

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

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

10:00 – 10:05	Welcome and Introductions
10:05 – 10:20	Medicare Enrollment Data for Dual Eligible Members and Dual Eligible Special Needs Plans (D-SNPs)
10:20 – 10:40	D-SNP Updates and Stakeholder Q&A
10:40 – 10:50	2026 D-SNP State Medicaid Agency Contract (SMAC) and Policy Guide Updates
10:50 – 11:25	Community Supports Spotlight on Select Service Definitions Updates and Stakeholder Q&A
11:25 – 11:40	Enhanced Care Management and Community Supports for Duals Data Update
11:40 – 11:45	Next Steps and Future Meeting Topics
11:45	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.***

Medicare Enrollment Data for Dual Eligible Members and D-SNPs

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.

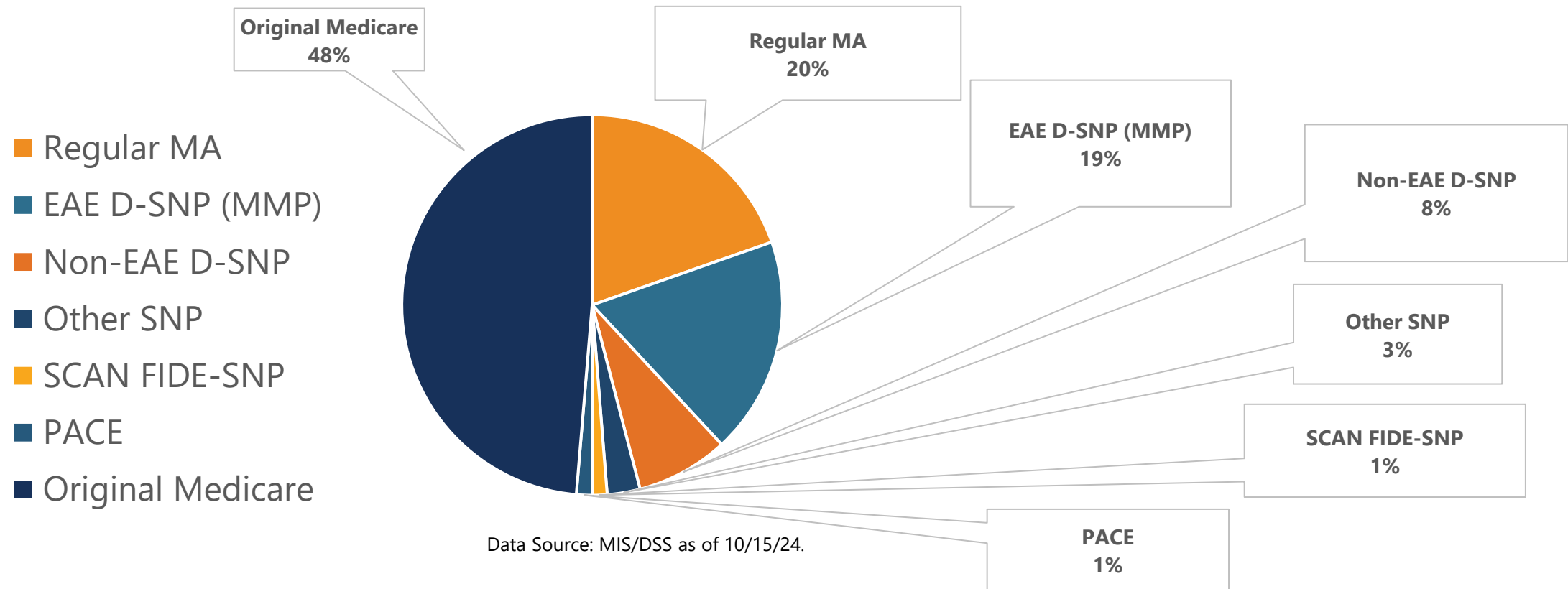
Medicare Delivery Systems for Dual Eligible Beneficiaries (cont.)

» 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)

Percentage of Medicare Enrollment by Delivery System



Recent Integrated Care Enrollment (January/February 2025)

- » Medi-Medi Plan Enrollment: **339,000**
- » Non-EAE D-SNP Enrollment: **118,000**
- » SCAN enrollment: **20,000**
- » PACE Enrollment: **24,000**

D-SNP Updates

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

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.
- » CHG and HPSM 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.

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
August 2024	78.4%	7.5%
September 2024	66.3%	5.3%
October 2024	63.5%	11.5%
November 2024	72.9%	9.3%
December 2024	77.8%	13.5%
January 2025	66.9%	3.3%
February 2025	73.5%	4.0%
March 2025	76.2 %	Forthcoming

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
March 2025	68.6%	Forthcoming
April 2025	Forthcoming	Forthcoming
May 2025	Forthcoming	Forthcoming

2026 Local Plan Implementation Update



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.

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 ten Medi-Cal 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
- » In February 2025, these plans submitted their Medicare Advantage and Part D (MA-PD) Applications and Models of Care 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 2026 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 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.

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.

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.

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 will be shared with plans for review and signature in early June.
- » The CY2025 EAE and Non-EAE SMAC boilerplates are available on the [DHCS website](#).

2026 SMAC and D-SNP Policy Guide

- » The 2026 EAE and Non-EAE SMAC templates will refer to the 2026 CalAIM D-SNP Policy Guide.
- » Similar to 2025, the 2026 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.

2026 D-SNP Policy Guide

Care Coordination Chapter



CY 2026 Care Coordination Chapter

- » The Care Coordination chapter of the CY 2026 D-SNP Policy Guide provides state-specific care coordination requirements to health plans operating EAE (Medi-Medi Plan) and non-EAE D-SNPs.
- » Similar to previous years, topics in this chapter cover Risk Stratification, Health Risk Assessments (HRAs), Individualized Care Plans (ICPs), Interdisciplinary Care Teams (ICTs), and Care Transitions.
- » Guidance on Palliative Care and Dementia Care were carried over from 2025.
- » **New for 2026:** Transition from ECM-like care management to California Integrated Care Management (CICM).
 - CY2025: D-SNPs will continue to provide “ECM-like” care management to eligible members.
 - CY2026: D-SNPs will transition to providing CICM on January 1, 2026.

Community Supports Spotlight on Select Service Definition Updates

Community Supports: Select Service Definition Refinements



DHCS Releases Refined Community Supports Service Definitions

» DHCS has released refined service definitions for 4 Community Supports:

- Nursing Facility Diversion/Transition to Assisted Living Facilities (ALFs);
- Community Transitions/Nursing Facility Transition to a Home;
- Asthma Remediation; and
- Medically Tailored Meals/Medically Supportive Foods.

» These new service definitions will be **effective July 1, 2025**.

- Note: Select components of Asthma Remediation go into effect January 1, 2026.

» The [bundle](#) on the [DHCS Community Supports website](#) includes the updated service definitions and a summary of the changes with corresponding stakeholder feedback for each Community Support.

Key ECM & Community Supports Policy Guidance

- [ECM Policy Guide](#) (August 2024)
- [ECM Referrals Standards and Form Templates](#) (August 2024)
- [Community Supports: Select Service Definition Updates](#) (February 2025)
- [Community Supports Policy Guide](#) (July 2023)

MCP and Stakeholder Engagement

- » In alignment with ECM/Community Supports Action Plan goals of further clarifying and standardizing Community Supports, DHCS conducted extensive stakeholder engagement to refine service definitions.
- » Throughout 2024, MCPs, Providers, and stakeholders provided in-depth feedback to inform the recently released service definitions, including:
 - Engagement from key strategic forums (e.g., Implementation Advisory Group)
 - September 2024 Comment Period
 - 1:1 Engagement with key MCPs and associations (RAMP, Food is Medicine Coalition)
 - Ad hoc feedback from the ECMILOS inbox

Refinement Highlights

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Nursing Facility Transition/Diversion to ALFs

DHCS aims to increase utilization of the Nursing Facility Transition/Diversion to ALFs with additional clarifications on service components, eligibility, and overlap with other housing-related Community Supports and 1915(c) waivers.

» Context Leading to Revisions

- Nursing Facility Transition/Diversion to ALFs continues to be one of the least utilized Community Supports (429 Members in Q2 2024)
- Stakeholders have requested that DHCS clarify several aspects of this service definition, including eligibility criteria, service components, and overlapping enrollment with other Community Supports, 1915(c) waivers, and the California Community Transitions (CCT).

» Revision Highlights

- Clearly outline that the Community Support includes two components that must be made available to Members: transition services and expenses and ongoing assisted living services
- Clarified that Members transitioning from public subsidized housing and Members already residing in an ALF who meet Nursing Facility Level of Care are eligible for the Community Support.
- Clarified enrollment with other Community Supports (e.g. Housing Transition Navigation) and ALW.

Nursing Facility Transition/Diversion to Assisted Living Facilities (ALFs)

» Service Definition Refinement Highlights

- **Eligibility Criteria:** Clarification that Members transitioning from public subsidized housing and individuals already residing in an ALF are eligible.
- **Service Components** include both (1) time-limited transition services and expenses and (2) ongoing assisted living services and must be made available to Members as medically appropriate. **MCPs may not limit their offering of this service to only one component or the other.**
- **Overlap Principles with Other Community Supports:** Members may receive other Community Supports (in particular, the time-limited transition services/expenses component of this service and Housing Transition Navigation) at the same time if the services provided are nonduplicative, distinct, and necessary.
- **Overlap Principles with Waivers:** A Member may be eligible for this Community Support and the Assisted Living Waiver (ALW) or CCT; however, they may not receive both at the same time due to the similar services funded under each program.

Community Transition Services/ Nursing Facility Transition to Home

DHCS aims to increase utilization of the Community Transitions Service with additional clarifications on service components, allowable expenses and overlap with other housing-related Community Supports.

» **Context Leading to Revisions**

- Community Transition Services continues to be one of the least utilized Community Supports (241 Members in Q2 2024)
- DHCS received requests to clarify eligibility and to further specify allowable expenses under the one time set up expenses to support Members in establishing a household when they transition from a nursing facility.

» **Revision Highlights**

- Clearly outline that the Community Support includes two components – transition services and household set up expenses up to a \$7,500 lifetime maximum.
- Household set up expenses can include security deposits, utility set up fees, pest eradication, one time cleaning fees, heaters, air conditioners as necessary to establish a household.
- The service definition also clarifies overlap policy with key Community Supports (e.g. Housing Transition Navigation, Housing Deposits, Home Modifications).

Community Transition Services/Nursing Facility Transition to Home

» Service Definition Refinement Highlights

- **Eligibility Criteria:** Clarification that Members transitioning to public subsidized housing are eligible.
- **Service Components** include both (1) time-limited transition services and expenses and (2) one-time set-up expenses to establish or reestablish a household.
 - One time set-up expenses have been aligned with [December 2024 CMS Informational Bulletin](#).
 - Clarification that the \$7,500 lifetime maximum only applies to the one-time set-up expenses.
- **Overlap Principles with Other Community Supports:** Members may receive Housing Transition Navigation, Housing Deposits, and/or Environmental Accessibility Adaptations (Home Modifications) at the same time as this Community Support as long as the services provided are nonduplicative, distinct, and necessary.
- **Overlap Principles with Waivers:** A Member may be eligible for this Community Support and other relevant waiver/demonstration programs such as California Community Transitions and Home & Community Based Alternatives Waiver; however, they cannot receive both at the same time if the activities provided under each program are duplicative.

Asthma Remediation

DHCS' vision is that the Asthma Remediation Community Support will become a wraparound service for physical modifications and supplies relative to the Asthma Preventive Services (APS) Benefit.

» Context Leading to Revisions

- As originally launched, the Asthma Remediation Community Support included assessment, self-management education, and home remediations.
- Launched in 2023, the APS Benefit also covers (1) asthma self-management education and (2) in-home environmental trigger assessments.
- Community Supports should supplement, not supplant, state plan services.

» Revision Highlights

- In-home environmental trigger assessments and asthma self-management education will be phased out of coverage under Asthma Remediation Community Support, effective January 1, 2026. Both services will be covered under the APS Benefit.
- Asthma Remediation will cover physical modifications and supplies.
- DHCS strongly encourages MCPs to work with Providers to streamline access to the Community Support from the APS Benefit. (*MCP TA session in March*)

Medically Tailored Meals/ Medically Supportive Food

- » DHCS heard the need to improve the standardization and quality of MTM/MSF interventions based on stakeholder feedback, and continue to refine the Community Support in alignment with national standards.
- » **Context Leading to Revisions**
 - As originally launched, the MTM/MSF services did not include specific descriptions or expectations for each “medically tailored” or “medically supportive” service, leading to disparate interpretations and implementation across the state.
 - Without clear standards for evaluating the quality and evidence base of MTM/MSF services, MCPs face challenges overseeing providers.
 - Stakeholders provided feedback that the original eligibility criteria were broad and ambiguous, allowing varying interpretations by MCPs and Providers.
 - CMS released an updated [Health Related Social Needs Framework Bulletin](#) in December 2024 that includes requirements for states to establish protocols to ensure that MCPs and MTM/MSF Providers are delivering high quality services that are appropriately tailored to address the nutrition-sensitive health conditions.

Medically Tailored Meals/ Medically Supportive Food (Cont.)

- » DHCS aims to increase the provisions of evidence-based MTM/MSF services to individuals with nutrition-sensitive conditions that can be positively impacted by MTM/MSF services.
- » **Revision Highlights**
 - Eligibility Criteria has been streamlined to **focus eligibility solely on whether the Member has a nutrition-sensitive health condition** appropriate for MTM/MSF services.
 - “Medically Tailored” and “Medically Supportive” Service packages must be **designed specifically for the identified target nutrition-sensitive health conditions**.
 - **Medically tailored services must include an individual nutrition assessment conducted or overseen by an RDN** to inform the development of a nutritional plan and connection to the appropriate evidence-based medically tailored services for the Member. Medically tailored services must also at least two-thirds of the daily nutrient and energy needs of an average individual.
 - **Medically supportive service food package design must follow evidence-based guidelines** appropriate for the targeted condition and be overseen/signed off by an RDN or another appropriate clinician
 - Nutrition Education **may not** be provided as a standalone service
 - **Provider and Meal/Food Package Oversight requirements** are outlined for MCPs to ensure Members receive high quality and effective MTM/MSF services.

Community Supports Select Service Definition Updates: An Advocate Perspective



Transition/Diversion from SNF to ALF, such as RCFE or ARF

Presented by: Zayden Chen - Zeal Senior Living

Conclusion: Embracing the Future of Elder Care with Assisted Living Facilities (ALFs)

» **Why ALFs?**

- Personalized, cost-effective, quality care for seniors.

» **Opportunity for Managed Care Plans (Statewide):**

- Boost satisfaction, independence, and resource use by funding ALFs.

» **Strategic Benefits:**

- Preventive care, better quality of life, and a holistic win for residents and providers.

» **Recommendations:**

- Align MCP understanding, processes, and expectations.

Questions?



Enhanced Care Management and Community Supports Data Update

Enhanced Care Management and Community Supports Overview

- » [The ECM and CS Quarterly Implementation Report](#) was updated December 2024 and reflects data from **January 1, 2022, to June 30, 2024**, and includes the total population receiving Enhanced Care Management (ECM) and Community Supports. The next update, which will include **Q3 2024** data, is scheduled for release by the end of March.
- » Dual eligible beneficiaries can access all available Community Supports 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 Community Supports, 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) Q2 – Q3 2024 Update

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Dual Eligible Beneficiaries who Received ECM by POF, for Q2 2024

- » Of the Individuals Experiencing Homelessness dually eligible beneficiaries total 4,956 and represent about 15.9% of the POF.
- » Of the Individuals at Risk for Avoidable Hospital or ED Utilization dually eligible beneficiaries total 5,979 and represent about 14.0% of the POF.
- » Of the Individuals with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs dually eligible beneficiaries total 5,545 and represent about 13.5% of the POF.
- » Of the Individuals Transitioning from Incarceration dually eligible beneficiaries total 164 and represent about 10.1% 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 Q2 2024

- » Of the Individuals Living in the Community and At-Risk of LTC Institutionalization dually eligible beneficiaries total 5,931 and represent about 45.4% 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 294 and represent about 36.1% of the POF.
 - About 72% 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.*

Dual Eligible Beneficiaries who Received ECM by POF, for Q3 2024

- » Of the Individuals Experiencing Homelessness dually eligible beneficiaries total 6,284 and represent about 16.6% of the POF.
- » Of the Individuals at Risk for Avoidable Hospital or ED Utilization dually eligible beneficiaries total 6,610 and represent about 14.5% of the POF.
- » Of the Individuals with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs dually eligible beneficiaries total 5,932 and represent about 13.5% of the POF.
- » Of the Individuals Transitioning from Incarceration dually eligible beneficiaries total 185 and represent about 9.9% 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 Q3 2024

- » Of the Individuals Living in the Community and At-Risk of LTC Institutionalization dually eligible beneficiaries total 7,169 and represent about 47.0% of the POF.
 - About 79% 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 359 and represent about 40.2% of the POF.
 - About 77% 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: Q3 2024 Update

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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	» Q1 (2023) – 12,480	» Q1 (2024) – 29,902
» Q2 (2022) – 4,511	» Q2 (2023) – 19,044	» Q2 (2024) – 34,494
» Q3 (2022) – 5,874	» Q3 (2023) – 26,536	» Q3 (2024) – 35,795
» Q4 (2022) – 7,917	» Q4 (2023) – 38,277	» Q4 (2024) – <i>Validation</i>

Dual Eligible beneficiaries represent ~ 26% of the total members who received CS in Q3 2024.

For **Q3 2024**:

Age 21-64 – 10,259 members | Age 65+ - 25,527 members

Duals Receiving CS in Q2 2024

» Utilization Highlights for Dual Eligible Beneficiaries Receiving Community Supports in **Q2 2024**:

Housing Transition Navigation Services:

4,934 dually eligible members (about **16%** of the total)

Housing Deposits:

339 dually eligible members (about **16%** of the total)

Housing Tenancy and Sustaining Services:

2,290 dually eligible members (about **22%** of the total)

Recuperative Care (Medical Respite):

414 dually eligible members (about **12%** of the total)

Personal Care and Homemaker Services

1,801 dually eligible members (about **58%** of the total)

Respite Services

488 dually eligible members (about **55%** of the total)

Short-Term Post-Hospitalization Housing

157 dually eligible members (about **16%** of the total)

Nursing Facility Transition/Diversion to Assisted Living Facilities:

335 dually eligible members (about **74%** of the total)

Community Transition Services/Nursing Facility Transition Home:

196 dually eligible members (about **81%** of the total)

Medically Tailored Meals/Medically-Supportive Food:

24,952 dually eligible members (about **31%** of the total)

Environmental Accessibility Adaptations

415 dually eligible members (about **71%** of the total)

Duals Receiving Community Supports by Demographics (Q2 2024)

- » Hispanic – 36%
- » Asian/Pacific Islander – 19%
- » White – 22%
- » Black/African American – 9%
- » Other – 3%
- » Unknown – 12%
- » American Indian/Alaska Native – <1%
- » 40% Male
60% Female
- » 74% Age 65 and older;
26% Ages 21-64.
- » 3,672 Dual Members (~11%) Received Both ECM and at least One Community Support service

Rounded to the nearest whole percentage (%)

Duals Receiving CS in Q3 2024

» Utilization Highlights for Dual Eligible Beneficiaries Receiving Community Supports in **Q3 2024**:

Housing Transition Navigation Services:

5,783 dually eligible members (about **16%** of the total)

Housing Deposits:

483 dually eligible members (about **16%** of the total)

Housing Tenancy and Sustaining Services:

1,897 dually eligible members (about **21%** of the total)

Recuperative Care (Medical Respite):

487 dually eligible members (about **13%** of the total)

Personal Care and Homemaker Services

2,325 dually eligible members (about **59%** of the total)

Respite Services

1,008 dually eligible members (about **61%** of the total)

Short-Term Post-Hospitalization Housing

220 dually eligible members (about **14%** of the total)

Nursing Facility Transition/Diversion to Assisted Living Facilities:

453 dually eligible members (about **77%** of the total)

Community Transition Services/Nursing Facility Transition Home:

204 dually eligible members (about **80%** of the total)

Medically Tailored Meals/Medically-Supportive Food:

24,874 dually eligible members (about **30%** of the total)

Environmental Accessibility Adaptations

599 dually eligible members (about **69%** of the total)

Duals Receiving Community Supports by Demographics (Q3 2024)

- » Hispanic – 38%
- » Asian/Pacific Islander – 10%
- » White – 26%
- » Black/African American – 9%
- » Other – 2%
- » Unknown – 13%
- » American Indian/Alaska Native – <1%
- » 39% Male
61% Female
- » 71% Age 65 and older;
29% Ages 21-64.
- » 4,617 Dual Members (~13%) Received Both ECM and at least One Community Support service

Rounded to the nearest whole percentage (%)

Next Steps

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Wednesday, June 25, 2025, at 11 AM.**