must use the following guidelines:
 - 8.5" x 11" letter-size pages (one side only) with 1" margins (top, bottom, and sides)
 - Font size must be no smaller than 12-point
- **The application, budget and any supporting documentation must be submitted as a single PDF document**

Budget Template

Applicants must complete one budget template for an application.

- The budget template(s) must be submitted as a PDF
- All sections should include items that may be covered in full and/or partially paid for using Partnership's CalAIM Grant Program funds

- **Section A: Projected Staff Salary and Benefits** – this section should include a breakdown of utilization of funding that will be allocated to staff salary and benefits
- **Section B: Other Direct Costs** – this section should include a breakdown of any other non-salary costs in which funding will be utilized
- **Section C: Subcontractors** –this section should include any subcontractors that will be utilized. Examples include, but not limited to training organizations, staffing, etc.

The application review process and timing is as follows:

Deliverable / Activity	Date
Partnership’s CalAIM Grant Program Application Release	February 20, 2025
Partnership’s CalAIM Grant Program Informational Webinar	February 27, 2025
Application Submission Deadline	May 16, 2025
Application Evaluation Period	May 16 – June 13, 2025
Grantee Approval Announcement	June 20, 2025

2.3: Reporting Requirements and Payment Schedule

Reporting on Milestones and Outcomes

After approval and awarding of the grant, applicants will submit quarterly milestone progress reports, which will include:

- A budget report describing how grant funding has been spent.
- A narrative summary demonstrating growth in the priority areas you have received funding to support.

Measurement period must start within two months after the grant agreement is executed. *Milestone progress reporting will be submitted quarterly.*

Payment Schedule

Payments will be made in the following installments:

- **40%** – Initial installment paid upon application approval and executed agreement to support program/project start-up costs.
- **30%** – Dependent upon milestone progress, the second installment will be paid 90 days after approval. Milestone progress reporting must also be submitted within 90 days after an executed agreement.
- **30%** – Final installment will be paid at the end of program year or upon completion of milestones, which include the successful submission of claims, if applicable. Milestone progress reporting must be submitted by December 31, 2026.

Section 3: Justice Involved Population
Limited to \$250,000

A budget template must be submitted with the application.

A. Describe how your organization will utilize potential funding to build capacity to provide CalAIM services to more Partnership members? *Word limit: 1,000 words*

B. What will be your organization’s approach for implementing this project? Describe how your organization will track, measure, and achieve the results. *Word limit: 1,000 words*

C. How much total funding will your organization require to successfully complete this project? *Word limit: 50 words*

D. How will the funds allow your organization to build capacity by either 25 members or 20% each year (whichever is greater)? *Word limit: 1,000 words*

E. Share your organization’s sustainability plan for maintaining capacity as an ECM and/or CS provider over the next two years. *Word limit: 1,000 words*

F. Please provide a high-level description of the milestone activities/schedule of events, timelines, and staffing resources required to complete this project successfully. *Word limit: 1,000 words*

Milestone Activity	Projected Completion Date	Resources Needed

**Section 4: Access - projects that support PCP/Specialty access for members to establish care
Limited to \$250,000**

A budget template must be submitted with application.

A. Describe how your organization will utilize potential funding to support creating more access for CalAIM members to establish care with their PCP and/or Specialists? *Word limit: 1,000 words*

B. What will be your organization’s approach for implementing this project? Describe how your organization will track, measure, and achieve the results. *Word limit: 1,000 words*

C. How much total funding will your organization require to complete this project successfully? *Word limit: 50 words*

D. How will the funds allow your organization to build capacity by either 25 members or 20% each year (whichever is greater)? *Word limit: 1,000 words*

E. Share your organization’s sustainability plan for maintaining capacity as an ECM and/or CS provider over the next two years. *Word limit: 1,000 words*

F. Please provide a high-level description of the milestone activities/schedule of events, timelines, and staffing resources required to complete this project successfully. *Word limit: 1,000 words*

Milestone Activity	Projected Completion Date	Resources Needed

Section 5: Rural Focus – Capacity Building
Limited to \$250,000

A budget template must be submitted with application.

A. Describe how your organization will utilize potential funding to build capacity to provide CalAIM services to more Partnership members in rural areas? *Word limit: 1,000 words*

B. What will be your organization’s approach for implementing this project? Describe how your organization will track, measure, and achieve the results. *Word limit: 1,000 words*

C. How much total funding will your organization require to complete this project successfully? *Word limit: 50 words*

D. How will the funds allow your organization to build capacity by either 20 members or 20% each year (whichever is greater)? *Word limit: 1,000 words*

E. Share your organization’s sustainability plan for maintaining capacity as an ECM and/or CS provider over the next two years. *Word limit: 1,000 words*

F. Please provide a high-level description of the milestone activities/schedule of events, timelines, and staffing resources required to complete this project successfully. *Word limit: 1,000 words*

Milestone Activity	Projected Completion Date	Resources Needed

Section 6: Short-Term Post Transition Housing or Short-Term Recuperative Care
Limited up to \$400,000

A budget template must be submitted with the application. Mark which priority area for which you are applying (select only one):

- 6.1 – Short-Term Post Transition Housing (Formerly STPH)
- 6.2 – Short-Term Recuperative Care (Medical Respite)

6.1 and 6.2: Expansion and Capacity Building

A. Describe how your organization will utilize potential funding to expand and build capacity? *Word limit: 1,000 words*

B. What will be your organization’s approach for implementing this project? Describe how your organization will track, measure, and achieve the results. *Word limit: 1,000 words*

C. How much total funding will your organization require to complete this project successfully? *Word limit: 50 words*

D. How will the funds allow your organization to build capacity by either 20 members or 20% each year (whichever is greater) until 2026? *Word limit: 1,000 words*

E. Share your organization’s sustainability plan for maintaining capacity as an ECM and/or CS provider over the next two years. *Word limit: 1,000 words*

F. Please provide a high-level description of the milestone activities/schedule of events, timelines, and staffing resources required to complete this project successfully. *Word limit: 1000 words*

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Milestone Activity	Projected Completion Date	Resources Needed

Section 7: Application Agreement

7.1: Attestation/Certification

I certify that as the representative of the Partnership’s CalAIM Grant Program applicant, I agree to the following conditions:

- The purpose of the CalAIM Grant Program funding is to provide fiscal support to providers that will be offering Enhanced Care Management (ECM) and Community Supports (CS) Services.
- All applicants will use the Partnership’s CalAIM Grant Program funding to better integrate and support ECM and CS initiatives for all target population members within the applicant’s practice panel.
- The CalAIM Grant Program funding will not duplicate or supplant other previously identified funding that is specifically dedicated to the deliverables listed in this application.
- The CalAIM Grant Program funding may be combined with other funding sources to accomplish the milestones listed in this application, to the extent permissible under federal and state law.
- The CalAIM Grant Program funding will not be used to reimburse for services currently reimbursable under Medi-Cal, but must be used to improve the delivery system for Medi-Cal managed care enrollees.
- Organizations intending to contract for ECM and CS, must submit completed contracting and credentialing documentation to Partnership before June 30, 2025 to be eligible to receive funds. Please see ECM and CS rates and requirements at <https://www.partnershiphp.org/Community/Pages/CalAIM.aspx>.
- The CalAIM Grant program awardees must continue with contracted services for two years post grant funding.
- Funds awarded must be spent by December 31, 2026.
- The CalAIM Grant Program applicant will report and submit timely and complete data to Partnership in the specified format.
- The CalAIM Grant Program applicant shall submit reports in a manner specified by Partnership.
- Payments for the CalAIM Grant Program will be contingent upon completion of the application milestone deliverables.
- If not already contracted with Partnership for ECM or CS, the entity will work in good faith to sign a contract to be a Partnership ECM and/or CS provider and must submit completed contracting and credentialing documentation to Partnership before June 30, 2025 to receive funds.

I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a good faith understanding of Partnership’s CalAIM Grant Program participation requirements.

Signature of Applicant Representative:	
Printed Name:	
Title of Applicant Representative:	
Organization Name:	
Date:	