COMMUNITY SUPPORTS, OR IN LIEU OF SERVICES (ILOS), ANNUAL REPORT:

DEPARTMENT OF HEALTH CARE SERVICES (DHCS) 1915(B) WAIVER REPORT TO THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) FOR CALENDAR YEAR (CY) 2024

April 2025

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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Introduction:

On December 29, 2021, CMS approved California's request to renew its 1915(b) waiver, CMS control CA 17.R10, entitled California Advancing and Innovating Medi-Cal (CalAIM). This approval allowed California to transition Medi-Cal managed care delivery system programs, previously authorized under California's Medi-Cal 2020 section 1115 demonstration, into its section 1915(b) waiver.

CalAIM advances key state priorities by leveraging Medicaid to address complex challenges faced by California's most vulnerable residents. These challenges include homelessness, behavioral health care access, complex medical conditions among children, the increasing number of justice-involved populations with significant clinical needs, and the growing aging population. Through the 1915(b) CalAIM waiver renewal, CMS and California have partnered to further integrate the Medi-Cal managed care system. This integration aims to meet the physical, behavioral, developmental, long-term care, oral health, and health-related social needs of all Medicaid beneficiaries through a person-centered approach.

In addition, CMS approved California's request for a section 1115(a) demonstration five-year extension titled, "California Advancing and Innovating Medi-Cal (CalAIM)" (Project Number 11-W-00193/9) in accordance with section 1115(a) of the Social Security Act. The approval of this 1115 demonstration is part of the broader CalAIM initiative that includes transitioning Medi-Cal managed care programs from the 1115 demonstration into 1915(b) waiver authority. The demonstration builds upon previous person-centered approaches, initially authorized as Whole Person Care (WPC) pilots under the Medi-Cal 2020 demonstration, to support beneficiaries' physical, behavioral, developmental, and long-term care needs while addressing social determinants of health.

Three years into CalAIM implementation, significant investments in technical assistance, infrastructure development, provider network expansion, and member engagement have established a strong foundation for integrating Community Supports into the Medi-Cal delivery system. Medi-Cal managed care plans (MCPs), through their contracts with the Department of Health Care Services (DHCS), continue to operationalize a comprehensive menu of fourteen (14) Community Supports – twelve (12) state-approved In Lieu of Services (ILOS) under the 1915(b) CalAIM Waiver and two (2) authorized under the Section 1115 demonstration – to enhance access to cost-effective, community-based alternatives to traditional medical services. Per 42 CFR § 438.3(e)(2), an *in lieu of service or setting* (ILOS) is a service or setting that is provided to an enrollee as a substitute for a covered service or setting under the State Plan, or when the ILOS

can be expected to reduce or prevent the future need to utilize the covered service or setting under the State Plan.

This report is submitted in accordance with the Special Terms and Conditions (STCs) of the 1915(b) waiver (STC B20), which require annual reporting on various aspects of Community Supports implementation, including programmatic and operational changes, oversight and monitoring, utilization data, and grievances and appeals. While this reporting requirement applies to the 1915(b) waiver, both the 1915(b) and 1115 demonstration terms allow California to implement and report on all 14 Community Supports services consistently. As such, this report provides information on all approved Community Supports services.

The 14 Community Supports services, which were preapproved by the State and phased in starting January 1, 2022, include:

- **Housing Transition Navigation Services** - Assistance and support for individuals in transitioning from homelessness to stable housing.
- **Housing Deposits** - Financial assistance for housing deposits to help individuals secure stable housing.
- **Housing Tenancy & Sustaining Services** - Services aimed at helping individuals maintain their housing stability, such as ongoing support for rent and tenancy-related needs.
- **Short-Term Post-Hospitalization Housing*** - Provision of temporary housing for individuals who require it after a hospitalization.
- **Recuperative Care (Medical Respite)*** - Care services for individuals who need a safe and stable place to recover after a medical procedure or illness.
- **Respite Services (for caregivers)** - Temporary relief and support for caregivers of individuals with disabilities or special needs.
- **Day Habilitation Programs** - Programs that provide structured activities and support for individuals with disabilities during the day.
- **Nursing Facility Transition/Diversion to Assisted Living Facilities or Residential Care Facilities for the Elderly** - Support for transitioning individuals from nursing facilities to assisted living facilities like Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF).
- **Community Transition Services/Nursing Facility Transition to a Home** - Assistance for individuals transitioning from nursing facilities to community-based living arrangements.

- **Personal Care and Homemaker Services** - Assistance with personal care and homemaking tasks for individuals who need support to remain independent in their homes.
- **Environmental Accessibility Adaptations** - Modifications to homes to make them accessible and safe for individuals with disabilities.
- **Medically Tailored Meals/Medically Supportive Food** - Provision of specialized meals or food for individuals with specific medical conditions.
- **Sobering Centers** - Facilities that provide a safe environment for individuals under the influence of alcohol or substances to sober up and receive support.
- **Asthma Remediation** - Services and support aimed at addressing environmental factors that contribute to asthma.

* Services authorized under California's Section 1115 CalAIM Demonstration.

Community Supports continue to play a critical role in addressing the health and non-medical health-related needs of Medi-Cal members through cost-effective interventions. These services are intended for individuals with complex health needs and unmet social drivers of health who are at risk of avoidable emergency department use, hospitalizations, institutionalization, and other high-cost interventions.

DHCS continues to monitor and evaluate Community Supports in accordance with STC B19, with a focus on network adequacy, service utilization, and overall program effectiveness. Monitoring efforts help identify gap areas for additional capacity-building and ensure that Community Supports are accessible and sustainable across diverse geographic regions.

The independent evaluation of Community Supports, required under STC B21, will assess the impact of these services on member health outcomes, including reductions in emergency department visits, inpatient hospital stays, and long-term care utilization. The evaluation will also validate whether Community Supports services are effective medically appropriate and cost-effective alternatives to existing Medicaid-covered services or settings.

To ensure a comprehensive understanding of program impact, data collection and analyses efforts are stratified by key subpopulations of interest. This approach enhances the ability to identify existing gaps in access and health outcomes and informs efforts to expand services where needed.

Contents of This Year 3 ILOS Annual Report (STC B20a):

In a letter to CMS dated October 6, 2022, DHCS noted that during the planning of the initial Year 1 report, data completeness and availability constrained the ability to accurately report on several required components of the Annual Report under STC B20. Specifically, DHCS anticipated a 9- to 12-month lag in obtaining fully validated claims and encounter data necessary for comprehensive analysis.

Reflecting these timing considerations and consistent with previous communications with CMS, this Year 3 ILOS Report includes all program data that have been validated to date by DHCS. A primary focus of this report is to address STC B20a, which requires a detailed description of the Community Supports programmatic and operational changes implemented by DHCS and Medi-Cal managed care plans. This report outlines our successes and accomplishments to date, highlights key program milestones, details implementation timeframes, and describes efforts related to capacity building, provider growth, and technical assistance, while also acknowledging outstanding challenges.

All utilization data presented in this report are preliminary and subject to revision as ongoing data validation efforts improve overall data quality. For this Calendar Year (CY) 2024 Annual Report, DHCS has included validated data for quarters Q1 through Q3 2024.

In addition, this report summarizes DHCS's planned approach to program monitoring in the following areas as required by STC B20:

a. The state's annual oversight and monitoring activities;
b. Utilization data for ILOS and any other data related to the cost effectiveness of ILOS;
c. Grievances and appeals data for ILOS;
d. Data, stratified, when possible, related to the state's monitoring of health outcomes and quality metrics;
e. Data reflecting the timeliness and accuracy of managed care plans' encounter data, as well as data reflecting the state's submission of timely, accurate, and validated data to T-MSIS; and
f. Routine data and analyses of the cost effectiveness of each ILOS as determined appropriate and necessary by CMS.

As DHCS continues to enhance its data collection and validation processes, the Department remains committed to refining its analyses and strengthening the evidence base for the impact of Community Supports. This continuous improvement effort will inform both the current performance assessment and future program development.

Successes and Accomplishments:

Building on the strong foundation established during CY 2022 and expanded in CY 2023, DHCS made significant progress in advancing the Community Supports initiative in CY 2024. Over the past year, the Department continued to invest in the necessary infrastructure, technology, provider capability, coordination, and workforce capacity to support Community Supports and related initiatives. Engagement efforts were broadened through an enhanced series of public webinars and in-person regional forums, which provided updated policy guidance, shared refined best practices, and incorporated additional lessons learned from community providers. DHCS also embarked on a statewide listening tour in 2023 and 2024 to gather feedback from providers, Medi-Cal managed care plans, and the community at large. The Listening Tour further captured emerging needs and feedback from a wide range of stakeholders, including providers, managed care plans, county health agencies, members, and community-based organizations.

Investments in care management capabilities and Community Supports infrastructure have been pivotal to the successful implementation of Community Supports, which as of the end of 2024 encompasses 494.4K services that have been utilized by 252.2K Medi-Cal members in the last 12 months of the reporting period. California leveraged managed care authority to make available $1.5B to MCPs through the Incentive Payment Program (IPP). DHCS maintained and increased its focus on improving information technology (IT) systems and data exchange platforms to support real-time reporting and more robust analytics. The IPP was refined to further support Community Supports and drive sustainable capacity building at both the MCP and provider levels, including efforts to bridge silos across physical and behavioral health services. Through the Providing Access and Transforming Health (PATH) program, authorized under the CalAIM 1115 demonstration, the State invested $1.85 billion over five years in supporting successful Whole Person Care (WPC) Pilot and Health Home Program (HHP) service providers to become Enhanced Care Management and Community Supports providers, as well as other components of CalAIM.

The Department has strengthened its oversight through a more robust semi-annual review process for Model of Care (MOC) submissions from MCPs, allowing improved

DHCS monitoring capacity as set forth in "Oversight and Monitoring Activities" below. This enhanced tracking system allows for rapid identification of trends and gaps in service delivery, with additional technical assistance and targeted surveys and follow-up engagements verifying that all submitted policies align with department guidance and safeguard continuous care for Medi-Cal members.

DHCS also made significant strides in improving data reporting and reconciliation. By leveraging existing encounter data reporting mechanisms alongside the Quarterly Implementation Monitoring Report (QIMR) process, the Department addressed data gaps through updated Billing and Invoicing Guidance and revised Community Supports Coding Guidance. The new Community Supports Data Sharing Guidance, introduced in April 2023, continues to support compliant data exchange among MCPs and providers including identifying compliant practices.

Finally, ongoing capacity building and accountability measures have been central to DHCS' efforts. The Department's continued evaluation of MCPs' progress through their IPP and QIMR submissions has driven the expansion of service delivery infrastructure and provider capacity in alignment with state priorities. These accomplishments underscore DHCS' commitment to continuously enhancing the Community Supports initiative and addressing the health-related and preventative needs of Medi-Cal members.

DHCS continues to develop and disseminate Community Supports guidance to its contracted MCPs and Community Supports Providers, providing all stakeholders with up-to-date policy and implementation resources.

As reflected in in Table 1 below, MCPs' phased implementation of all 14 Community Supports continued to expand in 2024. The rollout has been robust, with many counties expanding their service availability. Notably, every county in the state now offers a broad range of Community Supports, with at least eight (8) Community Supports available, and several counties have achieved full implementation. Twenty-four (24) counties now have all 14 Community Supports available, and even smaller, rural counties are maintaining a strong portfolio of services.

The table also shows some adjustments – particularly for the January 1, 2024, implementation phase – which represent the impact of the 2024 MCP Transition. This transition involved several MCPs moving between counties, resulting in some reductions in the counts for specific start dates as MCPs realigned their service areas. Despite these adjustments, the overall trend remains positive, with continued investments in delivery infrastructure and expanding service networks.

MCPs remain committed to launching new Community Supports in six--month increments. This steady, phased approach continues to drive the expansion of service offerings and strengthen the statewide network over time.

Table 1: Number of Pre-Approved Community Supports Live as of January 2025 by County and Implementation Date

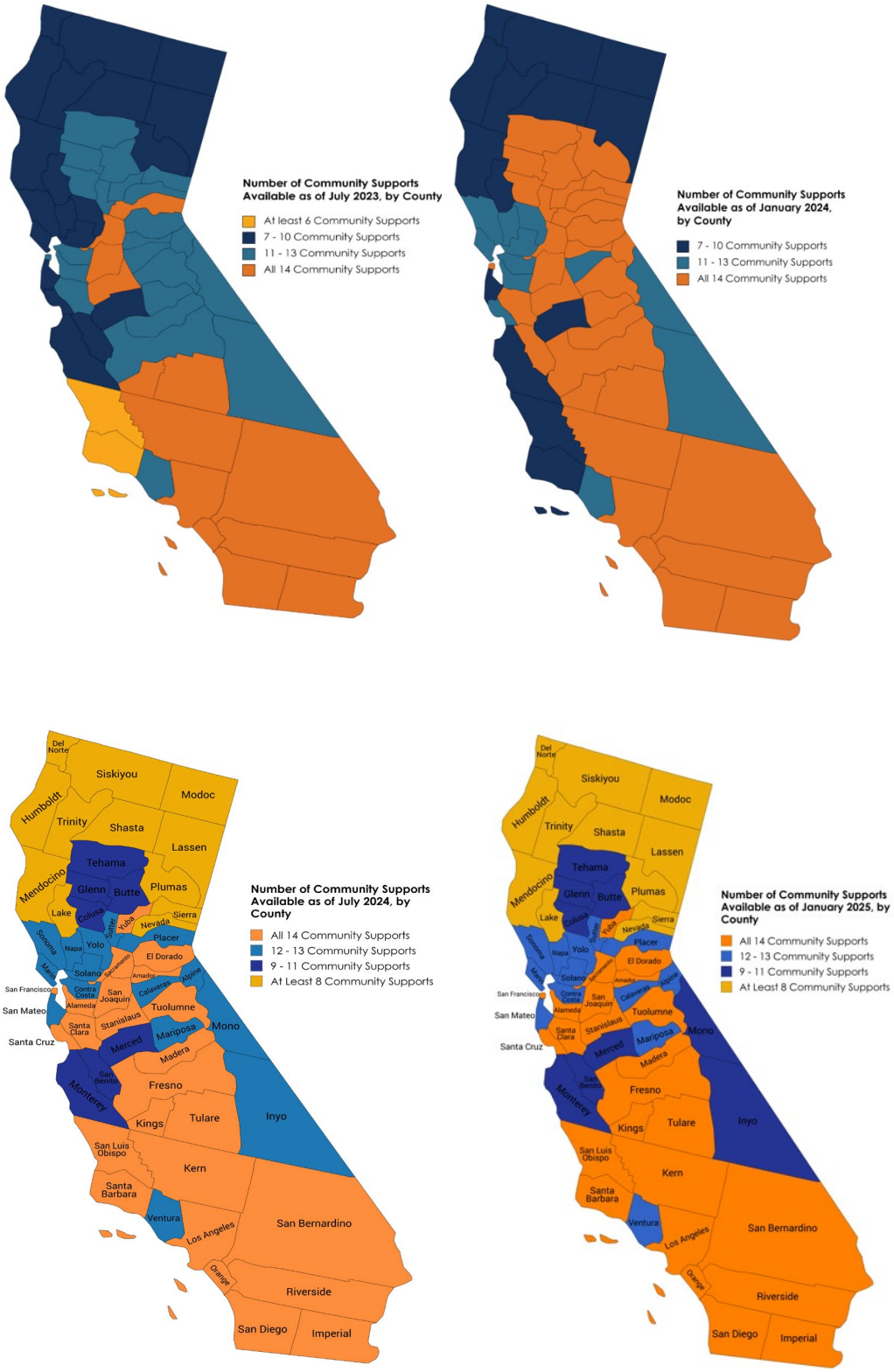
County	Start Date 1/1/2022	Start Date 7/1/2022	Start Date 1/1/2023	Start Date 7/1/2023	Start Date 1/1/2024	Start Date 7/1/2024	Start Date 1/1/2025	Total CS Live (out of 14)
Alameda	8	2	2	0	1	1	-	14
Alpine	4	4	2	2	1	-	-	13
Amador	8	2	2	1	1	-	-	14
Butte	6	2	2	0	-2	1	1	10
Calaveras	4	4	2	1	1	1	0	13
Colusa	6	3	2	0	-3	1	0	9
Contra Costa	7	4	2	0	0	0	0	13
Del Norte	0	6	2	0	0	0	0	8
El Dorado	7	2	2	0	3	-	-	14
Fresno	7	3	2	0	2	-	-	14
Glenn	6	3	2	0	-3	1	0	9
Humboldt	0	6	2	0	0	0	0	8
Imperial	4	5	5	-	-	-	-	14
Inyo	4	4	2	1	-2	0	0	11
Kern	7	1	6	-	-	-	-	14
Kings	9	2	3	-	-	-	-	14
Lake	0	6	2	0	0	0	0	8
Lassen	0	6	2	0	0	0	0	8
Los Angeles	9	2	3	-	-	-	-	14
Madera	8	2	3	0	1	-	-	14
Marin	6	0	2	0	3	1	0	12
Mariposa	6	2	2	0	1	2	0	13

County	Start Date 1/1/2022	Start Date 7/1/2022	Start Date 1/1/2023	Start Date 7/1/2023	Start Date 1/1/2024	Start Date 7/1/2024	Start Date 1/1/2025	Total CS Live (out of 14)
Mendocino	6	0	2	0	0	0	0	8
Merced	1	6	1	2	0	1	-2	9
Modoc	0	6	2	0	0	0	0	8
Mono	4	4	2	1	1	1	-2	11
Monterey	5	2	1	2	0	0	0	10
Napa	6	0	2	0	3	2	0	13
Nevada	8	2	2	0	-4	0	0	8
Orange	4	5	5	-	-	-	-	14
Placer	9	2	3	-	-1	-	-	13
Plumas	6	2	2	0	-2	0	0	8
Riverside	12	2	0	-	-	-	-	14
Sacramento	14	0	0	-	-	-	-	14
San Benito	6	2	2	0	-1	-	-	9
San Bernardino	11	2	1	-	-	-	-	14
San Diego	14	0	0	-	-	-	-	14
San Francisco	8	3	2	0	1	-	-	14
San Joaquin	8	1	5	-	-	-	-	14
San Luis Obispo	0	2	4	0	4	4	-	14
San Mateo	9	0	0	0	0	3	1	13
Santa Barbara	0	2	4	0	4	4	-	14
Santa Clara	9	4	0	0	1	-	-	14
Santa Cruz	4	2	1	2	2	3	-	14
Shasta	6	0	2	0	0	0	0	8

County	Start Date 1/1/2022	Start Date 7/1/2022	Start Date 1/1/2023	Start Date 7/1/2023	Start Date 1/1/2024	Start Date 7/1/2024	Start Date 1/1/2025	Total CS Live (out of 14)
Sierra	6	2	2	0	-2	0	0	8
Siskiyou	0	6	2	0	0	0	0	8
Solano	0	6	2	0	3	2	0	13
Sonoma	6	0	2	0	3	2	0	13
Stanislaus	4	5	5	-	-	0	-	14
Sutter	6	2	4	0	-1	2	0	13
Tehama	6	2	2	0	-2	1	0	9
Trinity	0	6	2	0	0	0	0	8
Tulare	8	3	3	-	-	-	-	14
Tuolumne	4	4	2	1	3	-	-	14
Ventura	5	1	5	1	0	1	-	13
Yolo	0	6	2	0	3	2	0	13
Yuba	6	2	4	0	2	-	-	14

Due to the 2024 MCP Transition (effective January 1, 2024), there were a few Community Supports election changes in several rural counties where the new MCP entering the county did not offer the Community Supports that the exiting MCP provided. DHCS required continuity of the Community Supports services and worked which with the entering MCPs to retain delivery infrastructure and restore access to these services.

Figure 1: Community Supports Elections State Map



With the continued growth in the Community Supports initiative, MCPs expanded their elected service offerings throughout CY 2024, resulting in a cumulative net increase in the number of services available across counties in California. Respite Services and Personal Care and Homemaker Services continued to show strong momentum, with many MCPs electing to add these offerings in counties where community-based care has lagged. Similarly, services focused on transitions – including both Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services/Nursing Facility Transition to a Home – recorded significant new elections, contributing to a broader portfolio of options for Medi-Cal members residing in all parts of California. Despite some adjustments due to the 2024 MCP Transition, the overall trend has been one of steady expansion, with new service elections strengthening the availability of Community Supports statewide.

The 2024 MCP Transition, which involved strategic realignments of MCP service areas, introduced some adjustments in the reported counts, however these did not diminish the overall trend of expansion. On the contrary, the transition has enabled a more efficient allocation of services across the state and has opened up new opportunities, particularly in areas that previous has fewer offerings.

Notably, major health plans such as Anthem Blue Cross, California Health & Wellness/Health Net, and Partnership Health Plan have been instrumental in driving this progress by introducing new services in both urban and rural counties. As a result, Medi-Cal members in all of California's 58 counties saw a large increase in available services over the course of 2024 and now have access to a significantly enhanced array of Community Supports, further advancing the initiative's goals of addressing the complex health and social needs of California's most vulnerable populations.

DHCS updates the Elections Grid semi-annually on its ECM and Community Supports webpage detailing which Community Support services are available in each county, by plan, including expected implementation dates for each service.[1]

1 Available at: https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf

Program Implementation Highlights:

DHCS continues to provide timely responses to questions and feedback submitted by a diverse range of stakeholders. Stakeholder engagement remains a cornerstone of the initiative, as DHCS is committed to maintaining open lines of communication and offering comprehensive guidance on this unique and innovative set of services.

Throughout the year, DHCS has hosted numerous webinars and meetings to facilitate dialogue, share updates, and address emerging issues. Key activities include:

- **Bi-weekly CalAIM Implementation Advisory Group**
  This advisory group is composed of select MCPs, counties, and other stakeholders engaged in ECM and Community Supports. It plays a pivotal role in ensuring DHCS maintains real-time visibility into the rollout of newly launched benefits. The group provides:

  - Critical input to address implementation challenges and inform DHCS decision-making;
  - Detailed review of policy decisions, draft documents, and communications prior to broader dissemination;
  - Recommendations for the development of infrastructure investments supported by performance incentives and PATH funding opportunities; and
  - Guidance on technical assistance needs in the marketplace to support providers and MCPs.

  Topics of discussion include:

  - Implementation Experience: Feedback from MCPs and providers on the rollout of ECM and Community Supports, highlighting successes and areas for improvement.
  - Member Experience: Insights into how members are accessing and benefiting from ECM and Community Supports services.
  - Provider Contracting: Updates on the progress of contracting between MCPs and providers to expand service delivery networks.

- Referrals and Authorizations: Challenges and opportunities in facilitating timely and appropriate referrals and authorizations for members eligible for Community Supports.

» **Monthly MCP Technical Assistance (TA) and Guidance Webinars:** These webinars are designed specifically for health plan executives and personnel responsible for the implementation of Community Supports. They provide a vital forum for addressing operational challenges, delivering policy updates, and reinforcing best practices. Key highlights of these sessions include:

- Detailed guidance and clarifications on DHCS policies to ensure MCPs have a clear understanding of their responsibilities, as well as the standards for implementing Community Supports.

- Presentations from subject matter experts on practical implementation strategies, addressing topics such as referral workflows, data reporting requirements, and member engagement, providing DHCS with valuable operational insights.

- Spotlights on MCPs and providers who share their experiences, challenges, and successes, enabling attendees to learn from one another and adopt proven effective practices.

- An open forum where MCP representatives can ask questions directly to DHCS staff, which helps foster transparency and real-time problem-solving.

These webinars have proven instrumental in equipping MCPs with the tools and knowledge needed to navigate the complexities of Community Supports implementation while aligning with DHCS program objectives.

» **Weekly meetings with the Local Health Plans of California (LHPC) and the California Association of Health Plans (CAHP):** Weekly meetings with LHPC and CAHP serve as an essential touchpoint for ongoing technical assistance and updates regarding the implementation of ECM and Community Supports. These sessions help ensure consistent communication and collaboration between DHCS and the associations representing MCPs statewide. Key aspects of these meetings include:

- Regular reporting on the progress of ECM and Community Supports implementation, including status updates on contracting, member engagement, and provider onboarding.
- A platform for LHPC and CAHP to relay feedback from their member plans, helping DHCS identify and address systemic issues promptly.
- Collaborative discussions on emerging policy needs and considerations, ensuring that updates and refinements reflect real-world implementation challenges.
- Opportunities to align efforts across health plans, DHCS, and community providers, which help foster a unified approach to delivering these innovative services.

These opportunities have been critical in helping DHCS maintain a collaborative relationship with LHPC and CAHP, allowing DHCS to remain agile in addressing implementation challenges while advancing the broader goals of the CalAIM initiative.

DHCS has leveraged the above forums to identify best practices, address stakeholder concerns, and ensure alignment with overarching program goals. This iterative approach allows for continuous improvement and ensures that the initiative evolves in response to stakeholder feedback and on-the-ground implementation realities. In addition, this collective engagement informed the ECM and Community Supports Action Plan[2], which is a set of tactics the Department had committed to take to smooth implementation challenges, such as developing guidance to streamline to streamline authorization and referral process and improve data exchange.

For example, DHCS engaged with several MCPs to address and reconcile discrepancies identified in their authorization policies for newly implemented Community Supports services. These discussions helped in reducing policy variations across plans and

[2] The ECM and Community Supports Action Plan is available at: https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Community-Supports-Action-Plan-03192024.pdf

counties, helping DHCS ensure greater consistency in service delivery and access for members.

Other key activities and events over the course of CY 2024 (DY 20) include the following:

On January 3rd, 2024, DHCS hosted its first monthly Managed Care Plan Call of 2024. The purpose of this meeting is to collaborate with our Medi-Cal Managed Care health plans to discuss upcoming projects and program transitions, including updates on Community Supports implementation.

On January 5th, 2024, DHCS released its updated ECM & Community Supports HCPCS Coding Guidance, which was originally released in 2021 and contains the HCPCS codes and modifiers that must be used to report ECM and Community Supports service encounters. This includes (1) claims and encounter data that ECM and Community Supports Providers submit to MCPs and (2) encounter data Managed Care Plans (MCPs) submit to DHCS to monitor program performance and integrity. Based on feedback submitted from stakeholders throughout the first 1.5 years of the ECM and Community Supports implementation, DHCS made updates to this guidance with the aim of increasing the level of statewide data standardization and easing administrative burden.

On January 11th, 2024, DHCS hosted its monthly CalAIM Implementation Advisory Group (IAG) meeting. For this meeting, DHCS was interested in learning what CalAIM-related policy or implementation issues are top of mind for IAG members to help inform identification of areas where additional policy refinement, guidance, or implementation support may be needed in the market for 2024.

On January 23rd, 2024, DHCS hosted its January CalAIM Monthly MCP Technical Assistance meeting. For Community Supports, the primary focus of this meeting was in highlighting the "Transition to JSON for QIMR Reporting" for which Phase 1 initiated in January. DHCS relayed its expectations for this reporting cycle with MCPs, reiterated the "phased-in" approach DHCS Is utilizing, answered questions, and affirmed reporting periods and due dates.

On February 6th, 2024, (Health Affairs Issue Briefing: Housing and Health) DHCS attended a virtual forum held by Health Affairs at which authors presented their work, engaged in discussion, and answered questions on these important issues. Panels included representatives from several communities and neighborhoods and focused on issues such as health sector inventions, homelessness, and housing costs, quality, and stability.

On February 8th, 2024, DHCS hosted technical assistance contractors for an in-person strategy session and discussion, and to collectively look at the progress of Community

Supports since implementation, what the current "State of the State" looks like, and further define the future vision, goals, and strategy for Community Supports over the coming years. After an in-depth initial look at historical data, DHCS and its contractors discussed the updating of several service definitions within the context of ongoing redesign work, the PATH team hosted a session highlighting awardees for Community Supports, and various payment approaches for Community Supports were analyzed and discussed.

On February 27th, 2024, DHCS hosted its March CalAIM Monthly MCP Technical Assistance meeting, and encouraged MCPs to invite their JSON data reporting leads as the agenda included a frequently asked questions section about the transition to JSON for ECM and Community Supports. While the majority of this meeting was focused on ECM and relating requirements, DHCS provided a Q&A opportunity and fielded questions on both ECM and Community Supports.

On February 29th, 2024, DHCS virtually met with CalOptima Health, and their Community Supports team to discuss the MCP's utilization and trends, specifically focusing in on the Medically Tailored Meals service and the plan's performance through Q3 2023. DHCS gained valuable insights from this discussion which is helping to inform future considerations for policy revisions and illuminate the need for possible further technical assistance and/or guidance from the Department.

On March 7th, 2024, DHCS hosted its monthly CalAIM IAG meeting , which featured a discussion on proposed updates to the Asthma Remediation Community Supports service definition. DHCS encouraged attendance from individuals at organizations who work directly with and/or oversee the Asthma Remediation service, and distributed materials with draft recommendations for discussion ahead of the meeting.

On March 13th, 2024, DHCS met with the Health Net Community Solutions MCP team to check-in on their Community Supports implementations across the state and discuss data trends and provider capacity concerns. Other topics discussed included authorization policies, including best practices and lessons learned, utilization trends, projections, and the MCP's future vision for Community Supports in the areas they serve.

On March 19th, 2024, DHCS hosted a virtual discussion and met with the Community Supports team at Partnership HealthPlan of California to review their 2024 MCP Transition coordination of care and Community Supports policies and discuss the MCP's future vision for Community Supports in the large number of counties the MCP now serves as a result of the Transition. DHCS looks forward to working with Partnership in

regard to helping expand the number of available Community Supports services across the more rural parts of the state in future years.

Also on March 19th, 2024, DHCS participated in a webinar hosted by the Center for Health Care Strategies (CHCS) on "Expanding Access to Personal Care & Homemaker Services, Respite, and Asthma Remediation Services Under Medicaid." This webinar is part of CHCS' CalAIM Community Supports Early Adopters Webinar Series which seeks to spotlight early adopters of less commonly offered Community Supports to help increase uptake of these critical services.

On March 20th, 2024, DHCS presented on ECM and Community Supports to the SouthBay Collaborative Planning group, specifically related to exclusively aligned enrollment (EAE) Dual Special Needs Plans (D-SNPs) and dual beneficiaries' eligibility to receive ECM and/or Community Supports within those care settings. For context, SouthBay participants had conversations at the end of CY 2023 about the confusion for beneficiaries and providers about the impact of enrollment into an EAE D-SNP on their ability to get ECM and/or Community Supports. They also were not clear on the enrollment process and the rules/requirements around enrollment into a D-SNP and asked DHCS to share more information, noting how much room still exists for education and resources so that the ECM and Community Supports providers can better support dual eligible members that they serve or come into contact with who need assistance and to clarify how continuity of care should be handled when someone enrolls into an EAE D-SNP.

On March 25th, 2024, DHCS hosted a virtual discussion and met with the Community Supports team at Kaiser Permanente to review their 2024 MCP Transition coordination of care and Community Supports policies and discuss the MCP's future vision for Community Supports in the large number of counties the MCP now serves as a result of the transition.

On April 4th, 2024, DHCS hosted its monthly CalAIM IAG meeting. The April IAG meeting featured a discussion on proposed refinements to the Housing Deposits Community Supports service definition. DHCS encouraged attendance from all MCP organizational staff who directly work with and/or oversee the housing related Community Supports services to attend the session to encourage a robust discussion.

On April 4th, 2024, DHCS also met with Community Supports staff at two MCPs: Community Health Group and Positive Healthcare (aka AIDS HealthCare Foundation) to review and discuss low utilization over time for several of their elected services (Housing Tenancy and Sustaining Services, Short-Term Post Hospitalization Housing, Day

Habilitation Programs, and Sobering Centers for Community Health Group; Housing Tenancy and Sustaining Services for AIDS HealthCare Foundation).

On April 8th, 2024, DHCS met with staff at CalViva Health Plan to review and discuss low utilization over time for their Environmental Accessibility Adaptions, Recuperative Care, and Sobering Centers elected services.

On April 11th, 2024, DHCS met with staff at the Health Plan of San Joaquin to review and discuss low utilization over time for their Environmental Accessibility Adaptations, Sobering Centers, and Short-Term Post-Hospitalization Housing elected services.

On April 12th, 2024, DHCS met with staff at the Inland Empire Health Plan to review and discuss low utilization over time for their Asthma Remediation and Sobering Centers elected services.

On April 15th, 2024, DHCS met with staff at Blue Shield Promise (BSP) as well as Santa Clara Family Health Plan (SCFHP) to review and discuss low utilization over time for several of their elected services (Day Habilitation Programs and Sobering Centers for BSP, and Recuperative Care and Sobering Centers for SCFHP.

On April 18th, 2024, DHCS met with staff at L.A. Care Health Plan to discuss low utilization over time for their Sobering Centers elected service.

On April 23rd, 2024, DHCS hosted its April CalAIM Monthly MCP Technical Assistance meeting. The purpose of this meeting is to collaborate with Medi-Cal MCPs to discuss upcoming projects and program transitions, including updates on Community Supports implementation. Topics for the meeting included a look at ECM & Community Supports data through Q3 2023, discussion on streamlining ECM referrals and authorizations, a review of the updated ECM/CS webpage design, a note on updated Community Supports Elections, discussion on expanding networks and streamlining payments through the Collaborative Planning Implementation (CPI) group, and a detailed look at how to engage MCPs in PATH Outreach, Engagement, and Marketing (OEM) efforts.

On May 2nd, 2024, DHCS hosted its first of two monthly CalAIM IAG meeting , which featured a discussion on ECM referrals and authorizations, and requested feedback from the IAG on streamlining access to ECM via ECM referral and authorization standards.

On May 15th, 2024, DHCS confirmed having received all final QIMR submissions for the reporting period of Q1 2024 (January 1 – March 31, 2024).

On May 21st, 2024, DHCS hosted its May CalAIM Monthly MCP Technical Assistance meeting. The main topic for this meeting was hosting a discussion and providing further

information on Phase Two of the JSON Transition process, including the due dates across the planned testing/staging periods and for the Phase Two production files.

On May 30th, 2024, DHCS hosted its second of two (2) monthly CalAIM IAG meeting (originally scheduled for June 2024). This IAG meeting featured a discussion on proposed refinements to the Medically Tailored Meals/Medically Supportive Food (MTM/MSF) Community Supports service definition. DHCS encouraged attendance from individuals at MCP organizations who directly work with/oversee the MTM/MSF Community Supports service and hosted a robust discussion with all attendees.

On May 31st, 2024, DHCS hosted an all-comers webinar on ECM and Community Supports for individuals and families experiencing homelessness. In this webinar, DHCS leaders were joined by panelists from providers and managed care plans delivering ECM and key housing-related Community Supports, who provided overviews of how ECM and Community Supports aim to address members' clinical and non-clinical needs, shared perspectives from providers on connecting Members to key housing-related Community Supports and braiding ECM and Community Supports services for individuals and families experiencing homelessness, and provided guidance to community partners and providers on referring individuals and families to ECM and Community Supports and engaging Members experiencing homelessness in CalAIM.

On June 5th, 2024, DHCS hosted Public Consulting Group (PCG), the Third-Party Administrator for the PATH initiative, and the CPI Facilitators in Sacramento for an in-person meeting. The CPI initiative provides funding to support regional collaborative planning efforts among MCPs, providers, community-based organizations, county agencies, public hospitals, tribes, and others to support implementation of ECM and Community Supports. Stakeholders in a region form collaborative planning groups that work together to identify, discuss, and resolve implementation issues and identify how PATH and other CalAIM funding initiatives may be used to address gaps identified in MCP Needs Assessments and Gap Filling Plans. One objective of the meeting was to promote bi-directional communication and inputs across the facilitators and DHCS through sharing insights from "the field" in alignment with the ECM and Community Supports Action Plan[3], including identification of challenges and potential solutions regarding CalAIM implementation. A second objective was for facilitators, PCG, and

[3] The ECM and Community Supports Action Plan is available at: https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Community-Supports-Action-Plan-03192024.pdf

DHCS to discuss and come to consensus on goal-setting opportunities for the CPI initiative from June 24 – December 24th and beyond.

On June 18th, 2024, DHCS met with representatives from Fullwell, a Food as Medicine collaborative, to discuss their feedback and concerns regarding some of the current service definition language. DHCS heard that different components of the service, including eligibility criteria, have been interpreted by various MCPs differently since service inception. The robust discussion held with this group helped inform the service definition refinements DHCS was working towards.

On June 25th, 2024, DHCS hosted its June CalAIM Monthly MCP Technical Assistance meeting to present updates on several key policy areas, including its work towards updating and refining five (5) service definitions (Housing Deposits, Community Transitions Home, Nursing Facility Transition/Diversion to Assisted Living Facilities, Medically Tailored Meals/Medically Supportive Food, and Asthma Remediation). These services were chosen due to the significant volume of stakeholder feedback received on each, where stakeholders and organizational partners have highlighted substantial opportunities to clarify and address certain ambiguities implicit in the current existing service definition language. DHCS additionally related further information on the July 1st MOC expectations and process, a minor HCPCS Coding Guidance refresh to provide further clarity around several included footnotes, and an additional Community Supports Elections Chart refresh that was made to align with final MCP elections planned for implementation on July 1, 2024.

On June 26th, 2024, DHCS connected with Community Supports staff at L.A. Care Health Plan to discuss their interpretation of the Nursing Facility Transition/Diversion to Assisted Living Facilities Community Support. The meeting afforded DHCS and L.A. Care to discuss variances interpreting the service definition language and is helping to inform current, ongoing efforts to refresh and update several (5) service definitions to provide further clarity on all included components of each service to promote statewide standardization and, importantly, stimulate quality improvements.

On June 27th, 2024, DHCS hosted a statewide webinar titled "Tools to Better Engage Eligible Members in California Advancing and Innovating Medi-Cal (CalAIM)." The webinar is part of a biannual series of PATH CPI webinars designed to highlight best practices for implementing ECM and Community Supports, increase providers' successful participation in CalAIM, and improve collaboration with MCPs, state and local government agencies, and others to build and deliver quality support services to Medi-Cal members.

On July 1st, 2024, DHCS received final updated Models of Care (MOCs) and final January 2025 Elections from MCPs implementing Community Supports in all 58 California counties, including proposed networks and estimated capacities for services.

On July 23rd, 2024, DHCS hosted its July CalAIM Monthly MCP Technical Assistance meeting where staff spent some time with the group reviewing policy on FFS enrollment requirements for Justice-Involved ECM Providers. This meeting also included a showcase of CPI 2024 Highlights as well as a year three (3) strategic planning look-ahead session for that group.

On July 25th, 2024, DHCS participated in a California Wraparound Advisory Committee (CWAC) meeting to provide a briefing on Community Supports and answer any questions from participants. The CWAC collectively makes recommendations, identifies and shares solutions, and promotes best practices related to Wraparound policies and programs. All counties and service providers with Wraparound programs are invited to attend this quarterly meeting. Their work is informed by the California Wraparound Steering Committee.

Also on July 25th, 2024, DHCS met with representatives from the National Academy for State Health Policy (NASHP) to help answer some questions they were getting from other states in the Health and Housing Institute about ensuring nonduplication of services while implementing their Health-Related Social Needs waivers. DHCS provided details on how possible duplications were identified, outlined the decisions regarding which services can or cannot be layered, and shared its processes with their team for preventing duplication.

On August 5th, 2024, DHCS hosted its quarterly CA PATH CPI DHCS/Facilitator meeting, which is intended for all PATH CPI Facilitators and DHCS stakeholders. DHCS staff provided program updates on both ECM and Community Supports, including a highlight of its recently released Q4 2023 Quarterly Implementation Report utilizing ArcGIS StoryMaps and updates on its ECM and Community Supports Action Plan. DHCS also fielded feedback from the facilitators on Community Supports definitions and standards which it took back for consideration as it finalized planned clarifications in service definition language. Both DHCS and the PATH CPI Facilitators had opportunities to ask questions and provide answers ahead of time, which were discussed in length during the call.

On August 15th, 2024, DHCS' Quality Incentive Pool Program staff presented out on a survey to public hospitals about their challenges and successes in implementing ECM and Community Supports. Hospitals were asked to respond to questions both on

referring to ECM and Community Supports and related to being ECM and Community Supports providers themselves. Results were shared back with ECM and Community Supports staff for synthesis and to have as an ongoing reference.

On August 19th, 2024, DHCS hosted the California Health Care Foundation (CHCF) for its monthly CalAIM meeting series, where CHCF discussed fostering the creation of several fact sheets and reference tables on the overlaps and gaps between the California Community Transitions, Assisted Living Waiver, and Home and Community-Based Alternative waiver services with Community Supports. The group also discussed new sobering center tools and the landscape for that service, and touched on other guidance CHCF was developing around emerging hub models.

On August 22nd, 2024, DHCS hosted its monthly CalAIM IAG meeting. The meeting featured an overview of closed loop referrals implementation guidance for ECM and Community Supports, as well as a preview of future Community Supports service definition refinements.

On August 27th, 2024, DHCS hosted its August CalAIM Monthly MCP Technical Assistance meeting. Topics for this meeting included a release update on the Transitional Rent Concept Paper, sharing of the 2024 DHCS PHM Strategy Deliverable Template and communication of available office hours, a first look at the Community Supports service definition refinement work, JSON transition updates, ECM referrals and authorization guidance, an announcement for the release of the ECM and Community Supports Q4 2023 Quarterly Implementation Report, updates on the Incentive Payment Program (IPP), and finally a summary of the recently released CPI Facilitator progress report.

On September 12th, 2024, DHCS hosted its Managed Care Advisory Group Quarterly Meeting where it presented attendees with a preview of pending updates to the Community Supports Policy Guide, including the service definition clarifications and refinements pending release for public comment the following week. DHCS also highlighted the recently released ECM and Community Supports Quarterly Implementation Report which includes program data through Q4 2023, and covered updates on the JavaScript Object Notation (JSON) transition planned for its January 1, 2025, implementation phase.

On September 17th, 2024, DHCS provided the draft update to the Community Supports Policy Guide to Managed Care Plans, certain Community Supports providers, advocates, and other stakeholders (such as in the housing community). Stakeholders were provided the opportunity to review proposed refinements to seven Community Supports service

definitions by October 7, 2024. The seven Community Supports services include Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Nursing Facility Transition/Diversion to Assisted Living Facilities, Community Transition Services/Nursing Facility Transition to a Home, Medically Tailored Meals/Medically Supportive Food, and Asthma Remediation. The updates were based on input and questions raised by Managed Care Plans, providers, and other stakeholders over the last year. The updated Policy Guide includes proposing targeted clarifications to a select subset of definitions with the aim of improving standardization and increasing the utilization of these Community Supports. DHCS included a memo that provided the background, overview, and rationale of the refinements.

On September 24th, 2024, DHCS hosted its September CalAIM Monthly MCP Technical Assistance meeting, which included sharing forward a Transitional Care Services technical assistance resource for Medi-Cal Members with LTSS needs. Other topics of discussion included looking at new ECM referral standards and presumptive authorization requirements, a review of ECM referrals standards and form templates, upcoming technical assistance opportunities, and a review of the Community Supports service definition refinement work that DHCS has been working toward. The meeting ended with an overview of PATH CITED Round 3, including award summaries and highlights from CPI facilitators involved with the statewide learning collaboratives.

On September 25th, 2024, DHCS hosted its monthly CalAIM Implementation Advisory Group to feature a discussion on the recently released Transitional Rent Concept Paper. The concept paper summarizes the design of transitional rent, a new initiative under the CalAIM Section 1115 waiver demonstration to cover rent/temporary housing for Medi-Cal members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria.

On October 8th, 2024, DHCS met with contractors performing work on behalf of the California Health Care Foundation (CHCF) for an interview exploring the implementation of the Short-Term Post-Hospitalization Community Support. Specifically, they were interested in learning more about the implementation progress, uncovered best practices, and opportunities to improve. The discussion highlighted Short-Term Post-Hospitalization Housing as a critical component of CalAIM's Community Supports, providing immediate, safe housing post-discharge to support recovery and connect members to long-term care and housing services. Implementation progress includes innovative property conversions and integrated services, though challenges remain with funding sustainability, staffing, and streamlined referrals, which DHCS aims to address with enhanced guidance and stakeholder engagement.

On October 9th, 2024, DHCS hosted an All-Comer ECM and Community Supports Webinar focused on housing supports, highlighting DHCS policies and exploring strategies to expand capacity through initiatives like IPP/PATH and HHIP. The webinar included a detailed discussion of the five housing-related Community Supports (including Short-Term Post-Hospitalization Housing and Recuperative Care), Enhanced Care Management, and Behavioral Health Bridge Housing, with insights from LA Care and its FQHC partner. Additionally, the event connected broader state and federal efforts to address viral hepatitis services, showcasing California's work in leveraging Medicaid flexibilities like In Lieu of Services to inspire other entities considering similar approaches.

Also on October 9th, 2024, DHCS hosted technical assistance contractors for the first of a two-day on-site session around both ECM and Community Supports. The on-site began with a kickoff session for rate transparency technical assistance for ECM and Community Supports, followed by a webinar addressing referral standards and presumptive authorization in ECM. The day also included technical assistance sessions focused on ECM for children and youth, a preparatory discussion for Community Supports monitoring, and a leadership session on ECM monitoring.

On the following day, October 10th, 2024, on-site discussions focused on Transitional Rent implementation steps, Community Supports monitoring, and referral standards, providing critical opportunities to align on processes and strategies for effective program delivery and oversight.

On October 15th, 2024, DHCS continued its CalAIM Listening Tour in Nevada County to learn more from stakeholders about their experiences implementing ECM and Community Supports, including success stories and areas for improvement.

On October 17th, 2024, DHCS met with the Child and Family Policy Institute of California (CFPIC) for a roundtable discussion around Community Supports. The meeting began with introductions and a review of the 301-slide deck, establishing a shared understanding of the discussion framework. Participants explored criteria for determining whether foster youth benefit most from Basic Population Health Management, Complex Care Management, or Enhanced Care Management, emphasizing the importance of tailoring services to individual needs. Clarification was also sought on respite care eligibility for foster youth enrolled in Medi-Cal Managed Care Plans, with discussions underscoring its role in preventing caregiver burnout, placement disruptions, and higher health care costs while addressing gaps in existing mandates.

On October 18th, 2024, DHCS joined the California Health Care Strategies (CHCS) for their Medicaid HRSN Implementation Learning Series Session, where participants dove deeper into specific implementation topics that they identified as high priority. Many of these sessions involve peer-to-peer learning and sharing, with some opportunities to learn from other subject matter experts. This session with CHCS focused on strategies for addressing nutrition insecurity, a prevalent challenge among Medicaid members, in alignment with CMS guidance on HRSN interventions. Discussions highlighted three key approaches for state policymakers: refining benefits to meet diverse member needs, designing culturally appropriate interventions centered on member experiences, and defining eligibility criteria to maximize impact and streamline access. These insights, informed by participating states, emphasized the importance of thoughtful service design to address health equity and improve outcomes for Medicaid populations.

Also on October 18th, 2024, DHCS participated in the first of a series of meetings with the Sobering Centers Advisory Group. This Advisory Group Kickoff meeting for the Blueprint for California Sobering Centers outlined project goals, including a landscape analysis to identify barriers and opportunities for implementing sobering care statewide. Key deliverables discussed were a report summarizing the landscape and findings from the research; a practical implementation guide; a financial planning tool; and a webinar to disseminate insights. Advisory Group members reviewed their roles, discussed key informant engagement, and provided input on methodologies, ensuring outcomes are actionable and aligned with the needs of stakeholders across California.

On October 22nd, 2024, DHCS hosted its October CalAIM Monthly MCP Technical Assistance meeting. During the meeting, DHCS provided updates on key CalAIM initiatives, including a preview of the Birthing Care Pathway public report, which aims to improve maternal health outcomes and address disparities. DHCS also discussed the revised implementation timeline for Closed-Loop Referrals, now set for July 2025, and highlighted progress on Community Supports monitoring and ECM referral standards. Additionally, the meeting celebrated achievements through the PATH initiative, showcasing provider success stories in advancing Enhanced Care Management and Community Supports statewide.

On October 23rd, 2024, Director Baass participated on a panel with other health and human services departments to discuss topics related to seniors. DHCS provided an overview of CalAIM's Community Supports, highlighting their critical role in preventing homelessness, food insecurity, and health crises among California's most vulnerable older adults. Services are tailored to local needs and designed to stabilize seniors facing housing and food insecurity. By aligning with the Master Plan for Aging, these efforts

promote health equity and long-term well-being for older adults, enabling them to remain healthy, independent, and connected to their communities.

On October 29th, 2024, DHCS joined the California Health Care Foundation (CHCF) for their Preview of CHCF CalAIM Implementer Survey Findings webinar. The presentation explored key insights from a recent survey of ECM and Community Supports implementers, highlighting progress, challenges, and opportunities for improvement. The findings emphasized successes like expanded access to Medically Supportive Foods and housing supports, while also addressing barriers such as insufficient MCP payment rates, variability in requirements, and workforce shortages. The session underscored the importance of refining processes, supporting smaller providers, and leveraging data solutions to enhance implementation and drive better outcomes for Medi-Cal populations.

On October 30th, 2024, DHCS continued its CalAIM Listening Tour in Orange County to learn more from stakeholders about their experiences implementing ECM and Community Supports, including success stories and areas for improvement, as well as other efforts related to CalAIM, including the CalAIM Justice-Involved Initiative. On the following day (October 31st), DHCS also met with a jail in Orange County to discuss preparation and planning efforts to implement the CalAIM Justice-Involved Initiative.

On November 1st, 2024, DHCS continued its CalAIM Listening Tour in San Diego County to learn more from stakeholders about their experiences implementing ECM and Community Supports, including success stories and areas for improvement, as well as other efforts related to CalAIM, including the CalAIM Justice-Involved Initiative. This included a site visit to a federally qualified health center and housing/homeless-serving organization to learn more about their efforts with planning and implementation efforts under CalAIM, including ECM and Community Supports.

On November 6th, 2024, DHCS staff joined The Office of Infectious Disease and HIV/AIDS Policy (OIDP) on their "Financing Integrated Viral Hepatitis Services – Recommendations for State and Federal Entities" webinar, where OIDP introduced an upcoming report outlining strategies to optimize viral hepatitis service provision through innovative financing models in both clinical and non-clinical settings. The webinar highlighted recommendations developed over two years of research and collaborative discussions with community, state, and federal partners, focusing on payment and reimbursement strategies. California's presentation provided a high-level overview of Community Supports, zooming in on eligibility and the role of providers partnering with managed care health plans, aligning with broader efforts to implement innovative approaches featured in the report.

On November 7th, 2024, DHCS hosted the PATH Collaborative Planning and Implementation (CPI) group for an onsite session focused on enhancing CalAIM implementation through updates, collaborative problem-solving, and planning for Year 3 of the CPI initiative. DHCS provided key policy and action plan updates, including developments in Enhanced Care Management, Closed Loop Referrals, and Justice-Involved services, while also addressing Community Supports service definition changes and forthcoming developments. Facilitated discussions and breakout groups explored critical topics like community referrals, hospital engagement, and hub models, identifying innovative solutions and next steps to refine and scale promising practices. The meeting emphasized alignment between DHCS and CPI facilitators to advance the program's strategic vision for 2025.

On November 12th, 2024, DHCS staff met with staff from CalOptima to discuss their feedback on the proposed Medically Tailored Meals/Medically Supportive Food service definition refinements. DHCS and CalOptima discussed the eligibility for MTM/MSF services and how CalOptima is refining its approach to align with changes that DHCS proposed and shared in September. There's been an ongoing effort to clarify and enhance the integration of nutrition education with MTM/MSF services, with DHCS acknowledging its importance for sustainable health benefits.

On November 14th, 2024, DHCS participated and presented on the CalAIM Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup. During this meeting, DHCS provided a Spotlight on the Medically Tailored Meals/Medically Supportive Food service with representatives from Health Net and Roots Food Group also presenting immediately following DHCS with details on their implementations and progress. DHCS additionally provided an ECM and Community Supports Data Update, a brief overview of ECM with an accompanying Population of Focus Q1 2024 update and highlighted for the group the number of dual-eligible beneficiaries who have received Community Supports to date, including a demographics breakdown.

On November 15th, 2024, DHCS joined Aurrera Health Group for their presentation and webinar Exploring Emerging Medi-Cal Community Care Hubs, offering a learning forum for Medi-Cal Community Care Hubs (MCCH), or hub organizations that centralize administrative functions for Medi-Cal providers within California. This collaborative was created in response to stakeholder recommendations outlined in the report, "Exploring Emerging Medi-Cal Community Care Hubs," authored by Aurrera Health Group in October 2024. Its primary aim was to foster discussion, promote collaboration, and explore shared learnings between MCCHs in an effort to enable community-based providers to meaningfully and sustainably participate in Medi-Cal. The focus was on

MCCH development and operationalization, technical assistance, and opportunities for MCCHs and hubs to engage with each other.

Also on November 15th, 2024, DHCS joined the California Health Care Strategies (CHCS) for their November Medicaid HRSN Implementation Learning Series Session, where participants dove deeper into specific implementation topics that they identified as high priority. In this meeting, the group of state representatives, along with CHCS staff, discussed how other states have handled the potential overlap of medically tailored meals with SNAP and how to deconflict these services.

On November 19th, 2024, DHCS participated in the Local Health Plan of California's (LHPC) "Local Plans, Local Impacts: Partnering to Build Healthier Communities" webinar. DHCS offered its support and presented on details about the upcoming DHCS community reinvestment requirements for managed care plans and the substantial community investments LHPC member plans already make in their communities to align with CalAIM's transformative goals to achieve lasting, positive community health outcomes. Included as a part of the presentation was a copy of LHPC's Community Reinvestment Report which captures additional community investment examples, collective reinvestment totals for LHPC member plans over the last 5 years and offers principles for implementing this new DHCS contract requirement.

On November 21st, 2024, DHCS hosted its November CalAIM Monthly MCP Technical Assistance meeting. During the meeting, DHCS announced its ECM and Community Supports monitoring measures and approaches planned for 2025, provided an overview of the service definition updates it is working towards, and updates around the Collaborative Planning and Implementation (CPI) workgroup as well as further details on the ECM & Community Supports (and Complex Care Management) JSON exchange. The meeting ended with a spotlight focus on ECM Continuity of Care for D-SNP members in 2025.

On November 22nd, 2024, DHCS met with the California Food is Medicine Coalition (CalFIMC) for a Discussion on Medically Supportive Food and Medically Tailored Meals, where representatives from both CalFIMC and DHCS were able to connect and discuss further service definition refinements based on the proposed updates that DHCS released in September. DHCS partners with CalFIMC around the Medically Tailored Meals service to ensure full stakeholder collaboration and engagement with social services providers operating in this space.

On December 2nd, 2024, DHCS met with the Los Angeles (LA) Food as Medicine Task Force, which began with some general updates from the County and transitioned into a

presentation from DHCS on the PATH initiative and associated TA opportunities as well as Community Supports. DHCS heard from LA County updates from the Office of Food Equity, reviewed the funding application for their planned 2025 summit, and discussed details and lessons learned from their recent presentations and meetings. DHCS then had an opportunity to present to the group on the PATH TA Marketplace for CalAIM and helped answer questions about California's Community Supports.

On December 5th, 2025, DHCS staff met with staff from L.A. Care to discuss their feedback on the proposed Medically Tailored Meals/Medically Supportive Food service definition refinements. DHCS and L.A. Care discussed the eligibility for MTM/MSF services and how L.A. Care is refining its approach to align with changes that DHCS proposed and shared in September.

On December 10th, 2024, DHCS continued its CalAIM Listening Tour in Solano County to learn more from stakeholders about their experiences implementing ECM and Community Supports, including success stories and areas for improvement, as well as other efforts related to CalAIM, including the CalAIM Justice-Involved Initiative.

On December 11th, 2024, DHCS joined the CHCF-hosted California Sobering Centers Project for their December Advisory Group Meeting, which included updates and a check-in on the project's progress. Advisory Group members' input continues to shape and enhanced their work on the Sobering Centers Blueprint and is instrumental to the success of this important initiative.

Also on December 11th, 2024, DHCS staff met with staff from Partnership HealthPlan of California (PHC) to discuss their feedback on the proposed Medically Tailored Meals/Medically Supportive Food service definition refinements. DHCS and Partnership discussed the eligibility for MTM/MSF services and how Partnership is refining its approach to align with changes that DHCS proposed and shared in September.

On December 12th, 2024, DHCS met with County Behavioral Health and Managed Care Plan Staff for a "DHCS-County BH & MCP Summit." The meeting focused on enhancing data sharing, quality improvement, and equity in behavioral health, with sessions on MCP-County Behavioral Health data collaboration, DHCS initiatives addressing homelessness, and housing interventions such as Transitional Rent and Flex Pools. Participants engaged in panel discussions, breakout sessions, and stakeholder updates to strengthen partnerships and inform future actions.

On December 13th, 2024, DHCS met with the Regional Asthma Management and Prevention (RAMP) team, whose mission is to reduce the burden of asthma with a focus on supporting health equity. Emphasizing both prevention and management, they build

capacity, create linkages, and mobilize networks to advocate for policy and systems changes targeting the root causes of asthma disparities. DHCS reviewed with RAMP the upcoming changes planned for the Asthma Remediation Community Support service and discussed deconflicting the service with a new available State Plan service, Asthma Preventive Services (APS), which became available in July 2022.

On December 16th, 2024, DHCS met with the California Department of Social Services (CDSS) and Child and Family Policy Institute of California (CFPIC) to collaborate on supporting county child welfare agencies with the implementation of CalAIM and BH-CONNECT. The meeting afforded participants an opportunity to share and discuss information, including challenges from the field, strategies to address barriers, and meeting spaces to hear from stakeholders. DHCS staff helped answer outstanding questions they had about Foster Youth and caregiver eligibility for Community Supports.

On December 19th, 2024, DHCS hosted its December CalAIM Monthly MCP Technical Assistance meeting. The December MCP TA meeting covered key updates on Community Supports service definitions, provider responsibilities for Recuperative Care, and best practices for QIMR reporting. Discussions included ECM and Community Supports monitoring, guidance for Closed-Loop Referral implementation, and JSON Phase 4 reporting. The session concluded with the release of updated Quarterly Implementation Reports for Q1-Q2 2024 and ECM updates.

On January 1st, 2025, DHCS received final updated Models of Care (MOCs) and final July 2025 Elections from MCPs implementing Community Supports in all 58 California counties, including proposed networks and estimated capacities for services.

DHCS regularly updates its ECM and Community Supports webpage with guidance materials and program documents, in timely response to stakeholder and consumer feedback. DHCS restructured the page in April 2024 to ensure key policy and guidance documents are highlighted while at the same time archiving some of the older, more outdated guidance. All program documentation, including historic documentation, remains, and will continue to remain accessible to the general public.

Revised Community Supports elections are posted on the DHCS website once DHCS issues its final approval for all outstanding MCP MOCs. DHCS will continue to update Community Supports elections semi-annually. Technical assistance and guidance webinars are recorded and hosted on the DHCS website and are updated regularly. DHCS also maintains a regularly updated FAQs document on its ECM and Community Supports webpage, which highlights several FAQs from MCPs, providers, and

stakeholders. The FAQs document also includes answers and policy clarifications provided by DHCS.

2024 MCP Transition

At the beginning of the year, DHCS committed itself to ensuring that Medi-Cal members with authorizations[4] to receive Community Supports did not experience disruptions to their Community Supports authorizations, provider relationships, or services due to the MCP Transition on January 1st, 2024. The Transition Policy for Community Supports was built on and aligned with the Community Supports Policy Guide and the Continuity of Care (CoC) provisions contained therein, as well as Section V, Continuity of Care of the Transition Policy Guide[5]. In some instances, the Transition Policy for Community Supports offered enhanced protections beyond those for other services.

DHCS's expectation was that transitioning members actively receiving Community Supports would not face disruption. Receiving MCPs were to honor existing authorizations and maintain continuity of care for Community Support services. The Receiving MCP must maintain all authorizations for no less than the length of time originally authorized by the Previous MCP; however, the Receiving MCP was not required to maintain the authorization for more than 12 months beyond January 1, 2024, unless it chooses to do so. These, and related expectations were outlined in Section V, Continuity of Care of the Transition Policy Guide[6]. In some instances, the Transition Policy for Community Supports offered enhanced protections beyond those for other services.

DHCS closely monitored MCP adherence to this Transition Policy for Community Supports to prevent disruptions in Community Supports authorizations, provider relationships, and/or services in affected counties. As of the end of Q4 2024, MCPs have fulfilled their obligations under this policy and have confirmed automatically authorizing services for eligible members and contracting with all eligible out-of-network (OON)

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[4] Members did not have to be actively receiving Community Supports on December 31, 2023, to qualify.

[5] Transition Policy Guide available at: https://www.dhcs.ca.gov/Documents/Managed-Care-Plan-Transition-Policy-Guide.pdf

[6] Transition Policy Guide available at: https://www.dhcs.ca.gov/Documents/Managed-Care-Plan-Transition-Policy-Guide.pdf

providers who had already previously been providing the same services within the county under a previous MCP.

Community Supports Policy Guide

Over the course of DY 19 and DY 20, DHCS and its stakeholders identified several key areas of the Community Supports Policy Guide for which additional TA, guidance, and/or further clarification were requested. DHCS refreshes its Community Supports Policy Guide when necessary to incorporate new language and/or developments in policy, including on:

- Prime/Subcontractor Authorization Policy
- Homelessness Determinations
- Eligibility for Services
- Member Handbooks and Website Update Requirements
- Provider Network Allowances
- Continuum of Care Requirements
- Other technical corrections

DHCS last updated its Community Supports Policy Guide in July 2023 to provide several key program updates. The Policy Guide will be updated again in Spring 2025 to accommodate revised service definitions and to incorporate several new clarifying updates in the language.

Oversight and Monitoring Activities (STC B20b):

Prior to all new implementations of newly elected services, MCPs are required to submit a comprehensive and updated Model of Care (MOC) detailing their policies for implementing Community Supports in the counties in which they operate.[7] Prior to go-live for each election of new Community Supports, MCPs must submit updated policies for those new services. DHCS reviews and approves MOC submissions from each MCP, notifying MCPs of their approval to implement new services 30 days prior to each implementation period. To monitor ECM and Community Supports implementation, DHCS developed the Quarterly Implementation Monitoring Report (QIMR), which MCPs are required to submit across multiple domains. For Community Supports specifically, MCPs report data on service requests, approvals, and denials, as well as provider capacity and network adequacy. These data points are critical for tracking implementation progress and identifying emerging trends or gaps in service delivery. The information collected through QIMRs is integral to informing DHCS decision-making, including the design and application of MCP performance incentives and technical assistance priorities.

DHCS is committed to transparency and is working to produce and publish program data at the earliest opportunity, while adhering to strict privacy and confidentiality standards. On average, DHCS requires approximately eight weeks to validate, process, and visualize quarterly data submissions. This includes performing rigorous quality checks, reconciling discrepancies, and ensuring data completeness. Once validated, the data is visualized using Microsoft Power Business Intelligence (Power BI), which provides a dynamic and user-friendly platform for monitoring program performance.

The Power BI dashboards, currently under continuous refinement, are designed to accurately display key metrics, including service utilization, provider participation, and beneficiary access trends. These dashboards help DHCS, and its stakeholders evaluate progress, identify areas for improvement, and inform both policy and operational adjustments. Efforts are underway to expand the scope of data visualization tools to capture more granular metrics, such as service-specific trends and regional variations in utilization.

Examples of how the data are visualized are included in Figure 2 and Figure 3.

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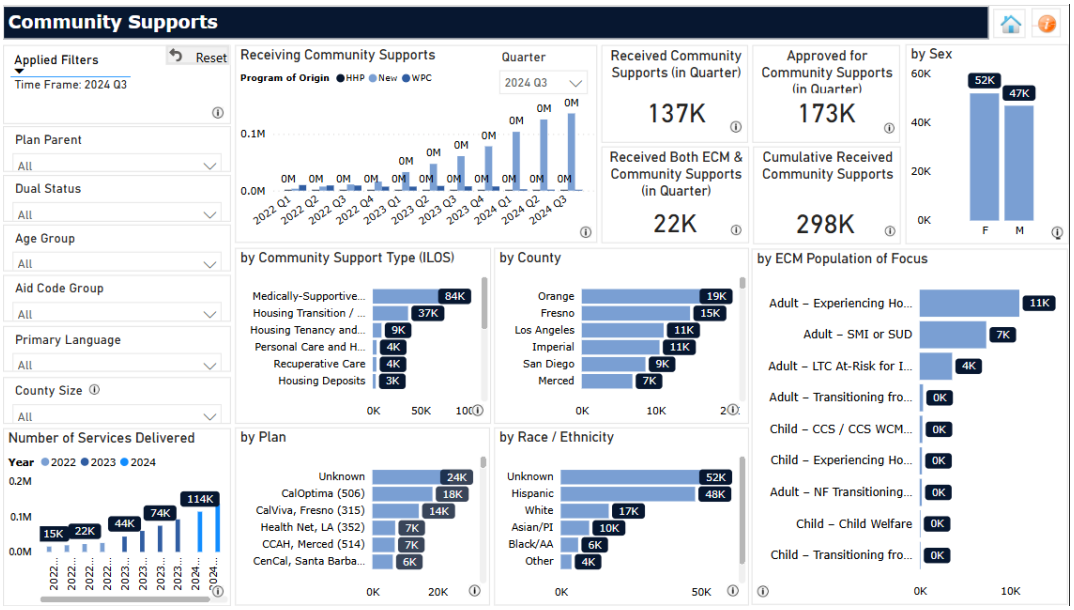
[7] See the Model of Care Instructions and Timelines and the Legacy Template for details.

Figure 2: Program History for Members Receiving Community Support Services as of September 2024: Examples of Outputs from DHCS' Power Business Intelligence (BI) ECM-CS Dashboard:



DHCS maintains an ongoing system of monitoring that informs routine "360 Implementation Reviews" with MCPs, assessing their administration of Community Supports. As part of this oversight, DHCS evaluates MCP performances, identifies areas of concern, and follows up with targeted technical assistance or corrective action as needed. This monitoring framework remains in place through and beyond the transition to the 2024 MCP contract, which introduced changes in certain counties.[8] As CalAIM becomes further integrated into regular Medi-Cal operations across DHCS, oversight of Community Supports will be embedded into standard MCP monitoring protocols to ensure continued accountability and program effectiveness.

In addition to quarterly reporting, DHCS has initiated efforts to cross-validate QIMR data with other sources, such as encounter and claims submissions through the Post Adjudicated Claims & Encounters System (PACES). This approach provides a more

8 See the list of 2024 Medi-Cal MCPs (https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx).

comprehensive and accurate picture of program performance and ensures alignment across reporting mechanisms.

DHCS continues to work toward ensuring high data quality during the first three years of Community Supports implementation while recognizing the gaps in reporting capabilities among many new providers. MCPs face challenges in addressing significant data lag caused by providers new to Medi-Cal and/or the managed care delivery system. To date, DHCS has collected and validated eleven quarters of data for Community Supports. However, MCPs have expressed caution about interpreting trends, given the variability in provider experience and capacity.

Despite these challenges, Community Supports services have demonstrated potential for addressing critical health-related social needs for Medi-Cal members. Among the most widely offered services are Housing Transition/Navigation, Housing Deposits, Housing Tenancy and Sustaining Services, Medically Tailored Meals, and Recuperative Care (Medical Respite). These services play a vital role in reducing health disparities in the Medi-Cal program, fostering improved health outcomes for beneficiaries across California.

DHCS will continue to submit timely, accurate, and validated encounter data to Transformed Medicaid Statistical Information System (T-MSIS), in accordance with STC 8.12ii,

DHCS acknowledges that outstanding challenges with timely and accurate data collection remain, particularly as Community Supports represent a novel and transformative addition to Medi-Cal. These challenges have improved over time but persist due to the complexity of onboarding a diverse array of community-based providers and other non-traditional provider types who may be new to Medi-Cal's reporting and administrative requirements. Many of these providers are simultaneously navigating the operational intricacies of managed care for the first time, which necessitates ongoing technical assistance, capacity building, and support from DHCS and MCPs.

Recognizing these dynamics, DHCS is committed to actively addressing barriers to implementation and fostering a robust infrastructure for Community Supports. For example, DHCS has invested in statewide initiatives, such as the Community Supports Spotlight Series conducted in CY 2022 (DY 18), which provided targeted training on critical service areas. While early initiatives like these laid a foundation for implementation, current efforts focus on refining data collection processes, streamlining provider onboarding, and strengthening MCP oversight to ensure long-term

sustainability. By emphasizing practical solutions and collaborative problem-solving, DHCS continues to enhance program operations and provider engagement to support the integration of Community Supports into Medi-Cal's standard delivery system.

In addition to technical assistance, DHCS continues to refine its approach to provider engagement by developing new tools and resources tailored to the specific needs of Community Supports providers. This includes creating step-by-step guides for navigating Medi-Cal systems, offering simplified templates for documentation and billing, and providing real-time support to address common administrative hurdles. These efforts aim to reduce burdens on providers, improve data submission accuracy, and enhance overall program efficiency.

As DHCS looks ahead, the focus remains on sustaining these initiatives and scaling up support to meet the evolving needs of the program. The challenges of data collection and operationalization are not viewed as static issues but rather as opportunities for continuous improvement and innovation. By fostering strong partnerships with MCPs and community stakeholders, DHCS seeks to build a more resilient and effective infrastructure that maximizes the potential of Community Supports to improve health outcomes and reduce health disparities for Medi-Cal members statewide.

In CY 2025 (DY 21), DHCS will offer additional targeted technical assistance to support MCPs and providers in implementing and operationalizing upcoming refinements to select Community Supports service definitions. This effort will prioritize services such as Medically Tailored Meals, Asthma Remediation, and Community Transition Services/Nursing Facility Transition to Assisted Living Facilities. Through these efforts, DHCS aims to ensure MCPs and providers can fully align their operations with the updated definitions, enhance service delivery, and improve member outcomes. Planned activities include hosting focused webinars and training sessions, distributing updated policy guidance, and providing individualized support to address implementation challenges. The revised 2025 monitoring approach will emphasize a collaborative, integrated strategy for overseeing ECM and Community Supports, aligning primary measures, oversight strategies, monitoring meetings, and report cards. By coordinating efforts, the ECM and Community Supports teams will ensure a streamlined and cohesive approach to data collection, performance evaluation, and MCP engagement, strengthening program oversight and continuous improvement. Additionally, DHCS will facilitate peer-to-peer learning opportunities to share strategies, highlight promising practices, and foster collaboration across stakeholders. These initiatives are part of a broader commitment to advancing the integration of innovative, community-driven

services within Medi-Cal, strengthening the program's capacity to meet the diverse health-related social needs of beneficiaries statewide.

JavaScript Object Notation (JSON) Transition

DHCS is committed to enhancing data availability and quality by the end of 2025 through two key strategies: (1) integrating claims and encounter data with QIMR data, and (2) accelerating the implementation data cycle by transitioning to JavaScript Object Notation (JSON) electronic file types for data collection and reporting.

The transition to JSON officially began in January 2024, marking a significant step forward in modernizing data reporting processes. MCPs were required to begin submitting additional monthly JSON files alongside their existing QIMR Excel reports. JSON, an open standard file format, is designed to facilitate streamlined data collection and transmission. This approach aligns with other mandatory reporting processes utilized by DHCS and is expected to address existing challenges with data timeliness.

Currently, QIMR data lags real-time implementation by approximately four to six months. The transition to JSON is projected to significantly reduce this lag, enabling more timely monitoring and decision-making.

It is important to note that the introduction of JSON monthly reporting does not immediately replace Excel-based reporting requirements. MCPs are required to continue submitting QIMR Excel reports within 45 days of the end of each quarter. During the transition period, MCPs must adopt the JSON monthly process while maintaining Excel-based reporting for at least 12 to 18 months, or until DHCS determines that the JSON data is sufficiently robust to serve as the sole reporting mechanism. This dual-reporting period ensures data continuity and reliability as the new system is implemented.

The transition from QIMR Excel reports to JSON submissions is being executed in multiple phases, each designed to build on the previous one to ensure a smooth and effective implementation. These phases allow for iterative improvements and the resolution of any issues as they arise, supporting MCPs in adapting to the new reporting standards and requirements:

- **Phase 1 (January 2024):** Limited data elements specific to Enhanced Care Management (ECM) and Complex Care Management (CCM) enrollment status.
    - Phase One (1) was successfully adopted in January 2024 and all MCPs have been producing and submitting monthly JSON files beginning on February 10th (for the reported month of January). DHCS has worked with MCPs to

identify and address technical issues and continues to provide additional technical assistance.

- **Phase 2 (July 2024):** ECM Populations of Focus, Eligibility, Outreach, Authorizations, and Provider Networks.
    - Phase Two (2) was successfully implemented in July 2024 and all MCPs have been producing and submitting monthly JSON files with the additional required data elements beginning on August 10th (for the reported month of July). DHCS continues to work with MCPs to identify and address technical issues and continues to provide additional technical assistance in preparation for Phase 3.
- **Phase 3 (January 2025):** ECM Care Manager & Provider Facility Details
    - Phase Three (3) design elements are fully developed and are undergoing validation by DHCS' internal teams. MCPs have been able to submit "practice" files for testing as of November 2024.
- **Phase 4 (July 2025):** All remaining QIMR data elements specific to Community Supports, including member-level details, utilization, authorizations, and provider networks. Closed Loop Referral (CLR) reporting will also be included for the first time, with details captured around referral and authorization decision dates, referral status, and date(s) services are received. ECM CLR Reporting & Presumptive Authorization details will also be introduced in this phase.
    - Phase Four (4) design elements are in final development, with teams having securing agreement on the best methods for obtaining necessary data in support of closed loop referrals.

DHCS has produced accompanying Technical Documentation through an available Technical Assistance Companion Guide, containing all the technical information (including data dictionaries, file layouts, JSON Schemas, and details on response files) required for MCPs to be able to submit one data file to DHCS monthly. A Data Dictionary is also available, describing the required data values as well as the validation edits performed on specific data elements.

As stated above, MCPs are required to continue reporting as normal through the QIMR process within 45 days of the end of each quarter.

DHCS is committed to ensuring that members and providers can easily access information about ECM and Community Supports. As such, it has established clear requirements for making information about the programs publicly available. Per the Community Supports Policy Guide, MCPs' websites must include the following easily accessible member- and provider- facing information:

- **Community Supports Services offered by MCPs:** up-to-date information about all the Community Supports being offered by the MCP, including, at minimum: A short description of each available service that is consistent with the service definitions listed in the Community Supports Policy Guide (terminology should not differ from DHCS' terminology).
- The eligible population(s) for each service, inclusive of any DHCS approved approach to narrow or limit the eligible populations.
- Any such limitations must meet the requirements in the CalAIM Waiver Special Terms and Conditions, must be approved (in writing) by DHCS, and must be included in member handbooks.
- Member and provider facing information about how to access the Community Supports offered by the MCP.
- **Community Supports Provider Networks:** MCPs are required to list all Community Supports providers in their provider directories as follows:
  - MCPs are to list all Community Support providers in the provider directories as "Other Services Providers," and should specify if a provider is an ECM, Community Supports Provider, or both.
  - MCPs must add a disclaimer in their provider directory stating that Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.
  - MCPs may use symbols denoting Community Supports providers that may be listed in other sections of their provider directories in lieu of listing providers multiple times.

DHCS conducts focused reviews of MCP websites to ensure that all required information relevant to Community Supports is available and accessible to members and providers. Reviews for all MCP websites are conducted on a semiannual basis as Community Supports elections are updated. The latest reviews, completed in October 2024, confirm:

- Up-to-date member and provider-facing information about Community Supports and how to request access to Community Supports.

- Up-to-date information about all Community Supports being offered by the MCP, including, at minimum: A short description of each available service that is consistent with the service definitions listed in the DHCS Community Supports Policy Guide. Terminology should not differ from DHCS' terminology.
- The eligible population(s) for each service, inclusive of any DHCS-approved approach to modify or restrict the Community Supports service definitions (including eligibility). Beginning on January 1, 2024, the MCP must come into alignment with the DHCS Community Supports service definitions and must remove any language about approved modifications and/or restrictions from its website.

With the end of the third full year of Community Supports Implementation, the number of Community Supports elected by MCPs across California's 58 counties has significantly increased. Now that MCPs have had sufficient time to ramp up their processes, DHCS' primary focus is increased monitoring in addition to the following regular activities:

- Data Monitoring, Aggregation, & Analysis
- Model of Care Reviews (every six months)
- Surveys/Interviews to Discuss IPP Investments
- Fact Sheets and Program Report Development
- Ad hoc Meetings with MCPs Based on Individual Plan Needs
- Oversight of IPP Earned Funding and Provider Investments

Workgroups/Office Hours with MCPs (with a focus on sharing best practices as well as providing support and technical assistance)

Public Reporting

On **January 29, 2024**, DHCS publicly released its Enhanced Care Management (ECM) and Community Supports Quarterly Implementation Report for Q2 2023[9] along with the following message:

This report summarizes ECM and Community Supports implementation trends and data for the first 18 months of the programs, spanning January 2022 through June 2023. Similar to the 2022 Year One Implementation Report released in August 2023, this report provides insight into state-, county-, and managed care plan-level data.

In the first 18 months, 140,886 Medi-Cal MCP members across the state received the ECM benefit and 75,834 members received 167,960 Community Supports services. As California continues advancing its Medi-Cal transformation, ECM and Community Supports play a critical role in supporting whole-person care for Medi-Cal members with complex medical and health-related social needs. DHCS expects to see more enrollment growth across both programs in the coming months and years, including as additional Populations of Focus become eligible for ECM and additional Community Supports services are offered in counties across the state. DHCS remains committed to supporting and sustaining this growth through program monitoring, design improvements, and standardization. Please note that the report is published via ArcGIS StoryMaps, a data visualization tool, and is best viewed on a desktop or laptop computer.

On **April 4th, 2024**, DHCS publicly released its ECM and Community Supports Quarterly Implementation Report for Q3 2023[10] along with the following message and press release:

Medi-Cal Transformation Continues
New Enhanced Care Management and Community Supports Report Shows Progress

SACRAMENTO - The Department of Health Care Services (DHCS) today released the latest Enhanced Care Management (ECM) and Community Supports Quarterly Implementation Report that includes data from January 2022 through September 2023. This data release adds third quarter 2023 utilization data at the state, county, and Medi-

[9] Report available at: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

[10] Report available at: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

Cal managed care plan (MCP) levels and demographics, including ethnicity, primary language spoken, age, and sex.

WHAT THE DATA SHOWS: The data report demonstrates the uptick in both the availability and use of Community Supports, showing significant growth in the number of counties offering these services. As of January 2024, 23 counties across California offered all 14 Community Supports, and all counties offered at least seven (7) Community Supports. This marks a significant increase from the end of 2022, when only three (3) counties offered all 14 Community Supports. Overall, approximately 103,000 unique Medi-Cal members used Community Supports in the first 21 months of the program, with more than 186,000 total services delivered. There is significant quarter-over-quarter growth in utilization; approximately 62,000 members utilized Community Supports in Q3 2023 alone, up 170% from Q4 2022.

On **August 2nd, 2024**, DHCS publicly released its ECM and Community Supports Quarterly Implementation Report for Q4 2023.[11]

On **December 20th, 2024**, DHCS publicly released its ECM and Community Supports Quarterly Implementation Report for Q1 & Q2 2024, along with the following message and press release:

Latest Enhanced Care Management and Community Supports Quarterly Data Released

On December 20, DHCS released the latest Enhanced Care Management (ECM) and Community Supports quarterly report, covering data from January 2022 through June 2024. ECM provides high-touch, team-based care management for Medi-Cal members with complex needs, while Community Supports offer cost-effective, medically appropriate alternatives to traditional services, addressing social drivers of health, such as housing and nutrition. Together, these initiatives are critical to ensuring holistic, person-centered care that improves health outcomes and quality of life for Medi-Cal members. The report demonstrates sustained, quarter-over-quarter growth in both ECM and Community Supports use, as additional Populations of Focus (POF) become eligible for ECM and more services are offered across the state. The report also provides the first data on ECM members in the newly introduced Birth Equity POF and the Individuals Transitioning from Incarceration POF, both of which were launched or expanded in January 2024.

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[11] Report available at: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

Key findings included 244,750 Medi-Cal members receiving ECM benefits, with 127,024 members served from April through June 2024. This represents a more than 50 percent increase in quarterly ECM members since April through June 2023. About 239,500 members used Community Supports services, and 89 percent of Medi-Cal members had access to at least ten services. This represents a more than 120 percent increase in quarterly Community Supports members since April through June 2023. In April through June 2024, more than 59 percent of members using Community Supports accessed Medically Tailored Meals/Medically Supportive Foods, and approximately 35 percent accessed one or more services from the Housing Trio (Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, and Housing Deposits).

Utilization Data for Community Supports (DY 20) (STC B20c and B20g):

Since the beginning of implementation in January of 2022, nearly 300,000 unique members have been authorized for and have received one or more Community Supports services through their MCP. In the last 12 months of validated data (from Q4 2023 through Q3 2024), Medically Tailored Meals continued to be the highest utilized service, with utilization soaring to over 156,000 unique members. Housing-related Community Supports—including Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services—remained among the most widely offered and utilized services statewide, underscoring their importance in providing stable housing solutions.

Notably, the data indicate robust growth in several key service areas over the past year. For instance, the growth in utilization for Housing Transition Navigation Services reflects sustained demand for assistance in navigating housing transitions. Serves such as Recuperative Care and Day Habilitation Programs also demonstrated solid uptake, reinforcing the program's comprehensive approach to addressing both immediate and long-term care needs.

Services like Short-Term Post-Hospitalization Housing and Respite Services, while serving smaller numbers, are critical in bridging gaps during transitional periods and supporting caregivers. Nursing Facility Transition/Diversion and Community Transition Services, though registering lower counts, target highly specific populations and provide essential alternatives to institutional care. Environmental Accessibility Adaptations, Sobering Centers, and Asthma Remediation, though modest in scale, address targeted

needs that contribute significantly to improving quality of life for members with specialized requirements.

Current available data indicate the following number of unique individuals served across this reporting period (Q4 2023 – Q3 2024) for each of DHCS' available Community Supports:

Table 2: Utilization of Community Supports by Member Counts, 2023 Q4 – 2024 Q3[12]:

Community Support	2023 Q4	2024 Q1	2024 Q2	2024 Q3	Grand Total[13]
Housing Transition/ Navigation Services	23,953	24,500	30,441	36,968	66,768
Housing Deposits	1,301	1,587	2,004	3,027	7,084
Housing Tenancy and Sustaining Services	17,087	11,217	14,872	9,093	26,405
Short-Term Post-Hospitalization Housing	521	749	944	1,570	2,507
Recuperative Care (Medical Respite)	1,614	2,677	3,416	3,746	7,699
Respite Services	405	550	677	1,649	2,241
Nursing Facility (NF) Transition/Diversion to Assisted Living Facility	375	480	429	588	906
Community Transition Services/Nursing Facility Transition to a Home	172	183	241	256	365
Personal Care and Homemaker Services	1,288	2,005	2,683	3,969	6,096
Day Habilitation Programs	536	1,251	1,156	1,836	3,184
Environmental Accessibility Adaptations	665	431	583	873	1,520
Medically Tailored Meals/ Medically Supportive Food	42,957	65,070	79,410	83,791	156,292
Sobering Centers	953	811	910	1,102	3,015

[12] Data is subject to future revision if any MCPs resubmit reports with updated CY 2023-2024 data.

[13] Reflects the total number of unique members for each service in the last 12 months (reporting period).

Community Support	2023 Q4	2024 Q1	2024 Q2	2024 Q3	Grand Total[13]
Asthma Remediation	758	567	459	609	2,317
Grand Total of Unique Members[14]	**22,988**	**33,629**	**54,835**	**61,759**	**95,143[15]**

Table 3: Total Number of Members who Utilized Community Supports in the Past 12 Months by Primary Spoken Language, Compared with Overall MCP Population:

Population	Last Date In Reporting Period	English	Spanish	Vietnamese	Chinese_ Cantonese	Other
% of Members Who Utilized Community Supports In the Past 12 Months by Language	9/30/2024	69%	24%	4%	0%	4%
Percentage of Overall MCP Population In the Most Recent Month of the Reporting Period by Language	9/30/2024	64%	28%	1%	1%	5%

[14] Total unique members are the overall unique count of members across all Community Support services. Each member is counted once if multiple services are used. For example, most members who use on Housing Transition / Navigation Services will also use Housing Tenancy and Sustaining Community Support services. The Grand Total of unique members de-duplicates the totals so that each member is only counted once. Each Quarter's total is independent of the other. The Yearly total is also independent of the Quarters.

[15] Grand total may not equal the sum of the individual totals due to some members receiving more than one (1) Community Support service.

Table 4: Total Number of Members who Utilized Community Supports in the Past 12 Months by Age, Compared with Overall MCP Population:

Population	Last Date In Reporting Period	Ages 0-5	Ages 6-11	Ages 12-20	Ages 21-64	Ages 65+
Percentage of MCP Members Who Utilized Community Supports In the Past 12 Months by Age	9/30/2024	2%	3%	4%	70%	22%
Percentage of Overall MCP Population In the Most Recent Month of the Reporting Period by Age	9/30/2024	9%	11%	17%	52%	11%

Table 5: Total Number of Members Who Utilized Community Supports in the Past 12 Months by Sex, Compared with Overall MCP Population:

Population	Last Date In Reporting Period	Male	Female
Percentage of MCP Members Who Utilized Community Supports In the Past 12 Months by Sex	9/30/2024	41%	59%
Percentage of Overall MCP Population In the Most Recent Month of the Reporting Period by Sex	9/30/2024	47%	53%

Table 6: Utilization Rates for Community Supports in the Last 12 Months of the Reporting Period, by County:

County	Last Date in the Reporting Period	Average MCP Members in the Last 12 Months of the Reporting Period	County HHP/WPC Status	Number of Community Supports Available in County	Number of Community Supports Services Utilized in in the Last 12 Months of the Reporting Period	Rate of Utilization per 10,000 MCP Members in the Last 12 Months of the Reporting Period
Alameda	09/30/2024	460,275	Y	14	12,212	265
Alpine	09/30/2024	279	N	13	0	0
Amador	09/30/2024	8,629	N	14	62	72
Butte	09/30/2024	84,133	N	8	2,149	255
Calaveras	09/30/2024	12,989	N	11	69	53
Colusa	09/30/2024	10,357	N	8	552	533
Contra Costa	09/30/2024	312,781	Y	13	9,655	309
Del Norte	09/30/2024	12,444	N	8	151	121
El Dorado	09/30/2024	39,202	N	14	421	107
Fresno	09/30/2024	508,606	N	14	29,963	589
Glenn	09/30/2024	13,450	N	8	517	384
Humboldt	09/30/2024	59,452	N	8	700	118
Imperial	09/30/2024	98,391	Y	14	27,997	2845
Inyo	09/30/2024	5,060	N	11	17	34
Kern	09/30/2024	456,311	Y	14	12,000	263
Kings	09/30/2024	63,998	Y	14	3,414	533
Lake	09/30/2024	34,663	N	8	1,744	503
Lassen	09/30/2024	8,797	N	8	35	40
Los Angeles	09/30/2024	3,830,460	Y	14	61,421	160
Madera	09/30/2024	78,329	N	14	3,369	430
Marin	09/30/2024	53,010	Y	11	835	158

County	Last Date in the Reporting Period	Average MCP Members in the Last 12 Months of the Reporting Period	County HHP/WPC Status	Number of Community Supports Available in County	Number of Community Supports Services Utilized in in the Last 12 Months of the Reporting Period	Rate of Utilization per 10,000 MCP Members in the Last 12 Months of the Reporting Period
Mariposa	09/30/2024	5,630	N	11	256	455
Mendocino	09/30/2024	41,334	Y	8	351	85
Merced	09/30/2024	150,266	N	11	13,453	895
Modoc	09/30/2024	4,004	N	8	24	60
Mono	09/30/2024	3,004	N	11	1	3
Monterey	09/30/2024	192,978	Y	11	14,670	760
Napa	09/30/2024	34,644	Y	11	746	215
Nevada	09/30/2024	28,166	N	8	1,060	376
Orange	09/30/2024	966,751	Y	14	146,941	1520
Placer	09/30/2024	75,884	Y	11	999	132
Plumas	09/30/2024	5,903	N	8	59	100
Riverside	09/30/2024	960,622	Y	14	14,860	155
Sacramento	09/30/2024	598,815	Y	14	16,755	280
San Benito	09/30/2024	18,572	N	10	638	344
San Bernardino	09/30/2024	928,058	Y	14	17,626	190
San Diego	09/30/2024	979,046	Y	14	18,654	191
San Francisco	09/30/2024	226,775	Y	14	8,953	395
San Joaquin	09/30/2024	302,989	Y	14	3,672	121
San Luis Obispo	09/30/2024	67,764	N	10	4,988	736
San Mateo	09/30/2024	157,132	Y	9	3,875	247
Santa Barbara	09/30/2024	170,741	N	10	10,746	629
Santa Clara	09/30/2024	431,562	Y	14	3,966	92
Santa Cruz	09/30/2024	79,314	Y	12	5,953	751

County	Last Date in the Reporting Period	Average MCP Members in the Last 12 Months of the Reporting Period	County HHP/WPC Status	Number of Community Supports Available in County	Number of Community Supports Services Utilized in in the Last 12 Months of the Reporting Period	Rate of Utilization per 10,000 MCP Members in the Last 12 Months of the Reporting Period
Shasta	09/30/2024	69,582	Y	8	3,218	462
Sierra	09/30/2024	831	N	8	5	60
Siskiyou	09/30/2024	18,527	N	8	99	53
Solano	09/30/2024	139,659	Y	11	1,618	116
Sonoma	09/30/2024	134,544	Y	11	2,375	177
Stanislaus	09/30/2024	245,445	N	14	1,862	76
Sutter	09/30/2024	43,332	N	11	981	226
Tehama	09/30/2024	30,327	N	8	305	101
Trinity	09/30/2024	5,618	N	8	26	46
Tulare	09/30/2024	280,372	Y	14	5,486	196
Tuolumne	09/30/2024	14,535	N	11	222	153
Ventura	09/30/2024	254,621	Y	12	19,470	765
Yolo	09/30/2024	60,023	N	8	546	91
Yuba	09/30/2024	36,178	N	14	1,653	457

Table 7: Utilization Rates for Community Supports in the Last 12 Months of the Reporting Period, by MCP:

Managed Care Plan:	Last Date in the Reporting Period	Average MCP Members in the Last 12 Months of the Reporting Period	Number of Community Support Services Offered by MCP	Number of Community Supports Services Utilized in the Last 12 Months of the Reporting Period	Rate of Community Supports Services Utilization per 10,000 MCP Members in the Last 12 Months of the Reporting Period
AIDS Healthcare Foundation	09/30/2024	892	7	238	2669
Aetna Better Health of California	09/30/2024	15,694	0	192	122
Alameda Alliance for Health	09/30/2024	387,844	11	11,260	290
Anthem Blue Cross	09/30/2024	880,255	14	13,323	151
Blue Shield of CA Promise Health Plan	09/30/2024	185,490	12	3,580	193
CalOptima	09/30/2024	915,632	14	146,410	1599
CalViva Health	09/30/2024	436,601	14	34,539	791
California Health and Wellness Plan	09/30/2024	65,618	14	960	146
CenCal Health	09/30/2024	238,505	10	15,734	660
Central California Alliance for Health	09/30/2024	442,056	11	34,961	791
Community Health Group Partnership Plan	09/30/2024	393,302	14	5,424	138
Community Health Plan Imperial Valley	09/30/2024	73,184	11	27,801	3799
Contra Costa Health Plan	09/30/2024	262,970	12	8,810	335
Gold Coast Health Plan	09/30/2024	248,966	12	19,441	781
Health Net Community Solutions	09/30/2024	1,619,978	14	41,434	256

Managed Care Plan:	Last Date in the Reporting Period	Average MCP Members in the Last 12 Months of the Reporting Period	Number of Community Support Services Offered by MCP	Number of Community Supports Services Utilized in the Last 12 Months of the Reporting Period	Rate of Community Supports Services Utilization per 10,000 MCP Members in the Last 12 Months of the Reporting Period
Health Plan of San Joaquin	09/30/2024	424,245	14	3,734	88
Health Plan of San Mateo	09/30/2024	146,139	9	3,732	255
Inland Empire Health Plan	09/30/2024	1,533,136	14	30,345	198
Kaiser Permanente	09/30/2024	885,484	14	10,972	124
Kern Family Health Care	09/30/2024	395,945	13	11,735	296
L.A. Care Health Plan	09/30/2024	2,423,022	12	27,858	115
Molina Healthcare of California	09/30/2024	585,175	14	11,692	200
Mountain Valley Health Plan	09/30/2024	6,385	13	38	60
Partnership Health Plan of California	09/30/2024	850,369	8	18,334	216
SCAN Health Plan	09/30/2024	19,640	5	298	152
San Francisco Health Plan	09/30/2024	178,079	8	8,529	479
Santa Clara Family Health Plan	09/30/2024	300,576	13	3,021	101

Community Supports Providers

Community Supports are delivered by a network of providers contracted to deliver the services by MCPs across the state. The number of provider contracts is determined based on provider network data submitted by MCPs as part of the QIMR process. MCPs are required to list the county, National Provider Identifier (NPI), provider type, and services provided for each Community Supports provider in their network.

In the following tables, each unique combination of NPI, provider type, MCP, and county represents a Community Supports provider contract. For example, a community-based organization (CBO) that contracted with three MCPs in a given county to provide Community Supports is counted three times for this measure.

Table 8: Total Number of Community Supports Provider Contracts Since Community Supports Launched:

Reporting Quarter	Cumulative Number of Community Supports Provider Contracts Since Launch
CY 2022 Q1	737
CY 2022 Q2	897
CY 2022 Q3	1,350
CY 2022 Q4	1,563
CY 2023 Q1	1,831
CY 2023 Q2	1,949
CY 2023 Q3	2,206
CY 2023 Q4	2,454
CY 2024 Q1	3,746
CY 2024 Q2	3,869
CY 2024 Q3	4,338

Table 9: Total Number of Community Supports Provider Contracts by Service in the Past 12 Months:

Community Supports Offered by Provider:	Total Number of Community Supports Provider Contracts
Housing Transition Navigation Services	1,736
Housing Tenancy and Sustaining Services	1,357
Housing Deposits	1,256
Medically Tailored Meals or Medically Supportive Food	748
Respite Services	698
Recuperative Care (Medical Respite)	429
Personal Care and Homemaker Services	673
Environmental Accessibility Adaptations (Home Modifications)	433
Community Transition Services/Nursing Facility Transition to a Home	359
Short-Term Post-Hospitalization Housing	467
Nursing Facility Transition/Diversion to Assisted Living Facilities	265
Asthma Remediation	202
Day Habilitation Programs	262
Sobering Centers	165

Table 10: Total Number of Community Supports Provider Contracts by Provider Type in the Most Recent Reporting Quarter (2024 Q3):

Provider Type Categories:	Provider Type:	Total Number of Community Supports Provider Contracts
Traditional Medi-Cal MCP clinical provider network	Primary Care or Specialist Physician or Physician Group	22
Traditional Medi-Cal MCP clinical provider network	Federally Qualified Health Center	75
Traditional Medi-Cal MCP clinical provider network	Community Health Center	27
Traditional Medi-Cal MCP clinical provider network	Hospital Or Hospital-Based Physician Group or Clinic	51
Non-traditional Medi-Cal MCP clinical provider network	County	20
Non-traditional Medi-Cal MCP clinical provider network	County Behavioral Health Provider	9
Non-traditional Medi-Cal MCP clinical provider network	Organization Serving Justice-Involved Individuals	30
Non-traditional Medi-Cal MCP clinical provider network	Rural Health Center/Indian Health Center	2
Non-traditional Medi-Cal MCP clinical provider network	Local Health Department	2
Non-traditional Medi-Cal MCP clinical provider network	Behavioral Health Entity	54
Non-traditional Medi-Cal MCP clinical provider network	Community Mental Health Center	21
Non-traditional Medi-Cal MCP clinical provider network	Substance Use Disorder Treatment Provider	33
Non-traditional Medi-Cal MCP clinical provider network	Organization Serving Individuals Experiencing Homelessness	522
Non-traditional Medi-Cal MCP clinical provider network	Other Qualified Provider or Entity Not Listed Above	1,550

Grievances and Appeals Data for Community Supports (STC B20d):

MCPs have standard grievance and appeals processes in place to respond to concerns. DHCS' All Plan Letter 21-011 provides MCPs with clarification and guidance regarding the application of federal and state legal requirements for processing grievances and appeals from members served. As defined in the APL:

- Grievances are any expression of dissatisfaction about any matter other than an adverse benefit determination. As specifically stated in the APL, "a complaint is the same as a grievance." A member does not need to use the term 'grievance' for a complaint to be captured as an expression of dissatisfaction and processed as a grievance by an MCP.
- Appeals are federally defined as a review by an MCP of an adverse benefit determination.
- Adverse benefit determinations are defined to mean any of the following actions taken by an MCP:
    - The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
    - The reduction, suspension, or termination of a previously authorized service.
    - The denial, in whole or in part, of payment for a service. A denial, in whole or in part, of a payment for a service solely because the claim does not meet the definition of a ''clean claim'' at 42 CFR section 447.45(b) is not an adverse benefit determination.
    - The failure to provide services in a timely manner.
    - The failure to act within the required time frames for standard resolution of grievances and appeals.
    - For a resident of a rural area with only one MCP, the denial of the member's request to obtain services outside the network.
    - The denial of a member's request to dispute financial liability.

For both grievances and appeals, MCPs have five (5) calendar days to acknowledge the grievance or appeal and 30 days to render a standard resolution. In instances where an expedited resolution is required, MCPs must render a resolution within 72 hours.

The primary source of information on plan grievances and appeals is the Managed Care Program Data File which is updated monthly. At the time of this report, grievances and appeals are organized in the ECM/Community Supports dashboard as follows:

- Appeal/Grievance Type, including case management/care coordination; quality of care; provider/staff attitude; provider availability; billing; disability discrimination; eligibility; authorization; and inappropriate care.
- Resolution Types of "Unresolved," "Resolved in favor of member," and "Resolved in favor of plan."

Issues with beneficiary protection and member experience may also come to DHCS' attention through State Fair Hearing data and Department of Managed Health Care second-level grievances and appeals data.

APL 21-011 provides guidance to MCPs regarding new and existing state regulations for members' rights to request hearings after exhausting the MCPs' internal appeals process. The objective of the State Fair Hearings Division (housed within the California Department of Social Services) is to resolve disputes of applicants and recipients of public services in an impartial, independent, fair, and timely manner, ensuring that due process hearings are provided in accordance with federal and state law, to render legally correct decisions.

Inherent delays impact the processing of grievances and appeals, as time is needed between the initial grievance or appeal and the subsequent decision. This decision must then be submitted to DHCS and updated in state systems according to the scheduled data refresh cycles. DHCS currently has grievance and appeal data for Community Supports through the end of March 2024, or Q1 2024, included in the table below. At this time both grievances and appeals are limited to "Community Supports" generally but DHCS is working towards further delineation to allow MCPs to report grievances and appeals specific to each Community Supports service.

Table 11: Community Supports Grievances Data Q2 2023 - Q1 2024

Quarter:	Total:	County:	MCP:	Member Demographics:	Resolution Type:
Q2 2023	78	Alameda (6) Humboldt (1) Kern (6) Los Angeles (6) Mendocino (1) Merced (3) Orange (14) Riverside (18) Sacramento (1) San Bernardino (16) San Diego (1) San Francisco (1) San Mateo (1) Santa Cruz (2) Ventura (1)	ABHCA-P (1) Alameda Alliance (6) BSCPHP-SD (1) CalOptima (14) CCAH (5) GCHP (1) HPSM (1) IEHP (34) KERN (6) LAC (6) PHC (2) SFHP (1)	Asian/PI: 2 Black: 22 Hispanic: 15 White: 26 Other/ Unknown: 13	In Favor of Member: 45 In Favor of the Plan: 30 Unresolved: 3
Q3 2023	109	Alameda (10) Contra Costa (1) Fresno (1) Kern (4) Los Angeles (10) Merced (5) Monterey (4) Orange (16) Riverside (22) San Bernardino (26) San Diego (5) San Mateo (11) Santa Cruz (2) Stanislaus (1) Ventura (1)	Alameda Alliance (10) BSCPHP-SD (5) CalOptima (16) CALVIVA (1) CCAH (11) CCHP (1) GCHP (1) HPSJ (1) HPSM (1) IEHP (48) KERN (4) LAC (10)	Black: 29 Chinese: 2 Hispanic: 33 Asian/PI: 1 Other/ Unknown: 14 Vietnamese: 2 White: 28	In Favor of Member: 76 In Favor of the Plan: 30 Unresolved: 3

Quarter:	Total:	County:	MCP:	Member Demographics:	Resolution Type:
Q4 2023	119	Alameda (7) Kern (6) Los Angeles (6) Merced (4) Monterey (4) Orange (36) Riverside (25) Sacramento (2) San Bernardino (22) San Joaquin (1) San Mateo (2) Santa Cruz (1) Solano (2) Sonoma (1)	Alameda Alliance (7) CalOptima (36) CCAH (9) HPSJ (1) HPSM (2) IEHP (47) KERN (6) LAC (6) MOLINA (2) PHC (3)	Asian/PI: 1 Black: 23 Hispanic: 36 Korean: 1 Other Asian/PI: 1 Vietnamese: 2 White: 36 Unknown: 19	In Favor of Member: 85 In Favor of the Plan: 34
Q1 2024	233	Alameda (6) Contra Costa (3) Kern (9) Lake (1) Los Angeles (9) Mariposa (1) Merced (7) Monterey (2) Orange (87) Placer (1) Riverside (53) San Benito (1) San Bernardino (40) San Diego (2) Santa Barbara (2) Santa Cruz (3) Solano (3) Ventura (3)	Alameda Alliance (6) CalOptima (87) CCAH (14) CENCAL HEALTH (2) CHG (1) CCHP (3) GCHP (3) IEHP (93) KERN (9) LAC (9) MOLINA (1) PHC (5)	AN/AI: 1 Black: 35 Filipino: 1 Hispanic: 59 Korean: 1 Other Asian/PI: 3 Vietnamese: 5 White: 82 Unknown: 46	In Favor of Member: 169 In Favor of the Plan: 55 Unresolved: 9

Table 12: Community Supports Appeals Data Q2 2023 - Q1 2024

Quarter:	Total:	County:	MCP:	Member Demographics:	Resolution Type:
Q2 2023	4	Los Angeles Sacramento Santa Cruz	ABHCA-P (1) CCAH (1) LA Care (2)	Asian/PI: 0 Black: 2 Hispanic: 0 White: 2 Other: 0	In Favor of Member: 0 In Favor of the Plan: 4 Unresolved: 0
Q3 2023	3	Orange (2) Solano (1)	CalOptima (2) PHC (1)	Asian/PI: 0 Black: 0 Hispanic: 0 White: 3 Other: 0	In Favor of Member: 1 In Favor of the Plan: 2 Unresolved: 0
Q4 2023	6	Los Angeles Monterey San Mateo	LA Care (4) CCAH (1) HPSM (1)	Asian/PI: 0 Black: 3 Hispanic: 0 White: 3 Other: 0	In Favor of Member: 3 In Favor of the Plan: 3 Unresolved: 0
Q1 2024	5	Los Angeles (1) San Mateo Solano Yolo	HPSM (1) LA Care (1) PHC (2)	Asian/PI: 0 Black: 1 Hispanic: 1 White: 1 Other: 2	In Favor of Member: 1 In Favor of the Plan: 4 Unresolved: 0

Monitoring Health Outcomes and Quality Metrics (STC B20e):

This section satisfies STC B20(e) which requires the state to include in its Annual Report, "data, stratified when possible, related to the State's monitoring of health outcomes and quality metrics."

In accordance with 42 CFR §438.3(e)(2), an ILOS can be used as an immediate or longer-term substitute for a covered service or setting under the State Plan, or when the ILOS can be expected to reduce or prevent the future need to utilize the covered service or setting under the State Plan. The services (included under the umbrella of "Community Supports") have shown broadly to reduce or prevent the future need to utilize services such as inpatient services, emergency department services, and nursing facility services.

Methodology

In compliance with the requirements under the STCs, DHCS is providing comparative utilization data for each of the 12 individual Community Support services under the 1915(b) authority (referred to as the 12 In Lieu of Services (ILOS)). For most of the 12 ILOS, DHCS analyzed the utilization impact of a subset of ILOS by examining the time period from July 2022 to June 2024, specifically analyzing the six months before and six months after the members received a service in 2023 in order to assess potential impacts to health care use.[16] The utilization measures presented here are consistent with the hypothesized reduction in avoidable health care use that we would expect to see as a result of the provision of ILOS. Specifically, each ILOS could potentially substitute for the State Plan covered services or setting listed in the Table 14 or result in the provision of more appropriate State Plan covered services in less acute settings (e.g., outpatient versus inpatient).

[16] DHCS utilized the "pre and post" approach for the following ILOS: Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, Housing Deposits, Medically Tailored Meals, the "transition" component of Nursing Facility Transition/Diversion to Assisted Living Facilities, Community Transition Services/Nursing Facility Transition to a Home, Asthma Remediation Services, Day Habilitation, Sobering Centers, and Environmental Accessibility Adaptations.

For the "diversion" component of Nursing Facility Transition/Diversion to Assisted Living Facility,[17] Personal Care/Homemaker Services, and Respite Care, DHCS compared utilization of individuals utilizing these ILOS to utilization of Medi-Cal members receiving a minimum of 90 consecutive days of long-term care services ("LTC utilizers").

Findings

Despite limited experience data being available, California's initial utilization analysis shows that all 12 of the ILOS are associated with reduced service utilization for avoidable State Plan services or settings. While we are still early in the implementation of Community Supports, we can highlight a few key takeaways based on early analysis:

- For members who used at least one of the Housing Trio Community Support services (which includes Housing Transition Navigation Services; Housing Deposits; and Housing Tenancy and Sustaining Services), utilization was associated with reduced inpatient and emergency department use. These are the two service categories we would expect to be more sensitive to ILOS interventions—we would expect near-term reductions as individual experiencing homelessness would no longer need to use the emergency department as a usual source of care. We do see an increase in utilization of outpatient facility services, outpatient mental health services and long-term care services. This increase is likely reflecting a combination of previously unidentified health care needs and an appropriate, immediate increase in outpatient facility services as members are connected to housing and engage with the health care system. The increase in outpatient service utilization is an indication that the Department is achieving the objectives of other CalAIM initiatives designed to increase connections to care, such as ECM. Improved care coordination and management for individuals experiencing homelessness for example, will result in appropriate increases in outpatient hospital services and outpatient mental health care services.
- For day habilitation services, we see substantial reductions in inpatient, emergency department and long-term care service. This reduction may reflect

[17] To note, Nursing Facility Transition/Diversion to Assisted Living Facilities was approved by CMS as a single Community Support. However, for the purposes of the utilization analysis, two different methodological approaches were used. The "pre and post" approach was used to assess the "transition" component of the Community Support while the "LTC comparison" approach was used to analyze the "diversion" component of the Community Support.

improved independence achieved – and less of a reliance on facility-based care – by Members using day habilitation services to participate in the community and develop life skills (such as acquiring, retaining, and improving socialization, and adaptive skills necessary to reside successfully in the member's environment).

- For members utilizing the "transition" component of Nursing Facility Transition to Assisted Living Facility services, we observed decreased utilization of inpatient and long-term care services among the SPD-LTC population, as expected. There was increased utilization to the emergency department for; however, this result may be influenced by the relatively small number of utilizers—the second lowest of any ILOS evaluated using the "pre and post" approach.
- Medically tailored meals/Medically supportive foods, which has the greatest number of Members studied, was associated with substantial reduction in inpatient and emergency department use, and modest reduction in outpatient use. This finding is consistent with an established evidence base which demonstrates reductions in inpatient use when medically tailored meals/supportive foods are used to address nutritional sensitive conditions.

The below table highlights the impact of each ILOS on the applicable, avoidable State Plan services or settings which could be crosswalked. In terms of promoting cost-effective services, the data below highlights a shift toward more appropriate utilization patterns. While there is an observed increase in outpatient facility service use for a subset of services, this reflects a positive trend toward lower-cost care settings. Importantly, outpatient facility services are generally far less costly than accessing care through inpatient and emergency department settings, and this shift represents meaningful progress in improving both the cost-effectiveness and overall quality of care. These changes are critical to achieving sustainable improvements in member health outcomes while managing program costs.

Table 13: ILOS Impact on Applicable State Plan Service Utilization

ILOS/ Community Supports	Category of Service	Utilization Change	Members Studied
Housing Trio	Inpatient services	-24.3%	29,617
	Outpatient facility services	+3.6%	
	Emergency Department services	-13.2%	

ILOS/ Community Supports	Category of Service	Utilization Change	Members Studied
	Long-term care services	+37.0%	
	Outpatient mental health services	+15.3%	
Day Habilitation Programs	Inpatient services	-50.9%	857
	Outpatient facility services	-13.3%	
	Emergency Department services	-41.4%	
	Long-term care services	-68.7%	
	Outpatient mental health services	-27.8%	
"Transition" Component of Nursing Facility Transition/Diversion to Assisted Living Facility	Inpatient services among SPD-LTC members	-55.1% for non-duals -30.0% for duals	51 non-duals 148 duals
	Emergency Department services among SPD-LTC members	+31.8% for non-duals +4.5% for duals	
	Long-term care services among SPD-LTC members	-56.5% for non-duals -70.6% for duals	
"Diversion" Component of Nursing Facility Transition/Diversion to Assisted Living Facility (1)	Inpatient services among SPD-LTC members	-40.6% for non-duals -76.4% for duals	76 non-duals 167 duals
	Emergency Department services among SPD-LTC members	+83.2% for non-duals -5.0% for duals	
	Long-term care services	-100.0% for non-duals and duals	
	Inpatient services	-52.3%	91

ILOS/ Community Supports	Category of Service	Utilization Change	Members Studied
Community Transition Services/Nursing Facility Transition to Home	Emergency Department services	-49.9%	
	Long-term care services	-15.1%	
Environmental Accessibility Adaptations (Home Modifications)	Inpatient services	-43.2%	497
	Emergency Department services	-45.6%	
	Long-term care services	-21.9%	
Medically Tailored Meals/Medically Supportive Food	Inpatient services	-21.4%	50,502
	Outpatient facility services	-6.7%	
	Emergency Department services	-22.0%	
Sobering Center	Inpatient services	-23.0%	1,870
	Emergency Department services	-4.7%	
Asthma Remediation	Inpatient services	-8.8%	2,336
	Outpatient facility services	-5.1%	
	Emergency Department services	-10.3%	
Respite Care (1)	Inpatient services	-55.2%	534
	Long-term care services	-99.8%	
Personal Care/Homemaker Services (1)	Inpatient services	-45.7%	1,894
	Long-term care services	-99.7%	

Notes: (1) Changes shown are in comparison to LTC utilizers.

Encounter Data Timeliness and Accuracy (STC B20f):

DHCS affirms it will submit timely, accurate, and validated encounter data to Transformed Medicaid Statistical Information System, or T-MSIS, in accordance with all STCs.

DHCS' monitoring discussions also acknowledge the following important considerations about Monitoring Information:

- **Data Completeness:** MCPs and providers have acknowledged significant challenges in establishing data sharing processes for timely transfer, from the Community Supports provider to the MCP, of data needed to complete the QIMR. As a result, MCPs have advised that data for a given quarter may not be entirely complete for up to 365 days after the end of the quarter. Although DHCS actively uses implementation data to help drive discussion in plans, this challenge is acknowledged in those discussions and includes assessment of volumes of services or members served is impacted by data issues. DHCS instructs MCPs to resubmit updated data to mitigate gaps in visualizing Community Support implementation.

- **Data Lags:** Because of the time required to collect, submit, and process implementation data, information is likely to be out of date at the time of the review, and/or action to address issues will not be reflected in the next data submission. MCPs are required to submit QIMR data approximately 45 days after the end of the quarter, and those submissions require an extensive quality assurance process.

Data related to the cost-effectiveness of Community Supports (ILOS) (STC B20g):

In accordance with 42 CFR §438.3(e)(2), an ILOS can be used as an immediate or longer-term substitute for a covered service or setting under the State Plan, or when the ILOS can be expected to reduce or prevent the future need to utilize the covered service or setting under the State Plan.

Starting in 2022, California was the first state to use ILOS authority, rather than waiver authority, to cover a robust set of services that address social drivers of health and non-medical health needs on a broad scale. The services (included under the umbrella of "Community Supports") were expected to reduce or prevent the future need to utilize services such as inpatient services, emergency department services, and nursing facility services. Most of these services were not new to the Medicaid program; they had been provided to Medicaid members under home and community-based services programs for decades. Additionally, hospitals and MCPs across the nation tested expansions of these services to better manage quality and cost outcomes for their members. Notably, CMS also listed many of these specific services as examples of potentially coverable services in State Health Official Letter 21–001.

CMS released subsequent guidance codifying California's approach for ILOS and establishing some new guardrails and reporting requirements. This guidance, the federal rule preamble, and the federal regulations clarify that ILOS can be preventive in nature and do not need to be immediate substitutes to standard Medicaid benefits as long as they advance the objectives of the Medicaid program and are approvable in Medicaid and the effects of the services can be measured over multiple years. Furthermore, CMS has clarified that cost-effectiveness does not require budget neutrality, and additional ILOS spending can be partially, and not totally, offset by savings from other Medicaid services.[18]

The guidance and regulations require that all states implementing ILOS regularly report to CMS an ILOS Cost Percentage. This ratio is, per CMS guidance, the primary indicator of cost effectiveness of ILOS. The ILOS Cost Percentage cannot exceed 5%. The ILOS guidance and regulations require states with higher ILOS cost percentages (over 1.5%) to provide additional documentation on how they assess cost effectiveness for ILOS and

[18] https://www.federalregister.gov/d/2024-08085/p-2362

to perform a retrospective evaluation after five rating periods. California's ILOS Cost Percentage has been substantially below 1.5% for all years of ILOS implementation. The ILOS Cost Percentage was 0.15% in calendar year 2023 (featured in this report), and 0.8% in the most recent 2025 rate certification. As such, because of these "*de minimis*" ILOS Cost Percentages, California's ILOS would not normally be subject to enhanced federal monitoring of cost-effectiveness.[19]

As the CalAIM Section 1915(b) waiver approval preceded the guidance and regulations that codify cost effectiveness reporting requirements for ILOS, CMS included additional Special Terms and Conditions (STCs) under California's Section 1915(b) waiver regarding monitoring and reporting for ILOS beyond what is required of other states under the federal regulations for ILOS, including STC B20g that requires California to report on the cost effectiveness of ILOS. Notably, the guidance and regulations do not require additional reporting on cost effectiveness that CMS outlined in the CalAIM Section 1915(b) STCs. California is being held to a higher standard on cost-effectiveness reporting relative to all other current and future states implementing similar approaches.

Methodology

In compliance with the requirements under the CalAIM Section 1915(b) STCs, DHCS is providing a comprehensive look at the cost effectiveness of each individual ILOS and utilized two different approaches to assess the impacts of ILOS on categories of service (used for rate-setting purposes).

For a subset of ILOS, DHCS analyzed the impact of these ILOS by examining the time period from July 2022 to June 2024, specifically analyzing the six months before and six months after the members received a service in 2023.[20] For the remaining ILOS, DHCS compared per member per month (PMPM) costs of individuals utilizing these ILOS and compared them to PMPM costs of Medi-Cal members receiving a minimum of 90

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[19] SMD 23-001 - ILOS

[20] DHCS utilized the "pre and post" approach for the following ILOS: Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, Housing Deposits, Medically Tailored Meals, the "transition" component of Nursing Facility Transition/Diversion to Assisted Living Facilities, Community Transition Services/Nursing Facility Transition to a Home, Asthma Remediation Services, Day Habilitation, Sobering Centers, and Environmental Accessibility Adaptations.

consecutive days of long-term care services ("LTC utilizers").[21,22] DHCS also assessed the impact of the ILOS on expenditures for services it was intended to substitute, as outlined in the Medi-Cal Community Supports Policy Guide, where possible. In addition, this cost effectiveness analysis also accounts for medical cost inflation by trending forward unit costs of the services during the before period to the after period. The unit cost trends utilized were consistent with those used for actuarially sound and certified rate development.

It is important to note that DHCS's analysis was constrained by the limited availability of data within the timeframe of this report, as discuss further under "Analysis Limitations". This analysis is being completed much earlier, and therefore on a much shorter study period, than the retrospective evaluation of ILOS using 5 years of data required by 42 CFR §438.3(e)(2) when the final ILOS cost percentage in any of the first five rating periods that each ILOS is authorized exceeds 1.5 percent. With this narrow view, the impact of these services, many of which are realized after the implementation of the ILOS, will not be fully captured within this analysis.

Findings

Despite limited experience data being available, California's initial cost-effectiveness analysis shows that all of the 12 ILOS demonstrably are, or will likely be proven to be, cost-effective in the remaining years of the waiver demonstration period if current trends continue.

- Nine out of the 12 ILOS are already demonstrating cost-effectiveness: Housing Transition Navigation Services, Housing Deposits, Respite Care, Day Habilitation Programs, Nursing Facility Transition/Diversion to Assisted Living Facilities or Residential Care Facilities for the Elderly, Community Transition Services/Nursing

[21] DHCS utilized the "LTC comparison" approach for the following ILOS: the "diversion" component of Nursing Facility Diversion to Assisted Living Facilities, Personal Care and Homemaker Services, and Respite (for caregivers) services.

[22] To note, Nursing Facility Transition/Diversion to Assisted Living Facilities was approved by CMS as a single Community Support. However, for the purposes of the cost-effectiveness analysis, two different methodological approaches were used to assess cost effectiveness. The "pre and post" approach was used to assess the "transition" component of the Community Support while the "LTC comparison" approach was used to analyze the "diversion" component of the Community Support.

Facility Transition to a Home, Personal Care and Homemaker Services, Environmental Accessibility Adaptations, and Sobering Centers.

- The 3 remaining ILOS show utilization and PMPM reductions in discrete categories of State Plan services: Housing Tenancy and Sustaining Services, Medically Tailored Meals, and Asthma Remediation. These ILOS are, by design, expected to substitute for covered services over a longer term, not immediately. Based on observed trends in the data analysis, DHCS projects these ILOS will be proven to be cost-effective substitutes once more experience data is gathered over multiple years, consistent with federal requirements set forth in CMS regulations and guidance. In addition, the analysis for Asthma Remediation is influenced by the inclusion of costs for other ILOS and non-asthma-related State Plan services (e.g., an inpatient admission unrelated to the asthma diagnosis). For this ILOS, DHCS anticipates that a targeted analysis of asthma-related utilization over multiple years, consistent with federal regulations, will more clearly demonstrate cost-effectiveness, and will explore the feasibility of such an analysis in future reporting.

California implemented Community Supports alongside a broad range of initiatives intended to address the whole-person care needs of Medi-Cal members, including Enhanced Care Management. Through ECM, many individuals with high needs, many of whom also accessed Community Supports, were connected to medically necessary care for the first time or re-engaged with the health care system and addressed unmet care needs. As a result, the broader array of services and supports offered under the CalAIM initiative, including ECM, may influence the overall cost-effectiveness results. In addition, for those ILOS evaluated under the "pre and post" approach, the cost effectiveness results are expected to be influenced (understated) by the time basis of the evaluation, which results in immediate or frontloaded ILOS costs being fully captured but longer-term savings over time not being captured within the time period included in the analysis. As more data become available, DHCS may refine its methodology and explore other potential measures for future annual reports. In addition, DHCS will complete a full independent evaluation, per the terms of its Section 1915(b) waiver STCs.

The below table highlights the impact of each ILOS on the applicable, avoidable State Plan services or settings which could be crosswalked. Many instances show an increase in outpatient services, likely due to a combination of previously unidentified health care needs and members accessing care in less acute settings, which is consistent with the objectives of ECM, while inpatient and emergency room cost and utilization decrease,

which is consistent with the objectives of ILOS. DHCS has included per member per month (PMPM) cost changes, when observed.

Table 14: ILOS Impact on Applicable State Plan Service and Net PMPM Costs:

ILOS/Community Supports	Category of Service Impact (comparing six months prior to six months post receipt of Community Supports)	Members Studied	Net Impact Across Applicable Category of Service Costs[23]
Housing Transition Navigation Services	27.9% reduction in inpatient services costs 11.4% increase in outpatient services costs 15.5% reduction in emergency room services costs 36.1% increase in long-term care services costs 15.6% increase in outpatient mental health services costs	25,432	0.0%
Housing Deposits	36.6% reduction in inpatient services costs 34.6% reduction in outpatient services costs 21.2% reduction in emergency room services costs 34.3% reduction in long-term care services costs 2.3% reduction in outpatient mental health services costs	2,730	−31.6%
Housing Tenancy and Sustaining Services	2.1% increase in inpatient services costs	9,776	+41.4%[24]

[23] "Net impact" represents the change in the sum of costs for Community Supports and applicable, avoidable State Plan services listed in the "Category of Service Impact" column.

[24] Due to data limitations, DHCS does not consider this result to be a valid reflection of the cost-effectiveness of this ILOS; a longer study period is required to draw valid conclusions.

ILOS/Community Supports	Category of Service Impact (comparing six months prior to six months post receipt of Community Supports)	Members Studied	Net Impact Across Applicable Category of Service Costs[23]
	45.3% increase in outpatient services costs 17.3% reduction in emergency room services costs 29.2% increase in long-term care services costs 6.9% increase in outpatient mental health services costs		
Day Habilitation Programs[25]	48.9% reduction in inpatient services costs 19.8% increase in outpatient services costs 43.8% reduction in emergency room services costs 65.0% reduction in long-term care services costs 23.0% reduction in outpatient mental health services costs	857	−17.1%
"Transition" Component of Nursing Facility Transition/Diversion to Assisted Living Facility	56.3% reduction in inpatient services costs among SPD-LTC members 22.6% increase in emergency room services costs among SPD-LTC members 70.0% reduction in long-term care services costs among SPD-LTC members	199	−30.3%

[25] Although Inpatient Services and Skilled Nursing Facility Services are not listed as substitutable State Plan services or settings for Day Habilitation Programs in the Community Supports Policy Guide, the cost effectiveness results identified them as such.

ILOS/Community Supports	Category of Service Impact (comparing six months prior to six months post receipt of Community Supports)	Members Studied	Net Impact Across Applicable Category of Service Costs[23]
Community Transition Services/Nursing Facility Transition to Home	73.0% reduction in inpatient services costs 57.8% reduction in emergency room services costs 20.1% reduction in long-term services costs	91	−21.5%
Environmental Accessibility Adaptations (Home Modifications)	55.4% reduction in inpatient services costs 43.0% reduction in emergency room services costs 8.7% reduction in PMPM long-term care costs	497	−14.5%
Medically Tailored Meals/Medically Supportive Food	18.7% reduction in inpatient services costs 6.0% reduction in outpatient services costs 20.0% reductions in PMPM emergency room costs	50,502	+2.2%[26]
Sobering Centers	27.3% reduction in inpatient services costs 6.5% reduction in emergency room services costs	1,870	−11.7%
Asthma Remediation	5.3% increase in inpatient services costs	2,336	+26.2%[27]

[26] Additional scrutiny and/or stratification may be warranted as service utilization is disproportionately concentrated in one county. DHCS will continue to monitor and analyze data in future reporting.

[27] This result is influenced by the inclusion of costs for other ILOS and non-asthma-related State Plan services (e.g., an inpatient admission unrelated to the asthma diagnosis). DHCS anticipates that a targeted analysis of asthma-related utilization over multiple years, consistent with federal

ILOS/Community Supports	Category of Service Impact (comparing six months prior to six months post receipt of Community Supports)	Members Studied	Net Impact Across Applicable Category of Service Costs[23]
	12.8% increase in outpatient services costs 11.0% reduction in emergency room services costs		

For a subset of ILOS, DHCS assumed that the ILOS prevented or delayed the need for care in a long-term care facility. For the purposes of this early analysis, DHCS compared PMPM costs for members receiving each service, as compared to PMPM costs for individuals utilizing long-term care. As service uptake grows, DHCS will refine its methodology and explore other potential measures, such as nursing facility admission and length of stay.

regulations, will more clearly demonstrate cost-effectiveness, and will explore the feasibility of such an analysis in future reporting.

Table 15: ILOS Impact on Applicable State Plan Service and Net PMPM Costs:

ILOS/Community Supports	Category of Service Impact (comparing Community Supports utilizer encounters to encounters of Long-Term Care utilizers)	Members Studied	Net Impact Across Applicable Category of Service Costs[28]
Respite Care[29]	43.4% lower inpatient services costs Approximately $8,800 lower PMPM long-term services costs	534	−61.3%
"Diversion" Component of Nursing Facility Transition/Diversion to Assisted Living Facility	52.7% lower inpatient services costs among SPD-LTC members 58.1% higher emergency room services costs among SPD-LTC members Approximately $8,600 lower PMPM long-term services costs for SPD-LTC members	243	−52.7%
Personal Care/Homemaker Services	28.9% lower inpatient services costs Approximately $8,800 lower PMPM long-term services costs	1,894	−58.4%

Analysis Limitations

An important limitation to consider when interpreting these analyses is the limited availability of data within the timeframe of this report. With a narrow view, the impact of these services, many of which are realized after the implementation of the ILOS, will not be seen within this analysis. Other factors impacting this analysis include data lag,

[28] Reductions shown are in comparison to individuals utilizing long-term care.

[29] Although Inpatient Services are not listed as a substitutable State Plan service or setting for Respite Care in the Community Supports Policy Guide, the cost effectiveness results identified it as such.

provider capacity-building, costs of implementation (e.g., PCP awareness, CBO network capacity-building, etc.), low uptake of some Community Supports in 2023 (and thus few members receiving certain services), and the lack of a control or comparison group.

Despite these limitations, DHCS believes it is reasonable to conclude in this analysis that the ILOS are having an important impact on members and are cost effective substitutes for State Plan services or settings. DHCS will plan to contextualize this impact further in subsequent evaluation reporting.

ILOS Cost Percentage

DHCS calculated the ILOS cost percentage by dividing the portion of the total capitation payments that are attributable to all ILOS, excluding a short term stay in an IMD, for each managed care plan by the actual total capitation payments for each managed care plan; including all State directed payments (defined as paid directed payments and projected payments for the applicable time period not yet paid) and pass-through payments in Calendar Year (CY) 2023. The calculation reflects observed enrollment for the period of January 1, 2023, through December 31, 2023, with runout through December 2024.

Table 16: ILOS Cost Percentage:

Reporting Period	Cost Percentage
1/1/2023 - 12/31/2023	**0.15%**

Policy/Administrative Issues and Challenges:

Community Supports Policy Guide

Over the course of CY 2023 and CY 2024, DHCS and its stakeholders identified several key areas of the Policy Guide for which additional technical assistance and guidance were requested. DHCS refreshes its Community Supports Policy Guide when necessary to incorporate new language and/or developments in policy, including on:

- Prime/Subcontractor Authorization Policy
- Homelessness Determinations
- Eligibility for Services
- Member Handbooks and Website Update Requirements
- Provider Network Allowances
- Continuum of Care Requirements
- Other technical corrections

DHCS last update its Community Supports Policy Guide in July 2023 to provide several key program updates. The Policy Guide will be updated again in Spring 2025 to accommodate several revised, clarified service definitions. In alignment with the Community Supports Action Plan, DHCS conducted extensive stakeholder engagement on opportunities to clarify Community Supports service definitions throughout 2024. In Spring 2025, DHCS will release a clarified, standardized set of service definitions for a subset of Community Supports, including Nursing Facility Transition/Diversion to Assisted Living Facilities, Community Transition Services, Medically Tailored Meals, and Asthma Remediation. The refinements will also include updates needed to align the Recuperative Care and Short-Term Post-Hospitalization Housing service definitions with the time limits outlined in CMS' December 2024 CIB on coverage of services that address HRSN.

Development of Additional Guidance

DHCS has always envisioned modifying the Community Supports program over time and is committed to continuous improvement based on data and stakeholder feedback. DHCS has rolled out several policy changes and/or clarifications and provides TA to MCPs, including through the TA Marketplace. The TA Marketplace allows funding for the provision of TA for entities that intend to provide ECM and/or Community Supports. Entities may register for hands-on technical assistance support from vendors and access off-the-shelf TA resources in pre-defined TA domains. Organizations at all levels of readiness for ECM and Community Supports, including justice-involved initiatives, may

also access on-demand TA resources. On-demand resources are static resources made available directly through the CA PATH website for organizations looking to learn more about CalAIM and CA PATH.

In 2023, DHCS updated the following core data guidance documents which it originally published in 2021:

- **ECM and Community Supports Billing and Invoicing Guidance**: Standard, "minimum necessary" data elements MCPs will need to collect from ECM or Community Supports Providers unable to submit ANSI ASC X12N 837P claims to MCPs.
- **Quarterly Implementation Monitoring Report (QIMR) Guidance**: Quarterly MCP reporting requirements and Excel template related to ECM and Community Supports implementation across multiple domains; the QIMR fulfills AB 133 reporting requirements.
- **Community Supports Member Information Sharing Guidance**: Standards for the exchange of Member information between MCPs and Community Supports Providers to initiate, support, and track the delivery of Community Supports
- **ECM & Community Supports Coding Options Guidance**: Contains the DHCS-established HCPCS codes and associated modifiers for ECM and Community Supports services.

DHCS identified the following priority areas and has implemented several key program design refinements, discussed in further detail below, to increase the total number of Members served:

- Standardizing Eligibility
- Streamlining and Standardizing Referral/Authorization Processes
- Expanding Provider Networks and Streamlining Payment
- Strengthening Market Awareness
- Improving Data Exchange

The goal of the efforts is to increase the availability and uptake of Community Supports for Medi-Cal Members who need them.

Standardizing Eligibility

Towards increasing standardization, DHCS required that MCPs remove any previously approved restrictions or limitations and adhere with the full Community Supports service definitions by January 1, 2024. MCPs no longer have the option to narrow the

eligibility criteria or impose additional limitations on the service definitions (which include eligibility criteria), geographic or otherwise. DHCS is finalizing work on refining several Community Supports service definitions in response to market and stakeholder feedback and looks forward to continued work with its stakeholders to provide these needed inputs.

DHCS clarified that any previously approved modifications and/or restrictions to service definitions must be included in Member Handbooks and on the MCPs website for as long as they were in effect. Now that MCPs have come into alignment with the full DHCS Community Supports service definitions, any language about approved modifications and/or restrictions must be removed from their websites and handbooks.

In response to some MCPs having narrowed Community Supports eligibility criteria relative to the DHCS service definitions, partly due to the perception that the plan is responsible for determining cost-effectiveness, DHCS informed MCPs that they do not need to actively assess or report on cost-effectiveness for Community Supports at the MCP or individual level for the purposes of rate setting or compliance with federal requirements. The Department will conduct statewide aggregate analyses of the cost-effectiveness of each approved Community Supports service. Nothing prohibits MCPs from using utilization management techniques as applicable and as permitted by federal managed care regulations.

Streamlining and Standardizing Referral/Authorization Processes

In response to disparate timeframes seen for initial Community Supports authorization and reauthorization decisions within and across services, which were creating administrative burden for providers who are contracted with more than one plan and a lack of parity in the delivery of similar services for Members across the state, DHCS is working on standardizing Community Supports authorization and reauthorization periods for implementation in 2024.

Another issue raised by stakeholders relates to authorization processes and the time it can take for a provider to obtain an authorization, especially for a time sensitive service. Streamlined authorization policies, especially with providers that have a track record in submitting authorization requests that are almost always authorized, can help streamline access. As such, DHCS has encouraged MCPs to streamline authorization policies—such as presumptive or retrospective authorizations—especially for the Recuperative Care and Short-Term Post-Hospitalization Housing services, including from inpatient settings, emergency departments, and skilled nursing facilities.

DHCS is also continuing its work developing statewide referral standards in 2025 due to the number of disparate inputs, forms, and processes for referrals and authorizations witnessed across MCPs that's creating a high administrative burden for providers. DHCS expects MCPs to source most Community Supports referrals from the community, and that the use of internal data to identify potentially eligible Members should be balanced with active community-based outreach and engagement. To help mitigate these concerns, DHCS has begun work developing statewide standards containing the information needed to evaluation authorizations for some Community Supports. The Department has already engaged directly with MCPs and Community Supports providers in the design work, with the anticipation of rolling out the referral standards for statewide adoption in the first half of 2025.

Expanding Provider Networks and Streamlining Payment

Through the Model of Care submission and review process as well as a careful look at the data received through the QIMR, DHCS recognizes that MCPs may be missing opportunities to contract Community Supports providers that have special skills or expertise, and who know the members best. As a result, DHCS has implemented policies requiring partnerships with specific provider types with experience serving individuals with specialized needs in each region. MCPs must prioritize contracting with locally available community-based organizations that have experience working with eligible populations and delivering the outlined Community Supports services (e.g., supportive housing providers, skilled nursing facilities).

DHCS has completed its work updating and refining its ECM and Community Supports HCPCS Coding Options guidance and reinforcing standardized application of codes at the provider level. This was in response to feedback received that the original HCPCS code set was being applied differently by different MCPs leading to increased administrative burden for providers. DHCS re-issued the HCPCS Coding Guidance with the added clarification that MCPs must use the HCPCS coding options for Community Supports, as defined by DHCS, without additional codes or modifiers.

Finally, DHCS continues to reinforce existing timely provider payment requirements with its MCPs implementing Community Supports after receiving widespread reports of non-payment or delayed invoice payments by MCPs, especially to CBOs that are new to Medi-Cal managed care. Community Supports services are subject to timely claims payment requirements which were further reiterated and clarified through APL 23-

020.[30] DHCS has actively intervened and enforced the APL with MCPs that have had outstanding claims.

Strengthening Market Awareness

In the first few years of program implementation, DHCS noticed there was relatively low awareness among contracted providers and MCP internal staff about Community Supports and how to access them. In response, DHCS has reinforced existing guidance and worked to ensure that MCPs are proactively ensuring their contracted networks of providers are aware of Community Supports services, what the eligibility criteria are, and encourage and make clear the pathway for submitting referrals to the MCP. MCPs must also continue to train their call centers about how to take referrals for Community Supports.

DHCS has reiterated requirements pertaining to Member communications, specifically that MCPs must update their public-facing websites, Member Handbooks, and Provider Directories to include the most up-to-date information about the Community Supports they offer and how members can access them. DHCS monitors MCP websites and their member handbooks and follows-up with MCPs whenever gaps are identified. The DHCS Community Supports website also contains fact sheets and other language that MCPs may use. DHCS always welcomes and encourages additional and creative ways of getting the word out and continues to work with its stakeholders, MCPs, and Community Supports providers on these efforts.

Finally in this area, DHCS noticed that some MCPs were delivering services to address Members' HRSN that were funded through other mechanisms outside of Community Supports, such as through value-added services. Moving forward, DHCS is requiring MCPs that are delivering such services to evaluate and determine the feasibility of transitioning them into the Community Supports program. Doing so will increase the awareness of Community Supports across the communities where other similar services are currently being provided and will drive enrollment into Community Supports. This strategy also allows MCPs to take advantage of the funding DHCS has allocated for Community Supports. Evaluating the feasibility of transitioning existing services to Community Supports may involve modifying current eligibility criteria and confirming existing providers can meet the requirements to serve as a Community Supports

[30] https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-020.pdf

provider. DHCS stands ready to assist its MCP partners with focused technical assistance in this area.

Improving Data Exchange

For the first year of CalAIM implementation, DHCS issued data standards for information exchange between MCPs and ECM providers, but not between MCPs and Community Supports providers. In Spring 2023, DHCS released the new Community Supports Member Information Sharing Guidance to standardize Community Supports member information exchange. MCPs and Community Supports Providers were required to implement all standards incorporated by this guidance by September 1, 2023. All MCPs submitted attestations confirming their compliance with these new program requirements. DHCS updated this document again in December 2024 to incorporate new requirements for Closed-Loop Referral data exchange.

DHCS also updated its ECM and Community Supports Billing and Invoicing Guidance and its QIMR Guidance to accommodate these program changes and policy updates. The HCPCS Coding Guidance for ECM and Community Supports was updated and rereleased in early Q4 2023.

Further details about these policy refinements can be found in the Community Supports Policy Guide[31] on the DHCS ECM and Community Supports webpage. DHCS has also published an "Action Plan Update"[32] to help providers and other stakeholders navigate the ECM and Community Supports policy updates that summarizes the key policies, as well as the distinction between state-standardized policies and where there is flexibility for MCPs to define their own policies and procedures.

[31] https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

[32] https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Community-Supports-Action-Plan-Updates-Fall-2024.pdf

Progress on the Evaluation and Findings (STC B21):

On September 11, 2024, DHCS executed a contract with UCLA-RAND to evaluate all 14 Community Supports, including the 12 services authorized under the 1915(b) waiver and the 2 Community Supports authorized under the 1115 Waiver (short-term post-hospitalization services and recuperative care). Following this, DHCS submitted an Evaluation Design to CMS on October 17, 2024. The final Community Supports evaluation will include an assessment of all 14 Community Supports within a single Final Evaluation Report, which is due to CMS December 31, 2028. Of note, DHCS will also include findings on the two Community Supports authorized through the 1115 waiver in the Interim 1115 Evaluation Report due to CMS by December 31, 2025, if a waiver extension is requested.