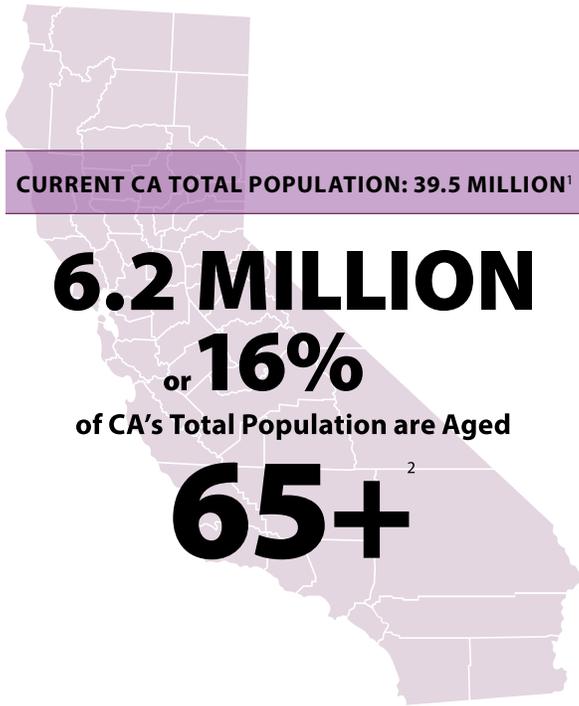
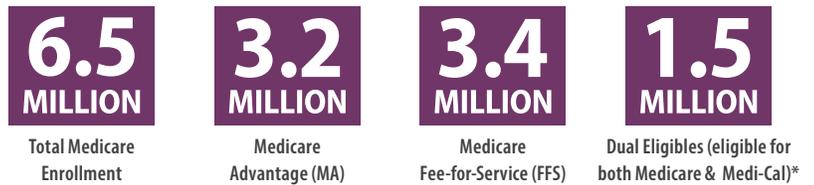


**Fast Facts**

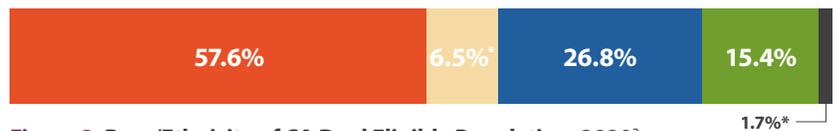


**Figure 1: CA Health Insurance Enrollment Snapshot, 2022<sup>3,4</sup>**

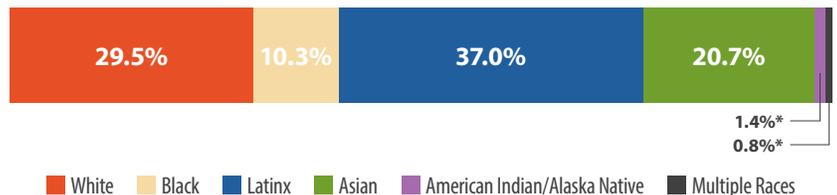


\*Of the 5.9 million Medicare enrollees, 1.6 million are eligible for both Medicare and Medi-Cal.

**Figure 2: Race/Ethnicity of CA Medicare Members, 2020<sup>2</sup>**



**Figure 3: Race/Ethnicity of CA Dual Eligible Population, 2020<sup>2</sup>**



Due to small sample size, there is no data available for the Native Hawaiian & Pacific Islander category.  
\*Data for race/ethnicity categories are considered statistically unstable.

**Figure 4: Income Breakdown by Percent of the Federal Poverty Level (FPL) Among Californians 65+ and Dual Eligibles, 2020<sup>2</sup>**

	0-99% FPL	100-199% FPL	200-299% FPL	300% FPL and above
Californians 65+	10.7%	17.4%	14.3%	57.6%
Dual Eligibles	39.5%	39.5%	9.4%	11.7%

**Figure 5: Social Drivers of Health (SDoH) Impacting Older Adults<sup>5,6,7</sup>**

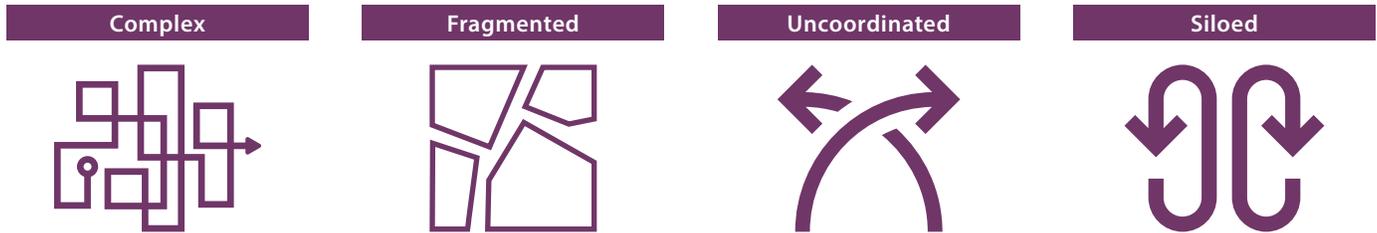


\*Note numbers are rounded to the nearest hundred.

## Master Plan for Aging (MPA)

California developed a [Master Plan for Aging \(MPA\)](#) to transform the health and well-being of the state’s aging population. Learn more about stakeholder, public, and partner engagement with the [MPA](#) here.

### CURRENT SYSTEM:<sup>8,9</sup>



### Highlights of the MPA include:<sup>10</sup>

**5**

**Bold Goals**



**Progress Tracking:  
Data Dashboard for Aging**



**Local Stakeholders:  
MPA Local Playbook**

## FIVE BOLD GOALS FOR 2030



### GOAL ONE: Housing for All Stage & Ages

Live where we choose as we age in communities that are age-, disability-, and dementia-friendly and climate- and disaster-ready.

*Target: Millions of New Housing Options to Age Well*



### GOAL TWO: Health Reimagined

Have access to services needed to live at home in our communities and to optimize our health and quality of life.

*Target: Close the Equity Gap in and Increase Life Expectancy*



### GOAL THREE: Inclusion & Equity, Not Isolation

Have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.

*Target: Keep Increasing Life Satisfaction as We Age*



### GOAL FOUR: Caregiving That Works

Be prepared for and supported through the rewards and challenges of caring for aging loved ones.

*Target: One Million High-Quality Caregiving Jobs*



### GOAL FIVE: Affording Aging

Have economic security for as long as we live.

*Target: Close the Equity Gap in and Increase Elder Economic Sufficiency*

## What's Next: Implementing CalAIM

The [California Advancing and Innovating Medi-Cal \(CalAIM\)](#) is a multi-year initiative by the Department of Health Care Services (DHCS) to enhance care coordination and improve the quality of care provided to Medi-Cal members.

As part of CalAIM, services for [dual eligibles](#) will be delivered through a [Managed Long-Term Services and Supports \(MLTSS\)](#) and [Dual Eligible Special Needs Plans \(D-SNP\)](#) structure.

### Dual Eligible Mandatory Enrollment in Medi-Cal Managed Care:

By January 1, 2023, CalAIM requires nearly all dual eligibles to receive their Medi-Cal benefits through Medi-Cal managed care plans.

**Long-Term Care (LTC) Carve-In to Medi-Cal Managed Care:** January 1, 2023, MCPs will be required to provide the full LTC benefit for freestanding and hospital-based skilled-nursing facilities (SNFs). July 1, 2023, MCPs will be required to provide the full LTC benefit at additional facility and home types, including intermediate care, intermediate care for the developmentally disabled, subacute, and pediatric subacute facilities. Currently, LTC benefits are provided by MCPs in the seven [Coordinated Care Initiative \(CCI\) counties](#) and in counties with a County-Organized Health Systems (COHS) MCP.

**Population Health Management Initiative:** On January 1, 2023, DHCS will launch the Population Health Initiative, a cohesive approach for keeping Medi-Cal members healthy, improving outcomes, and reducing disparities.

**Medi-Medi Plans (MMPs), also known as Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs):** January 1, 2023, CalAIM requires Medi-Cal managed care plans (MCPs) operating in the seven CCI counties to operate MMPs/EAE D-SNPs. MCPs in non-CCI counties must operate MMPs/EAE D-SNPs by January 1, 2026. Dual eligibles will be able to choose to receive their Medicare benefits through Medicare fee-for-service (FFS), regular Medicare Advantage (MA) plans, MMP/EAE D-SNPs, or Program for All-Inclusive Care for the Elderly (PACE) plans. If a dual eligible chooses to enroll in a MMP/EAE D-SNP, their Medi-Cal benefits will be delivered by the same MCP.

**Managed Long-Term Services and Supports (MLTSS):** CalAIM requires MLTSS (LTC and CBAS\*) to be implemented in Medi-Cal managed care statewide by January 1, 2027.

\*CBAS: Community-Based Adult Services



## Additional Transformational CalAIM Benefits and Services: Enhanced Care Management and Community Supports

**Enhanced Care Management (ECM)** is a Medi-Cal benefit available for members in Populations of Focus to provide in-person, intensive case management services for members with complex needs. Case managers help to navigate different systems of care and address both the clinical and non-clinical social needs of the highest-need members.

### ECM Populations of Focus include:



Individuals Experiencing Homelessness



Individuals with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)



High Utilizers of Care



Individuals Transitioning to the Community from Incarceration



Children & Youth



Individuals at Risk of LTC Institutionalization

**Community Supports (CS):** MCPs may choose to offer any or all of 14 CS that have been pre-approved by DHCS. These services, along with medical care services, are meant to comprehensively address a member's medical and social care needs.

## CalAIM includes 14 DHCS-approved Community Supports



- ▶ Housing Transition Navigation Services
- ▶ Housing Deposits
- ▶ Housing Tenancy and Sustaining Services
- ▶ Short-Term Post-Hospitalization Housing
- ▶ Recuperative Care (Medical Respite)



- ▶ Day Habilitation Programs
- ▶ Caregiver Respite Services
- ▶ Nursing Facility Transition/Diversion to Assisted Living Facilities



- ▶ Community Transition Services/Nursing Facility Transition to a Home
- ▶ Personal Care and Homemaker Services



- ▶ Environmental Accessibility Adaptations (Home Modifications)
- ▶ Medically Supportive Food/Meals/Medically Tailored Meals
- ▶ Sobering Centers
- ▶ Asthma Remediation



## Key Considerations for Policymakers

- 1 How effective is CalAIM at comprehensively addressing the medical and social care needs of older adults and dual eligibles?
- 2 What are effective communication strategies for older adults and dual eligibles to prepare consumers for these changes and available benefits?
- 3 How will the state monitor ECM and CS use among dual eligibles and older adult Californians to ensure that services are accessible?
- 4 What other considerations outside of health care services and offered ECM and CS are needed to promote person-centered care and provide older adults and dual eligibles the best opportunity to live independently and healthily for as long as possible?

## Key Terms

**Direct Care Workers (DCWs):** Essential workforce providing hands-on assistance with daily tasks and essential needs for older adults with disabilities.<sup>11</sup>

**Independent Living Setting:** When an individual has autonomy over their living situation, even if they cannot fully support themselves on their own. An independent living setting allows a person to make their own choices and pursue interests leading to a better quality of life.<sup>12</sup>

**Institutional Long-Term Care:** Refers to LTSS that are provided in a residential, live-in setting when a person can no longer live independently.<sup>12</sup>

**Long-Term Services and Supports (LTSS):** A broad range of medical and personal care assistance for those having difficulty completing tasks as a result of aging, chronic illness, or disability. Examples include home health assistance, adult daycare, and nursing home facilities.<sup>12</sup>

**Person-centered Care:** Integrated health care services delivered in response to the individual and their goals, values and preferences, in a system that empowers patients and providers to make effective care plans together.<sup>13</sup>

**Skilled Nursing Facilities (SNFs):** Designated by the Department of Public Health, these facilities provide 24-hour skilled care for chronic and short-term conditions that require medical, nursing care, and assistance for most or all activities of daily living.<sup>14</sup>

## Policies and Programs

**Area Agencies on Aging (AAAs):** Local aging programs that provide a range of information and services for assistance for older adults and those who care for them; currently there are 33 for California.

**Community-Based Adult Services (CBAS):** A community-based health program providing daytime services to older adults and adults with chronic medical, cognitive, or behavioral health conditions and/or disabilities.

**Dual Eligible Special Needs Plan (D-SNPs):** A type of Medicare Advantage (MA) health plans which provide specialized care and wrap-around services for dual eligible beneficiaries (eligible for both Medicare and Medi-Cal). Medi-Medi Plans are the CA-specific name for EAE D-SNPs.

**Health Homes Program (HHP):** An optional Medi-Cal MCP benefit which integrates and coordinates care and LTSS for Medi-Cal enrollees with complex medical needs and chronic conditions. This program is being transitioned to similar benefits under CalAIM.

**Home and Community-Based Services (HCBS):** A program serving Medi-Cal members to receive services within their homes or communities.

**In-Home Supportive Services (IHSS):** A statewide program providing personal care and other services to enable Medi-Cal enrollees to remain safely in their homes as an alternative to longer-term facility-based care.<sup>15</sup>

**Medi-Cal Managed Long-Term Services and Supports (MLTSS):** Delivery of long-term services and supports through capitated Medi-Cal managed care programs.

**Money Follows the Person (MFP):** A Medicaid program that provides financial assistance so individuals who reside in nursing homes can move back into their homes. In California, this program is called the California Community Transitions (CCT) program which gives Medi-Cal members living in a facility the extra help they need to move from a medical facility to their own home. Federal funding for the CCT program has been extended through December 31, 2023.<sup>16</sup>

**Multipurpose Senior Services Program (MSSP):** Provides both social and health care management services to assist individuals remain in their homes and communities. MSSP provides on-going care coordination, links participants to other needed community services and resources, coordinates with health care providers, and purchases some needed services that are not otherwise available to prevent or delay institutionalization.

**Older Americans Act (OAA):** Enacted in 1965, supports a range of home and community-based services, such as meals-on-wheels and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention and caregivers' support.<sup>17</sup>

**Older Californians Act (OCA):** In 1980, the California Legislature authorized the California Department of Aging (CDA) as the single state agency responsible for administering the OAA within California. The OCA also defined the duties and functions of CDA as well as the state's 33 Area Agencies on Aging (AAAs).<sup>18</sup>

**Program for All Inclusive Care for the Elderly Programs (PACE):** A program that coordinates care for each participant enrolled based on their individual needs with the goal of enabling older adults to remain living in their current communities. For Duals, 100% of premiums are paid for; Medicare members over 55 years of age pay out-of-pocket for the Medi-Cal share of the premium for this program.

## ENDNOTES

All decimals rounded to nearest tenth.

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## About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health policy landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and workable policy solutions that expand health care access and improve the health of all Californians.

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