

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

12:00 – 12:05	Welcome and Introductions
12:05 – 12:20	Medi-Cal Asset Limit Policy Updates and Stakeholder Q&A
12:20 – 12:45	2026 Medi-Medi Plan Expansion
12:45 – 12:55	Medi-Cal Matching Plan Policy Updates and Stakeholder Q&A
12:55 – 1:00	Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP) Default Enrollment Pilot
1:00 – 1:05	2026 D-SNP State Medicaid Agency Contract (SMAC) and Policy Guide Updates
1:05 – 1:20	Medicare Enrollment, Enhanced Care Management (ECM), and Community Supports for Duals Data and Stakeholder Q&A
1:20 – 1:55	Spotlight on Dementia Care and Caregiver Supports and Stakeholder Q&A
1:55 – 2:00	Adjourn

OMII Leadership Transition

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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.***

Medi-Cal Asset Limit Policy Updates

Reinstatement of Asset Limits

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Reinstatement of Asset Limits for Non-MAGI Medi-Cal

- » Effective **January 1, 2026**, individuals eligible to Medi-Cal using the Non-MAGI methodology are required to provide asset information and have assets under \$130,000 for one person plus \$65,000 for each additional household member.
- » Existing Medi-Cal members will not be asked for their asset information until annual renewal.
- » Counties will verify self-attested asset information using the Asset Verification Program (AVP) prior to requesting verification from the member.

Impacted Population

- » These limits apply to Non-MAGI Medi-Cal members and applicants who:
- Are **65 or older**, or
 - Have a **disability**, or
 - Live in a **nursing home** (long-term care facility), or
 - Are in a **family that earns too much money** to qualify under federal tax rules (MAGI Medi-Cal).

Asset Limits

- » An asset limit is the most you can own in countable assets and still qualify for Medi-Cal. Starting January 1, 2026:
 - The limit is **\$130,000** for one person
 - Add **\$65,000** for each additional family member (up to 10 people)
- » Not everyone in your home may count toward your family size. For example, adult children living with you are not included.
- » Some married couples or registered domestic partners may qualify for higher limits under **Spousal Impoverishment** provisions.

Next Steps for Members

- » **Members are not required to do anything right now.**
 - Members will need to report assets at their first annual renewal due on or after January 1, 2026, and for any subsequent change in assets that would cause a in a change in circumstances redetermination.

Reducing Assets

- » Members who do not require care in a nursing facility, can give away or sell their property for any amount without impacting their Medi-Cal eligibility.
- » Members who are currently in a nursing facility, or who may need that level of care in the next 30 months, can spenddown their assets to the asset limits without losing their access to nursing facility level of care. Examples include:
 - Pay for school, medical bills, car loans, or other debts
 - Pay for future rent or mortgage payments
 - Buy clothes or household items
 - Fix their home
 - Buy assets that don't count for Medi-Cal eligibility purposes

Resources

- » [MEDIL 25-23](#) includes Outreach Letter & FAQ
- » [MC 007 | Medi-Cal Eligibility Division Information Notices](#)
- » [Asset Limits FAQs | Help Center | Medi-Cal](#)

Questions?

Email: AssetLimitChanges@dhcs.ca.gov



2026 Medi-Medi Plan Expansion Update

Overview: Medi-Medi Plans

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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.
 - A list of Medi-Medi Plans by county is available on the [DHCS website](#).

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

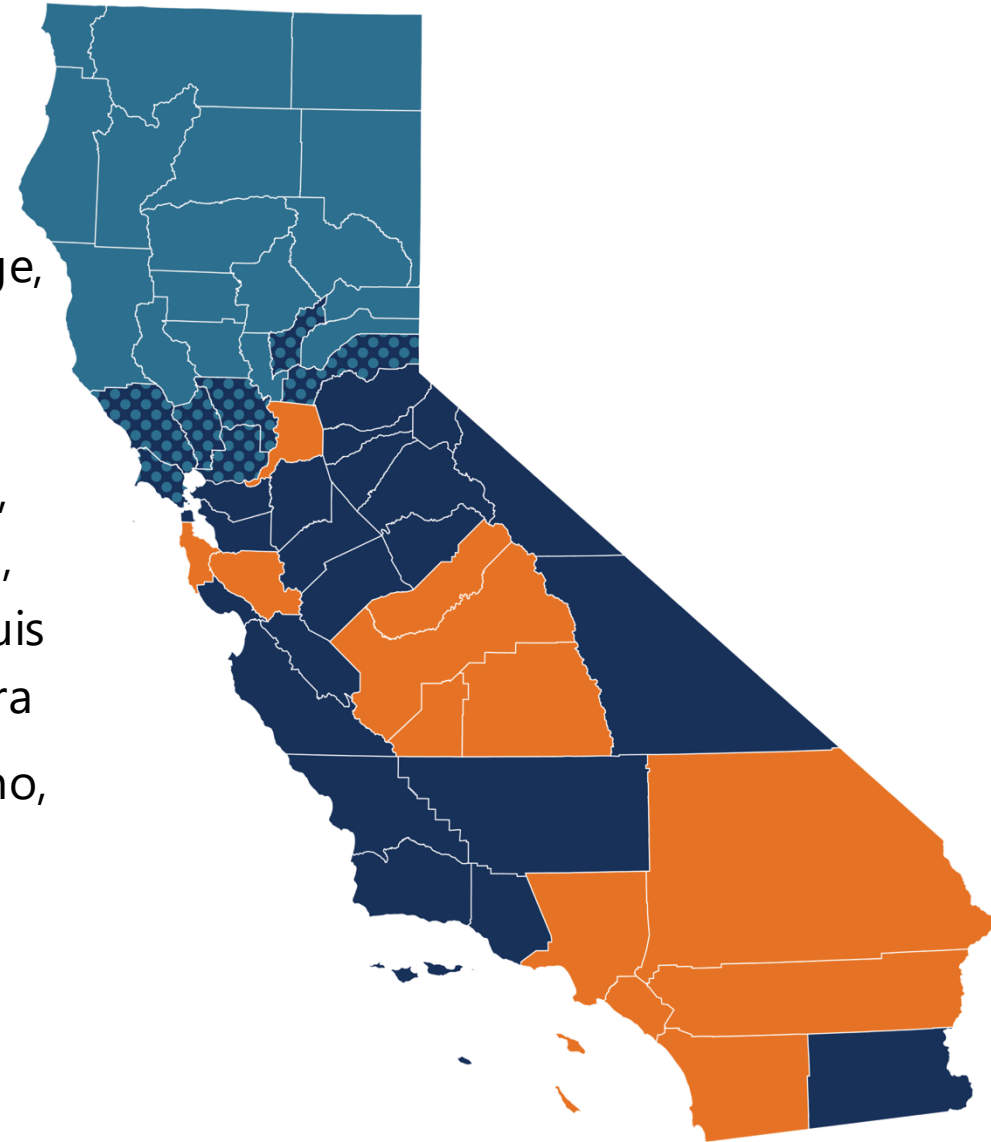
Medi-Medi Plans in California Counties

 **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 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 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, 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 payment terms.

Joining a Medi-Medi Plan

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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.

Medicare Enrollment Periods for Dual Eligible Members

- » Dual eligible members can change their Medicare Advantage and Medicare drug coverage for any reason during the Medicare Open Enrollment Period (October 15 – December 7) or the Medicare Advantage Open Enrollment Period (January 1 – March 31).
- » In addition, Medicare Special Enrollment Periods (SEPs) allow dual eligible members to make changes at other times of the year. The full list of SEPs is available on the [CMS website](#).
- » Further information can be found on the [DHCS webpage](#).

Medicare Special Enrollment Period (SEP) Changes for 2025

- » Medicare allows dual eligible members to switch to Original Medicare with a stand-alone prescription drug plan once-per-month.
- » A new type of SEP for integrated care allows dual eligible members to choose a Medi-Medi Plan once-per-month, in any month of the year.
 - Members can continue to enroll in PACE in any month of the year, if they meet PACE enrollment criteria.
- » Dual eligible members will not be able to enroll in, or change, regular Medicare Advantage plans or other Special Needs Plans outside of the usual times, except if a different SEP applies, such as moving out of the plan's service area.

Options for Dual Eligible Members in 2026

- » A dual eligible member may have the following choices in 2026:
 - Original Medicare and a Medi-Cal plan
 - A Medi-Medi Plan*
 - A Medicare Advantage plan and a Medi-Cal plan
 - PACE** (for those who need nursing facility level of care)
- » Reminder: 2026 Medicare Open Enrollment is October 15 – December 7, 2025.

*Except in counties that will be phased in after 2026. Please see the DHCS [Medi-Medi Plan List webpage](#) for more information.

**Please refer to the DHCS [Medi-Cal Managed Care Health Plan Directory](#) to see whether PACE is an option in your county.

Medi-Medi Plan Expansion Outreach Efforts

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DHCS Outreach on the 2026 EAE D-SNP Expansion

- » DHCS is partnering with plans to inform local providers and stakeholders about the launch of Medi-Medi Plans throughout California in 2026.
- » In addition, DHCS is conducting statewide outreach to inform stakeholders about the Medi-Medi Plan expansion.
 - DHCS will continue to share information about the 2026 EAE D-SNP implementation during the quarterly MLTSS and Duals Integration Stakeholder Workgroups.
 - DHCS also hosted a 2026 Medi-Medi Plan Expansion All-Comer Webinar on July 29th for providers and stakeholders. The materials from this webinar are on the [DHCS Medi-Medi Plan Webpage](#).
- » DHCS has also been engaging with 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

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](#)

Medi-Cal Matching Plan Policy Updates

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2025 Medi-Cal Matching Plan Policy

- » **Medi-Cal Matching Plan Policy:** Dual eligible beneficiaries who are enrolled in a Medicare Advantage plan must be enrolled in the matching Medi-Cal managed care plan if a matching plan is available.
- » Medicare is the lead plan, meaning a member's Medicare plan choice determines their Medi-Cal plan.
 - This policy does not change or affect a member's choice of a Medicare plan.
- » In 2025, the Medi-Cal Matching Plan Policy continues in 17 counties: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Stanislaus, and Tulare.

2026 Medi-Cal Matching Plan Policy

- » **In 2026, the Medi-Cal Matching Plan Policy will be implemented in all counties throughout California.**
- » For more information, please visit the DHCS [Medi-Cal Matching Plan Policy for Dual Eligible Beneficiaries webpage](#).

Questions?

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EAE D-SNP Default Enrollment Pilot

EAE D-SNP Default Enrollment Pilot in California

- » Reminder: 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, 97 members in Community Health Group were D-SNP Default Enrolled in September 2025. And, in San Mateo County, 17 members in Health Plan of San Mateo were D-SNP Default Enrolled in September 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.

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
February 2025	73.5%	10.7%
March 2025	76.2%	12.2%
April 2025	71.2%	2.2%
May 2025	84.6%	2.9%
June 2025	79.6%	8.8%
July 2025	69.4%	7.0%
August 2025	74.3%	0%
September 2025	80.2%	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
March 2025	77.4%	8.3%
April 2025	64.7%	9.1%
May 2025	77.8%	4.8%
June 2025	88.2%	0%
July 2025	90.5%	2.6%
August 2025	81.5%	0%
September 2025	65.4%	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
July 2025	100%	0%
August 2025	100%	0%
September 2025	71.4%	0%

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 are now available on the [DHCS website](#).

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 released D-SNP Policy Guide chapters on a rolling basis throughout the summer and will continue through the fall of 2025.

Medicare Continuity of Care and Network Guidance Chapters

- » DHCS released the Medicare Continuity of Care and Network Guidance Chapters of the 2026 D-SNP Policy Guide on 9/12/2025.
 - **Medicare Continuity of Care Chapter:** The chapter details the state-specific Medicare continuity of care requirements for Medi-Medi Plans to ensure continued access to Medicare providers and covered services for members enrolling in a D-SNP.
 - **Network Guidance Chapter:** The chapter details state-specific provider network guidance to all D-SNPs operating in California.
- » The updated 2026 D-SNP Policy Guide is available on the [DHCS website](#).

Medicare Enrollment, Enhanced Care Management (ECM), and Community Supports for Duals Data

Medicare Enrollment Data for Dual Eligible Members and D-SNPs

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Reminder: Medicare Delivery Systems for Dual Eligible Beneficiaries

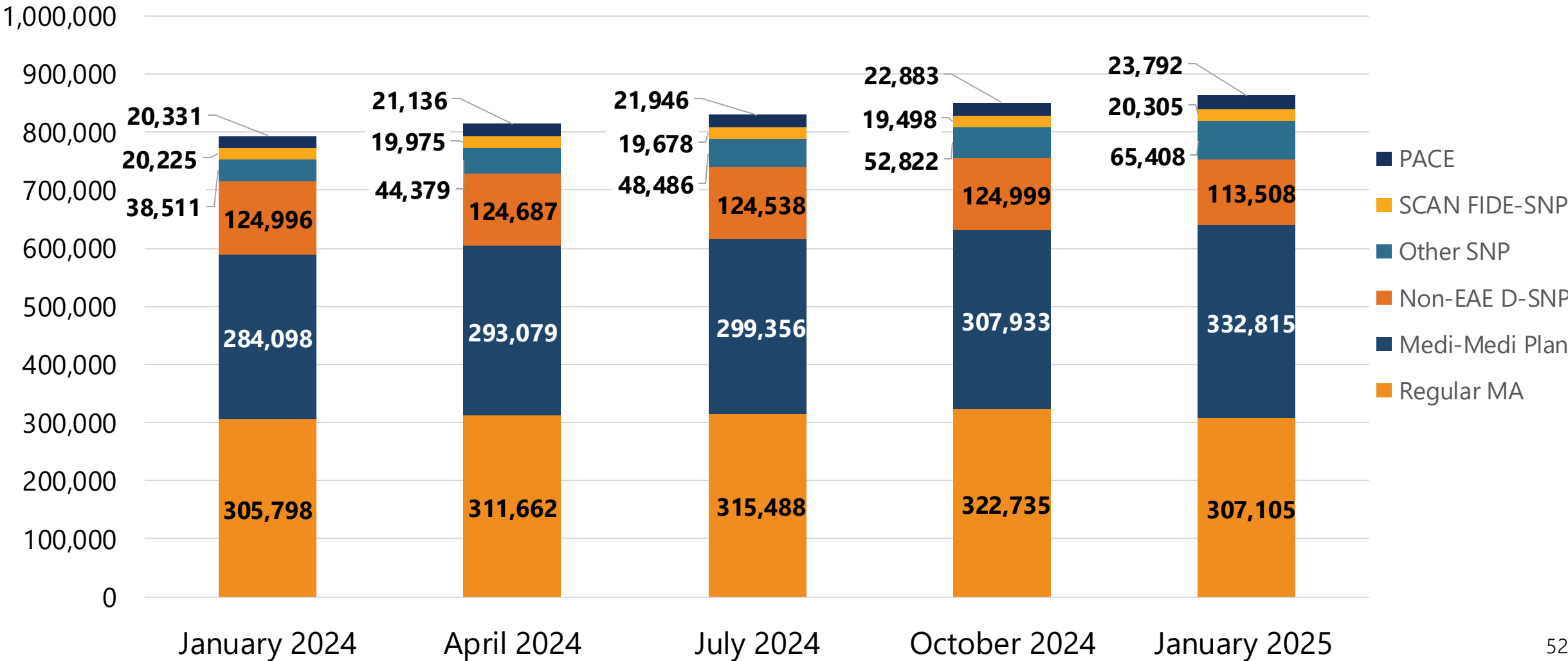
- » **Original Medicare (Fee-for-Service):** The original system where Medicare pays providers for each service rendered.
- » **Regular Medicare Advantage (MA):** Plans serve both dual eligible and Medicare-only members and are not required to have written agreements with DHCS for benefit and care coordination.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

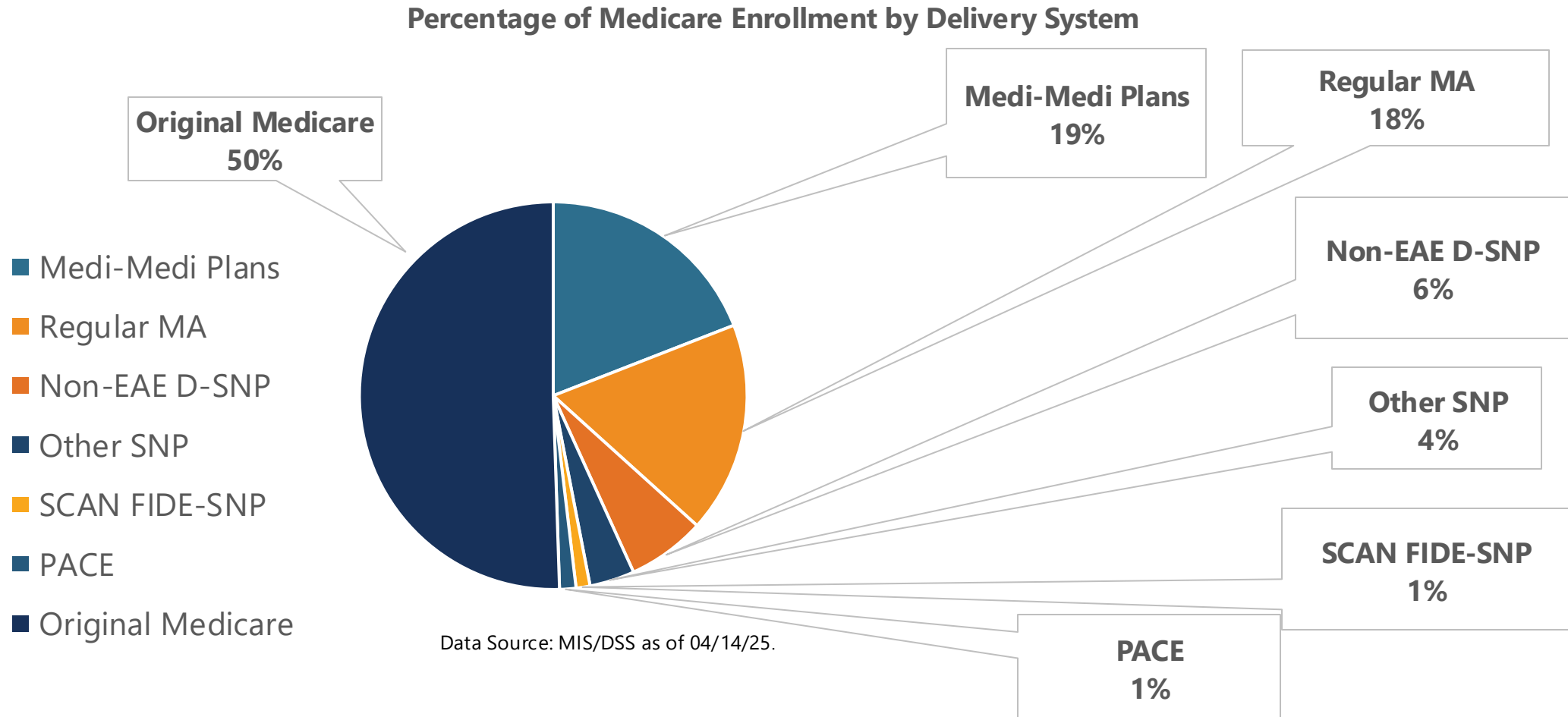
» Other Integrated Care Options

- **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



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



Enhanced Care Management and Community Supports Data Update

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Enhanced Care Management (ECM) and Community Supports Data Overview

- » [The ECM and Community Supports Quarterly Implementation Report](#) was updated in July 2025 and reflects data from **January 1, 2022, to December 31, 2024**, and includes the total population receiving ECM and Community Supports.

CalAIM Community Supports: Q4 2024-Q1 2025 Update



Dual Eligible Beneficiaries Receiving Community Supports (2022-Current)

Cumulative numbers of Dual-Eligible members who received at least one Community Support:

» Q1 (2022) – 3,139	» 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) – 41,762

» Q1 (2025) – 41,448	Dual Eligible beneficiaries represent <u>~24%</u> of the total members who received Community Supports in Q1 2025.
» Q2 (2025) – <i>Validation</i>	
» Q3 (2025) – <i>TBD</i>	
» Q4 (2025) – <i>TBD</i>	

For **Q1 2025:**

Age 21-64 – 12,623 members | Age 65+ - 28,812 members

Duals Receiving CS in Q4 2024

» Utilization Highlights for Dual Eligible Beneficiaries Receiving Community Supports in **Q4 2024**:

Housing Transition Navigation Services:

6,451 dually eligible members (about **14%** of the total)

Housing Deposits:

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

Housing Tenancy and Sustaining Services:

3,812 dually eligible members (about **19%** of the total)

Recuperative Care (Medical Respite):

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

Personal Care and Homemaker Services

2,461 dually eligible members (about **53%** of the total)

Respite Services

1,231 dually eligible members (about **57%** of the total)

Short-Term Post-Hospitalization Housing

268 dually eligible members (about **11%** of the total)

Nursing Facility Transition/Diversion to Assisted Living Facilities:

682 dually eligible members (about **72%** of the total)

Community Transition Services/Nursing Facility Transition Home:

236 dually eligible members (about **79%** of the total)

Medically Tailored Meals/Medically-Supportive Food:

25,899 dually eligible members (about **29%** of the total)

Environmental Accessibility Adaptations

705 dually eligible members (about **65%** of the total)

Duals Receiving Community Supports by Demographics (Q4 2024)

- » Hispanic – 36%
- » Asian/Pacific Islander – 8%
- » White – 28%
- » Black/African American – 13%
- » Other – 3%
- » Unknown – 12%
- » American Indian/Alaska Native – <1%
- » 40% Male
60% Female
- » 68% Age 65 and older;
32% Ages 21-64.
- » 5,758 Dual Members (~11%) Received Both ECM and at least One Community Support service

Rounded to the nearest whole percentage (%)

Duals Receiving CS in Q1 2025

» Utilization Highlights for Dual Eligible Beneficiaries Receiving Community Supports in **Q1 2025**:

Housing Transition Navigation Services:

7,663 dually eligible members (about **15%** of the total)

Housing Deposits:

556 dually eligible members (about **15%** of the total)

Housing Tenancy and Sustaining Services:

4,018 dually eligible members (about **19%** of the total)

Recuperative Care (Medical Respite):

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

Personal Care and Homemaker Services

2,909 dually eligible members (about **56%** of the total)

Respite Services

1,939 dually eligible members (about **61%** of the total)

Short-Term Post-Hospitalization Housing

344 dually eligible members (about **11%** of the total)

Nursing Facility Transition/Diversion to Assisted Living Facilities:

1,220 dually eligible members (about **78%** of the total)

Community Transition Services/Nursing Facility Transition Home:

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

Medically Tailored Meals/Medically-Supportive Food:

25,576 dually eligible members (about **30%** of the total)

Environmental Accessibility Adaptations

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

Duals Receiving Community Supports by Demographics (Q1 2025)

- » Hispanic – 36%
- » Asian/Pacific Islander – 8%
- » White – 28%
- » Black/African American – 13%
- » Other – 2%
- » Unknown – 12%
- » American Indian/Alaska Native – <1%
- » 40% Male
60% Female
- » 68% Age 65 and older;
32% Ages 21-64.
- » 6,198 Dual Members (~15%) Received Both ECM and at least One Community Support service

Rounded to the nearest whole percentage (%)

Questions?

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Dementia Care and Caregiver Supports

Overview of D-SNP Requirements and Cognitive Health Assessment Data

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Overview: Alzheimer's Disease and Related Dementias

- » DHCS is committed to improving detection, care, caregiver support, and data analysis for individuals with Alzheimer's disease and related dementias (ADRD).
- » Additional information about the Department's efforts to serve this population as well as resources for stakeholders are available on the [DHCS website](#).

Dual Eligible Members with Documented Dementia Needs

- » Dual eligible members with documented dementia needs who join a D-SNP can receive support through California Integrated Care Management (CICM).
- » Through CICM, adults with documented dementia needs can receive the care of a trained dementia care specialist in their care team. This specialist can also be included when developing the member's care plan.
 - Dementia care specialists must be trained in understanding ADRD; symptoms and progression; understanding and managing behaviors and communication problems caused by ADRD; caregiver stress and its management; and community resources for members and caregivers.
- » Additional information is available in the CY 2026 Care Coordination chapter of the [CY 2026 CalAIM D-SNP Policy Guide](#).

Overview:

D-SNP Quality and Data Reporting

- » 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](#).
- » **Cognitive Health Assessment (CHA) Measure:** DHCS requires D-SNPs to report the percent of members age 65 and older who had cognition assessed during the reporting period.

2023 CHA Data

Annual Measure	Plan Type	Annual Data, 2023 (Percentage of Members)
CHA (Total Number of Patients 65 Years and Older Who Received a Cognitive Health Assessment)	Medi-Medi Plan	○ 3%
	Non-EAE	○ 7%

2024 CHA Data

Annual Measure	Plan Type	Annual Data, 2024 (Percentage of Members)
CHA (Total Number of Patients 65 Years and Older Who Received a Cognitive Health Assessment)	Medi-Medi Plan	○ 12%
	Non-EAE	○ 12%

Questions?

Two thick, wavy, horizontal lines in shades of blue and teal, positioned below the text 'Questions?'.

Next Steps

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Wednesday, November 19, 2025, at 12 PM.**