

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.

Agenda

12:00 – 12:05	Welcome and Introductions
12:05 – 12:20	H.R. 1 Updates
12:20 – 12:40	2026 Medi-Medi Expansion
12:40 – 12:50	EAE D-SNP Default Enrollment Pilot
12:50 – 1:05	Medicare Enrollment Data for Duals
1:05 – 1:15	2025 D-SNP Quality Data
1:15 – 1:30	Walkthrough of DHCS D-SNP Dashboard
1:30 – 1:40	BridgeCare Pilots for Near Duals
1:40 – 2:00	Additional Q&A and Next Steps

Workgroup Purpose and Structure

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

New Eligibility and Enrollment Changes Under H.R. 1

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

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

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

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

DHCS H.R. 1 Implementation Plan

- » On January 30, 2026, DHCS released an [H.R. 1 Implementation Plan](#) that outlines California's approach to implementing federally required Medi-Cal eligibility and enrollment changes.
- » Key components of the H.R. 1 Implementation Plan include:
 - **Automate to protect coverage:** Use data to confirm eligibility and reduce paperwork.
 - **Communicate with clarity and connection:** Provide plain-language, culturally appropriate information in all threshold languages.
 - **Simplify the renewal experience:** Streamline six-month renewal steps to help members stay enrolled.
 - **Educate and train those who serve Medi-Cal members:** Offer training and tools for counties and Coverage Ambassadors (community partners who share Medi-Cal information and help members navigate coverage).
 - **Provide timely and transparent communication:** Share updates early and through multiple channels so members have time to prepare.

Overview of Six-Month Eligibility Checks

Effective **January 1, 2027**, Section 71107 of H.R. 1 requires additional eligibility checks every six months for MAGI New Adult Group enrollees.

- » **Impacted Population:** Adult expansion enrollees under the Affordable Care Act (ACA), also called the “MAGI New Adult Group.”
- » **Requirement:** Counties must conduct eligibility redeterminations for MAGI New Adult Group enrollees once every six months instead of once every 12 months per current policy.
- » **Exemptions:** Tribal members, pregnant members, and children are not subject to this requirement.

Overview of Work Reporting Requirements

Effective **January 1, 2027**, Section 71119 of H.R. 1 establishes new federal work reporting requirements for expansion adults.

- » **Impacted Population:** Adult expansion enrollees under the Affordable Care Act (ACA), also called the “MAGI New Adult Group.”
- » **Requirement:** Individuals must complete one or more qualifying activities:
 - Employment of 80 hours/month.
 - Have monthly income at least \$580 (80 times the federal hourly minimum wage) (seasonal work will be averaged over the last six months).
 - Community service of 80 hours/month.
 - Enrolled at least half-time in an educational program.
 - Participation in a work program of 80 hours/month.
- » **Exemptions:** The law includes mandatory and short-term hardship exemptions (*see following slides*).

Work and Community Engagement Requirements

- » H.R. 1 establishes mandatory work and community engagement requirements for adults aged 19-64 enrolled in the Affordable Care Act New Adult Group* who are applying to or enrolled in Medi-Cal, beginning January 2027.

Exemptions

- DHCS must exempt individuals in mandatory exemption groups (See next slide)
- DHCS will also establish short-term hardship exemptions to the maximum extent possible

Qualifying Activities

- » 80 hours of work, community service, and/or work program participation
- » Enrollment in an educational program at least half-time
- » Monthly income of at least \$580/month (federal minimum wage x 80 hours/month)

Compliance

- » Compliance must be demonstrated at application and every six months at renewal (Exception: individuals who are AI/AN)
- » At application, individuals need to demonstrate: (1) compliance with qualifying activities during the one month look back period; or (2) exemption in month of application or one month look back period

* The New Adult Group encompasses adults ages 19 to 64 with incomes below 138% of the federal poverty level (FPL). In 2025, 138% of the FPL for an individual's annual income is \$21,597.

Exemptions from H.R. 1 Work and Community Engagement Requirements

- › H.R. 1 outlines several mandatory exemptions to Medicaid work and community engagement requirements including medical frailty, in addition to optional short term hardship exemptions.

Mandatory Exemptions

- Children under 19
- Individuals eligible for another mandatory eligibility group (e.g., non-Modified Adjusted Gross Income)
- Foster youth
- Former foster youth under age 26
- Parents and other caretaker relatives
- Pregnant women and those entitled to postpartum coverage
- Individuals receiving Supplemental Security Income
- Individuals entitled to Medicare Part A or Part B
- American Indians and Alaska Natives
- Parents/caretaker relatives of a dependent child(ren) 13 years or younger
- Parents/caretaker relatives of a disabled individual(s)
- Veterans with a disability rated as total (section 1155 of Title 38, United States Code)
- **Medically frail individuals or those with special medical needs (as defined by the HHS Secretary), including:**
 - Blind or disabled individuals
 - Individuals with a substance-use disorder
 - Individuals with a disabling mental disorder
 - Individuals with a physical, intellectual, or developmental disability
 - Individuals with serious or complex medical conditions

Outreach and Communication Strategies

- » DHCS will implement a phased outreach campaign in all threshold languages, using culturally relevant and plain-language materials.
- » The Coverage Ambassador model will continue, leveraging trusted messengers and local partnerships to reach diverse communities.
- » Outreach will include FAQs, scripts, templates, and translated materials, distributed through websites, social media, flyers, and direct outreach.
- » Communication will focus on equity, language access, and early awareness, with messaging aligned to implementation timelines and member actions.

How to Become a Coverage Ambassador



- » [Join the DHCS Coverage Ambassador mailing list](#)
 - *If you cannot commit to being a Coverage Ambassador, you can still use and share the [resources](#) created to inform your community about health coverage options.*
- » Visit DHCS' [Coverage Ambassadors](#) webpage for more information.

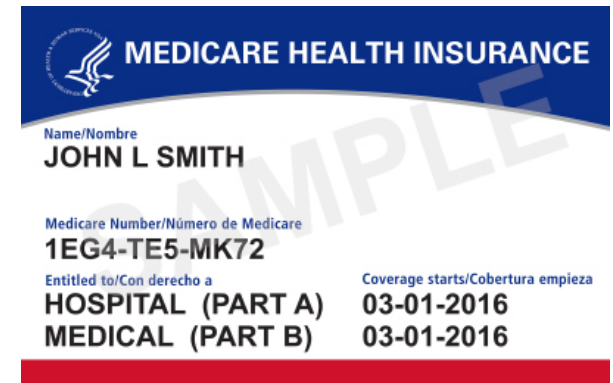
Questions?



2026 Expansion of Medi-Medi Plans

Medicare and Medi-Cal

- » Some people have both Medicare **and** Medi-Cal. They are known as dual eligibles or Medi-Medis.
- » Medicare covers doctor visits, hospital stays, labs, prescription drugs, and other benefits.
- » Medi-Cal covers Medicare Part B premiums, copays, adult day health care, skilled nursing facility care, dental, In-Home Supportive Services (IHSS), transportation, and other benefits.



Dual Eligible Members in California

- » In California, almost a quarter of Medicare members (**1.8 million Californians**) also have Medi-Cal.
- » Statewide, about half of dual eligible members are in Original (fee-for-service) Medicare, and about half are enrolled in some type of Medicare Advantage plan, including integrated plans.
- » All dual eligible members in California are enrolled in Medi-Cal MCPs.

Medi-Medi Plans

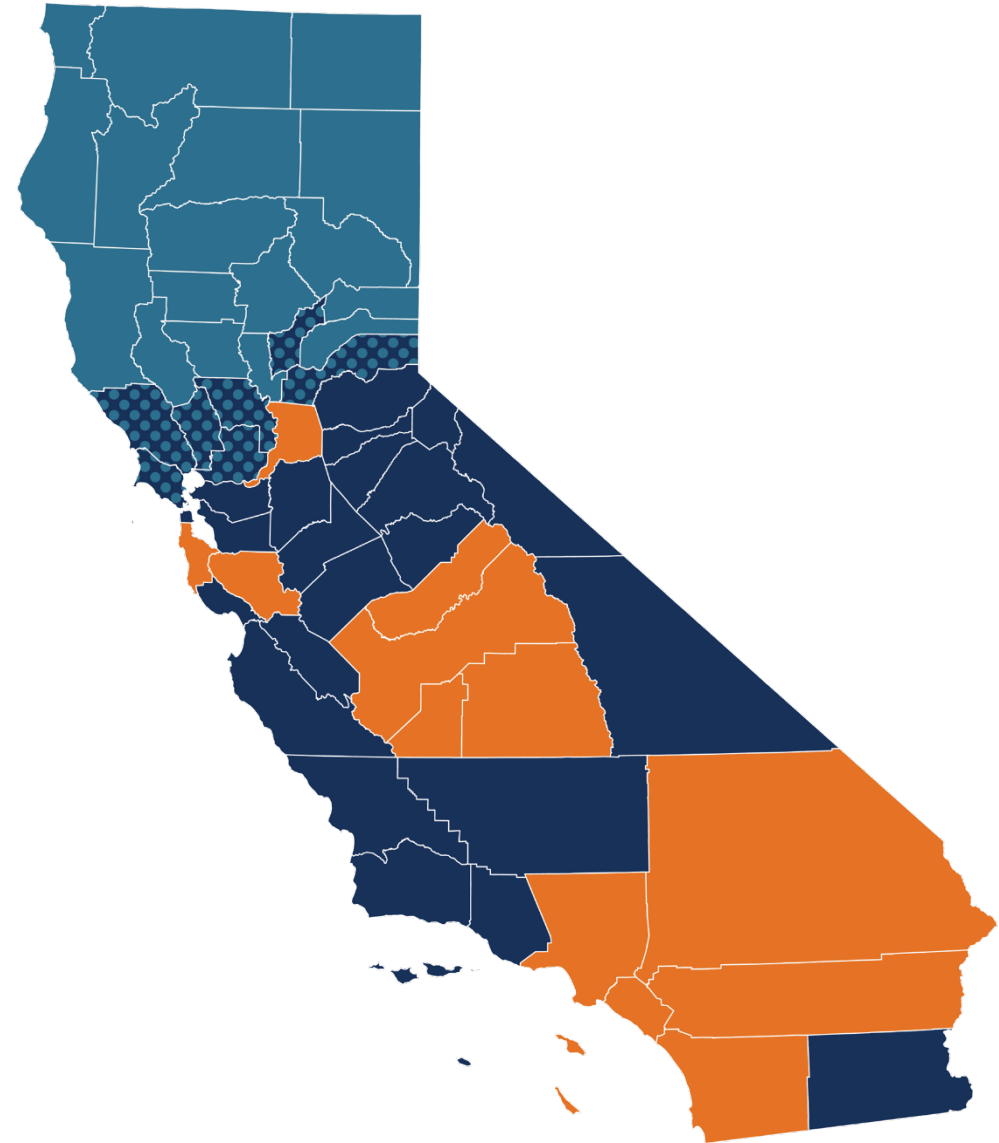


The Need for Coordinated Care

- » 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 plans required to coordinate care across Medicare and Medi-Cal, known as Medi-Medi Plans.
 - Previously available in 12 counties.
 - Launched in 29 additional counties on January 1, 2026.
 - A list of Medi-Medi Plans by county is available on the [DHCS website](#).

Medi-Medi Plans in California Counties

-  **Existing counties (launched in 2023 or 2024):** Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, Tulare
-  **Newly added as of 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
-  **One plan newly added as of 2026 (additional option expected after 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



Medi-Medi Plans

- » **Medi-Medi Plans** are a type of Medicare Advantage plan in California only available to dual eligible members. Medi-Medi Plans operate with exclusively aligned enrollment.
- » Members enrolled in a Medi-Medi Plan receive coordinated care. A Medi-Medi Plan member's 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

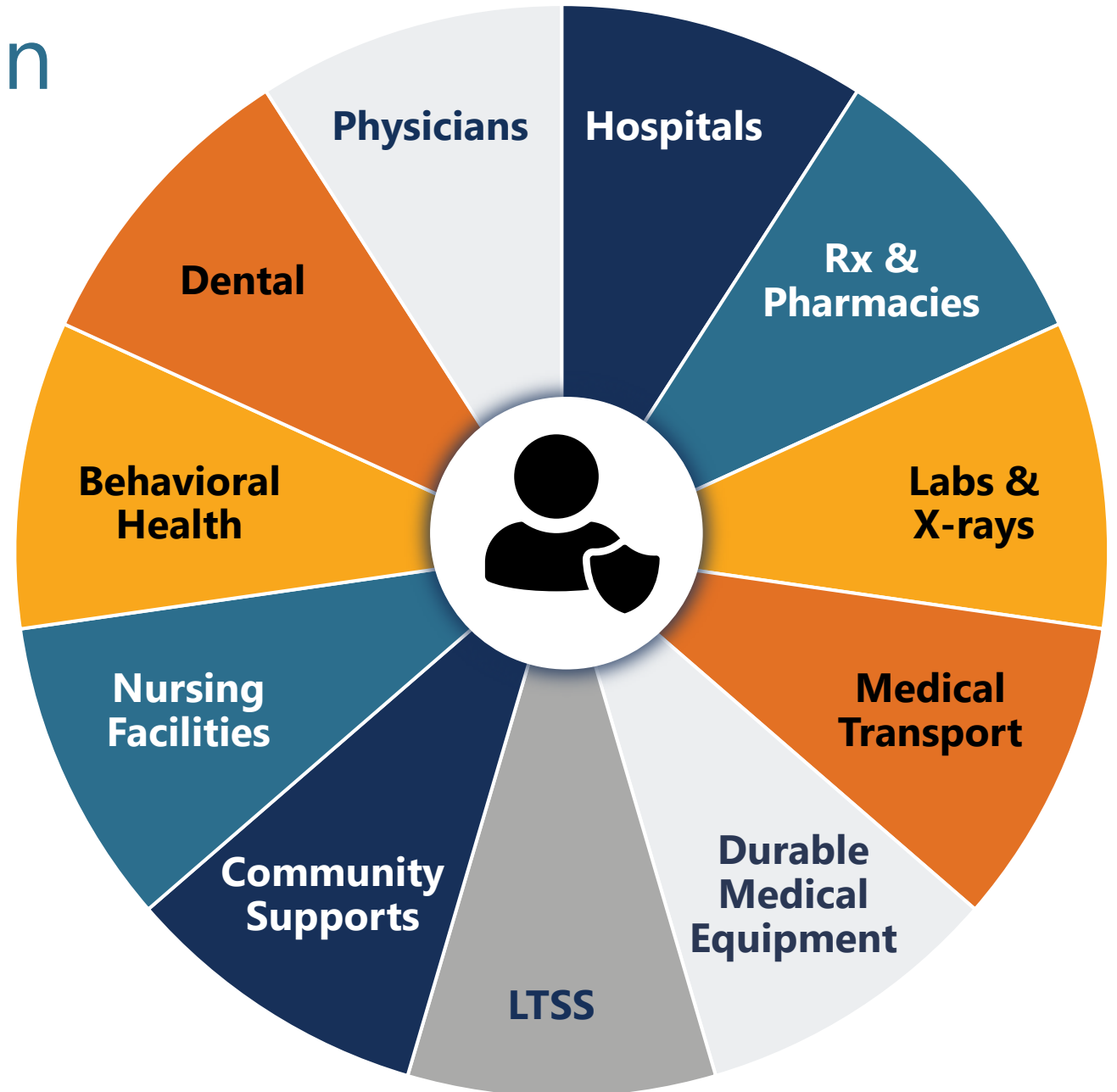


MCP provides wrap-around services, such as:

- Medicare cost-sharing
- LTSS
- Transportation
- Other Medi-Cal benefits

Care Coordination in Medi-Medi Plans

- » Medi-Medi Plans help members with all of 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 Enhanced Care Management (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 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 current 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.
- » To join a Medi-Medi Plan network, a provider should contact the plan's provider relations department.

Continuity of Care

- » If a member's provider is not currently in network, Medi-Medi Plans must offer a continuity of care period, which allows the member to 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 payments.

Joining a Medi-Medi Plan



Joining a Medi-Medi Plan



» Members can join a Medi-Medi Plan if they:

- Have both Medicare Part A and B and Medi-Cal.
- Are 21 years or older.
- Live in one of the counties that offers Medi-Medi Plans.



» Member enrollment in Medi-Medi Plans is **voluntary**.



» To enroll, a member can contact their Medi-Cal plan or 1-800-MEDICARE.

Resources for Stakeholders

» **Members:**

- Dual eligible members can learn more about Medi-Medi Plans by viewing the [Medi-Medi Plan Fact Sheet](#) on the [DHCS Medi-Medi Plan Webpage](#).
 - The fact sheet is available in English, Spanish, Hmong, Vietnamese, Traditional Chinese/Cantonese, Russian, Khmer/Cambodian, Arabic, Farsi, American Sign Language, and Mexican Sign Language.
- For support, members can contact:
 - HICAP for free counseling on health care options: 1-800-434-0222
 - MMOP for help resolving issues with providers or health plans: 1-855-501-3077

» **Providers and Other Stakeholders:**

- Providers should direct questions to their contracted Medi-Cal plan.
- Providers and other stakeholders can also submit general questions to DHCS at info@calduals.org.
- To learn more about Medi-Medi Plans, providers and stakeholders can:
 - Visit the [DHCS Medi-Medi Plan Webpage](#)
 - View the [Medi-Medi Plans: Information for Providers Fact Sheet](#)

Current Status of Newly Launched Medi-Medi Plans

- » As of April 2026, enrollment in the newly launched Medi-Medi Plans is approximately 4,000.
- » Enrollment processes are running smoothly.
- » No member complaints or other issues reported by the Health Insurance Counseling & Advocacy Program (HICAP) or the Medicare and Medi-Cal Ombudsperson Program (MMOP).
- » No significant concerns or complications with the rollout reported by Medi-Medi Plans.

Questions?



EAE D-SNP Default Enrollment Pilot

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, 110 members in Community Health Group were D-SNP default enrolled in April 2026. And in San Mateo County, 25 members in Health Plan of San Mateo were D-SNP default enrolled in April 2026.

Plans Participating in the EAE D-SNP Default Enrollment Pilot

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

Community Health Group: Default Enrollment Data

Cohort (Month Member became eligible for Medicare)	% of Members who Enrolled in Plan via Default	% of Members who Disenrolled from Default Plan within 90 Days of Enrollment
September 2025	80.2%	6.3%
October 2025	77.7 %	2.6%
November 2025	77.9%	1.0%
December 2025	77.9%	6.9%
January 2026	80.3%	4.8%
February 2026	68.9%	4.8%
March 2026	77.4%	9.4%
April 2026	76.6%	0%

Health Plan of San Mateo: Default Enrollment Data

Cohort (Month Member became eligible for Medicare)	% of Members who Enrolled in Plan via Default	% of Members who Disenrolled from Default Plan within 90 Days of Enrollment
September 2025	65.4%	0%
October 2025	75.9%	4.5%
November 2025	84.4%	5.4%
December 2025	72.4%	4.8%
January 2026	90.2%	5.4%
February 2026	73.7%	3.6%
March 2026	80.0%	5.6%
April 2026	83.3%	0%

Kaiser Permanente: Default Enrollment Data

Cohort (Month Member became eligible for Medicare)	% of Members who Enrolled in Plan via Default	% of Members who Disenrolled from Default Plan within 90 Days of Enrollment
September 2025	85.7%	0%
October 2025	85.7%	0%
November 2025	100%	0%
December 2025	60.0%	66.7%
January 2026	80.0%	25.0%
February 2026	100%	20.0%
March 2026	77.8%	57.1%
April 2026	100%	0%

Cumulative Default Enrollment Totals as of April 2026

- » Since August 2024, **Community Health Group** enrolled **2,150** total members via default enrollment.
- » Since March 2025, **Health Plan of San Mateo** enrolled **380** total members via default enrollment.
- » Since July 2025, **Kaiser Permanente** enrolled **63** total members via default enrollment.

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

Expanding Default Enrollment

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

Questions?



Medicare Enrollment Data for Dual Eligible Members

Medicare Delivery Systems for Dual Eligible Members

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

Medicare Delivery Systems for Dual Eligible Members (cont.)

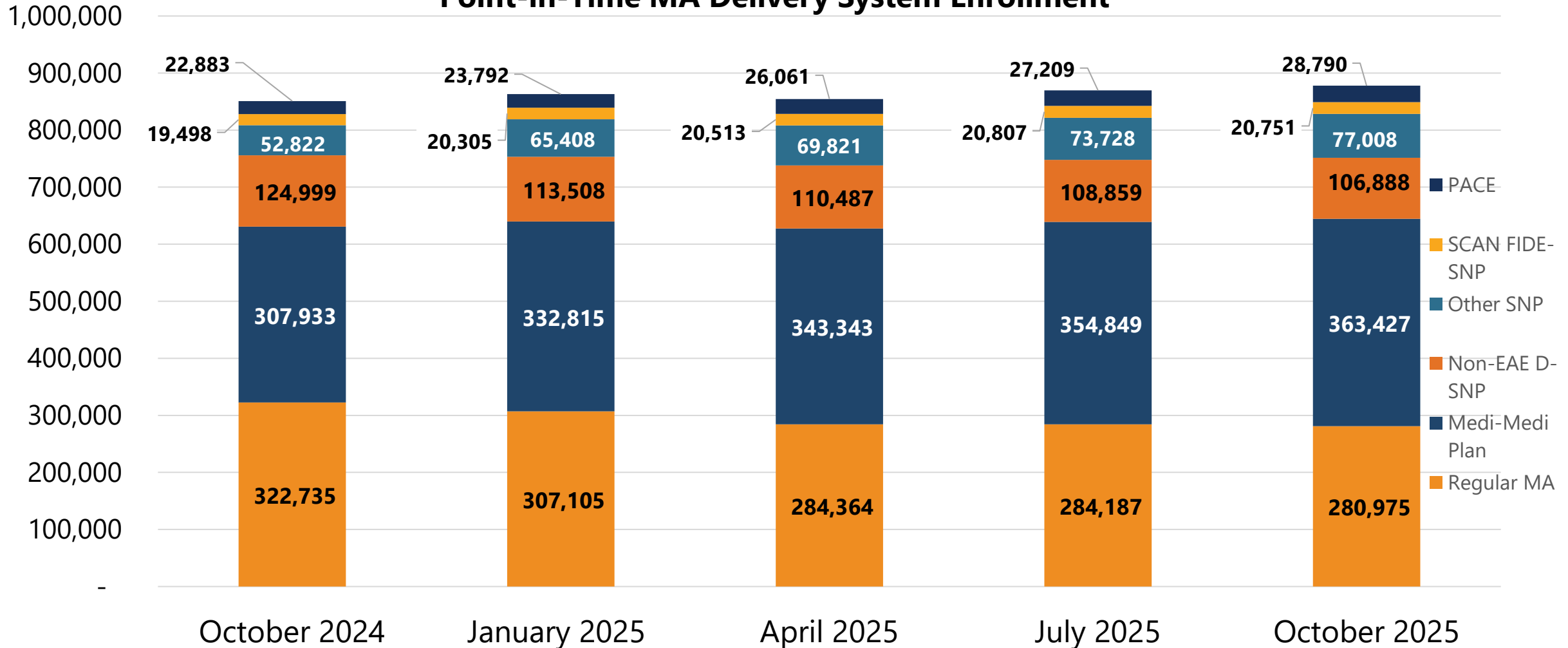
- » **Dual Eligible Special Needs Plans (D-SNPs):** Medicare Advantage plans that provide specialized care and wrap around services to members that are dually eligible for both Medicaid and Medicare. D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.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

Medicare Delivery Systems for Dual Eligible Members (cont.)

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

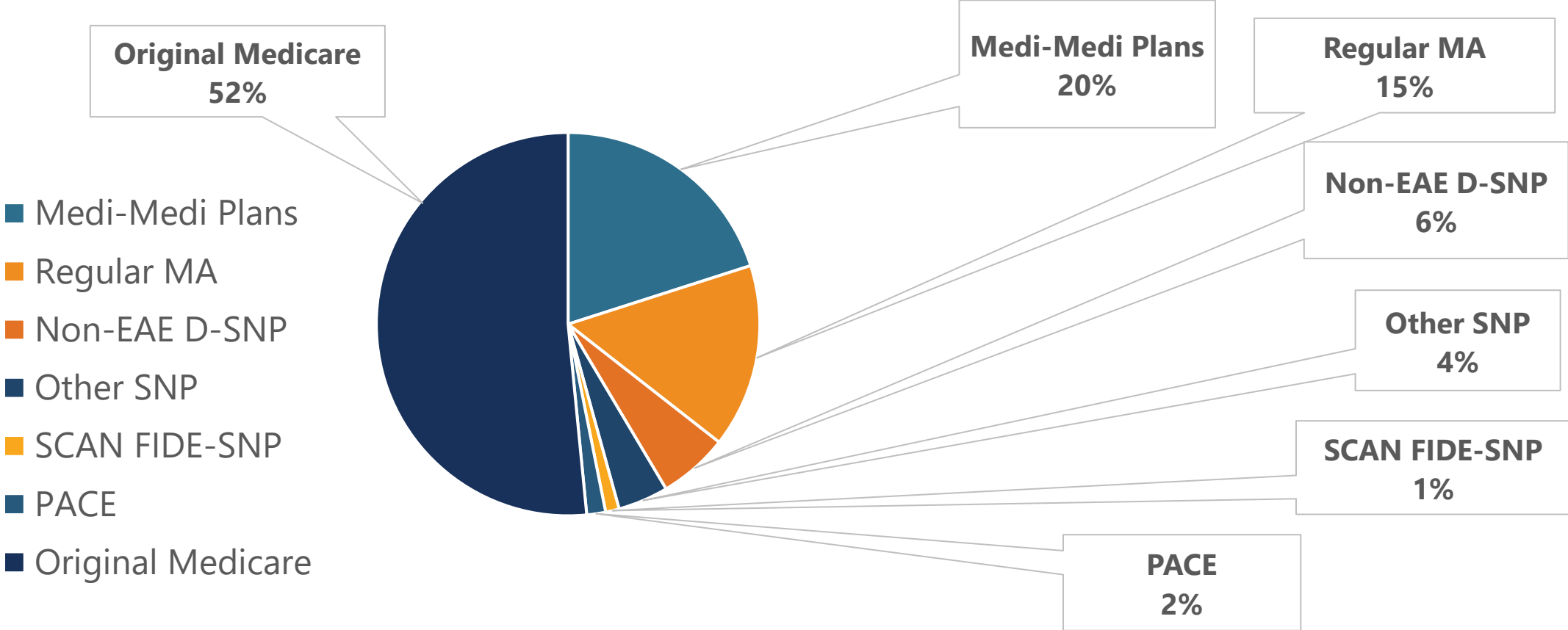
Medicare Managed Care Enrollment for Dual Eligible Members in California

Point-in-Time MA Delivery System Enrollment



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

Percentage of Medicare Enrollment by Delivery System



Data Source: MIS/DSS as of 1/30/26.

Medi-Medi Plan Enrollment



Medi-Medi Plan Enrollment

» As of April 2026, enrollment across all Medi-Medi Plans is approximately **473,000**. This is about 103,000 more enrollees compared to April 2025, representing an increase of nearly 28%.

- » As of April 2026, enrollment in the newly launched Medi-Medi Plans is approximately **4,000**.
- » For new plans, the rate of growth since January 2026 is 83.7%

New Medi-Medi Plan	April 2026 Enrollment
Alameda Alliance for Health	220
CenCal CareConnect	307
Central California Alliance for Health	616
Community Health Plan of Imperial Valley	301
Contra Costa Health Care Plus	300
Gold Coast Health Plan	511
Health Plan of San Joaquin	233
Kern Family Health Care	895
San Francisco Health Plan	608

New Medi-Medi Plan Enrollment January to April

New Medi-Medi Plan	January 2026	February 2026	March 2026	April 2026	Rate of Growth (%)
Alameda Alliance for Health	157	164	192	220	40.1%
CenCal Health	178	218	268	307	72.5%
Central California Alliance for Health	330	477	513	616	86.7%
Community Health Plan of Imperial Valley	169	212	250	301	78.1%
Contra Costa Health Plan	154	238	269	300	94.8%
Gold Coast Health Plan	259	362	453	511	97.3%
Health Plan of San Joaquin	188	189	202	233	23.9%
Kern Family Health Systems	455	747	837	895	96.7%
San Francisco Health Plan	283	467	509	608	114.8%
Totals	2,173	3,074	3,493	3,991	83.7%

Existing Medi-Medi Plan Enrollment

Existing Medi-Medi Plan	April 2026 Enrollment
Anthem Blue Cross	101,801
Blue Shield	15,062
CalOptima	18,699
Community Health Group	9,723
Health Plan of San Mateo	8,517
Inland Empire Health Plan	38,609
Kaiser Foundation	140,885
L.A. Care Health Plan	31,105
Molina Healthcare	29,712
Santa Clara Family Health Plan	11,791
SCAN Health Plan	26,962
WellCare	36,492
Total	469,358

April 2026 D-SNP Enrollment

- » There are 473,349 dual eligible members in Medi-Medi Plans.
- » There are 39,067 dual eligible members in Non-EAE D-SNPs, which are all closed to new enrollment.
- » 92% of dual eligible members in D-SNPs are in Medi-Medi Plans.
- » This enrollment information is available on this CMS [webpage](#). CMS updates SNP enrollment monthly.

Questions?



2025 D-SNP Quality Data Highlights

Overview:

D-SNP Quality and Data Reporting

- » In addition to existing CMS Medicare Advantage requirements, DHCS requires all D-SNPs to submit data on a series of state-specific requirements on a quarterly and annual basis.
- » DHCS conducts completeness reviews and processes data reported by D-SNPs for publication on the DHCS website and the [D-SNP Dashboard](#).
- » The purpose of this presentation is to share updates on D-SNP data submitted for 2025 quarterly and annual measures.

D-SNP Quality Measures

- » The **ICP** measure captures the number of members with **care plans** completed within 90 days of enrollment during the quarter.
- » The **ECM** measure captures the number of eligible members who received **ECM-like services** during the quarter and the number of eligible members who received **in-person ECM-like care management** during the quarter.
- » The **PAL** measure captures the number of members newly enrolled in **palliative care** services within the quarter.
- » The **LTC** measure captures the number of members currently **residing in long-term care** for more than 90 days during the quarter.
- » The **CHA** measure captures the number of members age 65 and older who had **cognition assessed** during the year.

ICP: Members With a Care Plan Completed

Quarterly Measure	Plan Type	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Total Members with a Care Plan Completed within 90 days of Enrollment	Medi-Medi Plans and SCAN FIDE-SNP	○ 26,065 ○ 64.3%	○ 22,060 ○ 59%	○ 16,662 ○ 59.9%	○ 18,863 ○ 70.8%
	Non-EAE D-SNPs	○ 5,960 ○ 79.2%	○ 3,625 ○ 68.7%	○ 2,097 ○ 68.1%	○ 2,294 ○ 85.2%
	All D-SNPs	○ 32,025 ○ 66.7%	○ 25,685 ○ 60.2%	○ 18,759 ○ 60.7%	○ 21,157 ○ 72.2%

ECM: ECM-Like Services

Quarterly Measure	Plan Type	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Total Members that Received ECM-like Services	Medi-Medi Plans and SCAN FIDE-SNP	○ 14,558 ○ 31.7%	○ 16,697 ○ 33.3%	○ 16,240 ○ 32.6%	○ 13,813 ○ 22.8%
	Non-EAE D-SNPs	○ 6,062 ○ 25%	○ 4,846 ○ 20.6%	○ 4,861 ○ 21.2%	○ 3,751 ○ 14%
	All D-SNPs	○ 20,620 ○ 29.4%	○ 21,543 ○ 29.2%	○ 21,101 ○ 29%	○ 17,564 ○ 20.1%

ECM: ECM-Like Services (Cont.)

Quarterly Measure	Plan Type	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Total Members that Received ECM-like Services and had an In-person Interaction	Medi-Medi Plans and SCAN FIDE-SNP	○ 767 ○ 5.3%	○ 1,701 ○ 10.2%	○ 1,308 ○ 8.1%	○ 1,096 ○ 7.9%
	Non-EAE D-SNPs	○ 363 ○ 6%	○ 328 ○ 6.8%	○ 229 ○ 4.7%	○ 825 ○ 22%
	All D-SNPs	○ 1,130 ○ 5.5%	○ 2,029 ○ 9.4%	○ 1,537 ○ 7.3%	○ 1,921 ○ 10.9%

PAL: Palliative Care

Quarterly Measure	Plan Type	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Total Members Newly Enrolled in Palliative Care Services	Medi-Medi Plans and SCAN FIDE-SNP	○ 1,081	○ 1,090	○ 1,053	○ 764
	Non-EAE D-SNPs	○ 508	○ 382	○ 360	○ 316
	All D-SNPs	○ 1,589	○ 1,472	○ 1,413	○ 1,080

LTC: Long-Term Care

Quarterly Measure	Plan Type	Q1 2025	Q2 2025	Q3 2025	Q4 2025
Total Members Currently Residing in LTC for More Than 90 Days	Medi-Medi Plans and SCAN FIDE-SNP	○ 2,120	○ 2,214	○ 2,409	○ 2,335

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

CHA: Annual Cognitive Health Assessment for Members 65 Years and Older

Annual Measure	Plan Type	2023	2024	2025
Total Members 65 Years and Older Who Received a Cognitive Health Assessment	Medi-Medi Plans and SCAN FIDE-SNP	○ 5.4%	○ 11.6%	○ 10.8%
	Non-EAE D-SNPs	○ 4.1%	○ 12%	○ 12.4%
	All D-SNPs	○ 4.7%	○ 11.7%	○ 11.2%

Questions?



Walk-Through: DHCS D-SNP 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 March 2026 release of the D-SNP Dashboard includes 2024 data. This release presents data on select quarterly and annual measures.

Questions?



BridgeCare Pilots for Near Duals

Overview of BridgeCare Pilots

As part of the CalAIM Section 1115 Demonstration renewal, DHCS is seeking CMS approval for BridgeCare Pilots to help older adults access services they need to live at home in their communities and to optimize health and quality of life.

- » **Objective:** Support older adults to remain in their homes and communities, prevent nursing home admission and impoverishment that leads to Medi-Cal enrollment, improve health outcomes, and reduce avoidable healthcare spending.

- » **Approach:**
 - Provide a targeted set of **home and community-based services (HCBS) and caregiver supports** (e.g., personal care services, home modifications, caregiver respite) for “near duals.”
 - **“Near duals”** are Medicare members age 65 and older with significant health needs, limited income above Medi-Cal limits, and who lack resources for adequate care.
 - Participants will be **required to pay cost-sharing** up to a specified percent of the average monthly cost of services.
 - **Local entities** (counties or regions) opt-in to implement the pilot in their region and support the non-federal share of Medicaid funding.
 - State will request federal approval to **reinvest a portion of Medicare savings** that may result from the BridgeCare Pilots to offset the cost to Local Entities.

BridgeCare Pilots: Eligibility and Services

BridgeCare Pilots would provide a set of HCBS and caregiver supports to eligible participants in regions where a Local Entity elects to participate.

Eligibility

- » Be age 65 or older
- » Be enrolled in traditional Medicare
- » Require the level of care that is typically provided in a skilled nursing facility
- » Live at home or in the community
- » Meet the following financial eligibility criteria:
 - Have countable income between 138 and 220 percent of the federal poverty level (FPL)
 - Have countable assets within Medi-Cal asset limits
 - For those that have a Share of Cost, have not met their Share of Cost, or do not have enough medical expenses that would meet their Share of Cost

Services

Core Services (*provided to all participants*):

- » Assessments
- » Individualized care planning
- » Care management
- » Personal Care Services
- » Respite for Caregivers
- » CAPABLE program: a home-based program integrating services from an occupational therapist (OT), registered nurse (RN), and a handy worker team

Discretionary Services (*may be available in certain regions if elected by the Local Entity*):

- » Homemaker Services
- » Adult Day Care
- » Assistive Technology
- » Communication: Device and Translation/Interpretation
- » Community Transition Services
- » Consultative Clinical Services
- » Nutritional Services
- » Social Support
- » Transportation

BridgeCare Pilots: Role of Local Entity

- » A Local Entity is a county or region that elects to participate in BridgeCare Pilots.
- » **Local Entities** will design and administer services for eligible participants.

Role of Local Entity	
Implementation <ul style="list-style-type: none">» Identify eligible pilot participants» Design a service package that includes core and discretionary BridgeCare pilot services» Administer services» Coordinate care» Support evaluation activities	Funding <ul style="list-style-type: none">» Determine a monthly individual service budget for pilot participants» Administer cost sharing schedule defined by State» Provide funding for the non-federal share for all BridgeCare services» May establish an enrollment cap and develop a waitlist.

Questions?



Open Discussion

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

Next Steps

- » The next MLTSS and Duals Integration Workgroup meeting is scheduled for **Wednesday, August 26, 2026, at 12 PM**. Please [register](#) for the meeting.
- » Please visit the Workgroup [webpage](#) to find agendas and an [archive](#) of past meeting information.

Thank You!