

# Why Community Care Hubs Are Critical to CalAIM

## A Deep Dive into Full Circle Health Network

California's CalAIM initiative represents an ambitious transformation of Medi-Cal, aiming to deliver whole-person care that addresses both medical and social needs. Central to this transformation is the participation of community-based organizations (CBOs). CBOs are the trusted providers embedded in California's most vulnerable communities, but they face significant administrative, technical, and financial barriers to Medi-Cal managed care participation.

Community Care Hubs have emerged as a critical solution, enabling CBOs to deliver high-quality Enhanced Care Management (ECM), Community Health Worker (CHW) and Community Supports while maintaining their cultural identity and community connections. This paper examines why hubs are essential to CalAIM's success and provides an in-depth look at Full Circle Health Network, California's largest statewide Community Care Hub, as a model for effective hub operations.



# The Provider Perspective: Why Hubs Matter

## From Overwhelmed to Empowered

CBOs are California's safety net for its most vulnerable populations. They have deep trust and cultural competency within their communities. When CalAIM launched, some organizations saw an opportunity to sustain their mission-driven work through stable Medi-Cal reimbursement rather than uncertain grant funding. Others saw an opportunity to expand their offerings with important new services. However, participating in managed care plan networks was foreign to many.

Consider a CBO that has served foster youth for 20 years and has about \$8 million in annual revenue. They employ culturally competent staff, maintain strong relationships with county child welfare agencies, and understand the unique needs of their community.

But when attempting to participate in ECM, they suddenly face:

- Needing to negotiate contracts with multiple managed care plans, each with different requirements
- Complex documentation standards that differ from their existing practices
- Technical requirements for electronic claims submission they've never encountered
- Ongoing compliance reporting to multiple entities that each has nuanced differences
- Cash flow challenges while waiting 60 to 90 days for claims payment

**This is where Community Care Hubs become invaluable.**

## What Providers Are Saying

*“We can focus on what we do best.”*

Organizations report that joining a hub allows them to redirect energy from paperwork to people, from administrative tasks to direct service delivery.

*“We maintain our identity while gaining strength.”*

Providers emphasize that hubs help them preserve their program individuality while accessing infrastructure they would struggle to build alone.

*“Someone always has our back.”*

Providers express appreciation for availability of real people to call when questions arise. The complexity of CalAIM requirements means issues arise constantly. A hub provides consistent support and advocacy.

*“The financial risk is reduced.”*

Small organizations can be vulnerable to cash flow disruptions and don't have the working capital required for upfront infrastructure and hiring investments. Hubs provide financial stability and protection during the learning curve.

## Beyond Technology: The Full Spectrum of Hub Functions

A misconception is that Community Care Hubs are simply technology platforms or claims processors. Effective hubs provide a comprehensive ecosystem of support that enables sustainable CBO participation in managed care. The activities benefit providers and MCPs alike.

Sample Activities	Value to Providers	Value to MCPs
<b>Centralized Contracting &amp; Network Management</b>		
<ul style="list-style-type: none"> <li>• Manage contracting with MCPs</li> <li>• Network recruitment &amp; vetting</li> <li>• Provider readiness + onboard support</li> </ul>	<ul style="list-style-type: none"> <li>• Single point of entry</li> <li>• Access to multiple MCPs</li> <li>• Peer network</li> </ul>	<ul style="list-style-type: none"> <li>• Streamlined contracting + vetted providers</li> <li>• Less administrative burden</li> <li>• Consistent standards</li> </ul>
<b>Payment Operations</b>		
<ul style="list-style-type: none"> <li>• Electronic claims submission</li> <li>• Billing + Revenue cycle management</li> <li>• Financial planning + Cash flow support</li> </ul>	<ul style="list-style-type: none"> <li>• Streamlined billing</li> <li>• Reduced denials</li> <li>• Financial stability</li> </ul>	<ul style="list-style-type: none"> <li>• Standardized claims</li> <li>• Reduced manual processes</li> <li>• Lower error rates</li> </ul>
<b>Data Infrastructure</b>		
<ul style="list-style-type: none"> <li>• Referral management platform</li> <li>• EHR Configuration + Data validation</li> <li>• Reporting Compliance + Analytics Dashboards</li> </ul>	<ul style="list-style-type: none"> <li>• User-friendly systems</li> <li>• Real-time visibility</li> <li>• Reduced duplicate entry</li> </ul>	<ul style="list-style-type: none"> <li>• Reliable data</li> <li>• Comprehensive reporting</li> <li>• Performance insights</li> </ul>
<b>Quality &amp; Performance Management</b>		
<ul style="list-style-type: none"> <li>• Compliance monitoring</li> <li>• Audit preparation</li> <li>• Quality tracking + Performance improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Clear expectations</li> <li>• Continuous improvement</li> <li>• Audit readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Network quality assurance</li> <li>• Regulatory compliance</li> <li>• Reduced oversight burden</li> </ul>
<b>Capacity Building</b>		
<ul style="list-style-type: none"> <li>• Initial training programs + Ongoing technical assistance</li> <li>• Model of care development + Workflow optimization</li> <li>• Peer learning communities</li> </ul>	<ul style="list-style-type: none"> <li>• Skill development</li> <li>• Best practice sharing</li> <li>• Organizational strengthening</li> </ul>	<ul style="list-style-type: none"> <li>• Provider competency</li> <li>• Network consistency</li> <li>• Improved outcomes</li> </ul>
<b>Advocacy &amp; Support</b>		
<ul style="list-style-type: none"> <li>• MCP relationship management</li> <li>• Policy interpretation</li> <li>• System navigation + Problem resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Strong representation</li> <li>• Fair treatment</li> <li>• Quick issue resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Clear communication</li> <li>• Efficient problem-solving</li> <li>• Provider satisfaction</li> </ul>

## Full Circle Health Network: A Model Community Care Hub

Full Circle Health Network (FCHN) exemplifies how an effective Community Care Hub can transform system capacity and provider performance. Launched in February 2023, Full Circle achieved impressive scale in less than three years, helping numerous organizations expand their services.

### A Focus on Children and Families

Full Circle's provider network has deep expertise in serving high-need children, youth, and families. These are not providers launched just for CalAIM. These organizations have been doing this work for decades. Some pioneered complex care models for children and families.

### What This Expertise Means in Practice:

- **Trauma-Informed Care**  
Providers understand that children in these populations have experienced significant trauma. They employ evidence-based trauma-informed practices that recognize the impact of adverse childhood experiences.
- **Family-Centered Approach**  
Full Circle providers understand that supporting children requires supporting their entire family system. Full Circle coaches providers on how to weave together ECM, CS and CHW services to address family needs holistically.
- **Developmental Appropriateness**  
Working with children requires different approaches at different developmental stages. Full Circle providers have specialized expertise across age ranges from infants through transition-age youth and the adjacent family members of all ages.
- **Cross-System Navigation**  
High-need children are typically involved with multiple systems—child welfare, education, mental health, juvenile justice. Full Circle providers have decades of experience coordinating across these complex systems.

### Full Circle's Breadth (Feb 2026)

- ✓ Supported ECM delivery to > 13,500
- ✓ 130+ contracted community providers
- ✓ Active in nearly all CA counties
- ✓ Supported ~40 CBOs through OYCR Partnership
- ✓ 16 of 21 Medi-Cal MCPs
- ✓ ECM, Community Supports, CHW services

### Success Example

One Full Circle provider has served foster youth for over 30 years, maintaining relationships with county child welfare departments, schools, mental health providers, and courts. When a 16-year-old foster youth enrolled in ECM presented with housing instability, mental health needs, and educational disruption, the care manager leveraged these relationships to coordinate services across all systems. Within 60 days, the youth was in stable housing with Community Supports, receiving mental health services, and re-enrolled in school with an updated IEP. This level of coordination is only possible with deep system knowledge and established relationships.

## Full Circle Offers Providers a “Program in a Box”

Full Circle's support for providers goes beyond administrative services. The organization's self-described "program in a box" offers providers a comprehensive service package that enables rapid and consistent implementation of high-quality ECM, CHW and CS services.

What's Included	Value to Providers
<b>Standardized Model of Care</b>	
<ul style="list-style-type: none"> <li>Population-specific care frameworks</li> <li>DHCS-compliant templates</li> <li>Flexible for community adaptation</li> </ul>	<ul style="list-style-type: none"> <li>Proven framework, not starting from scratch</li> <li>Built-in compliance</li> <li>Maintains cultural identity</li> </ul>
<b>Comprehensive Training &amp; Ongoing Coaching</b>	
<ul style="list-style-type: none"> <li>Initial ECM training + ongoing coaching</li> <li>Support through staff turnover</li> <li>Regular regulatory updates</li> </ul>	<ul style="list-style-type: none"> <li>Staff equipped from day one + knowledge retention when staff turns over</li> <li>Continuous skill building</li> </ul>
<b>Configured Electronic Health Record</b>	
<ul style="list-style-type: none"> <li>Pre-configured EHR with ECM workflows</li> <li>Built-in documentation templates</li> <li>Assessment and care planning tools</li> </ul>	<ul style="list-style-type: none"> <li>No expensive procurement</li> <li>Immediate operational capability</li> <li>Designed specifically for ECM</li> </ul>
<b>End-to-End Revenue Cycle</b>	
<ul style="list-style-type: none"> <li>Electronic claims submission &amp; denial management</li> <li>Payment reconciliation &amp; Financial reporting</li> </ul>	<ul style="list-style-type: none"> <li>Maximize clean claims + Faster payment cycles</li> <li>Improved cash flow</li> </ul>
<b>Compliance &amp; Quality Support</b>	
<ul style="list-style-type: none"> <li>Automated compliance tracking</li> <li>Mock audits and prep</li> <li>Performance monitoring &amp; Corrective action support</li> </ul>	<ul style="list-style-type: none"> <li>Always audit-ready</li> <li>Catch issues early</li> </ul>
<b>Custom Reporting &amp; Analytics</b>	
<ul style="list-style-type: none"> <li>MCP-specific reports are automated</li> <li>Performance dashboards + outcome measurement</li> <li>Member engagement tracking</li> </ul>	<ul style="list-style-type: none"> <li>Meet all MCP requirements</li> <li>Data-driven decisions</li> <li>Demonstrate value</li> </ul>
<b>Policies &amp; Procedures Library</b>	
<ul style="list-style-type: none"> <li>DHCS-compliant policy templates</li> <li>Customizable workflows + quality protocols</li> </ul>	<ul style="list-style-type: none"> <li>Dramatically reduced admin burden</li> <li>Audit-ready documentation</li> </ul>
<b>Peer Learning Communities</b>	
<ul style="list-style-type: none"> <li>Regular convenings to share promising practices</li> <li>Collaborative problem-solving</li> </ul>	<ul style="list-style-type: none"> <li>Build relationships and gain confidence learning from peers</li> </ul>

## Financial Sustainability Through Shared Success

Full Circle operates on a shared success model: **They get paid only when providers get paid.**

This alignment of financial incentives is fundamental to the trust between Full Circle and its provider network.

### How the Model Works:

Full Circle receives a percentage of claims paid to individual providers as its administrative fee. This means:

- Providers don't pay upfront fees
- Full Circle is incentivized to support maximum provider success
- Financial interests are aligned; Full Circle succeeds when providers succeed

### Why This Matters:

Many small CBOs operate on thin margins and cannot afford large upfront investments in administrative infrastructure. The shared success model makes participation financially viable by distributing costs over time and tying them directly to revenue.



## Model of Care Support in Practice

### Myth-Busting

Full Circle challenges misconceptions about CalAIM requirements that create unnecessary barriers. For example, clarifying what activities count as ECM-billable services, or explaining flexibility in care plan formats.

### Service Integration

Coaching providers on how ECM, CHW or CS services fit within their existing service array — not as a separate program, but as an enhancement to their current work.

### Care Team Development

Supporting providers to structure effective care teams, define roles, and establish workflows that work within their unique organizational culture.

### Problem-Solving

When a provider struggles with implementation, Full Circle provides targeted coaching. One provider, for example, was experiencing member complaints. They engaged with a FCHN Coach in reflective supervision, and customized training for relationship-building support. Within two months, complaints were resolved and the provider was thriving.

### Quality Improvement

Full Circle uses data to identify opportunities for improvement and works collaboratively with providers to implement changes.

## System-Level Impact: What Hub-Enabled Networks Achieve

The success of Full Circle Health Network demonstrates what becomes possible when effective hub infrastructure enables sustainable CBO participation in managed care networks.

### Advancing Health Equity

CalAIM's explicit goal is to advance health equity by addressing social drivers of health and ensuring care is culturally appropriate and accessible. Community Care Hubs are essential to achieving this goal because they enable the participation of organizations that:

- Are led by and employ people from the communities they serve
- Offer services in multiple languages beyond Spanish
- Understand cultural context that affects health-seeking behavior
- Have earned trust in communities experiencing historical trauma
- Specialize in populations facing the greatest health inequities

### Community-Based and Community-Connected

Local, community-rooted organizations are the safety net. This is fundamentally different from some statewide organizations that may serve a community but are not of that community. Hubs focus on supporting the sustainability of those safety-net organizations so they can reinvest in their own communities.

### Building Sustainable Infrastructure

Perhaps most importantly, effective hubs create sustainable infrastructure that will outlast any single initiative or funding stream. By building provider capacity, establishing quality systems, and creating operational standards, hubs strengthen organizations for long-term success.

### Enduring Infrastructure

- Staff skills and organizational competencies
- Technology systems and processes
- Quality improvement frameworks
- Collaborative relationships
- Financial stability through diversified revenue

### Enables providers to:

- ➔ Adapt to future Medi-Cal initiatives
- ➔ Expand to additional programs
- ➔ Respond to emerging community needs
- ➔ Withstand policy and funding changes

***“Full Circle takes on the heavy lifting so we can focus on serving our community.”***

– Full Circle ECM Provider

## Policy Implications and Recommendations

Full Circle Health Network and other Community Care Hubs demonstrate that hub-enabled provider participation is not just feasible—it's essential to CalAIM's success. Based on Full Circle's experience and the broader landscape research, several policy considerations merit attention.

### For State Policymakers

#### Recognize Hubs as Infrastructure

Community Care Hubs should be recognized as essential infrastructure for health equity and CalAIM implementation, similar to health information exchanges or primary care networks.

#### Support Hub Development

Consider dedicated funding or technical assistance for hub development, particularly for populations or regions with limited provider participation, consider addressing barriers such as PAVE enrollment for Hubs.

#### Standardize Core Functions

While maintaining flexibility for local adaptation, establish clear guidance on core hub functions and quality standards to support consistent implementation.

#### Measure Hub Impact

Develop metrics to assess hub contribution to provider participation, network adequacy, quality improvement, and health equity advancement.

#### Address Sustainability

Consider long-term financing mechanisms that support hub infrastructure beyond time-limited grants, recognizing that hubs create enduring value.



## For Providers Considering Hub Participation

### **Assess Hub Capabilities**

Evaluate potential hub partners on the full range of functions outlined in this paper, not just technology or claims support.

### **Understand the Model**

Clarify how the hub is financed, what services are included, and how the partnership would affect your existing operations.

### **Evaluate Cultural Fit**

Ensure the hub understands your population, respects your organizational culture, and will support your mission rather than standardize it away.

### **Consider Network Benefits**

Look beyond direct hub services to the value of peer learning, collective advocacy, and shared infrastructure.

### **Plan for Integration**

Working with a hub requires some adaptation of existing processes. Ensure you have capacity to integrate hub systems and practices into your operations.

## For Managed Care Plans

### **Value Comprehensive Hub Functions**

When evaluating hub partnerships, look beyond claims processing to assess the full spectrum of support hubs provide to network adequacy and quality.

### **Standardize Where Possible**

Work across plans to standardize requirements and processes, reducing the administrative burden hubs manage when supporting providers contracting with multiple MCPs.

### **Partner on Quality**

Leverage hub infrastructure for quality improvement initiatives, recognizing that hubs have unique relationships and influence with provider networks.

### **Invest in Hub Success**

Recognize that hub success directly benefits plan performance on network adequacy, quality measures, and member satisfaction.

### **Share Data and Insights**

Provide hubs with data and feedback that enables continuous improvement across provider networks.

## Conclusion: The Indispensable Role of Community Care Hubs

Community Care Hubs have emerged as essential infrastructure that makes sustainable CBO participation possible. Far more than technology platforms or claims clearinghouses, effective hubs provide comprehensive support that enables small organizations to deliver high-quality services while managing the complexity of managed care participation.

Full Circle Health Network exemplifies the power of this model. Through its comprehensive support infrastructure, Full Circle has enabled 110+ community-based providers to deliver Enhanced Care Management and Community Supports to more than 13,500 vulnerable children, youth, and families across California. Full Circle has demonstrated that community-based providers, when properly supported, can transform their delivery models.

As CalAIM implementation continues and evolves, the question is not whether hubs are necessary but how California can best support hub development and sustainability to ensure every community has access to this essential infrastructure.

### About Full Circle Health Network

Full Circle Health Network is California's premier statewide Community Care Hub, connecting community-based organizations with Medi-Cal managed care plans to deliver Enhanced Care Management, Community Supports, and Community Health Worker services. Born from the nonprofit sector and led by CBO veterans, Full Circle bridges community and managed care across California, providing comprehensive infrastructure and support that enables community organizations to deliver exceptional, culturally congruent care to vulnerable children, youth, and families across California.

For more information:

Website: <http://www.fullcirclehn.org>

Email: [info@fullcirclehn.org](mailto:info@fullcirclehn.org)

### Acknowledgments

This white paper draws on research conducted by Aurrera Health Group in collaboration with the California Health Care Foundation, including the report "Exploring Emerging Medi-Cal Community Care Hubs" and the "Community Generous support from the UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN) supported this work.

