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

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

November 14, 2024

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.
  - For example: Cassidy Acosta – Aurrera Health Group

Agenda

- Welcome and Introductions
- Medicare Enrollment Data for Dual Eligible Members and D-SNP Dashboard
- 2025 D-SNP State Medicaid Agency Contract (SMAC) and Policy Guide Updates
- 2024 EAE D-SNP Default Enrollment Pilot Updates
- Update on 2026 Local Plan Implementation
- Medicare Special Enrollment Period Changes for 2025
- DHCS Medi-Cal Gap Analysis and Multi-Year Roadmap Project
- Spotlight on Medically Tailored Meals (MTM)
- Enhanced Care Management (ECM) and Community Supports (CS) Data Update
- Next Steps and Future Meeting Topics

Workgroup Purpose and Structure

- Serve as stakeholder collaboration hub for CalAIM MLTSS and integrated care for dual eligible beneficiaries. Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes 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.***

Medicare Enrollment Data for Dual Eligible Members and D-SNP Dashboard

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Update: Medicare Enrollment Data for Dual Eligible Members

Reminder: Medicare Delivery Systems for Dual Eligible Beneficiaries

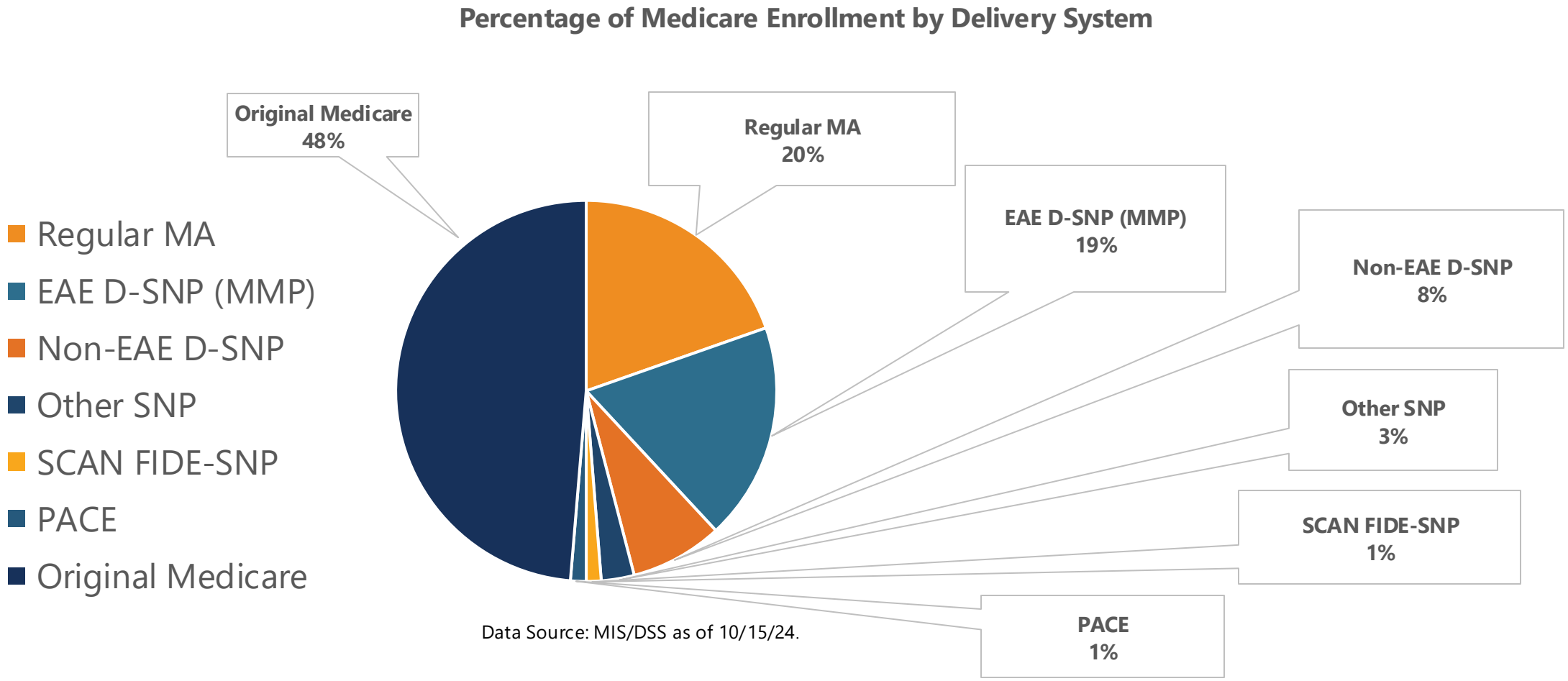
- **Original Medicare (Fee-for-Service):** The original system where Medicare pays providers for each service rendered.
- **Regular Medicare Advantage (MA):** Plans serve both dual eligible and Medicare-only members and are not required to have written agreements with DHCS for benefit and care coordination.
  - **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, integrated appeals & grievances, and membership is limited to dual eligible members who are also enrolled in the Medi-Cal Managed Care Plan (MCP) affiliated with the D-SNP.
    - **Non-EAE D-SNPs:** These plans either have an affiliated Medi-Cal MCP but are not in counties that offer Medi-Medi Plans yet or are do not have an affiliated Medi-Cal MCP.

Medicare Delivery Systems for Dual Eligible Beneficiaries (cont.)

» Other Integrated Care Options

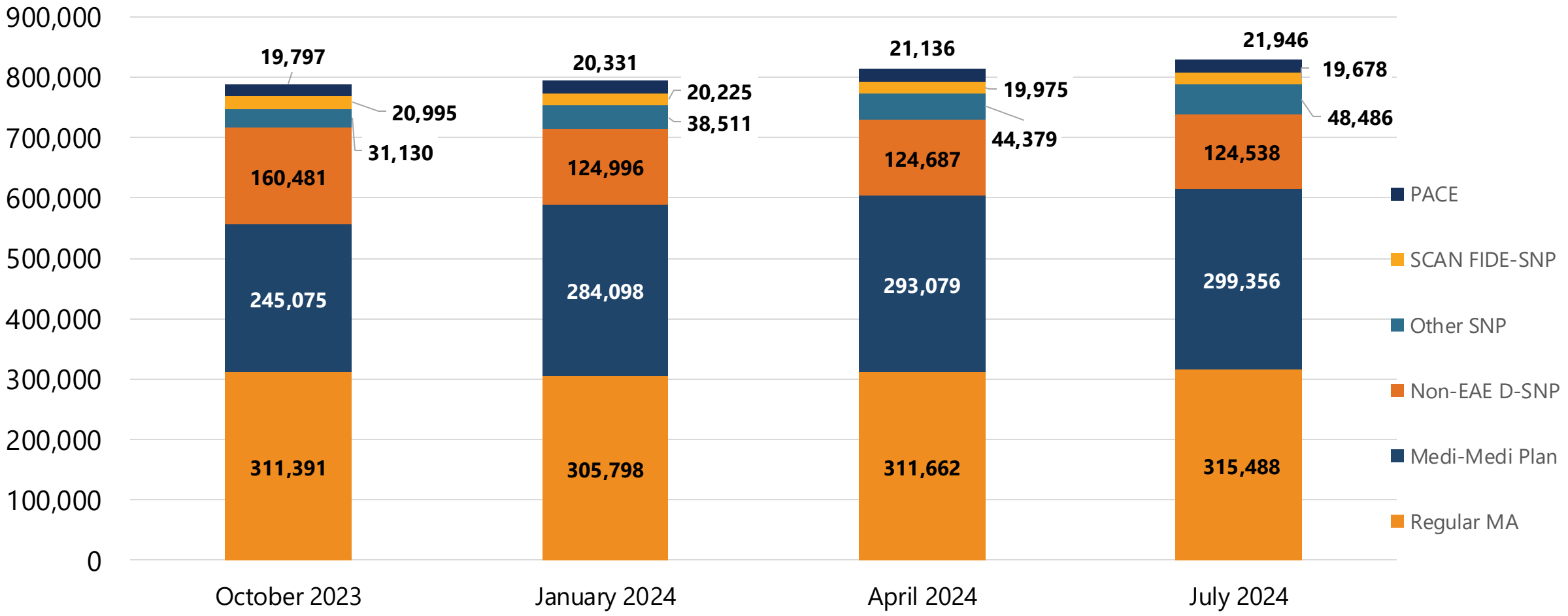
- **Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP):** California has one FIDE SNP operated by SCAN that provides integrated Medicare and Medi-Cal benefits to dually eligible members.
- **Program of All-Inclusive Care for the Elderly (PACE):** PACE is an integrated care model that provides 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.
- **Other Special Needs Plans (SNPs):** Examples include Chronic Conditions Special Needs Plans (C-SNPs) and Institutional Special Needs Plans (I-SNPs).

Medicare Delivery System Enrollment for Dual Eligibles in California (July 2024)



Data Source: MIS/DSS as of 10/15/24.

Point-In-Time Medicare Advantage Delivery System Enrollment



D-SNP Dashboard: 2023 Annual Measures

D-SNP Dashboard Report

- 2023 DHCS state annual measures for all D-SNPs are available for publication shortly.
- State measures for D-SNPs are in addition to federal Medicare measures that are published by CMS such as STAR ratings.
- D-SNP Dashboard is available on the DHCS website.

2023 D-SNP Dashboard Annual Measures

- Percentage of Members with Documented Discussions of Care Goals:
  - 98% of members in Medi-Medi Plans.
  - 76% of members Non-EAE D-SNPs.
- Number of Members to Care Coordination Ratio
  - The statewide average is 231 members to care coordinators in Medi-Medi Plans.
  - The statewide average 329 members to care coordinators in Non-EAE D-SNPs.
- Annual Count of Emergency Room Behavioral Health Services Utilization per 10,000 Member Months:
  - The statewide average is 135 for Medi-Medi Plans.
  - The statewide average is 160 for Non-EAE D-SNPs.

2023 Mild Cognitive Impairment (MCI) Cognition Assessed of Members Aged 65+

- Starting in 2023, D-SNPs were required to report on the percentage of patients aged 65 and older who received an annual cognitive assessment.
  - Medi-Medi Plan providers performed a cognitive assessment for 6% of eligible members.
  - Non-EAE Plan providers performed a cognitive assessment for 4% of eligible members.
- Details on the MCI reporting requirement, including screening tools, exclusions, and eligible population, is available in the 2023 D-SNP Reporting Requirements Technical Specifications.

MCI Measure Specifications

- **Description**: Percentage of patients aged 65 and older who had cognition assessed in the last calendar year.
- **Numerator**: Patients who had cognition assessed at least once during the measurement period.
- **Denominator**: Patients aged 65 and older.
  - **Required Exclusions** (removed from denominator): Patients with a prior diagnosis of Mild Cognitive Impairment or dementia, to prevent duplicative measurement.
  - **Allowable exclusions** (removed from denominator): For example, patient declines cognitive health assessment (CHA), patient is unable to participate in a CHA, and patient previously had a cognitive assessment in the measure period and prior results noted. The full list of allowable exclusions is provided in the technical specifications.

MCI Screening Tools

- D-SNPs are encouraged to reference and direct providers to the Dementia Care Aware website and associated resources, available at: https://www.dementiacareaware.org/.
- DCA's CHA is a readily accessible tool for this screening. AAN has a list of validated objective tools providers must use to screen for dementia, including:
  - Mini-Cog©(4),
  - Mini-Mental State Examination (MMSE)(1-2),
  - Cognitive Health Assessment (CHA),
  - Neuropsychological assessment results,
  - The AD8 Dementia Screening Interview
- Note: Additional guidance, including the full list of screening tools, is available from the American Academy of Neurology and included in the D-SNP Policy Guide. Clinician judgment is needed in selecting and interpreting the appropriate tool.

2025 D-SNP SMAC and Policy Guide Updates

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2025 EAE and Non-EAE SMAC Templates

- Reminder: All D-SNPs must have a State Medicaid Agency Contract (SMAC) with DHCS.
- DHCS has finalized SMAC templates, which reflect feedback from stakeholders, advocates, and plans and align with CalAIM integration goals for 2025.
- SMACs were shared with plans for review and signature in early June.
- The CY2025 EAE and Non-EAE SMAC boilerplates are available on the DHCS website.

2025 EAE versus Non-EAE SMAC Sections

Section	EAE	Non-EAE
Care Coordination	✓	✓
Information Sharing	✓	✓
Integrated Materials	✓	
Supplemental Benefits	✓	
Quality and Data Reporting	✓	✓
Consumer Participation in Governance Boards	✓	✓
Provider Network Reporting Requirements	✓	✓
Continuity of Care	✓	✓
Medicare Encounter Data Reporting	✓	✓
Integrated Appeals and Grievances	✓	

**Note: This table does not cover every section of the SMAC*

2025 SMAC and D-SNP Policy Guide

- The 2025 EAE and Non-EAE SMAC templates refer to the 2025 CalAIM D-SNP Policy Guide.
- Similar to 2024, the 2025 Policy Guide will contain multiple chapters with detailed operational requirements and instructions for D-SNPs. It is available on the DHCS website. DHCS intends to release D-SNP Policy Guide chapters on a rolling basis throughout the summer and fall of 2024.

Proposed CY2025 D-SNP Policy Guide Chapters

- Care Coordination (released December 2023)
- Integrated Materials and Marketing for EAE D-SNPs (revised June 2024)
- Coordination with Dental Benefits (Released July 2024)
- Network Guidance (Released September 2024)
- Medicare Continuity of Care (Released September 2024)
- Quality Metrics and Reporting Requirements
- Medicare Encounter Data

2024 vs. 2025 D-SNP Policy Guide

Section	2024		Proposed 2025	
	EAE	Non-EAE	EAE	Non-EAE
Care Coordination	✓	✓	✓	✓
Network Guidance	✓	✓	✓	✓
Medicare Continuity of Care	✓	✓	✓	✓
Quality and Reporting Requirements	✓	✓	✓	✓
Integrated Materials and Marketing	✓		✓	
Coordination with Dental Benefits	✓	✓	✓	✓
Medicare Encounter Data Submission	Forthcoming		**TBD**	

**2024 D-SNP Policy Guide Appendices Include: 2024 CA-Specific MOC Matrix, LTSS Questions, Dental Benefits Fact Sheet, and Scenarios for ECM CoC*

2025 D-SNP Policy Guide Network Guidance (Overlap) Chapter and Medicare Continuity of Care Chapter

Network Guidance (Overlap) and Medicare Continuity of Care for D-SNPs

- On September 6, DHCS released the Network Guidance chapter and the Medicare Continuity of Care chapter of the 2025 D-SNP Policy Guide.
- The Network Guidance Chapter requires Medi-Medi Plans to report to DHCS the percent of contracted Medi-Cal providers and facilities that are also contracted Medicare providers and facilities to show how aligned the networks are.
  - The goal of aligning D-SNP's Medicare and Medi-Cal networks is to ensure continuity of access to providers across Medi-Cal and Medicare for members transitioning from Medi-Cal only to dual eligibility.
- There were no substantial revisions made to either chapter for 2025.

2024 EAE D-SNP Default Enrollment Pilot Updates

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2024 EAE D-SNP Default Enrollment Pilot in California

- DHCS launched a D-SNP Default Enrollment Pilot in 2024 with a Medi-Medi Plan in San Diego county in mid-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 integrated D-SNP, unless the member chooses a different Medicare option.

Limited Impact of 2024 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, 157 members in Community Health Group newly eligible for Medicare in August 2024.

Plans Participating in the 2024 EAE D-SNP Default Enrollment Pilot

- Starting on June 1, 2024, **Community Health Group (CHG) in San Diego** sent their initial 60-day notices.
- Starting on December 1, 2024, **Health Plan of San Mateo (HPSM**) will send their initial 60-day notices.
- CHG and HPSM have met with local stakeholders to discuss the pilot.

Community Health Group: Default Enrollment Data

Cohort (Month Member became eligible for default)	% of Members who Enrolled in Plan via Default	% of Members who Disenrolled in Default Plan After 90 Days of Enrollment
August	78.4%	3.3%
September	66.3%	3.5%
October	63.5%	N/A

EAE D-SNP Default Enrollment Pilot Health Plan Outreach

- In the Default Enrollment pilot, a member will receive a written notice both 60-days and 30-days before the month they become eligible for Medicare.
  - This notice will come with a choice to join a Medi-Medi Plan and information about how a member can decline enrollment prior to the effective date.
  - The notices include contact information of organizations that can help members make a choice, including the Health Insurance Counseling and Advocacy Program (HICAP), the Medicare Medi-Cal Ombudsman Program (MMOP), and Medicare.gov.
- A member will also receive a phone call from their Medi-Cal Plan.
- Notices were reviewed by advocates, stakeholders, DHCS, and CMS.

Making a Medicare Choice

- If a member is eligible for the Default Enrollment Pilot, they can still choose their Medicare coverage:
  - **Option 1**: If a member wants to be enrolled in their Medi-Cal plan's Medi-Medi Plan, they don't have to do anything. Enrollment in a Medi-Medi Plan will start the month the member becomes eligible for Medicare.
  - **Option 2**: If a member does **not** want their Medi-Cal plan to provide their Medicare coverage, they can choose another option, such as Original Medicare or another Medicare Advantage plan.
- Beneficiary enrollment in Medi-Medi Plans is **voluntary**.
  - Members have the option to choose which Medicare delivery service they enroll in.

D-SNP Default Enrollment Pilot Continuity of Care

- In most cases, members can keep their primary care physician or specialist when they join a Medi-Medi Plan. Members won't pay a premium, or pay for doctor visits or other medical care, if they go to a provider that works with their Medi-Medi Plan.

Questions?

2026 Local Plan Implementation Update

Medi-Medi Plans

- As a reminder, **Medi-Medi Plans** are a type of Medicare Advantage plan in California that are only available to dual eligible beneficiaries.
- Beneficiaries enrolled in a Medi-Medi Plan receive coordinated services. Technically, their Medicare benefits are through a Dual Eligible Special Needs Plan (D-SNP) and their Medi-Cal benefits are through a Medi-Cal Managed Care Plan (MCP).

D-SNP + MCP

Medi-Medi Plan

D-SNP provides care coordination and Medicare services, such as:

- Hospitals
- Doctor visits
- Prescription drugs

MCP provides wrap-around services, such as:

- Medicare cost-sharing
- Long-Term Services and Supports (LTSS)
- Transportation

Local Plan 2026 D-SNP Readiness

- The 10 Local Plans listed below are working with DHCS, DMHC, and CMS MMCO to implement EAE D-SNPs on January 1, 2026:
  - Alameda Alliance for Health, CenCal Health, Central California Alliance for Health , Community Health Plan of Imperial Valley, Contra Costa Health Plan, Gold Coast Health Plan, Health Plan of San Joaquin, Kern Health Systems, Partnership Health Plan of California, and San Francisco Health Plan
- The Local Plans that are implementing EAE D-SNPs in 2026 submitted their Notice of Intent to Apply (NOIA) to CMS by November 11, 2024.
- In February 2025, these plans will submit their Medicare Advantage application to CMS.
- Dual eligible beneficiaries living in the counties where the ten Local Plans operate will be able to enroll in one of these new EAE D-SNPs beginning in the 2025 Medicare Annual Enrollment Period, between October 15 – December 7, 2025.

Medi-Medi Plan Enrollment and Expansion

- Beneficiaries can join a Medi-Medi Plan if they:
  - Have both Medicare Part A and B, and Medi-Cal;
  - Are 21 years or older; and
  - Live in one of the counties that offers Medi-Medi Plans
- In 2024, approximately 26% of all dual beneficiaries in the following 12 counties are enrolled in a Medi-Medi Plan. This is approximately 310,000 members.
  - Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare.
  - A list of Medi-Medi Plans by county is available on the DHCS website.
- In 2026, Medi-Medi Plans will be available in 30 additional counties:
  - Alameda, Alpine, Amador, Calaveras, Contra Costa, Del Norte, El Dorado, Humboldt, Imperial, Inyo, Kern, Lake, Marin, Mariposa, Mendocino, Merced, Mono, Monterey, Napa, San Benito, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tuolumne, and Ventura.

Medi-Medi Plans in California Counties

Plans are currently available

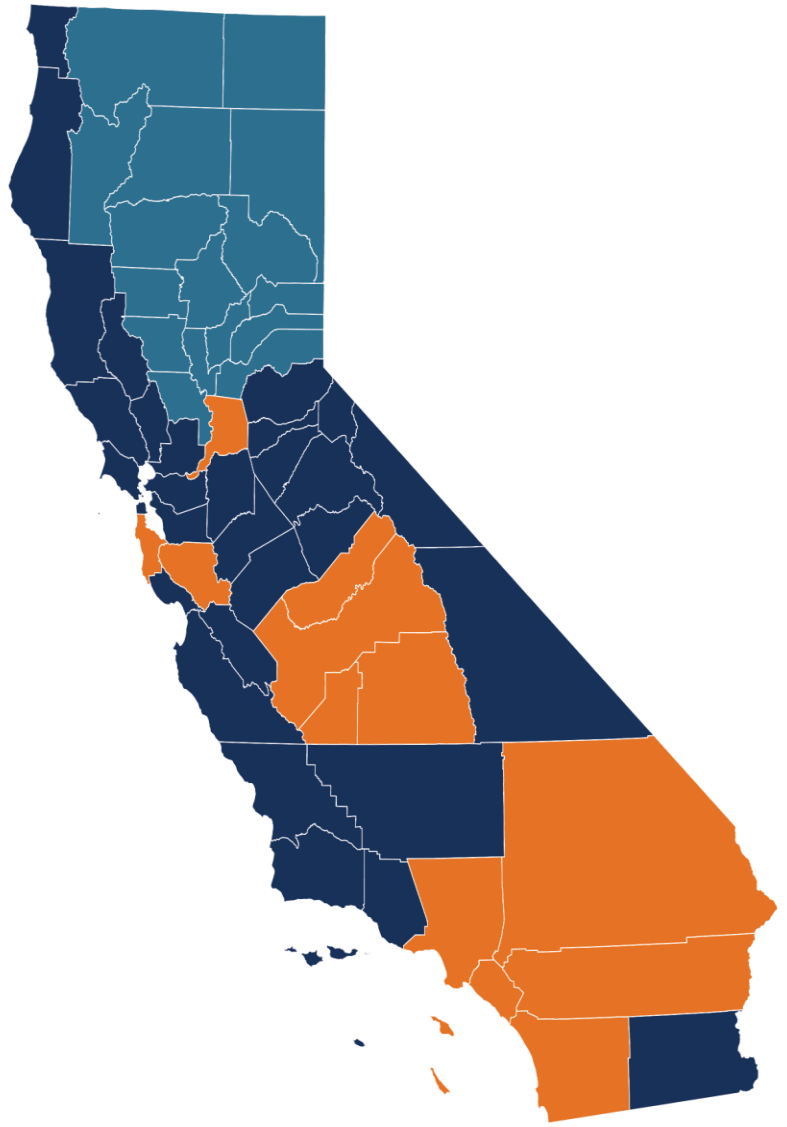
Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare

Plans will be available starting 2026

Alameda, Alpine, Amador, Calaveras, Contra Costa, Del Norte, El Dorado, Humboldt, Imperial, Inyo, Kern, Lake, Marin, Mariposa, Mendocino, Merced, Mono, Monterey, Napa, San Benito, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tuolumne, and Ventura

Plans phased in after 2026

Butte, Colusa, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Yolo, and Yuba



Medicare Special Enrollment Period Changes for 2025

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Medicare Choices for Dual Members

- People dually eligible for Medicare and Medi-Cal can change their Medicare Advantage and Medicare drug coverage for any reason. The usual times to make changes are the Medicare Open Enrollment Period (October 15 – December 7) or the Medicare Advantage Open Enrollment Period (January 1 – March 31).
- In addition, Medicare Special Enrollment Periods (SEPs) allow dually eligible members to make changes at other times of the year. The full list of SEPs is available on the CMS website.
- If you have questions or need help making enrollment changes, call:
  1-800-MEDICARE (1-800-633-4227).

Medicare Special Enrollment Period (SEP) Changes for 2025

- Starting January 1, 2025, Medicare will allow dually eligible members to switch to Original Medicare with a stand-alone prescription drug plan once-per-month.
- In addition, a new type of SEP for integrated care will allow dually eligible members to choose a Medi-Medi Plan or SCAN Connections once-per-month, in any month of the year. Members can continue to enroll in PACE in any month of the year, if they meet PACE enrollment criteria.
- The quarterly SEP for dually eligible members will be discontinued in 2025.
- Dually eligible members will not be able to enroll in, or change, Regular Medicare Advantage plans or other Special Needs Plans outside of the usual times, except if a different SEP applies, such as moving to a different county.
- Further information can be found on the DHCS webpage.

Resources: Dual/LIS SEP and Integrated Care SEP

- A full list of 2025 integrated D-SNPs that can use the integrated care SEP to enroll full-benefit dually eligible individuals once-per-month can be found on the CMS.gov website.
- The New SEPs for Dually Eligible and LIS Individuals resource designed by CMS is available to help those who assist dually eligible and LIS-only eligible individuals choose their Medicare coverage.

Questions?

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DHCS Medi-Cal Gap Analysis and Multi-Year Roadmap Project

DHCS

Welcome, Introductions, Agenda

Introductions

- **Joseph Billingsley**, Assistant Deputy Director, Health Care Delivery Systems, Department of Health Care Services (DHCS)
- **Patricia Rowan**, Principal Researcher, Mathematica

Agenda

- Introductions
- Overview of the Medi-Cal Gap Analysis and Multi-Year Roadmap project
- Timeline for major activities and stakeholder engagement
- Managed care integration of select 1915(c) Home and Community-Based Services (HCBS) Waivers
- Discussion

DHCS Medi-Cal Gap Analysis and Multi-Year Roadmap Goals

- Identify and analyze opportunities to close gaps in access to HCBS
- Develop strategies to close identified gaps through transitions to managed care for select HCBS programs
- Improve health outcomes, member satisfaction, and health equity for Medi-Cal HCBS users in California

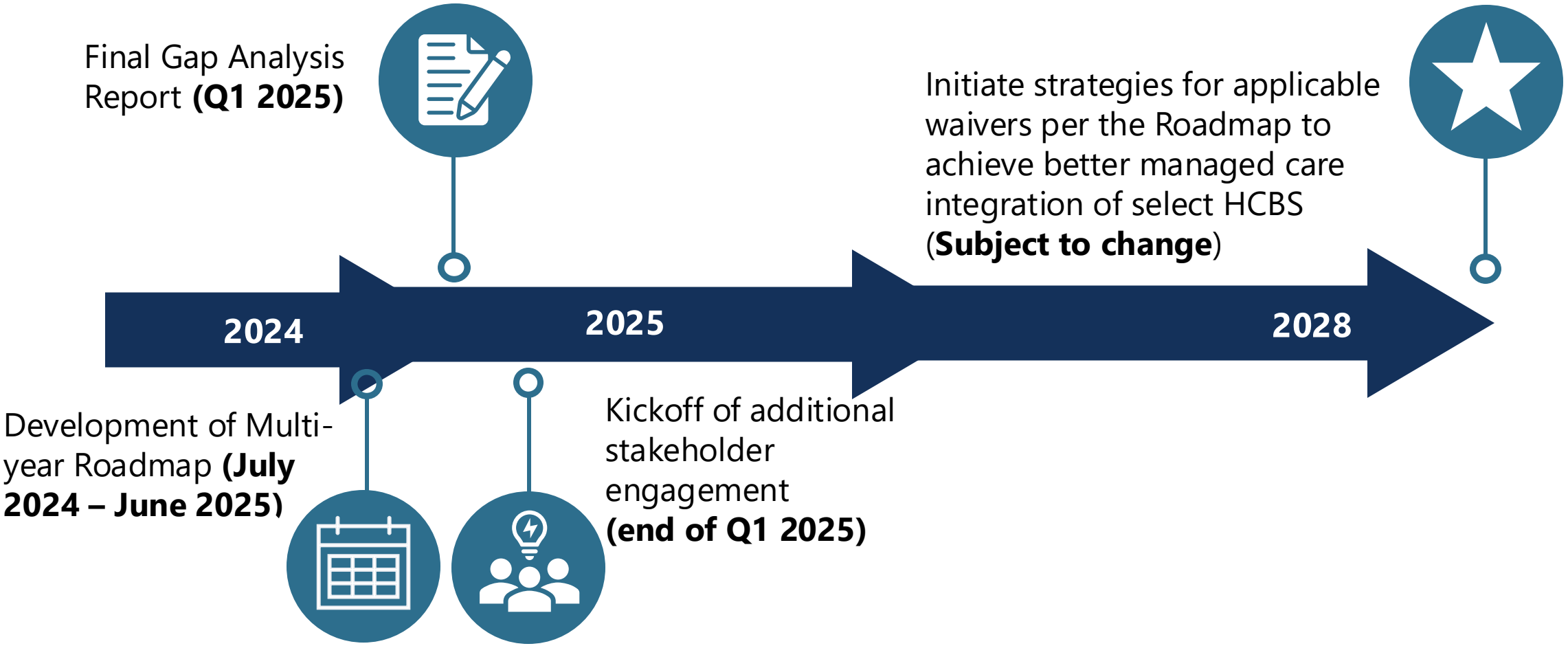
Gap Analysis of Medi-Cal HCBS and MLTSS

- **Final Gap Analysis report under internal review at DHCS**
  - Expected public release in early 2025
- **Analyses focused on five objectives:**
  - Reduce inequities in access and services
  - Meet client needs
  - Increase program integration and coordination
  - Improve quality
  - Streamline access
- **Involved extensive stakeholder input on gaps in access to HCBS and suggestions for addressing the gaps:**
  - Four public stakeholder meetings
  - 16 listening sessions with over 150 Medi-Cal HCBS recipients and their caregivers
  - Over 50 interviews with providers, waiver agencies, and managed care plans
  - A statewide survey of HCBS providers

Multi-Year Roadmap to Move Select HCBS into Managed Care

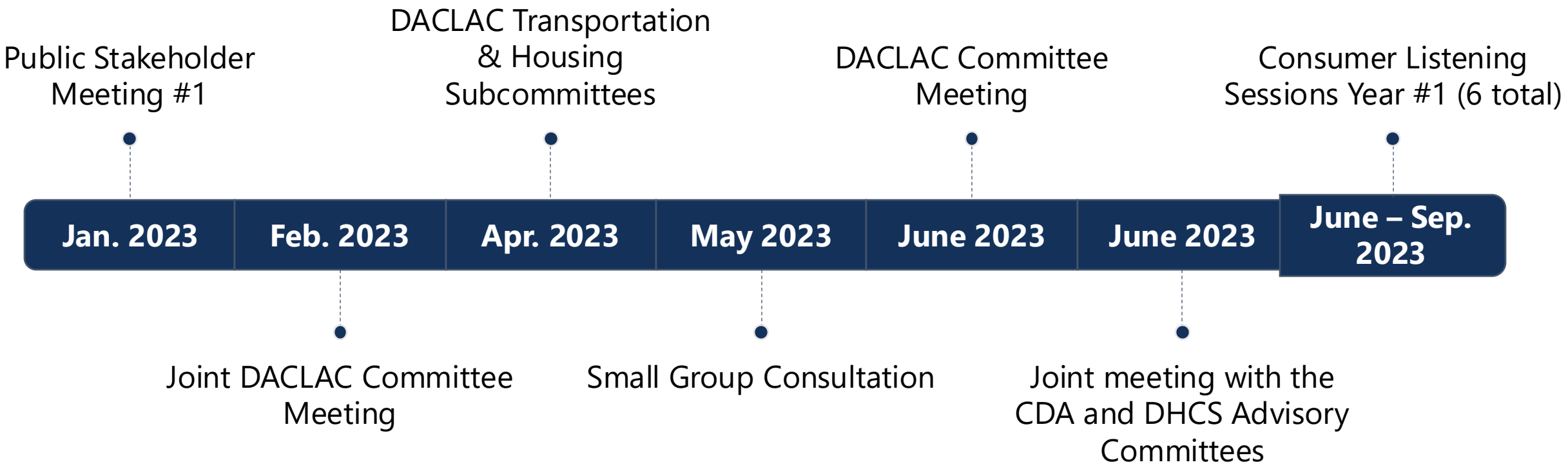
- Make recommendations to address gaps identified in gap analysis report
- Informed by state agency planning meetings about potential approaches
- Recommendations will include specific steps to transition select HCBS programs into managed care and associated timelines
- Recommendations will be reviewed with DHCS leadership in January 2025
- Continued input from stakeholders will inform the development and implementation of the plan

Performance Timeline for Major Activities



Stakeholders updated throughout project

Review of Stakeholder Engagement to Date and Upcoming Opportunities



Review of Stakeholder Engagement to Date and Upcoming Opportunities (Cont.)

Managed Care Integration of Select HCBS

- **DHCS has not established a set timeline or transition date for managed care integration**
- Currently holding early-stage cross-department internal discussions and exploration
- Programs being considered for managed care integration
  - Home and Community-Based Alternatives (HCBA)
  - Assisted Living Waiver (ALW)
  - Multipurpose Senior Services Program (MSSP)
- Neither the In-Home Supportive Services (IHSS) program nor the Waivers administered by the CA Department of Developmental Services are currently being considered to integrate to managed care
- Key MLTSS program design options will be shared with stakeholders for input and feedback beginning in early 2025

Discussion

- As we prepare for additional stakeholder engagement, please help us consider:
  - What topics would be most beneficial for stakeholder discussion and input related to managed care integration and implementation?
  - What are your biggest questions about the managed care transition?
  - What additional forums should DHCS use to provide updates and receive input?

Resources

- For additional information about the DHCS Medi-Cal Gap Analysis and Multi-Year Roadmap, see: https://www.dhcs.ca.gov/services/ltc/Pages/-MFP-Supplemental-Funding-Opportunity.aspx
- Questions and feedback can be sent by email to: HCBSGapAnalysis@dhcs.ca.gov

Questions?

DHCS

Community Supports (CS) Spotlight on Medically Tailored Meals (MTM)

DHCS

CalAIM Community Supports: Medically Tailored Meals/ Medically-Supportive Food

History of Medically Tailored Meals

- The Medically Tailored Meals (MTM) Pilot Program was launched in 2018 in eight counties. It focused on beneficiaries with a diagnosis congestive heart failure and aimed to reduce hospital and emergency department readmissions.
- Under the Whole Person Care pilot, managed care plans began to offer MTMs and evaluation found evidence of reduced hospital stays and healthcare costs.
- The success of the MTM Pilot Program and similar offerings through WPC encouraged DHCS to include MTM in CalAIM.

Service Definition: Medically Tailored Meals

The full service definition can be found in the Community Supports Policy Guide.

- MTM
  - **Delivered to home** after hospitalization
  - Meet unique dietary needs
  - Help from **registered dietician** or other professional
  - Medically tailored **groceries**
  - Healthy **food vouchers**
  - Behavioral, cooking, nutrition **education**
  - **Food pharmacies**

Service Limitations

- Up to **two (2) meals per day for up to 12 weeks** (longer if medically necessary).
- Meals that are eligible for or reimbursed by alternate programs **are not eligible.**
- Meals **are not covered** to respond solely to food insecurities.

Why Do Medically Tailored Meals Matter?

- Address poor health outcomes associated with food insecurity
- Support complex care needs
- Support specialized dietary requirements
- Manage chronic conditions
- Reduce hospitalizations

MTM Member Utilization

» The number of Dual Eligible Beneficiaries receiving Medically Tailored Meals/Medically Supportive Food continues to grow:

- Q1 2023: 4,000+
- Q2 2023: 7,150+
- Q3 2023: 10,750+
- Q4 2023: 15,550+
- Q1 2024: **21,749**

~442% more Dual Eligible Beneficiaries received MTM/MSF in Q1 2024 relative to Q1 2023.

Medically Tailored Meals/Medically Supportive Foods (MTM/MSF)

Thursday, November 14, 2024

Melen Vue, Program Manager III

Systems of Care, Health Net

DHCS

health net

Coverage for Every Stage of Life

- Health Net serves members through Medi-Cal, Wellcare, Ambetter, small business and large employer plans.
- More than 85 percent of our members (in all 58 counties for commercial and 14 counties for Medi-Cal) have coverage through a government-sponsored plan.
- Medical Plan in 14 counties
  - 2.1M+ Medi-Cal Members
  - 509K+ Marketplace and Commercial Group Members
  - 148K+ Medicare Members
  - 119K+ Providers and 264 Hospitals

Medicare will no longer cover post-acute meals effective 1/1/2025

2024
Amador
Fresno
Imperial
Kern
Kings
Los Angeles
Madera
Orange
Placer
Riverside
Sacramento
San Bernardino
San Diego
San Francisco
San Joaquin
San Mateo
Santa Clara
Solano
Stanislaus
Sutter
Tulare
Ventura
Yolo

CalAIM Overview

- DHCS has developed a multi-year initiative which is intended to improve the quality of life and health outcomes of our Medi-Cal population by implementing a broad delivery system program, and payment reform across Medi-Cal program.
- Two significant programs within CalAIM that began 1/1/2022 to support Medi-Cal members.
  - **Enhanced Care Management** (ECM) provides a whole-person approach to care coordination that addresses clinical and non-clinical circumstances of high-need Medi-Cal members and achieve better health outcomes.
  - **Community Supports** are designed to be used to provide health-related services as an alternative to covered Medi-Cal benefits. Community Supports will be integrated with care management for members at high levels of risk and are intended to address SDOH in a way that is cost-effective.

Role of MCP and CS Providers

- Managed Care Plan:
  - Responsible for establishing provider networks to deliver ECM and elected Community Supports.
  - Expected to contract with existing WPC/HHP providers, as well as other medical, behavioral, and social services providers, to deliver ECM/Community Supports.
  - Responsible for oversight and monitoring of ECM/Community Supports service delivery and providers.

Role of MCP and CS Providers (Cont.)

- Community Supports Providers:
  - Deliver critical medical and social services, such as housing navigation, recuperative care, medically-tailored meals, or community transitions, which are not typically funded by Medi-Cal.
  - Contract with MCPs as the primary responsible entity for delivering select medically appropriate alternatives to more costly state plan services. Subcontract with other entities as appropriate.
  - Must meet certain contractual requirements, such as those related to care models, billing, and data sharing.

Medically Tailored Meals/Medically Supported Foods (MTM/MSF)

- **Goal**: Improve member health outcomes, lower hospital readmission rates, ensure a well-maintained nutritional health status and increase member satisfaction.
- Eligibility Criteria – Go live date: January 1, 2022
  - Individuals with chronic conditions such as, but not limited to: Diabetes, Cardiovascular Disorder, Congestive, Heart Failure, Stroke, Chronic Lung Disorder, Human Immunodeficiency Virus (HIV), Cancer, Gestational Diabetes, High-risk Perinatal Conditions, Chronic or Disabling Mental/Behavioral Health Disorders
  - Individuals being discharged
    - Hospital or Skilled Nursing Facility or
    - High-risk of Hospitalization or Nursing Facility Placement
  - Individuals with extensive care coordination needs

MTM/MSF Services

- Assessment from a registered dietician (RD) or other certified nutrition professional prior to meal request.
- Meals will be provided to the member at home and will meet the unique dietary needs of those with chronic diseases.
- Medically-supportive food and nutrition services, including medically tailored groceries.
- Behavioral, cooking, and/or nutrition education.

Restrictions and Limitations

- Individuals can get up to two (2) meals a day or weekly grocery box up to 12 weeks with an extension up to 14 additional weeks (26-week program total).
- This service is covered for a duration for up to 90 days. Extensions are allowed after the initial 90 days in 90-day increments based on medical necessity and needs tailored to the member.
- Meals are not covered to respond solely to food insecurities.

MTM/MSF Key Elements

- Medically Tailored Meals are provided to the member in his/her home, providing the convenience to those that may have issues with transportation.
- Nutritional assessments and care plans are created on a case-by-case basis depending on the members individual health needs.
- Services can be extended beyond the 12-week timeline based on medical necessity.
- MTM/MSF services are provided to improve member health outcomes and nutritional health status, more information can be found on the Medically Tailored Meals Authorization Guide.

Medically-Tailored Meals/Medically Supported Foods (17 contracted providers as of 11/1/2024)

- Ahara (LA)
- Burgess Brothers Restaurant (Sac, SJ)
- GA Foods (Multicounty)
- Independent Living Systems (LA)
- PurFoods/Mom's Meals (Multicounty)
- New Sunrise Adult Day Health Care (LA)
- Modify Health (Multicounty)
- Poverello House (Fresno)
- Project Angel Food (LA)
- Project FoodBox (Multicounty)
- River City Medical Group (Sac)
- Roots Food Group (Multicounty)
- Serene Health (Imperial)
- Slavic-American Chamber of Commerce (Sac)
- Soteria Home Health Agency (LA)
- SunnyDay Adult Health Care(LA)
- Trinity ADHC, Inc. (LA)

MTM/MSF Referral Pathways

- Educate member on Community Supports Opportunities
  - Educate members on Community Supports opportunity based on member needs
    - Housing Navigation
    - Personal Care and Homemaker Services
    - Respite Services for Caregivers
- Refer to CS authorization guides > Forms & Tools > Community Supports drop down
- Ensure the member meets the CS eligibility criteria

MTM/MSF Referral Pathways

- Refer member to Community Supports
  - Multiple methods for members to be referred for Community Supports including:
    - Findhelp (preferred method)
    - Call Health Net Member Services
    - Ask your doctor or clinic

MTM/MSF Referral Pathways

- MCP/CS provider will review the member information/referral and determine:
  - Determine eligibility
- Send authorization
  - Up to 5 business days for authorization review time
  - MCP will send approval or denial for service to member and CS provider
- CS provider renders care and submit claims for services rendered

Success Stories

MTM Success Story

- 64-year-old Hispanic man
- Lives with type 2 diabetes
- Struggled with uncontrolled diabetes and other related health issues
- Referred to Project Angel by Eisner Health
- Began receiving MTM services in April 2024
- Shown remarkable improvements
  - Following advice from RD
  - Reduced intake of sugary beverages
  - Made dietary changes
  - Increased energy and physical activities
  - Sleeps better

- **Outcome**: lab results show significant progress in managing his A1c and triglycerides.

Roots Food Group

Supporting healthy outcomes through Food as Medicine

Meals as Medicine

- Ready-to-heat and flash frozen meals designed by dietitians and chefs
- 12 weeks of meals (two meals per day, or 168 meals)
- Each day consists of breakfast and entrée
- Meals shipped every 2 weeks on 3 days' worth of dry ice directly to patient's home
- No age requirement

Roots in Your Community

- Community Supports Specialist in every region
- Dietitian team is in California and available for community events
- USDA & SQF qualified packing and shipping facilities located in California.
- Operations and Customer Service teams

Roots Meals:

Meets the nutrition recommendations for top 5 chronic conditions

- General Wellness
- Gluten Free
- Breakfast Only
- Vegetarian
  - Vegetarian Breakfast only
- Pork Free
- Dysphagia
- Kosher
- Halal
- Produce/Grocery Box

Eligibility

- Eligibility Requirements:
  - Roots Food Group delivers Medically Tailored Meals to Medi-Cal Members
  - Diagnosed with a chronic condition
    - Hospitalization (past 12 months or at risk of) or
    - Extensive care coordination needs (ex. ECM enrolled, IHSS, etc.)
- Does not conflict with other state funded programs (WIC, Cal Fresh, EBT, IHSS)

Commonly Covered Conditions

- Individuals with chronic conditions, such as but not limited to:
  - Diabetes
  - Cardiovascular disorders
  - Congestive heart failure
  - Stroke
  - Chronic lung disorders
  - HIV
  - Cancer
  - Gestational diabetes or other high risk perinatal conditions
  - Chronic or disabling mental/behavioral health disorders

Referral Process

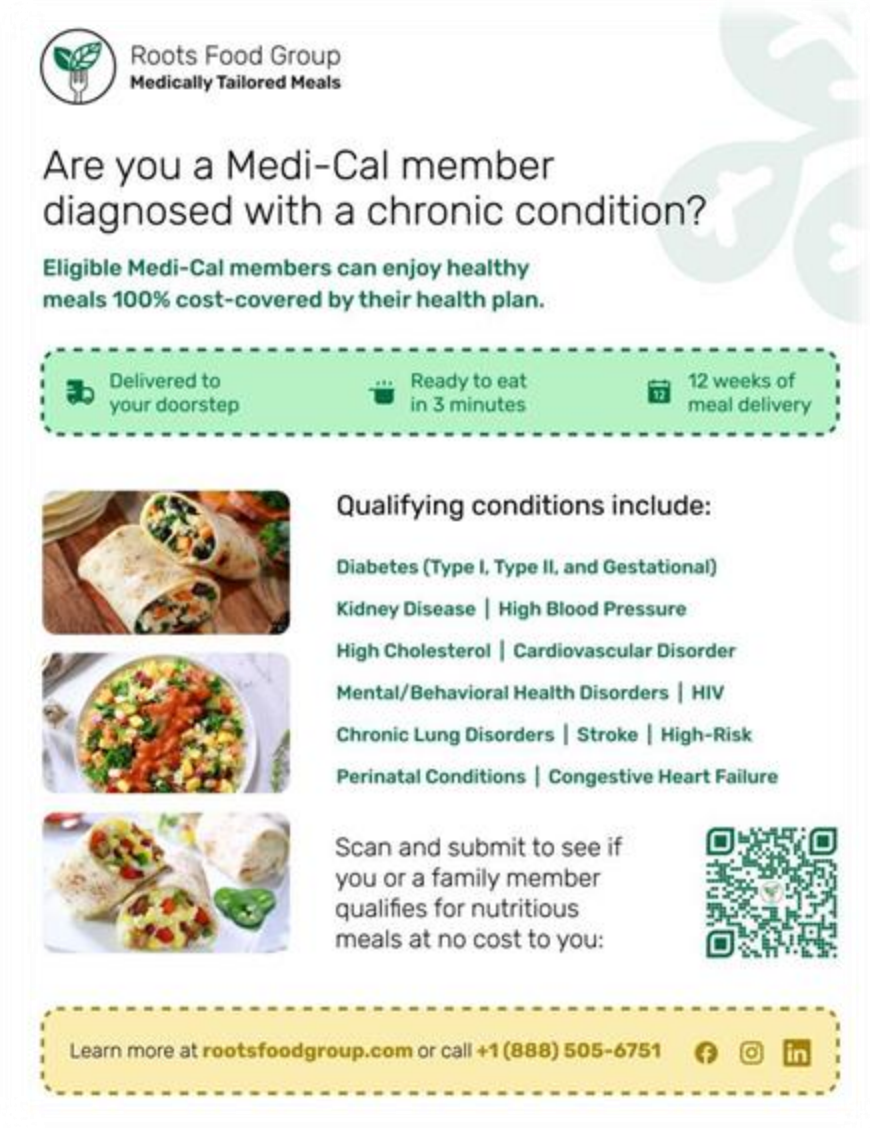
- Use our HIPPA-secure portal:
  - Safe and easy to use
  - Track progress from start to finish
  - Receive automatic reminders when prescriptions are due for a refill
- Fax Referral
- Self Referral

Dietitian Support

- Nutritional Assessment
  - Screening for dietary allergies and restrictions
- Nutritional Counseling specific to member’s chronic condition

Next Steps

- Provide us:
  - Full name
  - Email
  - Phone number
  - Company name
- You will receive a link to create a personalized login for the referral portal
- Start referring



"Supporting healthy outcomes through Food as Medicine"

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For general information,
visit rootsfoodgroup.com
or call (888) 505-6751

Questions?

DHCS

Enhanced Care Management and Community Supports Data Update

DHCS

Enhanced Care Management and Community Supports Overview

- The ECM and CS Quarterly Implementation Report was updated August 2024 and reflects data from January 1, 2022, to December 31, 2023, and includes the total population receiving Enhanced Care Management (ECM) and Community Supports (CS).
- Dual eligible beneficiaries can access all available CS through their Medi-Cal plan regardless of enrollment in Original Medicare or a Medicare Advantage (MA) plan. If the MA plan offers supplemental benefits comparable to CS, Medicare is the lead.
- Dual eligible beneficiaries are most likely to fall into one of the following ECM Populations of Focus (POF):
  - Adults Experiencing Homelessness
  - Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
  - Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
  - Adults Transitioning from Incarceration
  - Adults Living in the Community and At Risk for Long-Term Care Institutionalization
  - Adult Nursing Facility Residents Transitioning to the Community

Overview: Enhanced Care Management

- ECM is a **Medi-Cal benefit** to support comprehensive care management for members with complex needs.
  - These members most often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).
- ECM is a whole-person, interdisciplinary approach to care. **It is intended to be high touch, person centered, and provided primarily through in-person interactions with members where they live, seek care, and prefer to access services.**
- ECM is part of broader CalAIM Population Health Management system design through which Medi-Cal MCPs will offer care management interventions at different levels of intensity based on Member need, with ECM as the highest intensity level.

CalAIM Enhanced Care Management by Population of Focus (POF) Q1 2024 Update

Dual Eligible Beneficiaries who Received ECM by POF, for Q1 2024

- Of the Individuals Experiencing Homelessness dually eligible beneficiaries total 3,894 and represent about 14.8% of the POF.
- Of the Individuals at Risk for Avoidable Hospital or ED Utilization dually eligible beneficiaries total 5,484 and represent about 15.8% of the POF.
- Of the Individuals with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs dually eligible beneficiaries total 4,331 and represent about 12.3% of the POF.
- Of the Individuals Transitioning from Incarceration dually eligible beneficiaries total 146 and represent about 10.4% of the POF.
- *NOTE: There may be differences between the ECM data reported in this slide deck and the information published on the DHCS webpage.*

Dual Eligible Beneficiaries who Received ECM by POF, for Q1 2024

- Of the Individuals Living in the Community and At-Risk of LTC Institutionalization dually eligible beneficiaries total 4,809 and represent about 45.3% of the POF.
  - About 77% of dually eligible beneficiaries are age 65 and older in this POF.
- Of the Individuals in an Adult Nursing Facility Transitioning to the Community dually eligible beneficiaries total 244 and represent about 35.7% of the POF.
  - About 76% of dually eligible beneficiaries are age 65 and older in this POF.
- *NOTE: There may be differences between the ECM data reported in this slide deck and the information published on the DHCS webpage.*

CalAIM Community Supports: Q1 2024 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) – *Validation*
- Q3 (2023) – *Due Nov. 15*
- Q4 (2023) – *Due Feb. 14*

Dual Eligible beneficiaries represent **~ 28.5%** of the total members who received CS in Q1 2024.

For **Q1 2024**:

Age 21-64 – 7,056 members | Age 65+ - 22,843 members

Duals Receiving CS in Q1 2024

» Utilization Highlights for Dual Eligible Beneficiaries Receiving Community Supports in **Q1 2024**:

Housing Transition Navigation Services:
3,818 dually eligible members (about **16%** of the total)

Housing Deposits:
285 dually eligible members (about **18%** of the total)

Housing Tenancy and Sustaining Services:
2,659 dually eligible members (about **24%** of the total)

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

Personal Care and Homemaker Services
1,193 dually eligible members (about **59%** of the total)

Nursing Facility Transition/Diversion to Assisted Living Facilities:
363 dually eligible members (about **77%** of the total)

Community Transition Services/Nursing Facility Transition Home:
150 dually eligible members (about **82%** of the total)

Medically Tailored Meals/Medically-Supportive Food:
21,749 dually eligible members (about **33%** of the total)

Environmental Accessibility Adaptations
308 dually eligible members (about **72%** of the total)

Duals Receiving Community Supports by Demographics (Q1 2024)

- Hispanic – 31%
- Asian/Pacific Islander – 25%
- White – 20.4%
- Black/African American – 8.3%
- Other – 3%
- Unknown – 11.6%
- American Indian/Alaska Native – <1%

- 41% Male
  59% Female
- 76% Age 65 and older;
  24% Ages 18-64.
- 2,592 Dual Members (~9%) Received Both ECM and at least One Community Support service

Additional Resources: ECM and Community Supports

- Please visit the DHCS ECM & Community Supports Website for more information and access to the ECM & Community Supports documents and supporting resources: https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx
- Please send questions to CalAIMECMILOS@dhcs.ca.gov

Next Steps

- Thank you for attending and participating in the final MLTSS & Duals Integration Stakeholder Workgroup of 2024!
- Next steps: 2025 MLTSS & Duals Integration Stakeholder Workgroup