

## UPDATED COMMUNITY SUPPORTS POLICY GUIDE, VOLUME 1 WEBINAR: ADDRESSING MEMBERS HEALTH RELATED SOCIAL NEEDS: KEY UPDATES

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**Time:** 11:00 A.M. – 12:30 P.M. PST  
**Number of Speakers:** Three  
**Duration:** One hour, three minutes, and thirty-one seconds

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### Speakers:

- » Tyler Brennan
- » Susan Philip
- » Michel Huizar

### TRANSCRIPT:

#### 00:02:01—Tyler Brennan—Slide 0

Good afternoon, everybody.

We're going to get started in just a minute or so, letting folks trickle in.

#### 00:03:32—Tyler Brennan—Slide 0

Good afternoon, everybody. My name is Tyler Brennan. I'm a Health Program Specialist with the Managed Care Quality and Monitoring Division here at DHCS.

Very happy to be here with you all today and thank you very much for joining today's webinar titled Community Supports Addressing Members Health Related Social Needs, including some key updates that we're happy to share with you today.

So before we get started, I'm going to cover some general housekeeping announcements. We will have 90 minutes for today's webinar. At the end, we will provide a few minutes for questions and answers. Given how many people we are



having, join us today the format that we're going to be using to approach the Q&A and will be as follows. Throughout the webinar, if you have a question, please go ahead and click on the Q&A button at the top of the screen and add your question there.

Our team will be monitoring the Q&A throughout the session, at the very end our speakers will step through some of the questions that we receive. Please note there will not be an opportunity today for attendees to come off of camera or off of mute.

To that end, we kindly request that you do not use the raise your hand feature. This feature appears at the top of the team's webinar screen and unfortunately has not been disabled, only because we're not actually able to disable that. So really, we appreciate your cooperation on this.

Lastly, we are recording today's presentation, the recording and a copy of the slides will be available in the coming weeks on our DHCS website.

With that, I'd like to turn it over to our first speaker, Deputy Director of Healthcare Delivery Systems, Susan Philip.

**00:05:00—Susan Philip—Slide 1**

Great. Thanks so much, Tyler.

Welcome, everyone, and thank you for joining today's All Comer webinar.

I'm Susan Phillip, Deputy Director for Healthcare Delivery Systems, and I'm just really thrilled to be here to open up today's webinar. This is the second of two DHCS webinars on key updates to Community Supports.

Many of you in the audience are key partners in the delivery of these services to our members, and we're so grateful for your partnership and really excited for the growth of these services across California for our Medi-Cal members.

So today's webinar will focus on recent updates to a subset of Community Supports services that were released just a few weeks ago in April, um and these are in Volume One of the Community Supports Policy Guide. We can go to the next slide.

**00:05:55—Susan Philip—Slide 2**

OK, so just briefly, today's presenters, we will. As Tyler said, we'll field questions later on today and I'll be joined by Michael Huizar, who's our Chief of Managed Care Program and Oversight Branch and our Managed Care Quality and Monitoring Division.

We can move to the next slide.

**00:06:14—Susan Philip—Slide 3**

So many of you joined us a couple of days ago, on Wednesday for the webinar on Housing Community Supports, but for those of you who did not just want to share by way of background. Community Supports are services that address Members' health related social needs, help them live healthier lives and avoid healthier, costlier level of care.

These important services are in their 4th year of implementation under CalAIM and really they are the cornerstone of our Medi-Cal transformation, which seeks to create a more coordinated person centered equitable healthcare system for all Californians. Since launching in 2022, nearly 300,000 unique members have utilized Community Supports, to improve their lives and address their health-related social needs.

Uh With more than eight Community Supports available in every county, Managed Care Plans and a growing network of Community Support providers have really made substantial investments and achieved amazing progress in delivering these services. A few weeks ago, as I mentioned, the department released an updated Community Support Policy guide, which really reflects over 18 months of extensive work to refine the existing service definitions and criteria. We've been working extensively with our Managed Care Plans, our community-based providers who are delivering these services on a day-to-day basis and our other important stakeholders to refine and improve the new policy guidance that are reflected it in this latest release.

We're really drawn on, umm, the deep expertise and long-standing expertise really on the ground experience from these initial years of implementing Community Supports. And again, we deeply appreciate the feedback and insights that many of you shared. So today's Community Supports webinar is focused on volume one of the Community Supports policy guide. So DHCS is reorganized the Community Supports Policy Guide



into two separate volumes, and the volume one covers key services related that address members health-related social needs such as Medically Tailored Meals/ Medically Supportive Foods, Asthma Remediation, and supports for members to maintain residency in community and avoid nursing facility stays.

Umm, before we dive into these updates, I wanted to, uh, really briefly address how Community Supports fits within the broader Medicaid context. First, I want to underscore DHCS' commitment to these efforts and services. The department's vision and focus for Community Supports will continue under DHCS' active approved waivers and managed care contracts through the Centers for Medicare and Medicaid Services.

I want to state that these waivers remain approved in full effect, fully operational and unimpacted by recent rescissions on health-related social needs guidance given that CMS has indicated that states with approvals maintain those approvals.

DHCS is really strongly committed to preserving California's existing array of services, and we will continue to monitor and respond to any future actions impacting the state's authority to deliver Community Supports. We will also use remedies available to sustain and defend our existing federal approvals against actions to disrupt implementation and we are developing a comprehensive analysis and plan to do so.

**00:10:07—Susan Philip—Slide 4**

Okay. Let's move to slide 4.

Okay so jumping into the guides themselves, as I mentioned, when we first launched Community Supports in 2022, we really had had one policy guide that included all the service definitions for Community Supports, and we really now divided up into two separate guides. Um and this is really to accommodate new policies related to Transitional Rent and updates related to services that address individuals experiencing homelessness, so that is now included all in volume two which we reviewed back on Wednesday. And then the other remaining Community Supports are addressed in volume one.

We can go to the next slide.

**00:10:52—Susan Philip—Slide 5**

And since the launch of Community Supports back in 2022, as I mentioned, we really



have engaged many of you as part of the feedback for early implementation and have identified opportunities to improve utilization, and uh this is really in alignment with a lot of feedback and our improvement loop that we have implemented since the launch of ECM ( Enhanced Care Management) and Community Supports and is reflected in our action plan.

So we have made refinements and clarifications to many of the Community Supports definitions, really in an effort to streamline and clarify eligibility criteria and clarify service components.

And today, we're going to be providing an overview made to five of eight Community Supports that are in volume one and we really recommend referring to the full policy guide for the details.

OK, we can go to the next slide.

**00:11:53—Susan Philip—Slide 6**

Okay, so we have a packed agenda.

So I provided a bit of update on Community Supports implementation. I'll go in a little bit more detail on providing some overview on how we're doing with our Community Supports implementation statewide.

Then we're really going to get into the meat of the policy guide updates of the five of the eight Community Supports in volume one, as I mentioned and before I do that, I will provide a brief overview of closed loop referrals, which was a policy that was released back in December. So we'll provide a little bit of update on that and then for any remaining time, we will use for Q&A. And that's as Tyler mentioned at the beginning, we'll be using the Q&A function to address questions.

**00:12:49—Susan Philip—Slide 7**

OK, we can go to the next slide.

**00:12:53—Susan Philip—Slide 8**

OK, we can skip this slide since we covered this.

**00:12:58—Susan Philip—Slide 9**

OK So we can go to the next slide as well.



**00:13:03—Susan Philip—Slide 10**

So I wanted to provide a brief overview of how we're doing on implementing Community Supports.

So as I mentioned, the department's vision for and focus on Community Supports will continue under DHCS' active approved waivers through CMS and our contracts with our Managed Care Plan partners. Uh DHCS now 15 Community Supports including the mandatory Community Supports for Transitional Rent and all of these will continue as critical services for our Medi-Cal members.

In the last year alone, over 239,000 members use Community Supports to improve their health and well-being and reside safely in the community. And as I mentioned, more than eight Community Supports are available in every county across the state and uh Managed Care Plan and their Community Support Provider Network, have really made substantial investments to deliver these critical services.

DHCS is supported Managed Care Plans and provider capacity and infrastructure over the past several years to implement and expand Community Supports through the PATH initiative as well as our Incentive Payment Program and these are substantial investments in building capacity and infrastructure and the department is really committed to preserving the progress made by plans and providers, especially our community based organizations throughout the state to really offer Community Supports to our Medi-Cal members.

You know, we really recognize that there is an immense amount of work and effort of our implementation partners to build a workforce to deploy new technology, to facilitate training and education among several other activities that's really necessary to have these services come online and make sure that they are available and accessible to our members.

We can move to the next slide.

**00:15:01—Susan Philip—Slide 11**

So as offerings for Community Supports have expanded across California and so has our member utilization of these services. So this chart really highlights the total members using Community Supports by quarter since the launch in 2022.



Just to let you know, DHCS does provide these quarterly data through our Enhanced Care Management and Community Supports quarterly implementation reports that are available on our website and we really encourage you all and all our partners to review the data that's available by county and by Managed Care Plans for trends and Community Supports utilization in your communities.

We can move to the next slide.

**00:15:48—Susan Philip—Slide 12**

Okay so this just provides a little snapshot of utilization by service. So in the last quarter, Medically Tailored Meals and Medically Supported Foods was the most utilized Community Supports across the state.

Members are also frequently using the housing trio and additional housing related Community Supports such as Recruitment Care.

Today we are also discussing clarifications made to service definitions of two of the least utilized Community Supports, which are the Assisted Living Facility Transitions and Community to Home Transition Community Supports.

So we want to talk about that today because we really do want to increase utilization of both of these Community Supports.

We can move to the next slide.

**00:15:01—Susan Philip—Slide 13**

Okay , so I um do want to share that we as a department monitor the network of Community Support providers that Manage Care Plans contract with across the state.

So this this chart shows the growth of the total number of provider contracts for Community Supports by quarter and the last quarter Managed Care Plans held over 4000 unique provider contracts for the delivery of Community Supports. So this really shows that there's an increase of Providers that are available to provide these services statewide.

We can move to the next slide.

**00:17:06—Susan Philip—Slide 14**

Okay, And we can move to the next slide.

**00:17:20—Susan Philip—Slide 15**

So I'm going to switch gears a little bit and talk about closely referrals and definitions and goals. So um in addition to providing an overview of the Community Supports implementation, we really wanted to highlight new requirements on Managed Care Plans for supporting referrals made for Community Supports.

Ultimately, we want to make sure that if a member is identified for a Community Support service and their referral is being made, that they are in fact getting those services as authorized and as they are eligible.

So DHCS released a closed loop referral requirements for members in December of 2024—so just last year. The goals of these requirements is to increase the share of members that are successfully connected to the services that they need.

So while these uh supporting referrals have always been a key responsibility of our Managed Care Plans. The closed loop referral requirements really enhance our Managed Care Plan partners efforts to track, support, monitor referrals made to specific set of DHCS requirements.

The closed loop referral requirements go into effect and we can go to the next slide

**00:18:31—Susan Philip—Slide 16**

Go into effect July 1, 2025 and again the goal is that referrals made for Community Support Services by providers, by community-based organizations, by members and their caregivers. The goal is that these referrals are tracked in alignment with the closer referral requirements.

I will just mention that for Sobering Centers that referral uh Well, it's not subject to closer referral requirements because often members receiving these services, they're getting them in real time without an extended referral process—so that's one caveat I would mention.

So in addition to applying to Community Supports, the closed loop referral requirements also apply to all referrals at Managed Care Plans receive for Enhanced Care Management, so the department we selected both of these service areas and health care management and Community Supports because they are really critical for high need members, right, members that need both clinical and social services. Uh so





we really focused on those and uh and also Managed Care Plans are also informed of all referrals for ECM and Community Supports, because they have a role in authorizing the service and assigning members to the network of providers- so plans have visibility into the referrals that they receive.

We can go to the next slide.

**00:19:56—Susan Philip—Slide 17**

The closed loop referral requirements are placed on the Managed Care Plans, but members, providers, and referral partners can also expect to see some changes sharding in July. First, we would expect members to receive written notice from their Managed Care Plans when the Community Support is authorized or approved - and really have a support on new referrals If our provider is unable to serve their needs.

Community Support Providers will be asked to submit three new data elements in their monthly files that they exchange with Managed Care Plans to help the Managed Care Plans track and better support referrals made to Community Support Services and identify challenges and referrals.

And then there will also be changes for referring entities, so for example referring referral entities, or practitioners such as community based organizations, primary care providers, social workers uh those entities or practitioners will begin receiving notice from the Managed Care Plans when the Member's service is authorized and when the referral loop to the Community Support Service is closed.

So ultimately the goal is to drive improvements and care coordination and care delivery for Members seeking these critical services.

So we really encourage those of you who are looking for more information on closed loop referrals to review the DHCS implementation guidance.

And there's also a recording of a webinar specifically on this policy, held back in February and you can find this on our website.

Okay, um we can move to the next slide.

**00:21:35—Susan Philip—Slide 18**

Okay.



So we're going to walk through specific updates to five Community Support service definitions that will go into effect July 1, 2025.

We can move to the next slide.

**00:21:43—Susan Philip—Slide 19**

1st to share a quick recap, last September actually DHCS released proposed service definition refinements for seven of 14 Community Support definitions that was including then the Housing Trio and two Community Supports pertaining to community Assisted Living Facility Transitions, Medically Tailored Meals and Asthma Remediation. Then in February of this year, DHCS released updated service definitions for four Community Supports, including the Assisted Living Facility Transitions Community or Home Transition Services, Asthma Remediation, Medically Tailored Meals, and Medically Supported Foods. So those were released in February of 2025 and then this update that we just mentioned also includes refinements to Personal Care and Homemaker Service definitions.

So these new service definitions will be affected July 1, 2025 the one note would be that Asthma Remediation will have a longer ramp up, given needed alignments with Medi-Cal covered benefits which Michel will describe in detail shortly.

**00:23:06—Susan Philip—Slide 20**

Okay, so before I we can move to the next slide, before I hand it over to Michael, I wanted to again acknowledge the extensive contribution, research, input just from many of you many of the stakeholders to update this guide.

You know these Community Supports were really selected based on strong evidence to address health related social needs and reduce costlier services and the feel for for these services and the research and the experience is really evolving.

So we're really appreciative of the work being done locally to evaluate, assess, and continuously improve the effectiveness of these services.

So with that, I'm going to turn it over to Michael to walk us through Medically Tailored Meals, Medically Supportive Foods, and Asthma Remediation.

**00:23:44—Michel Huizar—Slide 20**

Thank you, Susan. Good morning, everyone.

We can go to the next slide please.

**00:23:47—Michel Huizar—Slide 21**

So just jumping right in what are Medically Tailored Meals and Medically Supportive Food Services. As Susan mentioned, these services are the most widely utilized Community Support by members. This particular support aims to improve health outcomes by providing food packages that are tailored to our members chronic a specific chronic or serious condition. The Medically Tailored Meals and Medically Supported Food Service is the overall name for a subset of services that members can receive based on their needs including Medically Tailored Meals, Medically Tailored or Medically Supported Groceries, Healthy Food Vouchers, Produce Prescriptions, Food Pharmacies and Nutrition Education. Like all Community Supports, eligible members can receive these services through a referral to their Medi-Cal Managed Care Plan. And one important note to highlight is that the intent of the Medically Tailored Meals and Medically Supportive Food Service is to improve health outcomes and address chronic health conditions. It's not solely used to address food insecurity for our Medi-cal members.

Next slide, please.

**00:24:55—Michel Huizar—Slide 21**

So for the service updates we at DHCS did make clarifications to the existing service definition as the nation continues to refine and strengthen its delivery of Medically Tailored Meals and Medically Supportive Food through Medicaid providers, Managed Care Plans, and referral partners specifically provided feedback to the department to DHCS that refinements were needed to clarify the eligibility criteria and each of the services that could be covered. So for example, details on what a Food Pharmacy Service entails and to standardize how Managed Care Plans oversee the provision and quality of foods delivered through the service.

Next slide please.

**00:25:42—Michel Huizar—Slide 22**

So the in terms of the streamlined eligibility criteria that was undertaken, the first revision made is to further standardize eligibility criteria for this service effective July 1, 2025, eligibility has been streamlined to focus on members who have a chronic or serious health condition that's nutrition sensitive.

As you can see in the box here on the slide, we have also a DHCS expanded the list of nutrition sensitive conditions for eligibility and that includes such as, but not limited to provide flexibility to Manage Care Plans to identify additional conditions for which Medically Tailored Meals and Medically Supported Foods can have an impact on health outcomes.

Next slide please.

**00:26:28—Michel Huizar—Slide 23**

So in terms of the specific service specifications here, we do want to highlight that there were clear expectations for Medically Tailored and Medically Supportive services, including the role of registered dietitian, nutritionists or other appropriate clinicians in the design and delivery of services. The Medically Tailored Meals and Medical Supportive Food Service packages can be designed at the service level for the identified target um for the identified target, chronic or serious health conditions.

Also wanting to note that 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 the Member's food.

So just wanting to also, you know, include that more detailed descriptions of the detailed descriptions of the design and delivery of each Medically Tailored and Medical Supportive Service was included in the updated service definitions.

And that also that the services must not be ultra processed, nor foods, nor foods with excessive sugar or salt and finally, the Medically Tailored Meals and Medically Supportive Services must also consider the members cultural preferences or needs and food preparation and storage capabilities when determining the appropriate intervention for the for the member.



Next slide please.

**00:27:51—Michel Huizar—Slide 24**

So with Medically Tailored Meals and Medically Supportive Services, also this the service definitions updates include in our guidance more clearly more clearly defined or outlined that each of the six services under the service broadly were refined.

So as seen here, two services are available under the medically tailored category, while four are available for Managed Care Plans to offer under the medically supported category. Specifically, Medically Supportive Groceries, food, Food, Pharmacy, Produce Prescriptions and Healthy Food Vouchers.

We also at DHCS provided clarification that Managed Care Plans are encouraged to pair Nutrition Education Services with the Medically Tailored Meals and Medically Supportive Food offerings. But plans Managed Care Plans cannot offer nutrition, Nutrition Education as a stand-alone service itself.

Next slide please.

**00:28:54—Michel Huizar—Slide 25**

So, you know, what defines a Medically Tailored Meal?

So that can include, you know, requirements for an individual nutrition assessment conducted overseen by a by an RDN .It informs the the development of a personalized nutrition, a nutritional plan tailored to the members, specific needs and connection to the appropriate, medically tailored service package. Also, the meal or the food package must meet nutritional benchmarks and provide at at least 2/3 of an average individual's daily nutrient and energy needs, but also just noting that the service may may also only cover up to two meals or equivalent of food per day.

And finally, the design of each of the Medically Tailored Meals or Groceries must Service must be tailored by an RDN or other appropriate clinician to ensure that the food provided adheres to established evidence based nutrition guidelines to prevent, manage, or reverse the targeting tissue and sensitive health condition.

Next slide.

**00:30:01—Michel Huizar—Slide 26**

So on the other side, so what sort of constitutes Medically Supportive Food Services that includes provided that there are access or there's access to pre-selected whole foods that adhere to national nutrition guidelines to prevent, manage, or reverse nutrition sensitive conditions for our referred members. Unlike medically tailored services, the medically supported foods are intended to supplement rather than make up a Portion of the member's diet. Also, the food package must be designed according to evidence-based guidelines and overseen or signed off by a registered dietitian nutritionist or another appropriate clinician. And finally, packages do not need to be individually customized for each member but must be appropriate for the targeted nutrition sensitive health condition or conditions.

Next slide please.

**00:30:57—Michel Huizar—Slide 27**

So under Nutrition Education, we at DHCS also provided additional details on offerings of Nutrition Education that includes highlights such as Nutrition Education must be paired with Medically Tailored Meals and Medically Supportive Foods and cannot be offered as a standalone service as mentioned. Nutrition Education must also adhere to nationally established evidence-based nutrition guidelines.

We at DHCS also encourage our plans, our Managed Care Plans to consider, if some Members receiving Medically Tailored Meals or Medically Supported Foods may benefit from other Medi-cal nutrition education offerings, such as the Medical Nutrition Therapy and Diabetes Self-Management Education.

Next slide please.

**00:31:44—Michel Huizar—Slide 28**

So in terms of provider and meal or food package oversight, as with all of the Community Support Services, DHCS emphasizes that providing a high quality and safe food intervention is important for our Medi-cal members. The updated service definition provides Managed Care Plans with guidance on key responsibilities for oversight among current and prospective providers, such as reviewing staffing qualifications, food preparation, licensure and safety, and nutritional information for meal intervention. So



that wraps it for Medically Tailored Meals. We will now transition over to Asthma Remediation.

We can go to the next slide.

**00:32:23—Michel Huizar—Slide 29/30**

And one more please.

Thank you.

**00:32:30—Michel Huizar—Slide 30**

So what are Asthma Remediation Services?

So Asthma Remediation is designed to reduce acute asthma episodes that members experience through supplies like mattress and dust covers and home modifications like ventilation improvements or mold removal. The utilization of Asthma Remediation remains relatively low across California in quarter three of 2024, last year approximately 600 members utilized the support and we do encourage the partner serving individuals experiencing asthma, such as primary care, EDs or emergency departments, schools and community organizations to build their understanding of and refer members to Medi-Cal services that can identify and ultimately implement solutions that can reduce asthma or acute asthma episodes for Medi-Cal members.

Another key service, another key Medi-Cal service that we'll be discussing in just a moment, is the as the Medi-Cal Asthma Preventive Services benefit or APS benefit and really DHCS vision is that these two services being the Asthma Preventive Services and Asthma Remediation can be used together to address a Member's acute asthma needs.

Next slide please.

**00:33:53—Michel Huizar—Slide 31**

All right. So for the updates. So for those of you familiar with the previous Asthma Remediation Service definition, the Community Support previously covered two additional components in Home Trigger Assessments and Asthma Self-management Education. DHCS is removing these two components the asthma uh the excuse me, the assessment in education that is from the Community Supports because in 2022 DHCS launched an Asthma Preventive Services benefit for all of our Medi-Cal members.



The APS benefit covers the same two services as Asthma Remediation, and so to reduce duplication, DHCS is updating the Community Support so it does not duplicate Asthma Preventive Services. Medi-cal members can still access both the in home Trigger Assessment and Asthma Education through the APS benefit. So, all services remain available and hold to the member or members.

Next slide please.

**00:34:47—Michel Huizar—Slide 32**

So the updates deduplicate with the prevent preventive services as benefit as I as I mentioned here, we're just visually depicting the change that that will go into effect on January 1st, 2026 for Asthma Remediation. So on the left side of the screen here you can see that all three service components were available via the Community Support and in the red box outlined here on this slide effective January 1, 2026, Asthma Remediation will focus on the physical home and that modification and supplies as wrap around for the EPS benefits.

So Members will first be referred to receive an in home Trigger Assessment via the APS benefit and then the results of the Trigger Assessment will be used as documentation to authorize physical home modifications and supplies under the Asthma Remediation Community Support. So finally just wanted to note that the January, the January 1st, 2026 go live is six months after the broader go live for the other Community Support changes to allow for providers of the Asthma Remediation Community Support to prepare to deliver services under the Asthma Preventive Services benefit.

Next slide please.

**00:36:01—Michel Huizar—Slide 33**

So really to summarize, in home Trigger Assessments and Self-management, Education will be phased out of the Community Support and be available via the Asthma Preventive Services benefit. One key change to highlight for providers in Managed Care Plans is related to the authorization of the Community Support.

So moving forward, Managed Care Plans only need to document that an in-home Trigger Assessment was completed with recommended interventions in the last 12 months under the Asthma Preventive Services benefit. So no additional provider





recommendation will be needed for the Community Support, and then while these changes must go into effect January 1st, 2026, DHS does encourage providers and Managed Care Plans to start the process of shifting coverage for asthma education and assessment under the APS Preventive Services benefit as early as possible.

Next slide please.

**00:36:58—Michel Huizar—Slide 34**

So for the Community Support, February 2025 updates just wanting to note that we at DHS provided some additional resources and clarifications to the home modifications and supplies that will continue to be covered under the Community Support, including air filters supplied air filters supplied cannot be electronic or electronic air filters also additional resources on integrated pest management services and clarification that Asthma Remediation Services and modifications can be delivered over time and do not have to be delivered at the same point in time up to the lifetime maximum of \$7500.

So as I wrap up my overview of Medically Tailored Meals and Medically Supported Foods and the Asthma Remediation, we do ask that you please continue to help DHCS spread the word to on both of these critical Community Supports and the latest revisions that have been highlighted today and with that I'll now hand it back over to Susan to walk through the three additional Community Supports.

Susan, over to you.

**00:38:09—Susan Philip—Slide 35**

Great. Thanks Michel.

OK, before I launch into the next set of service definitions, we can move to the next slide.

**00:38:09—Susan Philip—Slide 35**

I wanted to call your attention to the fact that we actually renamed two of the Community Supports the first Community Support these are both related to Nursing Facility Transitions. So the first community support was called Nursing Facility Transition slash Diversion to Assisted Living Facilities such as residential care facilities for the elderly and adult residential facilities- so it's a big name. So uh we are now calling that a

Community Support Assisted Living Facility Transitions. The second and related Community Supports we have renamed is what was formerly called Community Transition Services slash Nursing Facility Transitions to a Home so we are now calling that Community or Home Transition Services so, uh two renaming of Community Supports and we made these name changes for a couple of reasons.

First, we wanted to simplify the name since some of them were a bit long and unwieldy, but more importantly, we had received feedback from the field that using the term nursing home and the title of these Community Supports was associated with some stigma, especially for people who really wanted to be in a community or home and it could potentially discourage people from using the service and then it just led to some basic misunderstanding of what those Community Supports were really intended to provide-so hence the name change.

OK, so both of these Community Supports are really aimed at reducing nursing facility stays when appropriate and safely supporting members of residing in community settings. So first I'll cover Assisted Living Facility Transitions. The ALF Community - we can move to the next slide.

**00:40:04—Susan Philip—Slide 36**

The ALF Transition Community Supports again aims to support members who would otherwise have needed otherwise need nursing facility level of care and it helps them transition to and reside in an assisted living facility. So there are two service components of this Community Support. First, there's time limited transition services to support a member, and securing a placement in an assisted living facility and then second, there are ongoing services. So once a member is in the assisted living facility, there's ongoing assisted living services such as support with ADLs or Activities of Daily Living, meal preparation etcetera. So time limited transition services as well as ongoing assisted living services.

We can move to the next slide.

**00:40:57—Susan Philip—Slide 37**

So as I mentioned, you know at the top of the webinar Assisted Living Facility Transition is one of the least utilized Community Supports. So because of that, we really prioritize



refining the service definitions and that was really aimed to more clearly define eligibility criteria and standardize and clarify those two service components. We also took the opportunity to clarify when and how Members can receive the Community Supports. When there are eligible for or receiving other Medi-Cal home and community-based waiver services. So really clarifying, when a member can receive Community Supports if they are eligible or if they're receiving Medi-Cal home and community-based waiver services.

We can move to the next slide.

**00:41:52—Susan Philip—Slide 38**

Okay so again, to really promote appropriate use of the support this Community Support by eligible members to divert nursing facility stays DHCS is clarifying that Members can receive the support number one, if they are transitioning from a nursing facility to an assisted living facility. Secondly, if they're living in the community and are transitioning to assisted living facility, or if they're currently residing in an assisted living facility and meet nursing facility level of care. So the service definition has really been updated to emphasize that members and all three of these scenarios are eligible to receive the Community Support.

Regarding the service components, you know we received some feedback from the field that DHCS needed to emphasize that Managed Care Plans must really offer both components of the service. So the time limited transition services and the ongoing assisted living services. One note here is at the ongoing assisted living services are available without limit as long as a member resides in the assisted living facility and continues to meet nursing facility level of care criteria.

Finally, we provide additional guidance on whether Members can receive additional Community Support Services in parallel too, and to emphasize that while a Member uh while members may be eligible for both Assisted Living Facility Transition Community Supports and Assisted Living Waivers. So basically, if a member is receiving Assisted Living Transition Community Supports, they cannot receive both Assisted Living Waiver Services for example, at the same time they're receiving Assisted Living Transition Community Supports. This is really to avoid duplication of services under Medi-Cal that can't be duplication of service, so if a member is receiving service again under the

Assisted Living Waiver, for example, they cannot also receive the same services under this Community Support.

OK, we can move to the next slide.

**00:43:56—Susan Philip—Slide 39**

Okay, so switching gears to Community or Home Transition Community Supports, we can move to the next slide.

**00:44:06—Susan Philip—Slide 40**

This is similar to the Assisted Living Facility Transition Support that we just discussed, but instead the aim of this support is to assist Members in transitioning from a nursing facility back to the community instead of to an assisted living facility. So the services 2 components. First, transitional coordination services so that is really intended to support the Member in identifying and establishing housing as you know, as you're leaving the nursing facility. The second component is funding for a one-time setup expenses to establish a household such as security deposit, utility setup, or cleaning fees.

We also really want to emphasize that that we're talking about transition into a private residence, which could also include public housing.

OK, we can move to the next slide.

**00:45:04—Susan Philip—Slide 41**

And in response to quite a bit of stakeholder feedback we received, we are also releasing revisions to clarify service components and the lifetime maximum dollar amounts for one time set up expenses. So that is a clarification that's included in the guide we're also clarifying intersections and receiving this service with other Community Supports as well as waiver services.

So as I noted earlier, we really want to make these clarifications so that the field uh understands, you know, which Members are eligible and can really drive utilization for Members that are eligible and so they can have access to and use these services as appropriate.

We can move to the next slide.

**00:45:51—Susan Philip—Slide 42**

Okay, so in the service definition, DHCS clarifies specific actions that can be taken to support members with time limited transition services and provide some detailed examples of one time or non-recurring set of expenses. Um we've clarified provision of this Community Supports for one-time expenses. Including when housing deposits might be used or when DME coverage is appropriate, so those are some nuances that we've clarified in the guide.

We also explicitly outline that the maximum for the non-recurring setup expense is \$7500 per member, so that is also a clarification that is outlined in the updated guide. Similar to the previous Community Supports, members may be eligible for waiver programs, but they cannot be a recipient of waiver programs at the same time that they are receiving these Community support. Again, there can't be a duplication of service.

So for example, if a member is enrolled in a California Community Transition Services or CCT, they can't also be receiving services under this Community Support at the same time as that would constitute duplication of services.

OK, we can move to the next slide.

**00:47:16—Susan Philip—Slide 43/44**

Okay so the last set of service definitions is related to Personal Care and Homemaker Services. So this support is really designed to allow individuals to safely reside in their home with assistance on Activities of Daily Living or ADLs or Instrumental Activities of Daily Living or IEDLs and services rendered here are similar to services provided through the in home supportive services program, so they're similar in terms of services that are available.

So this slide outlines some examples of key services under the support such as meal preparation, support for bathing or transferring and support and getting to medical appointments, for example, so um the guide really provides some additional examples of what really falls into the bucket of Personal Care and Homemaker Services.

We can move to the next slide.

**00:48:18—Susan Philip—Slide 45**

So we've really received feedback from providers and partners that there needs to be additional clarity on how this Community Support can be used in conjunction with IHSS Services as well as HCBA waiver services, which does cover similar services for a subset of members. So those are a couple of things that we want to clarify to really ensure there's clarity in the market and to really support utilization and take up of this Community Support.

We can move to the next slide.

**00:47:16—Susan Philip—Slide 46**

So uh first we wanted to emphasize IHSS just says really must be the primary source of support for Members who are otherwise eligible for a Personal Care and Homemaker Services. Members can receive this Community Supports during the IHSS application process, and it can also be provided in addition to IHSS hours when additional support was required for the member. So it can be used as a bridge as well as additive services to approved IHSS hours, but it is not intended to supplant IHSS services.

Finally, Members can also receive Personal Care and Homemaker Services when they're ineligible for IHSS, and that can happen in cases when the Managed Care Plan Provider determines that it is medically appropriate to prevent short term nursing facility stay. And like the previous Community Supports that we discussed, Members can receive Personal Care and Homemaker Services while they're on the waiver wait list, so they can receive services again as a bridge um but they cannot receive it while they're also when they are actually enrolled in the waiver.

So for example, if a member is receiving Waiver Personal Care Services provided through the Home and Community Based Waiver Program in California they can't also then be receiving Personal Care and Homemaker Services under this Community Support really to avoid duplication.

**00:50:34—Susan Philip—Slide 47**

Okay, so that was a lot of material and now we are going to be opening it up for questions and answers.



We've walked through an overview, as I mentioned of five Community Supports that have been updated in volume one. So we are going to be addressing um some questions that have come in through the questions and answers, so I will open it up now,

Okay, so first question we have is, are these service definitions that were updated in February or are there changes since then?

So there are updates that are discussed today that are the same that were released in February 2025. However, there were some additional updates, for example with the Nursing Facility Transition Services, we made some additional clarification and there's some additional tweaks if you will, for Medically Tailored Meals that were in the finalized version. So we did provide updates back in February 2025 and then we're also um finalized also based on input comments etc. from the field that we are now finalized in April 2025.

Okay, so the next question is regarding a referral process for Medically Tailored Meals or other Community Supports, so I will take this one.

So. So in terms of referrals providers and community based organizations can make referrals for Community Supports to the members Managed Care Plan.

Ultimately, there's a no wrong door approach if you will for referrals. The Managed Care Plan is then responsible for viewing eligibility and assess whether the Member's authorized for the service and then assign the Member to the applicable Community Supports provider. So that is that is really how we envision the closed loop referral process to go. Members are also required to sorry the plans are required to have member and provider facing information and so you know, plans are required to communicate back to the Member on whether they have been successfully referred, who they're assigned to and the providers are also to receive information in terms of the requested authorization.

So that information is part of the closed loop referral process. So in terms of also how organizations can ask for a referral or start the referral process for Community Supports um the member services line for our Managed Care Plan is one specific way in which a Community Support provider can contact the plan so there and there should be ways in which if you if a Community Support provider's contacted with a Managed Care Plan,

there should be very clear processes that the plan and their network provider, their Community Support provider has already established on how referral are to be made.

Okay next question, Michel, do you want to take the next question on Medically Tailored Meals?

**00:54:05—Michel Huizar—Slide 47**

Yeah, yeah, definitely, Susan. Thank you.

So the question I'm seeing is for Medically Tailored Meals, is the plan to identify best practices to determine what conditions are nutrition sensitive? Also, can we add additional guardrails such as requiring a discharge from the hospital to justify chronic or serious conditions. So the updates to Medically Tailored Meals do focus eligibility only on if the member has an eligible nutrition sensitive with chronic and serious condition that, would be appropriate for a Medically Tailored or Medically Supported Nutrition Service. So it's no, it no longer includes at risk for hospitalization or recent discharge from hospital or skilled nursing facilities as an eligibility criteria.

And it's also worth noting plans cannot impose additional criteria on top of an eligible nutrition sensitive condition, so plans can't require that the individual also be discharged from the hospital.

Also, just wanting to highlight if an individual meets a Community Supports eligibility criteria listed in the policy guide, the services are considered medically appropriate and cost effective and plans are responsible for establishing their utilization management processes and standards to ensure that all referred individuals are medically appropriate for the authorized service. Hope that answers Ed.

And Susan, if you don't mind, I do see another question on Medically Tailored Meals, so I'll also go ahead and take a swing at that one. So seeing the question as can plans standardize the criteria for defining the conditions that qualify for eligibility for Medically Tailored Meals? For instance, what BMI would be considered obese?

The Medical criterion is a BMI of 30 or higher. However, requests have been received with a BMI of 27 and a and a diagnosis of obesity.



So for that one, we would just note that plans may establish reasonable clinical thresholds for eligibility for specific nutrition sensitive conditions, for example, diabetes with A1C over 6.5, as part of their utilization management review for authorization.

Hope that answers that.

**00:56:38—Susan Philip—Slide 47**

Okay, great. Thanks Michael.

I see another question coming in this one is related to asthma. So the question is, what education can DHCS provide to asthma providers? It seems that they are unaware of DHCS APS program and their process for becoming certified with DHCS as an APS provide- so that is a great question. So as we discussed, this these updates to the Community Supports policy guide as it pertains to Asthma Remediation. Community Supports will be effective January 1, 2026 and we do at that point we provided that additional ramp up so that Asthma Remediation providers can enroll in the Medi-cal program to then continue providing that those components that Michel talked about. Right, the in-home trigger assessment as well as the Asthma Self-management Education under the APS benefit. So we did provide a ramp up phase for that. It is a great question about really providing information back to providers, um that is something we'll we are working internally along with our provider enrollment division providing information through what's called our Pave portal.

So it's state portal by which we communicate to enroll providers, but this is something we're also going to be working with our Managed Care Plans to make sure they're communicating this to partners currently. So for example, if a Managed Care Plan is a network of Asthma Remediation Community Support Providers, we definitely want to make sure we're getting the word out there to the plants to work with their network providers to ensure that they are in fact enrolled to the Medi-Cal program, so that they can actually provide the APS service. So great question.

I think there is um, we really are looking for many different ways to amplify this message because it is something that we do need our provider partners to understand and kind of go through the process. So please help us get the word out as well, and we will also be doing the same on our end.

Okay, so Michel, do you want to take the next question?

**00:59:04—Michel Huizar—Slide 47**

Sure, happy to. So seeing the question in the last policy guide under as a request was to have landlord consent for any permanent modifications. Has that request gone away? So before the commencement of a permanent physical adaptation to the home or installation of equipment in the home, such as an installation of an exhaust fan or replacement of mold-moldy drywall. The Managed Care Plan must provide the owner and member with written documentation that the modifications are permanent and that the state is not responsible for maintenance or repair of any modification, nor for removal of any modification if the Member ceases to reside at that residence and just wanting to highlight that that particular detailed information is posted in our Community Supports policy guide on page 46 um uh of the policy guide.

**01:00:14—Susan Philip—Slide 47/48/49/50**

Okay, so the next question pertains to the Assisted Living Facility Transitions Community Support. Um seems like there was a question specifically on the ongoing stay at the assisted living facility. So just to clarify, so the Assisted Living Facility Transitions has two components. First, is the transition component and then there's also the ongoing state component. So Managed Care Plans are required to really provide both of those components, that includes the ongoing Assisted Living Services as well as a Transition Services under the Assisted Living Facility Transition Community Support. So the goal is really to offer both service components to the extent that they're appropriate for the Member, you know, as long as they continue to meet the nursing facility level of care, uh need so that is umm that is really the goal of the of the service and this is how we clarified that now that that Community Support really has those two components that have to be covered.

Okay, well, we are at the top of the hour. I think we have I really appreciate everybody's questions and everything that came in. We will, as mentioned earlier, be making sure this webinar is the recording is available, the slides will be available.

Um we will be uh you know, if you have additional questions, feel free to e-mail those into us through the through our e-mail addresses that we have available on our DHCS website. So, I just really want to thank you all for joining us today for the webinar and



some of you also joined for volume two on Wednesday-so spent quite a lot of time with us today and this week really. So we really appreciate the time you spent in understanding these additional updates.

Obviously, again, just to reiterate, appreciate all your input and us getting to where we are today. And again there's efforts that's going to be needed in the next few months to really operationalize these changes, as they go live July 1st of this year. Please do help us by distributing the policy guide and making sure that partners and others really understand the information to the extent that they would benefit from the information, we really want to provide opportunity to make sure that everyone knows these updates that are so critical for driving improved delivery and utilization of these services.

So uh we look forward to working with you and hearing from you on how to continue to strengthen our Community Supports Program. And again, thank you all so much for joining today. Have a great rest of your day. Thank you.