CalAIM Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

August 26, 2026

How to Add Your Organization to Your Zoom Name

- Click on the “Participants” icon at the bottom of the window.
- Hover over your name in the “Participants” list on the right side of the Zoom window and click “More.”
- Select “Rename” from the drop-down menu.
- Enter your name and add your organization as you would like it to appear.

Agenda

12:00 – 12:05	Welcome and Introductions
12:05 – 12:20	H.R. 1 Updates
12:20 – 12:30	Transition of UIS Members to FFS: Impacts to D-SNP Members
12:30 – 12:40	Medicare Enrollment Data for Dual Eligible Members
12:40 – 12:50	Community Supports Data for Dual Eligible Members
12:50 – 1:00	2026 Q1 D-SNP Quality Data Highlights
1:00 – 1:05	EAE D-SNP Default Enrollment Pilot Data Update
1:05 – 1:25	Default Enrollment Plan Presentation & Discussion
1:25 – 1:45	CICM Plan Presentation & Discussion
1:45 – 1:55	Additional Stakeholder Q&A
1:55 – 2:00	Next Steps and Closing

Workgroup Purpose and Structure

- Serves as stakeholder collaboration hub for CalAIM MLTSS and integrated care for dual eligible members. Provides an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for Medicare and Medi-Cal.
- Open to the public. Charter posted on the Department of Health Care Services (DHCS) website.
- ***We value our partnership with plans, providers, advocates, beneficiaries, caregivers, and the Centers for Medicare & Medicaid Services (CMS) in developing and implementing this work.***

New Eligibility and Enrollment Changes Under H.R. 1

DHCS

H.R. 1 Key Medi-Cal Eligibility Changes (1 of 2)

Change	Description	Effective Date
Streamlining Eligibility Final Rules Moratorium	Pauses implementation and enforcement of some provisions in eligibility and enrollment federal rules that were focused on further improving noticing and processing timeframes at application and renewal and streamlining eligibility processes for the Aged and Disabled eligibility groups.	Immediate (7/1/24)
Amended Eligibility for Federally-Funded Medicaid	Changes who counts as a "qualified" immigrant for federally funded full-scope Medi-Cal.	10/1/26
Work Reporting Requirements	Requires adult expansion enrollees eligible for federally-funded Medicaid under the Affordable Care Act, also called the "New Adult Group" to work, study, or volunteer at least 80 hours per month unless exempt.	1/1/27
Six-Month Renewals	Requires the New Adult Group members to renew Medi-Cal every six months instead of once a year.	1/1/27

H.R. 1 Key Medi-Cal Eligibility Changes (2 of 2)

Change	Description	Effective Date
Reducing Duplicate Enrollment	Codifies requirement that all states update address information based on information received from other data sources such as the National Change of Address database and returned mail starting in 2027. Effective 2029, the federal government must establish a national database that will identify individuals who may be enrolled in Medicaid in more than one state.	1/1/27 and 10/1/29
Deceased Member Verification	Requires states to verify eligibility against the federal Death Master File on a quarterly basis, or a successor system, to identify deceased individuals who should no longer be enrolled in coverage.	1/1/27
Retroactive Medi-Cal Timeframes	Reduces retroactive coverage from three months to one month for New Adult Group members and two months for all other Medi-Cal members.	1/1/27
Cost-Sharing for New Adult Group	Requires states to implement copayments for certain New Adult Group members for some services while keeping essential care—like emergency, prenatal, and mental health visits—free.	10/1/28

DHCS H.R. 1 Implementation Plan

- On January 30, 2026, DHCS released an H.R. 1 Implementation Plan that outlines California's approach to implementing federally required Medi-Cal eligibility and enrollment changes.

- Key components of the H.R. 1 Implementation Plan include:
  - **Automate to protect coverage:** Use data to confirm eligibility and reduce paperwork.
  - **Communicate with clarity and connection:** provide plain-language, culturally appropriate information in all threshold languages.
  - **Simplify the renewal experience:** Streamline six-month renewal steps to help members stay enrolled.
  - **Educate and train those who serve Medi-Cal members:** Offer training and tools for counties and Coverage Ambassadors (community partners who share Medi-Cal information and help members navigate coverage).
  - **Provide timely and transparent communication:** Share updates early and through multiple channels so members have time to prepare.

Medi-Cal Changes for Certain Qualified Non-Citizens (QNCs)

Federal Medicaid Eligibility Changes

- On July 4, 2025, H.R. 1 (Public Law 119-21), which the Centers for Medicare & Medicaid Services (CMS) refers to as the Working Families Tax Cut (WFTC) legislation, was signed into law.
- The QNC statuses that will remain eligible for federal full scope Medicaid are:
  - Lawful Permanent Residents (LPRs) who are exempt from or have met the 5-year bar;
  - Cuban/Haitian entrants; and
  - COFA migrants.
- If an individual does not meet the eligibility requirements for federal full scope Medicaid, Federal Financial Participation (FFP) is only available for their emergency and pregnancy related services.
- **In California**, QNCs who do not meet the QNC eligibility requirements for federal full scope Medicaid are granted state-funded full scope until July 1, 2027, at which time this population will transition to restricted scope.

Medi-Cal Verification Requirements

- States are required to re-verify the immigration status for all Medi-Cal members who have a QNC status that is no longer eligible for federal full scope under Section 71109 starting October 1, 2026.

- If the state cannot electronically verify that the member's immigration status remains eligible for federal full scope Medicaid, the member must be given a reasonable period of time to provide new immigration status information to establish a status that will remain eligible for federal full scope Medi-Caid.

- If the state can electronically verify that the member's immigration status remains eligible for federal full scope Medicaid, their record must be updated to reflect the electronically verified status that meets the federal full scope Medicaid eligibility criteria.

Federal Medicare Eligibility Changes

Section 71201 implements restrictions on noncitizen eligibility for Medicare recipients.

New Applicants:	Existing Enrollees:
• Effective July 4, 2025, for new applicants. • Applicants in the impacted population may not enroll.	» Effective January 4, 2027, for existing members. » Members in the impacted population will be disenrolled.

SSA Notification and Timeline for Medicare

- Federal statute requires the Social Security Administration (SSA) to complete its review and identify impacted individuals by July 4, 2026.
- Identified members will then receive a formal notice from SSA informing them that their Medicare will be terminated effective January 4, 2027.
- Once the member’s Medicare is terminated, state buy-in will end and any open Medicare Savings Programs will be discontinued.

Questions?

Transition of Unsatisfactory Immigration Status Members to Fee-For-Service: Impacts to D-SNP Members

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UIS to FFS Transition: Overview

- On January 1, 2027, Medi-Cal members with Unsatisfactory Immigration Status (UIS) will be moved from Medi-Cal Managed Care to Fee-For-Service (FFS).
- This change is required by new federal guidance issued by the Centers for Medicare & Medicaid Services and is outlined in a State Medicaid Director Letter.
- Approximately 2 million Medi-Cal members will be impacted, including some dual eligible members.

UIS to FFS Transition: D-SNP Impacts

- Dual eligible members with UIS who are enrolled in a Medi-Medi Plan will be included in the transition from the Medi-Cal managed care delivery system to Medi-Cal FFS. Since Exclusively Aligned Enrollment (EAE) D-SNP membership is limited to individuals who are also enrolled in the affiliated Medi-Cal MCP, dual eligible Members with UIS are no longer eligible for enrollment in an EAE D-SNP effective January 1, 2027.
- Generally, expectations and requirements for Medi-Cal MCPs to support the transition will also apply to Medi-Medi Plans. DHCS is exploring additional expectations for D-SNPs related to the transition.

UIS to FFS Transition: Resources

- General information about the UIS to FFS transition can be found on the Medi-Cal Changes webpage: https://www.dhcs.ca.gov/medi-cal/updates/medi-cal-changes/
- The July Coverage Ambassadors meeting included an overview of the UIS to FFS transition: https://www.dhcs.ca.gov/wp-content/uploads/2026/07/July-2026-Coverage-Ambassadors-Presentation.pdf
- DHCS created a UIS Transition Policy Guide, which is intended to help guide Medi-Cal MCPs during this transition. The first version was released in July and will be updated on a flow basis as additional guidance is finalized: https://www.dhcs.ca.gov/wp-content/uploads/2026/08/UIS-FFS-Policy-Guide_d53ef5.pdf

Questions?

Medicare Enrollment Data for Dual Eligible Members

Medicare Delivery Systems for Dual Eligible Members

- **Original Medicare (Fee-for-Service):** The original system where Medicare pays providers for each service rendered.
- **Regular Medicare Advantage (MA):** Plans serve both dual eligible and Medicare-only members and are not required to have written agreements with DHCS for benefit and care coordination.

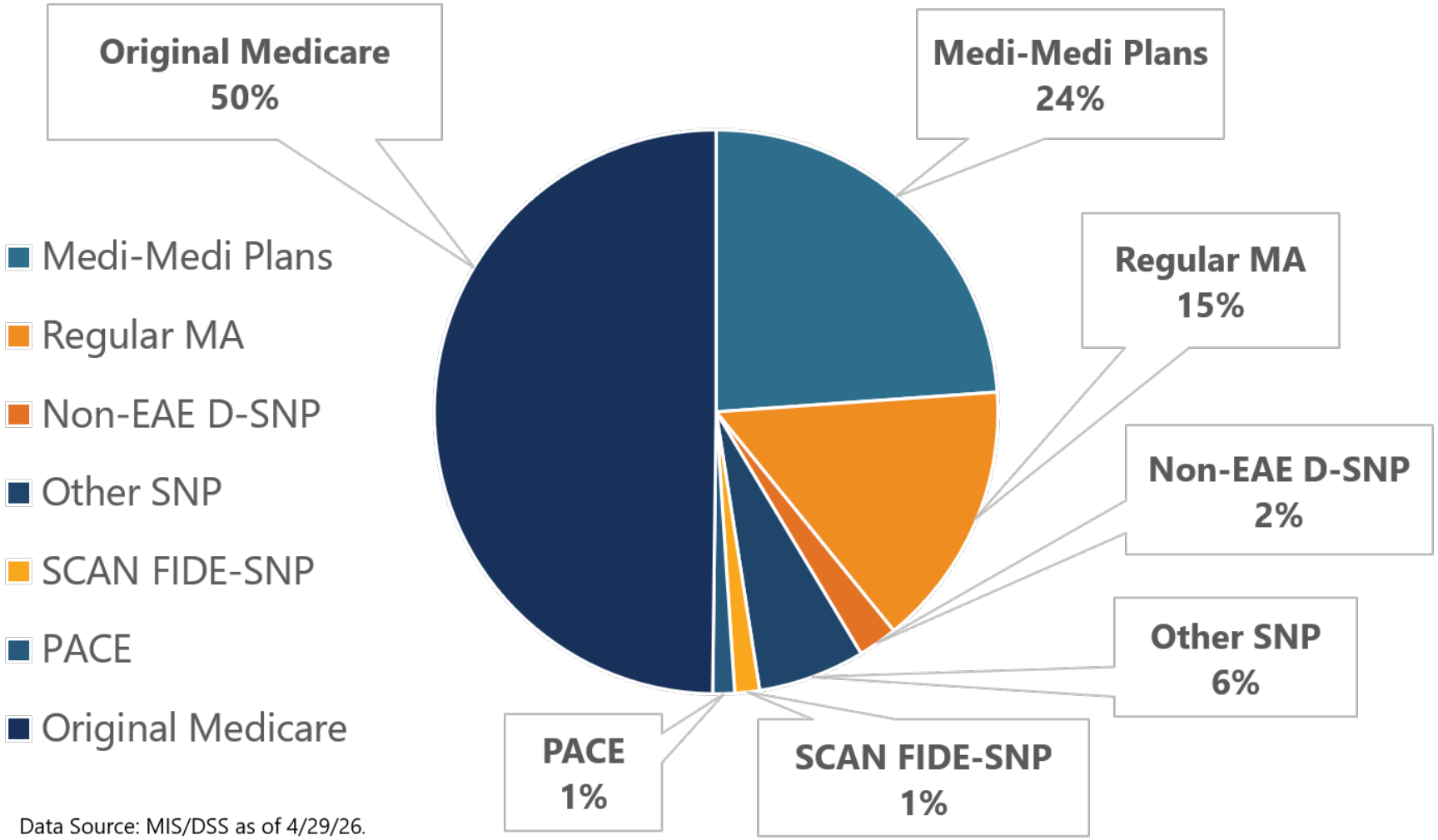
Medicare Delivery Systems for Dual Eligible Members (cont.)

- **Dual Eligible Special Needs Plans (D-SNPs):** Medicare Advantage plans that provide specialized care and wrap around services to members that are dually eligible for both Medicaid and Medicare. D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
  - **Medi-Medi Plans (EAE D-SNPs):** These plans meet integrated D-SNP care coordination requirements with integrated member materials and integrated appeals and grievances. Membership is limited to duals who are also enrolled in the Medi-Cal Managed Care Plan (MCP) affiliated with the D-SNP.
  - **Non-EAE D-SNPs:** These plans do not have an affiliated Medi-Cal MCP.
  - **Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP):** California has one FIDE SNP operated by SCAN that provides integrated Medicare and Medi-Cal benefits to dually eligible members.

Medicare Delivery Systems for Dual Eligible Members (cont.)

- **Other Special Needs Plans (SNPs):** Chronic Conditions Special Needs Plans (C-SNPs) and Institutional Special Needs Plans (I-SNPs).
- **Program of All-Inclusive Care for the Elderly (PACE):** PACE is an integrated care model that provides medical and long-term services and supports to individuals aged 55 and older who meet the criteria for a nursing facility level of care, most of whom are dually eligible. California has a number of PACE organizations.

Medicare Delivery System Enrollment for Dual Eligibles in California (January 2026)



Data Source: MIS/DSS as of 4/29/26.

Medi-Medi Plan Enrollment

Medi-Medi Plan Enrollment

- As of August 2026, enrollment across all Medi-Medi Plans is approximately **480,000**. This is about 95,000 more enrollees compared to August 2025, representing an increase of approximately 25%.

- As of August 2026, enrollment in the newly launched Medi-Medi Plans is approximately **6,300**.

- For new plans, the rate of growth since January 2026 is **191%.**

New Medi-Medi Plan	August 2026 Enrollment
Alameda Alliance for Health	272
CenCal CareConnect	647
Central California Alliance for Health	965
Community Health Plan of Imperial Valley	472
Contra Costa Health Care Plus	510
Gold Coast Health Plan	709
Health Plan of San Joaquin	346
Kern Family Health Care	1,221
San Francisco Health Plan	1,185

New Medi-Medi Plan Enrollment January to April

New Medi-Medi Plan	January 2026	February 2026	March 2026	April 2026
Alameda Alliance for Health	157	164	192	220
CenCal CareConnect	178	218	268	307
Central California Alliance for Health	330	477	513	616
Community Health Plan of Imperial Valley	169	212	250	301
Contra Costa Health Care Plus	154	238	269	300
Gold Coast Health Plan	259	362	453	511
Health Plan of San Joaquin	188	189	202	233
Kern Family Health Care	455	747	837	895
San Francisco Health Plan	283	467	509	608
Totals	**2,173**	**3,074**	**3,493**	**3,991**

New Medi-Medi Plan Enrollment May to August

New Medi-Medi Plan	May 2026	June 2026	July 2026	August 2026	Overall Rate of Growth (%)
Alameda Alliance for Health	236	255	257	272	73.2%
CenCal CareConnect	372	441	508	647	263.5%
Central California Alliance for Health	688	802	886	965	192.4%
Community Health Plan of Imperial Valley	357	419	446	472	179.3%
Contra Costa Health Care Plus	324	401	453	510	232.5%
Gold Coast Health Plan	555	620	681	709	173.7%
Health Plan of San Joaquin	284	308	339	346	84%
Kern Family Health Care	971	1,039	1,122	1,221	168.4%
San Francisco Health Plan	770	973	1,105	1,185	318.7%
Totals	**4,557**	**5,258**	**5,797**	**6,327**	**191.2%**

Existing Medi-Medi Plan Enrollment

Existing Medi-Medi Plan	August 2026 Enrollment
Anthem Blue Cross	102,762
Blue Shield	14,889
CalOptima	19,058
Community Health Group	10,102
Health Plan of San Mateo	8,515
Inland Empire Health Plan	38,373
Kaiser Foundation	144,485
L.A. Care Health Plan	30,838
Molina Healthcare	28,871
Santa Clara Family Health Plan	11,861
SCAN Health Plan	27,592
WellCare	35,960
Total	**473,306**

August 2026 D-SNP Enrollment

- There are 479,633 dual eligible members in Medi-Medi Plans.
- There are 36,102 dual eligible members in Non-EAE D-SNPs, which are closed to new enrollment.
- 93% of dual eligible members in D-SNPs are in Medi-Medi Plans.
- This enrollment information is available on this CMS webpage. CMS updates SNP enrollment monthly.

Questions?

Community Supports Data for Dual Eligible Members

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Enhanced Care Management (ECM) and Community Supports Data Overview

- The ECM and Community Supports Quarterly Implementation Report was refreshed in **July** and includes statewide data from **January 1, 2022, through December 31, 2025,** summarizing total Medi-Cal Members receiving ECM and Community Supports and key trends in enrollment, utilization, and provider capacity.

CalAIM Community Supports: Q2 2025-Q4 2025 Update

Dual Eligible Beneficiaries Receiving Community Supports (2022-Current)

Cumulative numbers of dual eligible members who received at least one Community Support:

- Q1 (2022) – 3,139
- Q2 (2022) – 4,511
- Q3 (2022) – 5,874
- Q4 (2022) – 7,917
- Q1 (2023) – 12,480
- Q2 (2023) – 19,044
- Q3 (2023) – 26,536
- Q4 (2023) – 38,277
- Q1 (2024) – 29,902
- Q2 (2024) – 34,494
- Q3 (2024) – 35,795
- Q4 (2024) – 41,762
- Q1 (2025) – 44,379
- Q2 (2025) – 50,454
- Q3 (2025) – 50,199
- Q4 (2025) – 50,329

Dual Eligible beneficiaries represent **~21%** of the total members who received Community Supports in Q4 2025.

For **Q4 2025**:

Age 21-64 – 14,895 members | Age 65+ – 35,423 members

Duals Receiving CS in Q4 2025

» Utilization Highlights for Dual Eligible Beneficiaries Receiving Community Supports in **Q4 2025**:

Housing Transition Navigation Services:
9,738 dually eligible members (about **15%** of the total)

Housing Deposits:
523 dually eligible members (about **15%** of the total)

Housing Tenancy and Sustaining Services:
4,769 dually eligible members (about **20%** of the total)

Recuperative Care (Medical Respite):
837 dually eligible members (about **14%** of the total)

Personal Care and Homemaker Services:
3,463 dually eligible members (about **62%** of the total)

Caregiver Respite:
3,349 dually eligible members (about **65%** of the total)

Short-Term Post-Hospitalization Housing
330 dually eligible members (about **11%** of the total)

Assisted Living Facility Transitions:
4,383 dually eligible members (about **82%** of the total)

Community or Home Transition Services:
502 dually eligible members (about **84%** of the total)

Medically Tailored Meals/Medically-Supportive Food:
25,509 dually eligible members (about **31%** of the total)

Environmental Accessibility Adaptations
1,919 dually eligible members (about **78%** of the total)

Duals Receiving Community Supports by Demographics (Q4 2025)

- Hispanic – 29%
- Asian/Pacific Islander – 8%
- White – 33%
- Black/African American – 13%
- Other – 3%
- Unknown – 13%
- American Indian/Alaska Native – <1%

Rounded to the nearest whole percentage (%)

- 41% Male
  59% Female
- 70% Age 65 and older;
  30% Ages 21-64.
- 7,732 Dual Members (~15%) Received Both ECM and at least One Community Support service

Questions?

2026 Q1 D-SNP Quality Data Highlights

Overview:
D-SNP Quality and Data Reporting

- In addition to existing CMS Medicare Advantage requirements, DHCS requires all D-SNPs to submit data on a series of state-specific requirements on a quarterly and annual basis.
- DHCS conducts completeness reviews and processes data reported by D-SNPs for publication on the DHCS website and the D-SNP Dashboard.
- The purpose of this presentation is to share updates on D-SNP data submitted for 2026 quarterly measures.

D-SNP Quality Measures

- The **ICP** measure captures the number of members with **individualized care plans** completed within 90 days of enrollment during the quarter.
- The **CICM** measure captures the number of eligible members who received **CICM services** during the quarter and the number of eligible members who received **in-person CICM care management** during the quarter.
- The **PAL** measure captures the number of members newly enrolled in **palliative care** services within the quarter.
- The **LTC** measure captures the number of members currently **residing in long-term care** for more than 90 days during the quarter.

ICP: Members With a Care Plan Completed

Quarterly Measure	Plan Type	Q1 2026
Total Members with a Care Plan Completed within 90 days of Enrollment	**Medi-Medi Plans and SCAN FIDE-SNP**	○ 31,140 ○ 66.4%
	Non-EAE D-SNPs	○ 4,199 ○ 74.5%
	All D-SNPs	○ 35,339 ○ 67.2%

CICM: Members Receiving CICM

Quarterly Measure	Plan Type	Q1 2026
Total Members that Received CICM Services	**Medi-Medi Plans and SCAN FIDE-SNP**	○ 18,099 ○ 35.2%
	Non-EAE D-SNPs	○ 2,174 ○ 28.2%
	All D-SNPs	○ 20,302 ○ 34.3%

CICM: In-Person Care Interaction

Quarterly Measure	Plan Type	Q1 2026
Total Members that Received CICM Services and had an In-person Interaction	**Medi-Medi Plans and SCAN FIDE-SNP**	○ 1,064 ○ 5.9%
	Non-EAE D-SNPs	○ 783 ○ 36%
	All D-SNPs	○ 1,847 ○ 9.1%

LTC: Long-Term Care

Quarterly Measure	Plan Type	Q1 2026
Total Members Currently Residing in LTC for More Than 90 Days	**Medi-Medi Plans and SCAN FIDE-SNP**	○ 2,238

Note: The LTC measure is not reported by Non-EAE D-SNPs

Questions?

EAE D-SNP Default Enrollment Pilot Update

EAE D-SNP Default Enrollment Pilot in California

- DHCS launched a D-SNP Default Enrollment Pilot with select Medi-Medi Plans in 2024.
- When a member enrolled in one of the pilot MCPs becomes eligible for Medicare (either due to age or disability), the member will receive two notices and will be automatically enrolled into their MCP's Medi-Medi Plan unless the member chooses a different Medicare option.

Limited Impact of EAE D-SNP Default Enrollment Pilot

- The pilot does NOT impact:
  - Dual eligible members who are already enrolled in Medicare, or
  - Individuals already enrolled in Medicare who newly enroll in Medi-Cal.
- This pilot impacts a small number of members each month.
  - For example, in San Diego County, 100 members in Community Health Group were D-SNP default enrolled in August 2026. And in San Mateo County, 21 members in Health Plan of San Mateo were D-SNP default enrolled in August 2026.

Plans Participating in the EAE D-SNP Default Enrollment Pilot

- On June 1, 2024, **Community Health Group (CHG) in San Diego** sent their initial 60-day notices.
- On January 1, 2025, **Health Plan of San Mateo (HPSM**) sent their initial 60-day notices.
- On May 1, 2025, **Kaiser Permanente in San Mateo** sent their initial 60-day notices.
- Plans have met with local stakeholders to discuss the pilot.

Community Health Group: Default Enrollment Data

Cohort (Month Member became eligible for Medicare)	% of Members who Enrolled in Plan via Default	% of Members who Disenrolled from Default Plan within 90 Days of Enrollment
January 2026	80.3%	4.8%
February 2026	68.9%	4.8%
March 2026	77.4%	9.4%
April 2026	76.6%	0%
May 2026	68.2%	5.7%
June 2026	79.4%	4.1%
July 2026	81.6%	0%
August 2026	77.5%	0%

Health Plan of San Mateo: Default Enrollment Data

Cohort (Month Member became eligible for Medicare)	% of Members who Enrolled in Plan via Default	% of Members who Disenrolled from Default Plan within 90 Days of Enrollment
January 2026	90.2%	5.4%
February 2026	73.7%	3.6%
March 2026	80.0%	5.6%
April 2026	83.3%	0%
May 2026	77.8%	4.8%
June 2026	76.2%	0%
July 2026	79.2%	0%
August 2026	75.0%	0%

Kaiser Permanente: Default Enrollment Data

Cohort (Month Member became eligible for Medicare)	% of Members who Enrolled in Plan via Default	% of Members who Disenrolled from Default Plan within 90 Days of Enrollment
January 2026	80.0%	25.0%
February 2026	100%	20.0%
March 2026	77.8%	57.1%
April 2026	100%	0%
May 2026	100%	16.7%
June 2026	85.7%	16.7%
July 2026	100%	0%
August 2026	100%	0%

Cumulative Default Enrollment Totals as of August 2026

- Since August 2024, **Community Health Group** enrolled **2,589** total members via default enrollment.
- Since March 2025, **Health Plan of San Mateo** enrolled **457** total members via default enrollment.
- Since July 2025, **Kaiser Permanente** enrolled **86** total members via default enrollment.

Note: These figures do not include the number of members who disenrolled after initially enrolling in the plan.

Expanding Default Enrollment

- DHCS is planning to expand the opportunity to participate in default enrollment to additional EAE D-SNPs that meet specific performance criteria on the following measures:
  - Network overlap between Medicare and Medi-Cal for primary and specialty care providers
  - SNP Care Management (CMS Part C Star Ratings Measure)
  - Rating of Health Plan (CMS Part C Star Ratings Measure)
- Details on the policy and timing for implementation will be available soon.

California Integrated Care Management (CICM)

DHCS

Care Coordination Approaches

- Medi-Cal Enhanced Care Management (ECM) is provided through Medi-Cal Managed Care Plans (MCPs) and providers, to select Medi-Cal members with complex needs.
- Due to the significant overlap across the federal D-SNP Model of Care and Medi-Cal ECM requirements, dual eligible members in D-SNPs do not receive Medi-Cal ECM from the MCP. Instead, dual eligible members in D-SNPs can receive California Integrated Care Management (CICM), which is similar to Medi-Cal ECM.
- Dual eligible members who are in Original Medicare or regular Medicare Advantage plans (not D-SNPs) receive Medi-Cal ECM through their MCP if they meet eligibility requirements.

California Integrated Care Management

- CICM refers to the California-specific requirements for integrated care coordination for specific vulnerable populations covered by D-SNPs.
- Per federal guidance, D-SNPs must provide robust care coordination to members. CICM layers state-specific requirements on top of federal D-SNP requirements.
- CY 2026 CICM requirements replaced the CY 2024 and CY 2025 "ECM-like care management" requirements for D-SNPs.
  - CICM policy applies to members who may be eligible to receive Medi-Cal ECM from their MCP.
  - CICM requirements also address an additional vulnerable population: Adults with Documented Dementia Needs.

CY 2026 D-SNP State-Specific CICM Requirements

- CICM includes three major elements:
  - **CICM Populations**
    - The CICM populations reflect Medi-Cal ECM Populations of Focus with the addition of Adults with Documented Dementia Needs.
  - **CBO Contracting**
    - DHCS **recommends** that D-SNPs contract with community-based organizations (CBOs) to provide care management to specific CICM populations.
  - **In-Person Engagement**
    - In addition, DHCS **encourages** plans to provide care management to these CICM populations primarily through in-person interactions.
    - For the Adults Experiencing Homelessness CICM population, D-SNPs are **required** to provide in-person care.

Continuity of Care: Medi-Cal ECM to CICM

- For Members who join a D-SNP and are already receiving Medi-Cal ECM from their MCP, D-SNPs shall provide ongoing continuity of care with existing Medi-Cal ECM providers, when possible, for up to 12 months.

Open Discussion

Please raise your hand or type your question in the chat.

DHCS

Next Steps

- The next MLTSS and Duals Integration Workgroup meeting is scheduled for **Wednesday, December 9, 2026, at 12 PM**. Please register for the meeting.
- Please visit the Workgroup webpage to find agendas and an archive of past meeting information.

Thank You!