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

June 25, 2025

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

11:00 – 11:05	Welcome and Introductions
11:05 – 11:20	2026 Medi-Medi Plan Expansion and Stakeholder Q&A
11:20 – 11:40	Dual Eligible Special Needs Plan (D-SNP) Implementation Updates and Stakeholder Q&A
11:45 – 11:55	2026 D-SNP State Medicaid Agency Contract (SMAC) and Policy Guide Updates
11:55 – 12:25	Spotlight: Duals Data and Stakeholder Q&A
12:25 – 12:30	Adjourn

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._**

2026 Medi-Medi Plan Expansion Update

DHCS

Dual Eligible Members in California

» In California, almost a quarter of Medicare members also have Medi-Cal (**1.7 million Californians**).

» Statewide, about 50% of dual eligible members are enrolled in some type of Medicare Advantage (MA) plan, including integrated plans, and 50% are in Original (Fee-For-Service) Medicare.

» All dual eligible members in California are enrolled in Medi-Cal managed care plans.

The Need for Coordinated Care

» For most dual eligible members, Medicare and Medi-Cal operate separately, with different funding streams.

» This fragmented system can be confusing and hard to navigate. It may not provide person-centered services.

» CalAIM Approach: Health plan to coordinate care across Medicare and Medi-Cal, known as **Medi-Medi Plans.**

- Available in twelve counties in 2025: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare, with total current enrollment of 330,000.
- Will launch in additional counties by January 1, 2026.

Medi-Medi Plans

» **Medi-Medi Plans (EAE D-SNPs)** are a type of Medicare Advantage plan in California only available to dual eligible beneficiaries.

» Members enrolled in a Medi-Medi Plan receive coordinated services. MMP members Medicare benefits are delivered through the D-SNP and their Medi-Cal benefits are delivered through the MCP.

» Enrollment in Medi-Medi Plans is **voluntary**.

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

Medi-Medi Plans in California Counties

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

Will be available in 2026: Alameda, Alpine, Amador, Calaveras, Contra Costa, El Dorado, Imperial, Inyo, Kern, Mariposa, Merced, Mono, Monterey, San Benito, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tuolumne, Ventura

At least one plan available in 2026: Marin, Napa, Placer, Solano, Sonoma, Yolo, Yuba

Will be phased in after 2026: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity
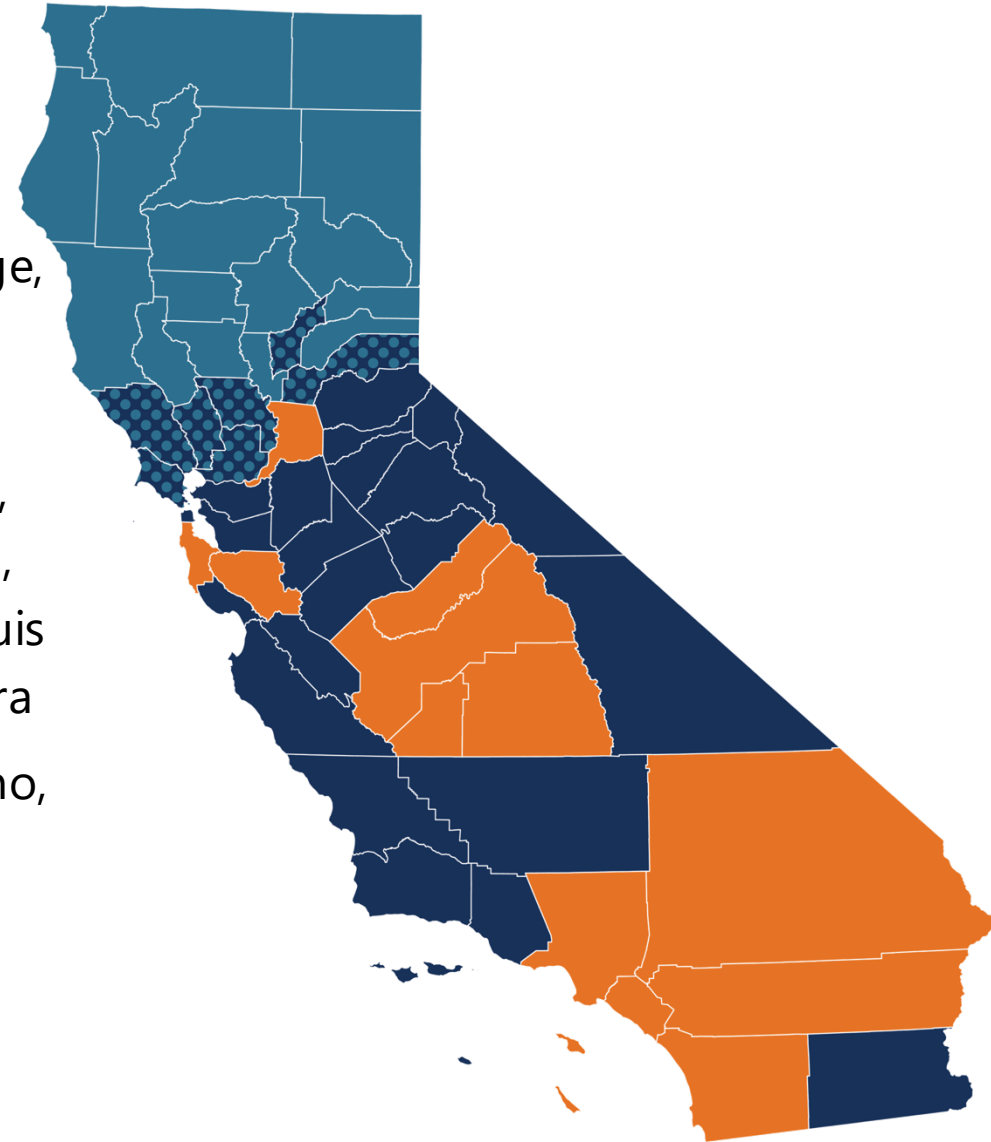
Care Coordination in Medi-Medi Plans

» Medi-Medi Plans help members with all their health care needs and coordinate benefits and care, including carved-out benefits, medical and home and community-based services, durable medical equipment, and prescriptions.

» Instead of Medi-Cal ECM, Medi-Medi Plans provide **California Integrated Care Management** (CICM).

Coordination with Related Medi-Cal Benefits

» Medi-Medi Plans are required to coordinate all Medicare and Medi-Cal benefits, including "carved-out" benefits such as:

- In-Home Supportive Services (IHSS)
- Multipurpose Senior Services Program (MSSP)
- Specialty Mental Health and Substance Use Disorder Services provided by the county
- Medi-Cal Dental (including Dental Managed Care Plans)

» Joining a Medi-Medi Plan will **not** impact a member's IHSS benefits.

- Members can keep their IHSS providers and hours.
- Members still retain the right to hire, fire, and manage their IHSS providers.

Community Supports and Enhanced Care Management (ECM) for Members in Medi-Medi Plans

» Members in Medi-Medi Plans can receive Community Supports.

- Community Supports are provided by a member's Medi-Cal MCP.
- The Medi-Medi Plan is responsible for coordinating Community Supports, as with other Medi-Cal benefits.

» Dual eligible members in Medi-Medi Plans may also receive California Integrated Care Management (CICM), which is similar to Medi-Cal ECM.

- Care management is provided by a member's D-SNP, including clinical care management for chronic conditions.
- The Medi-Medi Plan is responsible for providing sufficient care management.

Medi-Medi Plans Support Access to Providers

Provider Network

» Members will have access to a provider network through their Medi-Medi Plan.

» If a member's provider is not in network, a provider can join the Medi-Medi Plan's network or the Medi-Medi Plan will help the member find a new doctor they like.

» To join a Medi-Medi Plan network, a provider should contact the plan's provider relations department directly.

Continuity of Care

» If a provider is not currently in network, there is a continuity of care period, when the member can continue to see their provider for up to 12 months (in most cases).

» The member must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.

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 February 2025, approximately 339,000 dual eligible members in the following 12 counties are enrolled in a Medi-Medi Plan.

- 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 additional counties.

DHCS Outreach for Medi-Medi Plan Expansion

» DHCS is outreaching to inform providers and stakeholders about the launch of Medi-Medi Plans throughout California in 2026.

» Stakeholders should direct specific questions to their contracted Medi-Cal plan or to DHCS at info@calduals.org.

- • To learn more about Medi-Medi Plans, stakeholders can visit the [DHCS Medi-Medi Plan Webpage.](#)

» DHCS is also partnering with local Health Insurance Counseling and Advocacy Programs (HICAPs) and the Medicare Medi-Cal Ombudsman Program (MMOP) in their outreach efforts.

DHCS Outreach on the 2026 EAE D-SNP Expansion

» In addition to supporting plans in their local outreach activities, DHCS is planning to conduct statewide outreach to inform stakeholders about the expansion of EAE D-SNPs throughout California in 2026.

- This includes sharing information about the 2026 EAE D-SNP implementation during the quarterly MLTSS and Duals Integration Stakeholder Workgroups.

- DHCS is also hosting a 2026 Medi-Medi Plan Expansion All-Comer Webinar on July 30th for providers and stakeholders. Additional information will be shared soon.

» DHCS plans to engage the following:

- County Behavioral Health Plans

- County Social Services Agencies, with a focus on the In-Home Supportive Services (IHSS) program

- Health Insurance Counseling and Advocacy Programs (HICAPs)

- Home and Community-based Services (HCBS) Waiver agencies

- Independent Living Centers

Questions?

D-SNP Implementation Updates

Overview: CY 2026 D-SNP California Integrated Care Management Policy

D-SNP Care Management

Overview: Medi-Cal Enhanced Care Management

» 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, like:
  - Primary and specialty care
  - Dental
  - Mental health and substance use disorder (SUD)
  - 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.

D-SNP Care Management

» Care coordination is a primary responsibility of D-SNPs.

» Per federal guidance, D-SNPs must provide robust care coordination to all Members.

- Federal regulations require D-SNPs to provide care management and coordination to all D-SNP members, which is described in a D-SNP's Model of Care (MOC).

  - D-SNP care management includes, but is not limited to, Health Risk Assessments, Care Plans, and Care Teams for each D-SNP member. D-SNPs are also required to identify specific populations for care management.

  - More information about MOCs and D-SNP care management is available on the NCQA website.

- DHCS has state-specific requirements for D-SNPs that layer on top of federal Medicare requirements, as well.

» In some instances, there may be duplication across Medicare and Medi-Cal program requirements, such as the Medi-Cal Enhanced Care Management (ECM) program.

D-SNP Care Management and Medi-Cal ECM

» D-SNPs are held to robust federal guidance and must detail their care management policies and procedures for members in a Model of Care (MOC), which is reviewed by both DHCS and CMS.

- There is significant overlap across the D-SNP Model of Care (MOC) and Medi-Cal ECM requirements.

» DHCS' policy for CY2026 **continues** to be that D-SNPs are responsible for care management for D-SNP members that may qualify for Medi-Cal ECM.

» **Dual eligible members in D-SNPs are not eligible for Medi-Cal ECM.**

- Members who would otherwise qualify for Medi-Cal ECM are not adversely impacted by receiving care management exclusively through their D-SNP.

» Dual eligible members who are in Original Medicare or Medicare Advantage plans (not D-SNPs) receive Medi-Cal ECM through their MCP if they meet eligibility requirements.

California Integrated Care Management

» **California Integrated Care Management (CICM)** refers to the California-specific requirements for integrated care coordination for **specific vulnerable populations** covered by D-SNPs as determined by the state.

» Per federal guidance, members will receive robust care coordination from D-SNPs. CICM layers state-specific requirements on top of federal D-SNP requirements.

» CY2026 CICM requirements replace the CY2024 and CY2025 "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: members with Documented Dementia Needs.

» Note: Eligible members will continue to receive ECM-like care management from their D-SNPs throughout CY 2025.

CY2026 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 is **recommending** that D-SNPs contract with community-based organizations (CBOs) to provide care management to specific CICM populations.
- **In-Person Engagement**
  - In addition, DHCS is **encouraging** 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.

CICM: Populations of Focus

» CICM is provided to the following populations:

- Adults Experiencing Homelessness
- Adults At Risk for Avoidable Hospital or Emergency Department 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 (LTC) Institutionalization
- Adult Nursing Facility Residents Transitioning to the Community
- Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities as defined by California public health data on maternal morbidity and mortality (Birth Equity)
- Adults with Documented Dementia Needs

» For additional information on CICM populations criteria and member eligibility, please review Appendix B of the CY2026 D-SNP Policy Guide.

CICM: Partnerships with Community-Based Organizations (CBOs)

» D-SNPs are encouraged to contract with CBOs that serve CICM populations to augment D-SNP plan-based care management.

» To review the list of suggested CICM community-based provider types, please review Appendix C of the CY2026 D-SNP Policy Guide.

CICM: In-Person Engagement

» CICM prioritizes the provision of culturally appropriate and accessible communication strategies to meet the unique needs of members.

- Members should expect CICM interactions to take place primarily in-person or through a visual, real-time, interactive telehealth encounter.

» For members experiencing homelessness, CICM **must** be provided in-person.

» **Note:** In addition to the state-specific guidance, federal Medicare regulations require that all D-SNPs provide, on at least an annual basis, face-to-face encounters for the delivery of health care, care management, or coordination services.

- These face-to-face encounters must be either in-person or through a visual, real-time, interactive telehealth encounter.

Continuity of Care: Medi-Cal ECM to CICM

» For Members who join a D-SNP on or after 1/1/26 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.

Additional Requirements for Adults with Documented Dementia Needs

» **Adults with Documented Dementia Needs**

» Members living with Dementia can receive the care of trained dementia care specialists in their care teams.

» Dementia care specialists may also be included when developing a member's care plan.

» Note: For the full outline of the requirement for adults with documented Dementia needs, please review the Care Coordination chapter of the [CY 2026 CalAIM D-SNP Policy Guide](#).

EAE D-SNP Default Enrollment Pilot Updates

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, 113 members in Community Health Group were D-SNP Default Enrolled in June 2025. And, in San Mateo County, 30 members in Health Plan of San Mateo were D-SNP Default Enrolled in June 2025.

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.

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 D-SNP SMAC and Policy Guide Updates

2026 EAE and Non-EAE SMAC Templates

» Reminder: All D-SNPs must have a State Medicaid Agency Contract (SMAC) with DHCS.

» DHCS shared draft SMAC templates to plans and advocates for feedback in February, which reflect feedback from stakeholders, advocates, and plans and align with CalAIM integration goals for 2026.

» SMACs have been shared with plans for review and signature.

» The CY 2026 EAE and Non-EAE SMAC boilerplates will be available on the DHCS website soon.

2026 SMAC and D-SNP Policy Guide

» The 2026 EAE and Non-EAE SMAC templates refer to the 2026 CalAIM D-SNP Policy Guide.

» Similar to 2025, the 2026 D-SNP 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 2025.

CY 2026 D-SNP Policy Guide:
Integrated Materials and Marketing Chapter

Integrated Materials and Marketing Chapter

» The updated 2026 D-SNP Policy Guide is available on the [DHCS website](#).

» As a reminder, all Medi-Medi Plans are required to provide members with the following materials which have information on both Medicare and Medi-Cal benefits and services:

- Annual Notice of Change (ANOC)
- List of Covered Drugs (Formulary)
- Member Identification (ID) Card
- Provider and Pharmacy Directory
- Member Handbook
- Summary of Benefits

CY 2026 D-SNP Policy Guide:
Coordination with Dental Benefits Chapter

Dental Benefits Chapter

» The Dental Benefits chapter will be available in the 2026 D-SNP Policy Guide on the [DHCS website](#).

» The chapter details the requirements for all D-SNPs to coordinate dental benefits by including language on Medi-Cal Dental benefits in their member and marketing materials.

» There are minimal changes between the CY 2025 and CY 2026 Dental Benefits Policy Guide chapter content.

Dental Benefits Fact Sheet

» DHCS developed a Dental Benefits Fact Sheet to provide an overview of Medicare, Medi-Cal, and Supplemental Dental Benefits for D-SNPs and Providers to reference.

» The Dental Benefits Fact Sheet is available on the DHCS Medi-Medi Plan Website.

Spotlight on Duals Data

Overview of Duals and D-SNP Data Resources

» Office of Medicare Innovation and Integration (OMII) [webpage](#)

» D-SNP Business Intelligence (BI) Dashboard [webpage](#)

» Medicare Advantage Options for Dual-Eligible Beneficiaries webpage.

» D-SNP and Duals Data Webpage (pending).

» CalHHS Open Data Portal

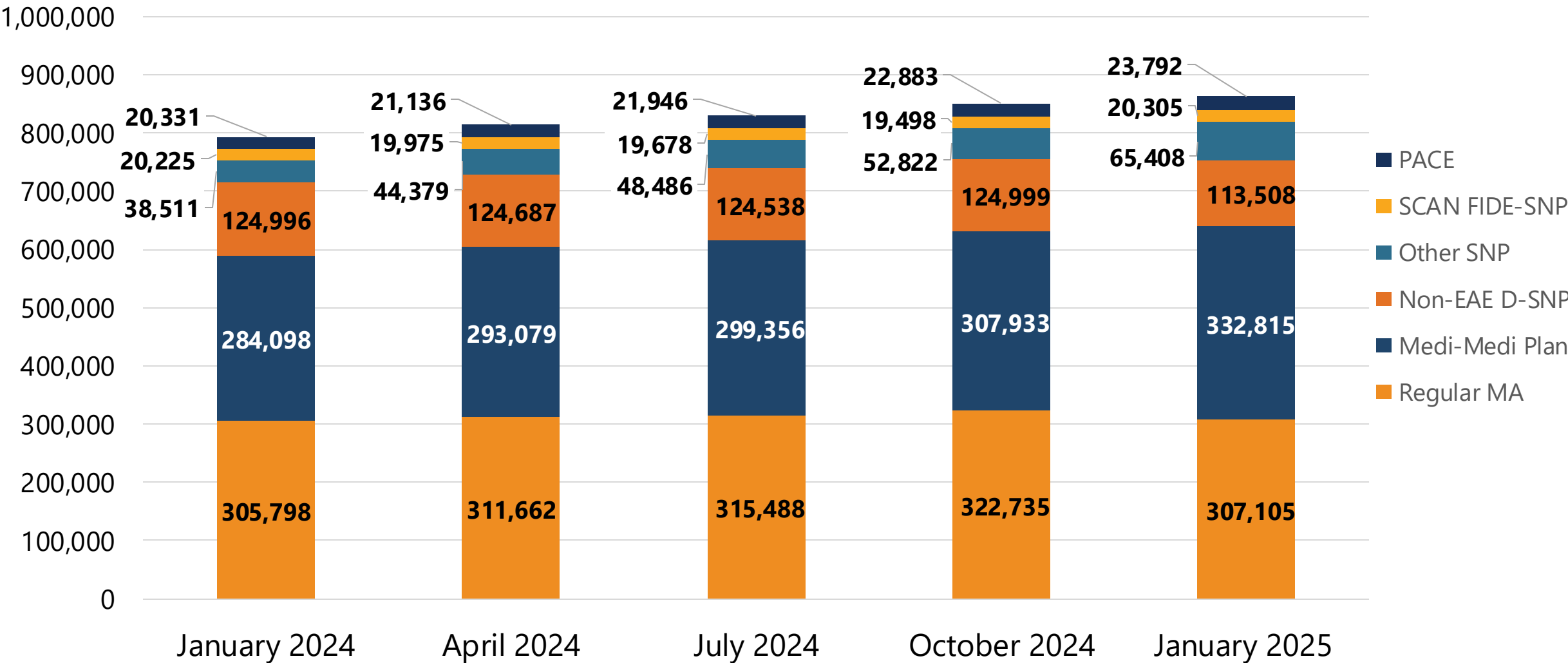# Reminder: Medicare Delivery Systems for Dual Eligible Beneficiaries

» **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):** Chronic Conditions Special Needs Plans (C-SNPs) and Institutional Special Needs Plans (I-SNPs).

Medicare Managed Care Enrollment for Dual Eligible Beneficiaries in California

Category	January 2024	April 2024	July 2024	October 2024	January 2025
PACE	20,331	21,136	21,946	22,883	23,792
SCAN FIDE-SNP	20,225	19,975	19,678	19,498	20,305
Other SNP	38,511	44,379	48,486	52,822	65,408
Non-EAE D-SNP	124,996	124,687	124,538	124,999	113,508
Medi-Medi Plan	284,098	293,079	299,356	307,933	332,815
Regular MA	305,798	311,662	315,488	322,735	307,105

Medicare Delivery System Enrollment for Dual Eligibles in California (January 2025)

Percentage of Medicare Enrollment by Delivery System

Legend:
- Medi-Medi Plans
- Regular MA
- Non-EAE D-SNP
- Other SNP
- SCAN FIDE-SNP
- PACE
- Original Medicare

Pie chart labels:
- Original Medicare 50%
- Medi-Medi Plans 19%
- Regular MA 18%
- Non-EAE D-SNP 6%
- Other SNP 4%
- SCAN FIDE-SNP 1%
- PACE 1%

Data Source: MIS/DSS as of 04/14/25.
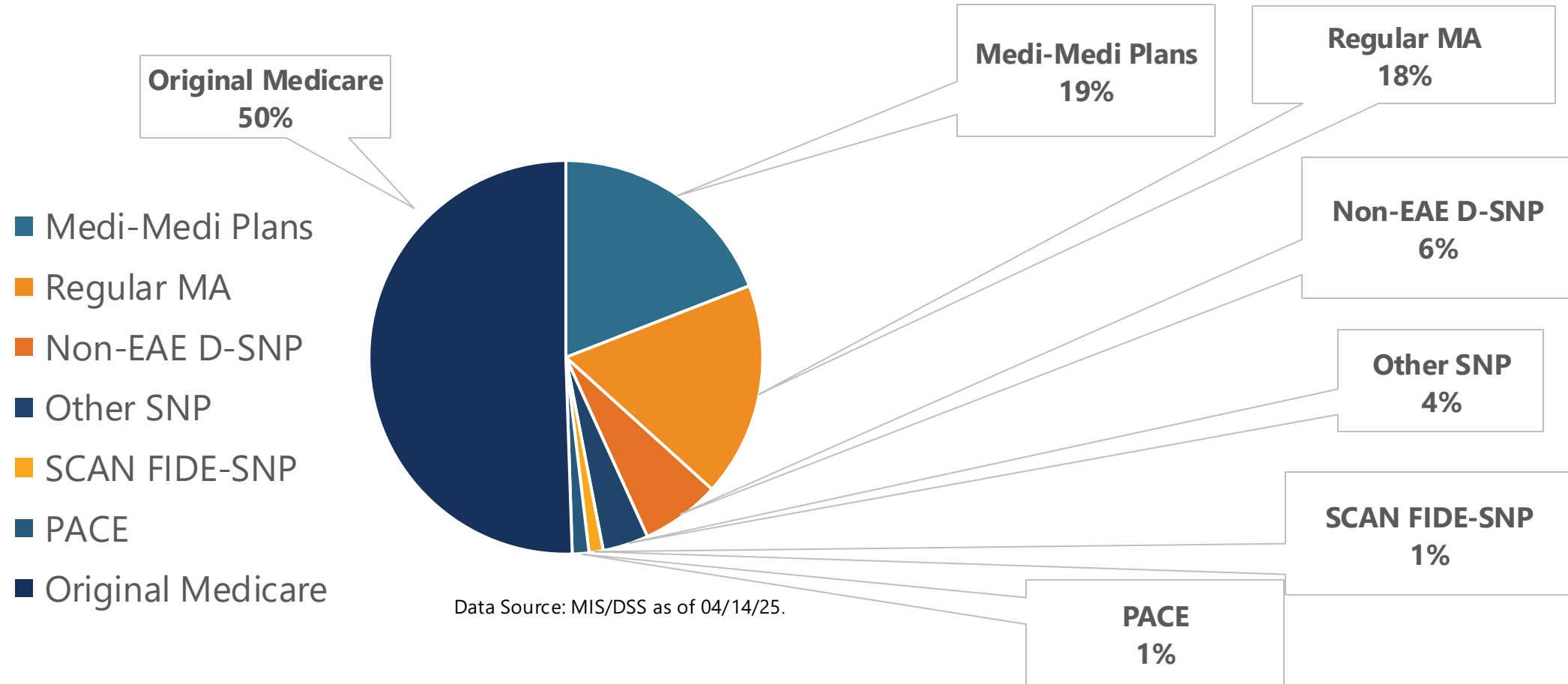
2024 D-SNP Data Highlights

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 2024 quarterly and annual measures.

2024 D-SNP Data

Quarterly Measure	Plan Type	Quarter 1, 2024	Quarter 2, 2024	Quarter 3, 2024	Quarter 4, 2024
HRA1 (Total Members with an Assessment Completed within 90 days of Enrollment)	**Medi-Medi Plan and SCAN FIDE-SNP**	o 35,378 o 56.90%	o 18,760 o 87.41%	o 14,227 o 87.39%	o 15,101 o 71.81%
	Non-EAE	o 17,549 o 57.80%	o 6,915 o 93.2%	o 4,893 o 92.44%	o 4,829 o 70.21%
ICP1 (Total Members with a Care Plan Completed within 90 days of Enrollment)	**Medi-Medi Plan and SCAN FIDE-SNP**	o 18,200 o 27.70%	o 13,344 o 57.51%	o 10,014 o 56.80%	o 11,906 o 56.62%
	Non-EAE	o 5,866 o 19.40%	o 4,101 o 50.60%	o 3,942 o 67.25%	o 3,338 o 48.94%

2024 D-SNP Data (Cont.)

Quarterly Measure	Plan Type	Quarter 1, 2024	Quarter 2, 2024	Quarter 3, 2024	Quarter 4, 2024
ECM-like Services (Total Number of Members that received ECM-like Services)	**Medi-Medi Plan and SCAN FIDE-SNP**	○ 39,119	○ N/A	○ 14,628 ○ 7.23%	○ N/A
	Non-EAE	○ 12,956	○ N/A	○ 7,039 ○ 4.53%	○ N/A
PAL (Total Number of Members Newly Enrolled in Palliative Care Services)	**Medi-Medi Plan and SCAN FIDE-SNP**	○ 1,788 ○ 0.56%	○ 628 ○ 0.20%	○ 669 ○ 0.21%	○ 639 ○ 0.19%
	Non-EAE	○ 2,063 ○ 1.62%	○ 426 ○ 0.33%	○ 372 ○ 0.29%	○ 368 ○ 0.28%

» Note: ECM-like Services data was collected only during Q1 and Q3 of 2024.

» Note: DHCS identified an error in the ECM-like Services Q1 reporting template, which resulted in the absence of percentage data. The template was revised for Q3 reporting.

» Note: For PAL, the percentage was calculated based on CMS enrollment data at the end of each quarter in 2024.

2024 LTSS Measures Data

2024 D-SNP LTSS Data
Medi-Medi Plans

Program	Measure	Quarter 1, 2024	Quarter 2, 2024	Quarter 3, 2024	Quarter 4, 2024
CBAS	**Total Number of Members Receiving Services**	o 3,662	o 3,760	o 3,519	o 4,049
	Total Number of CBAS Referrals	o 948	o 963	o 924	o 945
IHSS	**Total Number of Members Receiving Services**	o 7,160	o 5,215	o 21,867	o 27,972
	Total Number of IHSS Referrals	o 661	o 610	o 788	o 864

2024 D-SNP LTSS Data
Medi-Medi Plans

Program	Measure	Quarter 1, 2024	Quarter 2, 2024	Quarter 3, 2024	Quarter 4, 2024
MSSP	Total Number of Members Receiving Services	o 526	o 423	o 1,298	o 695
	Total Number of MSSP Referrals	o 149	o 76	o 88	o 156
LTC	Total Number of Members Receiving Services	o 2,040	o 2,124	o 2,249	o 1,820
	Total Number of LTC Referrals	o 863	o 769	o 986	o 683

Questions?

D-SNP Dental Benefits Data

Medicare and Medi-Cal Dental Benefits

» Medicare is the primary payer for dual eligible beneficiaries and does not cover most dental services.

» Medi-Cal covers a variety of dental services for all Medi-Cal members, including dual eligible members.

» Certain MA plans offer supplemental dental benefits.

- These are extra benefits beyond what Original Medicare covers.
- Supplemental dental benefits vary by plan.
- When an MA plan offers supplemental dental benefits that overlap with Medi-Cal benefits, the MA plan is the primary payer

» Medi-Cal is always the payer of last resort.

Medi-Cal Dental Annual Visits in 2023 by Age Group Among Dual Eligible Members

Age Group	Not Used	Used	Total	Utilization Percentage
21-34	31,066	12,893	43,959	29%
35-44	44,988	19,033	64,021	30%
45-64	197,677	91,613	289,290	32%
65-74	557,567	216,541	774,108	28%
75 and older	413,395	147,363	560,758	26%
Total	**1,244,693**	**487,443**	**1,732,136**	**28%**

Medi-Cal Annual Dental Visits in 2023 by MA Plan Type Among Dual Eligible Members

Plan Type	Not Used	Used	Total	Utilization Percentage
Original Medicare	711,794	300,582	1,012,376	30%
Regular MA	218,808	59,966	278,774	22%
Medi-Medi Plan	157,573	75,061	232,634	32%
Non-EAE D-SNP	109,206	36,782	145,988	25%
Other*	47,312	15,052	62,364	24%
Total	**1,244,693**	**487,443**	**1,732,136**	**28%**

*Other includes the Program of All-Inclusive Care for the Elderly (PACE), SCAN Fully Integrated Dual-Eligible Special Needs Plan (FIDE-SNP), Institutional Special Needs Plans (I-SNPs), and Chronic Condition Special Needs Plans (C-SNPs).

Enhanced Care Management and Community Supports Data Update

Enhanced Care Management (ECM) and Community Supports (CS) Data Overview

» [The ECM and CS Quarterly Implementation Report](#) was updated March 2025 and reflects data from **January 1, 2022, to September 30, 2024**, and includes the total population receiving Enhanced Care Management (ECM) and Community Supports.

» There were no significant changes in the number of dual eligible members receiving ECM and CS between Q2 2024 and Q3 2024.

Walk-Through: DHCS D-SNP BI Dashboard

D-SNP Dashboard Update

» DHCS transitioned the Cal MediConnect Dashboard to a D-SNP Dashboard.

» The D-SNP Dashboard provides select data and measures on key aspects of D-SNPs in California.

» The June 2025 release of the D-SNP Dashboard updates the Dashboard format to an interactive BI Dashboard. This release includes data on select quarterly and annual measures.

Questions?

Next Steps

» Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Wednesday, September 24, 2025, at 12 PM.**