

Community Supports: Addressing Members' Health Related Social Needs *Key Updates*

May 16, 2025

Volume 1 | All Comer Webinar

Today's DHCS Presenters



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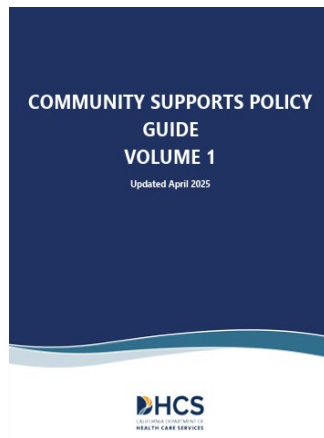
Branch Chief,
Managed Care Monitoring
and Quality Division

Introducing the Updated Community Supports Policy Guide

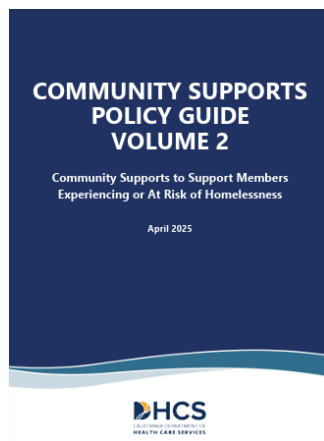
DHCS has released an updated **Community Supports Policy Guide**—reorganized into two separate volumes available on the [Community Supports webpage](#).

These updates:

- » Include the newest 15th Community Support, Transitional Rent.
- » Are in response to stakeholder feedback from the initial years of program implementation, in alignment with DHCS' [ECM and Community Supports Action Plan](#).



- » ***UPDATED*** [Community Supports Policy Guide Volume 1](#) contains the service definitions for eight of the Community Supports that address Members' health-related social needs.



- » ***NEW*** [Community Supports Policy Guide Volume 2](#) contains Transitional Rent and other Community Supports for Members experiencing or at risk of homelessness.

DHCS' Menu of Community Supports Services

The updated Community Supports Policy Guide organizes the services into two volumes.

★ Volume 1 ★	
1.	Respite Services
2.	Assisted Living Facility Transitions*
3.	Community or Home Transition Services*
4.	Personal Care and Homemaker Services
5.	Environmental Accessibility Adaptations (Home Modifications)
6.	Medically Tailored Meals/Medically Supportive Food
7.	Sobering Centers
8.	Asthma Remediation

Volume 2	
9.	Housing Transition Navigation Services
10.	Housing Deposits
11.	Housing Tenancy and Sustaining Services
12.	Day Habilitation Programs
13.	Recuperative Care (Medical Respite)
14.	Short-Term Post-Hospitalization Housing
15.	*New* Transitional Rent

**Names of these Community Supports have been updated*

★ **Focus of Today's Webinar**

Updates in Volume 1

DHCS has prioritized key updates to its existing Community Supports service definitions.

The updates in Volume 1:

- » Streamline and clarify eligibility criteria
- » Clarify certain service components and overlap with relevant benefits and waiver services

DHCS:

- Analyzed disparate Member utilization and uptake of these Community Supports
- Listened to feedback from stakeholders implementing the services since 2022

Today's Agenda

1. **(10 minutes)** Updates on Community Supports Implementation
2. **(60 minutes)** Overview of April 2025 Updates to Volume 1: Community Supports Policy Guide
 - » Closed-Loop Referrals and Community Supports
 - » Select Service Definition Refinements
 - Medically Tailored Meals/Medically Supportive Food (*Updated February 2025*)
 - Asthma Remediation (*Updated February 2025*)
 - Assisted Living Facility Transitions (*Updated February 2025*)
 - Community or Home Transitions (*Updated February 2025*)
 - Personal Care and Homemaker Services
3. **(Remaining Time)** Q&A

Questions?



- » Please use the Q&A feature to send your questions and comments.
- » We will answer questions submitted at the end of our presentation.

A recording of today's webinar will be posted on the DHCS Community Supports webpage in ~3 weeks.

Community Supports Implementation



Community Supports Implementation Overview

- » Since the launch of Community Supports in 2022, **over 239,000** Medi-Cal Members have received services.
- » MCPs continue to expand the number of Community Supports they offer in counties across the state.
- » As of Sept 2024, every county has **at least eight** Community Supports available for Members to access.

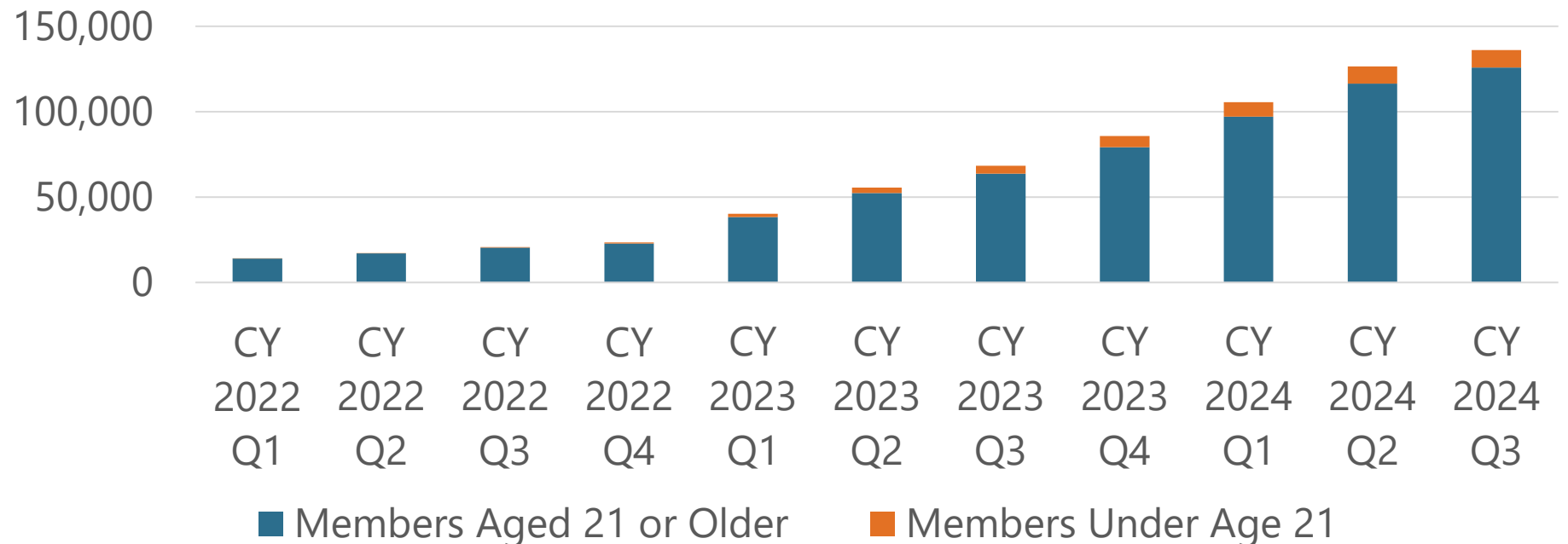
Community Supports Availability by County



Community Supports: Member Utilization

Member utilization has increased over time. Over 127,000 Medi-Cal Members were served in Q3 of 2024.

Total Number of Members Who Utilized Community Supports by Quarter in Any County Since Launch

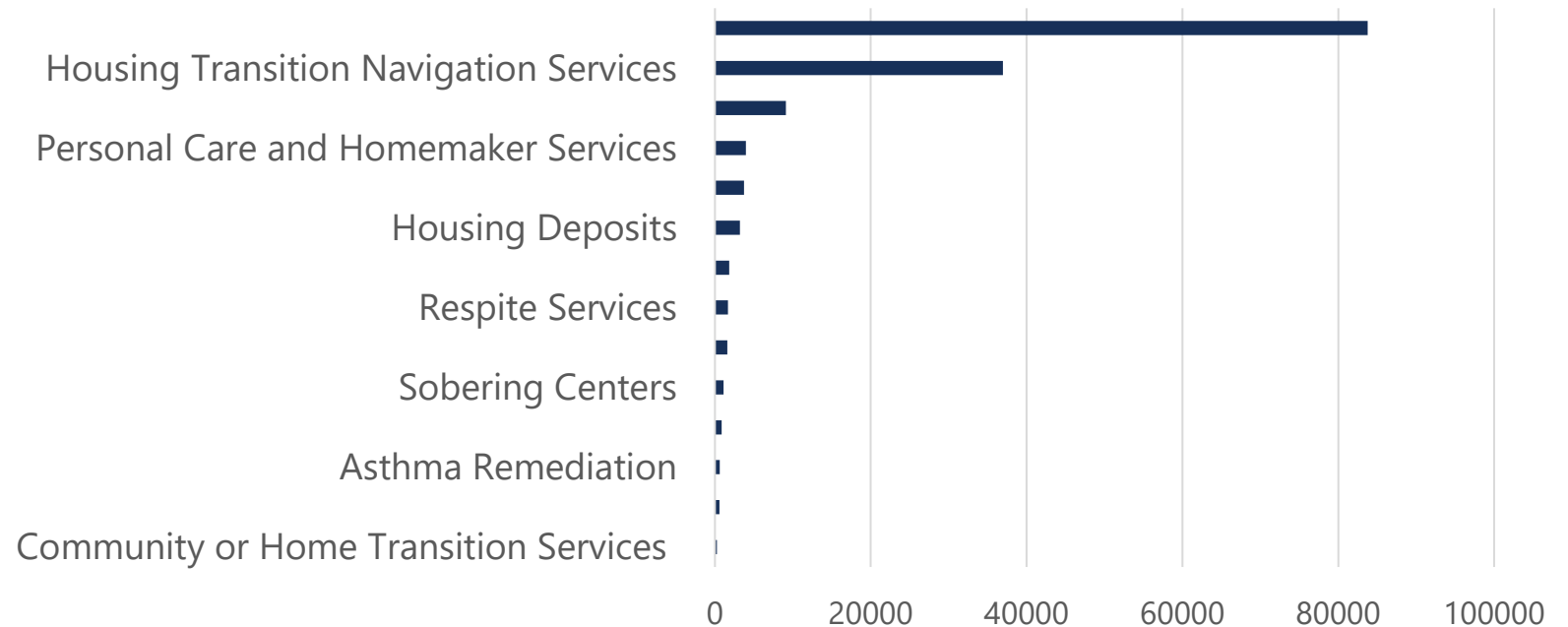


[ECM and Community Supports Quarterly Implementation Report Through Q3 2024](#)

Community Supports: Utilization by Service

Medically Tailored Meals now have the highest uptake of the Community Supports, followed by HTNS/HTSS.

Total Numbers of Members Who Utilized Community Supports by Service in Q3 CY 2024

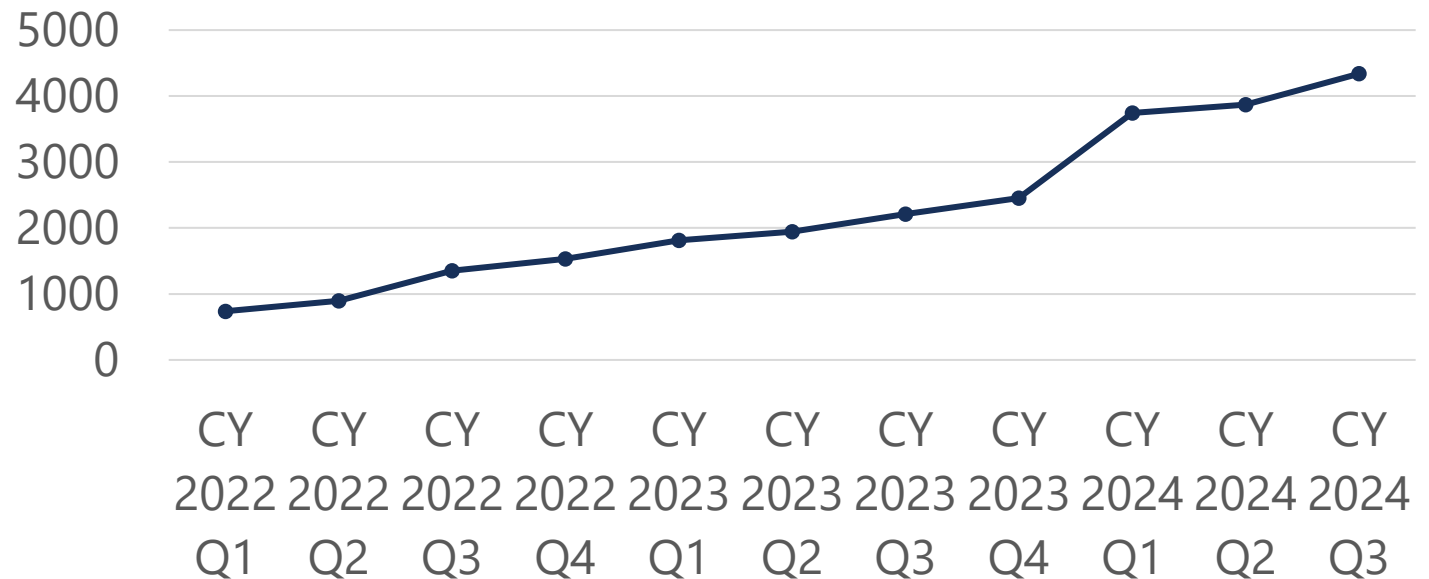


[ECM and Community Supports Quarterly Implementation Report Through Q3 2024](#)

Community Supports Provider Network

The number of Providers delivering Community Supports has increased over time to accommodate growing utilization. Over 4,000 unique Community Support Provider Contracts were reported in Q3 CY 2024.

Cumulative Number of Community Supports Provider Contracts Since Community Supports Launched



[ECM and Community Supports Quarterly Implementation Report Through Q3 2024](#)

Closed-Loop Referrals: Definition, Goals and Services

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Closed-Loop Referral Definition and Goals

- » DHCS released new CLR requirements in December 2024.
- » DHCS defines a Closed-Loop Referral (CLR) as a referral initiated on behalf of a Medi-Cal Managed Care Member that is **tracked, supported, monitored** and results in a **Known Closure**.
- » Examples of Known Closures:
 - Services Received
 - Service Provider Declined
 - Member No Longer Needs/Declines Services
- » The **goal of CLR**s is to increase the share of Medi-Cal Members successfully connected to the services they need by:
 - Improving MCP information collection to **support individual referrals**.
 - Identifying and **addressing system-level gaps** in referral practices and service availability that impact Members.

Closed-Loop Referrals & Community Supports

Initial CLR requirements go live on July 1, 2025 and will apply to ECM (all POFs) and the current 14 Community Supports.*

**Sobering Centers are not included because services are often delivered in real-time and authorized after provision of care. Transitional Rent is included upon go live.*

- » Enhanced Care Management (ECM) and Community Supports are the initial services for CLR requirements because:
 - Both services are **critical** for Medi-Cal's highest need Members.
 - The **MCP plays a pivotal role in the “referral loop”** by authorizing services and assigning the Member to a Network Provider.
 - Data is already regularly shared between Providers, MCPs and DHCS. CLR requirements build on existing data sharing pathways without overburdening Providers.

What to Expect from CLR Requirements

Members

- » Receive notice from MCP when the Community Support is authorized.
- » Receive support from MCPs to identify other services or providers if re-referral is needed.

ECM & Community Supports Providers

- » Submit 3 new data elements to MCPs via the Return Transmission File each month.
- » Ex: Referral Status, Date of Referral Status Update, Reason for Referral Closure

Referring Entities

- » Receive notices from MCPs when the Community Support is authorized, and referral is closed.
- » If not authorized, MCPs include why.
- » MCPs include referral closure reason.

[Source: CLR-Implementation-Guidance.pdf](#)

Community Supports Policy Guide, Volume 1: Key Content



Refined Community Supports Service Definitions: Volume 1

- » In February 2025, DHCS released refined service definitions for 4 Community Supports:
 - Assisted Living Facility Transitions, formerly known as Nursing Facility Diversion/Transition to Assisted Living Facilities (ALFs);
 - Community or Home Transition Services, formerly known as Community Transitions/Nursing Facility Transition to a Home;
 - Asthma Remediation; and
 - Medically Tailored Meals/Medically Supportive Foods.
- » In April 2025, DHCS released refinements to the Personal Care and Homemaker Services service definition.
- » These new service definitions will be **effective July 1, 2025**.*

* Note: Select components of Asthma Remediation go into effect January 1, 2026.

Medically Tailored Meals / Medically Supportive Food



What are Medically Tailored Meals (MTM) / Medically Supportive Food (MSF) Services?

MTM/MSF services are designed to address or support nutritional needs stemming from chronic or other serious conditions that are nutrition-sensitive, leading to improved health outcomes and reduced unnecessary costs.

- » This service includes medically tailored meals, medically tailored or medically supportive groceries, healthy food vouchers, produce prescriptions, food pharmacies, and nutrition education.
- » The meals, food, and nutrition education provided through this service are specific to the Member's eligible health conditions and are a critical part of the Member's treatment plan to improve or maintain their health status.
- » MTM/MSF services are not provided solely to address the food insecurity of the Member.

MTM / MSF Service Updates

Stakeholders requested clarification to eligibility criteria, service components, registration dietitian nutrition (RDN) involvement and oversight of MTM/MSF Providers to standardize the delivery of the Community Support.

Background

- » When California launched Community Supports, it was amongst the first state Medicaid programs to define MTM/MSF services for statewide delivery.
- » Since 2022, other states, the federal government, and “Food is Medicine” experts have continued to identify and refine best practices.
- » Key areas of stakeholder feedback where the original service definition language was leading to disparate interpretations included:
 - Varying interpretations of the service’s eligibility criteria;
 - Need for descriptions for each “medically tailored” and “medically supportive” service; and
 - Need for standardized expectations for how MCPs should oversee MTM/MSF providers and services

MTM/MSF Streamlined Eligibility Criteria

The eligibility criteria has been streamlined, focusing solely on whether the Member has an appropriate nutrition-sensitive health condition whether or not the Member may also be experiencing food insecurity.

Service Definition Update Highlights

- » Individuals who have chronic or other serious health conditions that are nutrition sensitive, such as (but not limited to): cancer(s), cardiovascular disorders, chronic kidney disease, chronic lung disorders or other pulmonary conditions such as asthma/COPD, heart failure, diabetes or other metabolic conditions, elevated lead levels, end-stage renal disease, high cholesterol, human immunodeficiency virus, hypertension, liver disease, dyslipidemia, fatty liver, malnutrition, obesity, stroke, gastrointestinal disorders, gestational diabetes, high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.

MTM/MSF Improved Service Specifications

The updates now assert categorical distinctions between “medically tailored” and “medically supportive” services and provide clearer descriptions of each services aligned with national best practices.

Service Definition Update Highlights

- » **Clear expectations for “medically tailored” and “medically supportive” services**, including the role of RDNs or other appropriate clinicians in the design and delivery of the services.
- » MTM and MSF service packages can be designed **at the service level for the identified target chronic or serious health conditions**.
- » “Medically supportive” services are intended to be **supplemental** to the Member’s diet, whereas “medically tailored” interventions must be provided in **specified quantities** to constitute the majority of the Member’s food
- » **More detailed descriptions of design and delivery** of each “medically tailored” and “medically supportive” service.
- » MTM/MSF services must **not contain ultra-processed foods** nor foods with excessive sugar or salt.
- » MTM/MSF services must consider the Member’s **cultural preferences/needs and food preparation and storage capabilities** when determining the appropriate MTM/MSF intervention for the Member.

Medically Tailored vs. Medically Supportive Services

The service definition updates provide standardized expectations for how each service must be designed and delivered.

Medically Tailored

- Meals
- Groceries

Medically Supportive

- Groceries
- Food Pharmacy
- Produce Prescription
- Healthy Food Vouchers

Behavioral, Cooking, and/or Nutrition Education

- Available, as appropriate, when paired with any direct food assistance above

Medically Tailored Meals & Groceries



Requires an individual nutrition assessment conducted or overseen by a Registered Dietician Nutritionist (RDN).



Informs the development of a personalized nutritional plan tailored to the member's specific needs and connection to the appropriate medically tailored service package.



The meal(s) or food package(s) must meet nutritional benchmarks and provided at least two-thirds of an average individual's daily nutrient and energy needs.*



The design of each of MTM/MTG service must be tailored by an RDN or other appropriate clinician to ensure the food provided adheres to established, evidence-based nutrition guidelines to prevent, manage, or reverse the targeted nutrition-sensitive health condition(s).

*Note: The MTM/MSF services may only cover up to two meals or equivalent of food per day

Medically Supportive Food Services



Provide access to preselected whole foods that adhere to national nutrition guidelines to prevent, manage, or reverse nutrition-sensitive conditions of referred Members.



Unlike “medically tailored” services, MSF is intended to supplement, rather than make up a set portion of the Member’s diet.



The food package must be designed according to evidence-based guidelines and overseen or signed off by an RDN or another appropriate clinician.



Packages do not need to be individually customized for each Member, but must be appropriate for the targeted nutrition-sensitive health conditions(s).

Nutrition Education

Providing nutrition education or counseling to support the delivery of direct food assistance is strongly encouraged.

Service Definition Update Highlights

- » Nutrition education may not be provided as a standalone service under the Community Support. It can only be provided to accompany a “medically tailored” or “medically supportive” food program the Member is receiving.
- » Nutrition Education must adhere to nationally-established, evidence-based nutrition guidelines and be vetted by an RDN or other appropriate clinician.
- » Nutrition Education services do not need to be delivered by an RDN
- » MCPs are encouraged to identify and refer Members who are receiving MTM/MSF Community Support services to other Medi-Cal covered services for which they may be eligible such as Medical Nutrition Therapy and Diabetes Self-Management Education.

Provider and Meal/Food Package Oversight

As the MTM/MSF sector grows, increased managed care plan oversight of providers and the food itself is essential.

Service Definition Update Highlights

- » MCPs are responsible for ensuring and documenting that their current and prospective MTM/MSF Community Supports Providers are or can provide **high quality and safe MTM/MSF services** that follow this service definition, via their provider contracts and ongoing monitoring.
- » MCPs must oversee compliance with the Community Support service definition, including:
 - Qualifications of the clinical staff and/or RDN staff, and the nutrition standards used to develop the services
 - Nutritional information of medically tailored meals or grocery services (e.g., macro-nutrient thresholds)
 - Providers' food preparation licensure, recent inspection records, food safety violations, etc.
- » MCPs are encouraged to **routinely collect information** regarding Member adherence with the MTM/MSF intervention and assessing whether Members with strong adherence had improved health outcomes

Asthma Remediation



What are Asthma Remediation Services?

Asthma Remediation includes supplies and physical modifications aimed at preventing acute asthma episodes that could result in the need for emergency services and hospitalization.

- » The Asthma Remediation Community Support includes physical modifications to a home environment and/or supplies that are necessary to ensure the health, welfare, and safety of a Member by reducing the likelihood of experiencing acute asthma episodes.
- » Examples of Asthma Remediation supplies include:
 - High-efficiency particulate air (HEPA) mechanical filtered vacuums
 - Allergen-impermeable mattress and pillow dustcovers
- » Examples of Asthma Remediation home modifications include:
 - Ventilation improvements
 - Minor mold removal and remediation services

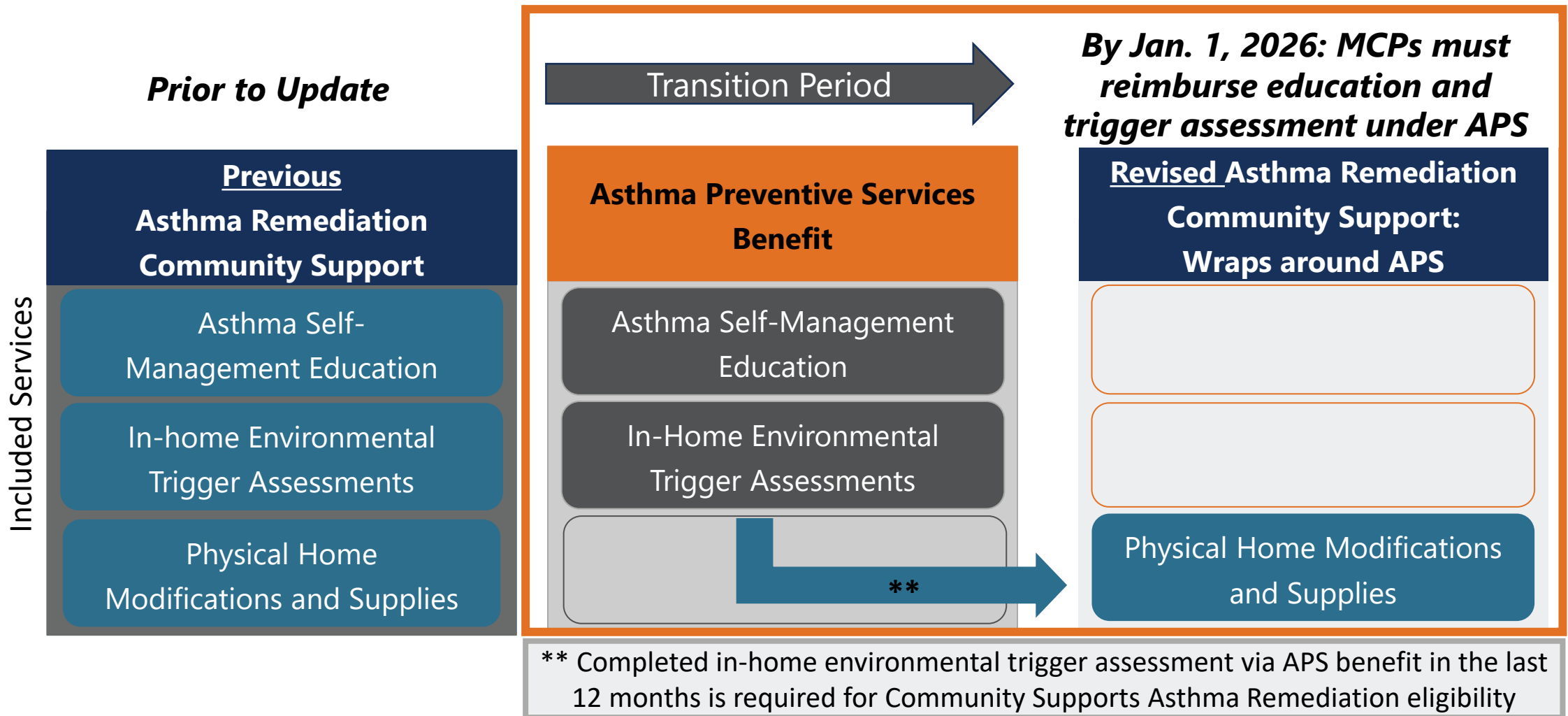
Asthma Remediation Updates

The Asthma Remediation service definition updates resolve issues of overlap with the Asthma Preventive Services (APS) Benefit and respond to stakeholder feedback and best practices identified since the launch of Community Supports.

Background

- » As originally launched, the Asthma Remediation Community Support included in-home trigger assessments and asthma self-management education in addition to home remediations and supplies.
- » The APS Benefit went live after the Community Support in 2022 **and also covers (1) asthma self-management education and (2) in-home environmental trigger assessments**. As a State Plan service, MCPs are required to cover this benefit.
- » Community Support services **may not duplicate** required State Plan benefit services.
- » **Therefore, DHCS updated the Asthma Remediation Community Support to remove duplication with the APS Benefit and design the Community Support as a wraparound to the APS Benefit.**

Asthma Remediation Updates to De-duplicate with APS Benefit



Asthma Remediation Community Supports

February 2025 Updates

The updated Asthma Remediation Service Definition directs MCPs to reimburse for in-home trigger assessments and asthma self-management education through the APS Benefit effective 1/1/2026.

- » In-home environmental trigger assessments and asthma self-management education will be **phased out of coverage under Asthma Remediation Community Support, effective January 1, 2026**. Both services will continue to be covered under the APS Benefit.
- » MCPs only need to document that **an in-home trigger assessment was completed in the last 12 months under the APS benefit** to authorize Asthma Remediation physical modifications or supplies as medically appropriate. No additional Provider recommendation is needed due to the existing APS benefit eligibility requirements.
- » **Asthma Remediation will cover physical modifications and supplies** determined necessary through the APS in-home trigger assessment.
- » DHCS strongly encourages MCPs to work with Providers **to shift coverage of Asthma Remediation assessments and education to APS prior** to January 1, 2026, and streamline access to the Community Support from the APS Benefit.

Asthma Remediation Community Supports

February 2025 Additional Updates

- » The provision of air filters under the Asthma Remediation Community Support now explicitly **excludes electronic air filters**, which rely on technology that can produce ozone or other byproducts harmful to health.
- » **Additional resources on Integrated Pest Management** has been added into the list of covered supplies.
- » Asthma Remediation Community Support **need not be delivered at a single point in time** as long as modifications and supplies comply with the \$7,500 total lifetime maximum.

Note: Service definition updates listed above are effective July 1, 2025

Assisted Living Facility Transitions



What are Assisted Living Facility Transitions?

This Community Support aims to facilitate nursing facility transition back into a home-like, community setting, and/or to prevent nursing facility admissions for Members living in the community.

- » This Community Support is intended for Members with an imminent need for nursing facility level of care (LOC) who can safely reside in an ALF.
- » This service includes:
 - Time-limited transition services and expenses. Examples include assessing the service needs of the Member, assisting in securing an ALF residence, etc.
 - Ongoing assisted living services for the Member after transitioning into an ALF (excludes room and board). Examples include Assistance with Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs), meal preparation, transportation, etc.

Note: This Community Support is formerly known as Nursing Facility Transition/Diversion to Assisted Living Facilities. The name has been abbreviated for ease of use and to clarify intended purpose of the service.

Assisted Living Facility Transitions

February 2025 Updates

This Community Support assists eligible individuals with transitions to and ongoing support in ALFs. Stakeholders requested clarification in several areas that may contribute to low uptake.

Background

- » Due to stakeholder feedback and low utilization compared to other Community Supports (588 Members served in Q3 CY 2024), DHCS prioritized refinements to this Community Support.
- » Key areas of stakeholder feedback include:
 - Lack of clarity regarding eligibility criteria
 - Varying interpretations of service components provided to Members under this Community Support
 - Uncertainty regarding service provision with other Community Supports and waiver services

Assisted Living Facility Transitions: February 2025 Updates

The service definition refinements clarify Members that are eligible to receive this Community Support, and that Members can receive both transition services and ongoing assisted living services in the ALF.

Service Definition Highlights

Eligibility Criteria:

- » Members that meet a **nursing facility LOC** and are:
 - **Transitioning from a skilled nursing facility (SNF) or from the community** to an assisted living facility (ALF); or
 - **Currently reside in an ALF** (to receive ongoing assisted living services)

Service Components:

- » There are two distinct service components, and MCPs must provide both:
 - **Time-limited transition services and expenses**, including one-time moving expenses
 - **Ongoing assisted living services** provided in an ALF (excluding room and board) without a time limit

Overlap with Other Community Supports and Waiver Services

- » Members may receive other Community Supports at the same time as long as the services provided are **nonduplicative, distinct, and necessary**.
- » Members may be eligible for this Community Support and the Assisted Living Waiver (ALW) but **may not receive both at the same time**. MCPs are encouraged to assist Members with ALW enrollment as appropriate.

Community or Home Transition Services



What are Community or Home Transition Services?

This Community Support aims to support Members transitioning out of a skilled nursing facility back to the community.

- » Transitional coordination services to identify and support a Member in transitioning to a private residence or public subsidized housing, including efforts to assess the Member's housing needs and communicate with landlords; and
- » One-time set-up expenses to establish or reestablish a household, such as security deposits, utility set up fees, one-time cleaning fees, and other medically necessary services.

Note: This Community Support is formerly known as Community Transition Services/Nursing Facility Transition to a Home. The name has been abbreviated for ease of use and to clarify intended purpose of the service.

Community or Home Transition Services February 2025 Updates

Stakeholders requested clarification on the service components for this Community Support and lifetime maximum amounts.

Background

- » Due to stakeholder feedback and low utilization compared to other Community Supports (256 Members served in Q3 CY 2024), DHCS prioritized refinements to this Community Support.
- » Key areas of stakeholder feedback include:
 - Lack of clarity regarding service components and lifetime maximum amounts for services provided to Members under this Community Support
 - Uncertainty regarding service provision with other Community Supports and waiver services

Community or Home Transition Services

February 2025 Updates

The service definition refinements clarify the distinct service components provided under this Community Support and overlap policies with other Community Supports and waiver services.

Service Definition Highlights

Service Components and Provision with other Community Supports:

- » Clarification to emphasize the distinct service components:
 - **Time-limited transition coordination**, with refinements on the overlap with Housing Transition Navigation Services and Environmental Accessibility Adaptations
 - **Non-recurring set-up expenses**, with refinements on the overlap with Housing Deposits, as well as other Medi-Cal services such as durable medical equipment.

Lifetime Maximum Amounts:

- » Clarification to emphasize that the total lifetime maximum amount of \$7,500 is for **non-recurring set-up expenses only**

Overlap with Waiver Services

- » Members may be eligible for this Community Support and other relevant waiver programs, such as California Community Transitions program, however they **cannot receive both at the same time if activities are duplicative**. MCPs are encouraged to assist Members in enrollment for these services, as appropriate.

Personal Care and Homemaker Services



What are Personal Care and Homemaker Services?

This Community Support aids individuals who could otherwise not remain in their homes with services similarly provided by the In-Home Supportive Services (IHSS) program.

- » Services for individuals who need assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) who could otherwise not remain at home
 - Includes house cleaning, meal preparation, laundry, grocery shopping, personal care services, accompaniment to medical appointments, and protective supervision

Personal Care and Homemaker Services

February 2025 Updates

Stakeholders requested clarification on the provision of this Community Support with similar waiver services.

Background

- » Due to stakeholder feedback, DHCS prioritized refinements to this Community Support.
- » Key areas of stakeholder feedback include requests for clarification on the provision of this Community Support with IHSS and the Home and Community Based Alternatives (HCBA) Waiver.

Personal Care and Homemaker Services

February 2025 Updates

The service definition refinements clarify Members can receive this Community Support prior to and while receiving IHSS in specific scenarios (see below).

Service Definition Highlights

- » IHSS must be the **primary source** of support for eligible Members.
- » Members can receive Personal Care and Homemaker Services (PCHS):
 - **During the IHSS application process** and PCHS may be authorized prior to and until IHSS are in place
 - **In addition to any approved IHSS hours** when additional support is required, including exhaustion of IHSS benefits.
 - **When ineligible for IHSS**, if PCHS is determined medically appropriate to **prevent a short-term SNF stay**
- » Individuals **enrolled in the HCBA Waiver** and eligible/receiving Waiver Personal Care Services are **not eligible for PCHS**. However, individuals on the HCBA waitlist may receive PCHS while they are awaiting approval.

Q&A

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Next Steps



Next Steps

Thank you for your participation today.

Materials from this webinar will be posted on the [Community Supports website](#) in ~3 weeks.

» July 1st, 2025:

- Select service definition refinements will be effective July 1, 2025.*
 - MCP Model of Care submissions of edited Policies & Procedures to align with updated Community Supports service definitions.
- » DHCS will engage MCPs and stakeholders to continue refining Community Supports service definitions to increase standardization and improve access and uptake across the state.

* Note: Select components of Asthma Remediation go into effect January 1, 2026.

Thank You

Please send any questions and comments about Community Supports or this event to CommunitySupports@dhcs.ca.gov.

