



CHCF

INNOVATION LANDSCAPE SERIES

By David Ramirez and Tanya Shah

Services to Support Independent Living in the Community

The market for services to support independent living in the community is large and growing quickly, particularly as the baby boomers age. The California Department of Finance estimates that the state's population age 65 and older will increase 83% from 2019 to 2060 — from 6 million in 2019 to 11 million in 2060, representing one in four people in the state. The number of seniors in California with disabilities will increase at an even faster rate, 135%, rising from 1.2 million in 2019 to 2.7 million in 2060.¹ Both of these populations are growing at a far higher growth rate than the state's total population (13%) over the same period.

Most of these people will need help to live independently in the community, and over 20% of Medicare enrollees will rely on Medi-Cal to pay for services to age in place — among people of color, that number goes up considerably, as 55% of Latino/x, 41% of Asian, and 34% of Black Medicare enrollees are also eligible for Medi-Cal.² Significant changes to Medi-Cal are making the market more attractive for providers as California moves additional services under managed care and creates more aligned incentives to offer help.

These changes began in 2022, when the reforms known as CalAIM (California Advancing and Innovating Medi-Cal) launched, and Medi-Cal started reimbursing and incentivizing managed care plans to offer a range of services that can help people live at home and thrive in the community. These services, known as Community Supports, include personal care services offered in the home or in an assisted living facility, transition services to assisted living or the home, home modifications such as shower bars and ramps, caregiver respite, and home-delivered meals.

The Need for Innovation

Historically, California has invested in a variety of programs to help seniors and people with disabilities to live independently. Since the 1950s, the state has enabled people with low incomes to hire caregivers who can support independent living through the In-Home Supportive Services program (IHSS).³ In California, 80% of people using Medicaid-funded long-term services and supports use home and community-based services, well above the national average of 60%.⁴ In addition, the state offers many small, specialized programs that serve narrowly defined populations, most of which have their own intake processes and eligibility criteria.⁵

Despite this, access to services remains a challenge. Based on a 2013 analysis in LA County, almost one in five people who qualify for IHSS can't find a provider.⁶ The program that supports people with low incomes in assisted living facilities has over 3,300 people on its wait-list, a number that has decreased in recent months due to investments made to expand the number of slots.⁷ Adult day programs funded by Medi-Cal are available in only 27 out of 58 counties in California.⁸

In addition, the system is difficult to navigate. California ranks near the bottom of state rankings in enabling people to easily access community services and government programs. It ranks 47 out of 50 in offering what's known as "no wrong door" access to services.⁹ Instead of a one-stop resource center, patients and relatives must navigate a patchwork of programs (see box on next page) and facilities, figure out which one meets their needs, and may face a significant wait-list. Every program has its own assessments and eligibility

criteria, and few of these programs are integrated into the state's Medi-Cal managed care program, which includes over 85% of enrollees and covers medical care, prescriptions, and transportation.¹⁰

As a result, many people can't get the services they need, especially at points of transition. Patients can get stuck in nursing homes indefinitely after a stroke or other health crisis because they can't find the supports they need to live in the community and can sometimes lose their housing during their nursing home stay.¹¹ Many of these people could live safely at home, but instead take up scarce beds in long-term care facilities at great cost to an overburdened health care system.

Indeed, almost one in 10 California nursing home residents has low care needs and could be thriving in the community with the right supports. Only half of short-stay nursing home residents in California (52%) were

successfully discharged to the community, compared with 69% of patients in the best-performing states.¹²

Managed Care's Expanded Role

The challenging situation described earlier is set to fundamentally change with the implementation of CalAIM (California Advancing and Innovating Medi-Cal). CalAIM includes four important features that will increase managed care plans' responsibility for seniors and people with disabilities, who also will be enrolled in managed care for the majority of their Medi-Cal benefits.

1. Community Supports are medically appropriate and cost-effective alternatives to existing covered services like hospital or nursing home care.¹³ California's Department of Health Care Services (DHCS) has approved a list of 14 optional services

The State of Services to Support Independent Living

Right now, responsibility to help keep people with low incomes in their homes and out of nursing homes is diffuse. Many agencies and entities are responsible for narrow elements of care delivery; care for a single population like the elderly, those with developmental disabilities, or those with HIV/AIDS; or both. The programs go by an [alphabet soup of acronyms](#),¹⁴ and include the following:

- ▶ In-Home Supportive Services (IHSS), California's personal care services benefit
- ▶ Community-Based Adult Services (CBAS), California's adult day health center benefit
- ▶ The Multipurpose Senior Services Program (MSSP)
- ▶ The Assisted Living Waiver (ALW)
- ▶ Home and Community-Based Alternatives (HCBA)
- ▶ Home and Community-Based Services for the Developmentally Disabled (HCBS-DD)
- ▶ Program of All-Inclusive Care for the Elderly (PACE)

Services vary greatly depending on which county or region patients live in. Delivery systems have evolved because of numerous state experiments and incentives over time. Many areas don't offer any services, and elsewhere many patients aren't aware of the services that exist. The alternative to community services, institutional long-term care, is expensive, and people often prefer to stay in their homes.

Until recently several Medi-Cal managed care plans have not had an incentive to provide an alternative to long-term institutional care, because it has not been their responsibility. Even for those with responsibility, historical managed care payment models created a disincentive to returning a patient to the community.

that managed care plans are strongly encouraged to offer (see box). In parallel, the department rolled out two major incentives: \$1.5 billion for plans that hit certain milestones to provide services, and the ability to include spending on these services in the reports used to calculate future rates.

2. Long-Term Care Carve-In. Starting in January 2023, the state shifted responsibility for institutional long-term care to managed care plans statewide, and began changing the payment structure to managed care plans for those in long-term care facilities, to

reduce current disincentives to transition people to the community. As described below, plans will be able to provide alternatives to institutional long-term care through Community Supports.

3. Enhanced Care Management. Also starting in January 2023, managed care plans must offer a new benefit, Enhanced Care Management, to two more populations of focus: people in the community at risk of being institutionalized and people in nursing homes who want to return to the community. The Enhanced Care Management benefit

Key Services Included in CalAIM Community Supports

- ▶ **Personal care and homemaker services.** For people who could otherwise not remain in their homes, help with daily activities, such as bathing, dressing, personal hygiene, cooking, and eating.
- ▶ **Respite services.** Short-term provision of personal care services in a home or assisted living setting to give usual caregivers short-term relief (e.g., for a vacation or to recover from illness or surgery).
- ▶ **Nursing facility transition or diversion to assisted living facilities.** Help to move people from a nursing facility back into a home-like, residential care setting in the community, or to avoid nursing facility admissions when possible. Includes funding for services in an assisted living facility, with the member paying room and board.
- ▶ **Community transition services or nursing facility transition to a home.** Help for people with onetime expenses to move from a licensed facility to a private residence.
- ▶ **Environmental accessibility adaptations.** Home modifications that ensure the health, welfare, and safety of people and let them function with greater independence in the home and avoid nursing home care.
- ▶ **Medically tailored, medically supportive, and other meals.** Help for enrollees to achieve their nutrition goals at critical times and regaining and maintaining their health that results in improved health outcomes, lower hospital readmission rates, and increased member satisfaction.

More information about these services is available in [CalAIM Community Supports: Promoting Independent Living Among Older Adults and People with Disabilities](#).*

In addition, other Community Supports include:

- ▶ Assistance with finding, renting, and sustaining housing.
- ▶ Day habilitation programs that improve the skills needed to live in the community.
- ▶ Sobering centers where people can go instead of the emergency room (ER) or jail.
- ▶ Recuperative care and short-term post-hospitalization housing for people who need to heal from an injury or behavioral health condition but no longer need hospitalization.
- ▶ Home modifications to ensure those with acute asthma stay out of the ER and hospital.

* Brianna Ensslin Janoski, Cleanthe (Cleo) Kordomenos, and Nils Franco, [CalAIM Community Supports: Promoting Independent Living Among Older Adults and People with Disabilities](#), California Health Care Foundation, April 2022.

Source: [Medi-Cal Community Supports Explainer](#) (PDF), Aurrera Health Group, December 2021.

will assign each of these people to a care manager responsible for helping them navigate all the support options, including new ones, like Community Supports, and those, like IHSS, that are offered outside of managed care.

4. Medicare Medi-Cal Plans. Starting in 2023 in the seven populous counties that participated in the Cal MediConnect demonstration, people dually eligible for Medicare and Medi-Cal can enroll in “[Medicare Medi-Cal Plans](#).”¹⁵ These are a special type of Medicare Advantage plan offered alongside a Medi-Cal managed care plan. Those who choose a Medicare Medi-Cal Plan must also enroll in the Medi-Cal plan operated by the same parent company.

The Landscape of Providers

As Medi-Cal managed care plans transition to providing more institutional long-term care and offering additional home and community-based services through the incentives and changes created by CalAIM, they will need to develop medical and Community Supports provider networks. These networks will help them deliver on the promise of improved access and better navigation for seniors and people with disabilities.

In order to add to their provider networks, Medi-Cal plans will need to understand who potential partners are as well as their patient populations, services, and experience in Medi-Cal or in Medicaid in other states. DHCS has encouraged managed care plans to look to community-based providers first, and all are starting there. However, many are finding a lack of organizations, particularly outside urban centers, and some find that community-based organizations may not be interested or able to meet the needs of managed care plans.

To help plans navigate the emerging market for Community Supports, the authors surveyed the current landscape of organizations and interviewed 10 to

identify those who could provide services that meet the needs of both members and Medi-Cal managed care plans. Practically, they could not include the hundreds of smaller local organizations that provide these services, so instead focused on larger multiregion organizations that may also be in a better position to scale up to meet increased demand. The analysis required understanding the patient populations and geographies served by each company, its suite of services, and its experience with Medi-Cal and Medicare patients. Figure 1 presents some of these companies, including a range of large regional nonprofit organizations and smaller venture-backed companies, as well as a few organizations that provide important adjacent or enabling services. Some examples include IT platforms for interacting with family caregivers, assessment services, or software to enable smaller community-based organizations to better handle the complexities of managed care billing. The appendices have more details about each organization.

Figure 1. Potential Organizations to Provide Services to Members and Medi-Cal Managed Care Plans

	I. PERSONAL CARE SERVICES AND RESPITE	II. COMMUNITY TRANSITION AND NURSING HOME DIVERSION	III. HOME MODIFICATION	IV. MEDICALLY TAILORED MEALS / MEDICALLY SUPPORTIVE FOOD
DIRECT/ IN-HOME SERVICES	 Partners in Care FOUNDATION  Institute on Aging  Comfort Keepers.  HOMEBRIDGE	 Partners in Care FOUNDATION  Institute on Aging  Severe Health  LIFE HEALTH FREEDOM LIBERTANA  CONNECTIONS CARE HOME CONSULTANTS  Rolling Start Inc.	 TruBlue Total House Care  Jukebox  EVOLVE	 Partners in Care FOUNDATION  LIFE SPRING Home Nutrition SO NUTRITIOUS. SO DELICIOUS.  MOM'S MEALS  MEALS ON WHEELS AMERICA
VIRTUAL SERVICES	 healthcare Vesta  CAREBRIDGE			
ENABLING AND/ OR TECH SERVICES	 ianacare  MonAmi  Ceresti HEALTH	 augusthealth The modern platform for senior living.	 Periscope	

Source: Author analysis of company interviews and desk research.

The Needs of Managed Care Plans

Plan representatives interviewed for related projects talked about factors important to them as they looked to build out their network. They shared the following:

Many plans are launching services slowly and gradually, focusing on services and partners they already know. Identifying and engaging with new partners takes time, particularly for services like personal care services or assisted living that have historically been excluded from managed care. While many plans piloted some of these services, often as part of their offering for people dually eligible for Medicare and Medi-Cal, few have done it at scale and for their entire population. While most are striving to offer all [14 Community Supports over time](#) (PDF), they are starting with services they know best and where they feel there is likely to be a direct connection between investing in the service and seeing a reduction in utilization of acute or postacute services.

- ▶ **Plans prefer partners comfortable with managed care requirements and that can scale up (and down) nimbly.** For plans, the best partners understand the needs of the population and the technicalities of the managed care environment. Organizations need to master potentially unfamiliar terms like “authorizations,” “claims,” “encounters,” “retrospective payment,” “appeals and grievances,” and the administrative workflows associated with them. In addition, the best partners will understand managed care business needs and be able to facilitate existing managed care workflows (e.g., conducting timely health risk assessments, closing care gaps for quality measures). Finally, partners will be able to staff up (or down) quickly based on the demand for services.
- ▶ **Plans prefer partners with robust information systems.** The best partners can also deliver on the aspiration for information systems that provide “closed-loop referrals” (e.g., a primary care

provider could see that their patient with diabetes was actually receiving the medically tailored meals the provider had recommended). Strong partners also bring expertise in measuring and reporting on processes and outcomes and can provide data to plans on service utilization, quality, satisfaction, and the ability of staff to meet the language and cultural needs of clients.

For their part, innovators will need to offer solutions to these challenges to win in the marketplace. The upside for them is that instead of navigating a host of fragmented agencies, programs, and counties, they will be able to work directly with a smaller number of health plans that collectively have the responsibility to provide services. The expansion of Community Supports opens up attractive markets for entrepreneurs well-positioned to help plans fill gaps in their capacity and help patients address their complex health needs. National players could also see benefits as they analyze the potential to expand into the large and growing California market for Community Supports.

Appendix A. Organizations Offering Personal Care / Homemaker Services and Respite Services

Organization	BUSINESS MODEL	SERVICES OFFERED	CUSTOMERS / PAYMENT MODEL	CALIFORNIA CONTRACTS AND/OR SERVICE AREA
CAREBRIDGE*	Venture-backed	<p>Virtual:</p> <ul style="list-style-type: none"> ▶ 24/7 member and caregiver virtual support for medical, behavioral, and social care coordination ▶ Visit verification for in-home care services <p>Additional offerings:</p> <ul style="list-style-type: none"> ▶ LTSS population analytics and benefits management for health plans 	<ul style="list-style-type: none"> ▶ Medicaid managed care plans (MCPs) are main customer ▶ Primary payment model is value-based (e.g., subcapitation with risk, gainsharing) 	<ul style="list-style-type: none"> ▶ No
CERESTI*	Venture-backed	<p>Enabling and/or tech:</p> <ul style="list-style-type: none"> ▶ Technology platform to provide personalized caregiver/patient support ▶ Digital caregiver training program ▶ Alerts to providers and care managers 	<ul style="list-style-type: none"> ▶ Medicare Advantage and PACE organizations are main customers ▶ Primary payment models are value-based (e.g., capitation with risk) and per member per month 	<ul style="list-style-type: none"> ▶ Southern California ▶ Currently contracted with AltaMed
COMFORT KEEPERS*	For-profit (franchise)	<p>Direct/in-home:</p> <ul style="list-style-type: none"> ▶ Personal/homemaker services <p>Additional offerings:</p> <ul style="list-style-type: none"> ▶ Safety assessments ▶ Transportation ▶ Meal prep and groceries ▶ Interactive caregiving through family portal 	<ul style="list-style-type: none"> ▶ Direct to consumer ▶ Some Medicare Advantage and Medicaid through waiver programs ▶ Predominantly fee-for-service (e.g., hourly) 	<ul style="list-style-type: none"> ▶ Statewide ▶ No MCP contracts in California yet
HOMEBRIDGE	Nonprofit	<p>Direct/in-home:</p> <ul style="list-style-type: none"> ▶ Personal/homemaker services ▶ Paramedical care 	<ul style="list-style-type: none"> ▶ County IHSS agencies ▶ Predominantly fee-for-service (e.g., hourly) 	<ul style="list-style-type: none"> ▶ San Francisco County ▶ No current MCP contracts; past contract with Health Plan of San Mateo under the Coordinated Care Initiative
IANACARE*	Venture-backed	<p>Enabling and/or tech:</p> <ul style="list-style-type: none"> ▶ Digital caregiver support app ▶ Platform to coordinate meals, transportation, child-care, household tasks, and local resources ▶ Caregiver navigators to support informal caregiving 	<ul style="list-style-type: none"> ▶ Employers, consumers ▶ Payment models are based on employee per month or fees ▶ Free version available for consumers 	<ul style="list-style-type: none"> ▶ Statewide ▶ No MCP contracts
INSTITUTE ON AGING	Nonprofit	<p>Direct/in-home:</p> <ul style="list-style-type: none"> ▶ Personal/homemaker services <p>Additional offerings:</p> <ul style="list-style-type: none"> ▶ Transitions to assisted living ▶ Transportation ▶ Meals ▶ Home safety/modifications ▶ Overnight/respite 	<ul style="list-style-type: none"> ▶ Diversified customers: PACE, MCP, Medicaid through waiver, private pay, and government agencies ▶ Mix of fee-for-service (e.g., hourly) and per member per month 	<ul style="list-style-type: none"> ▶ Northern California ▶ Health Plan of San Mateo, On Lok PACE, Santa Clara Family Health Plan

Note: *Starred companies were interviewed. Desk research informed profiles for other companies.

Appendix A. Organizations Offering Personal Care / Homemaker Services and Respite Services (continued)

Organization	BUSINESS MODEL	SERVICES OFFERED	CUSTOMERS / PAYMENT MODEL	CALIFORNIA CONTRACTS AND/OR SERVICE AREA
LIBERTANA*	For-profit	<p>Direct/in-home:</p> <ul style="list-style-type: none"> ▶ Respite care <p>Additional offerings:</p> <ul style="list-style-type: none"> ▶ Extended care, palliative care ▶ Transition to assisted living ▶ Home health care (skilled nursing services) ▶ Case management ▶ HCBA waiver services 	<ul style="list-style-type: none"> ▶ Medicare, Medicaid through waivers, Medicaid MCPs ▶ Mix of fee-for-service (e.g., hourly) and per member per month 	<ul style="list-style-type: none"> ▶ Central Valley and Southern California ▶ Health Net, L.A. Care, Molina, Anthem, Blue Shield Promise, Central California Alliance for Health
MON AMI*	For-profit	<p>Enabling and/or tech:</p> <ul style="list-style-type: none"> ▶ Case management software for community-based organizations that help with aging and disability management ▶ Connect patients directly with resources ▶ Referral analytics 	<ul style="list-style-type: none"> ▶ Local Area Agencies on Aging, community-based organizations ▶ Fee-based (e.g., flat annual fee per organization) 	<ul style="list-style-type: none"> ▶ Northern and Southern California ▶ Meals on Wheels West, Openhouse SF, San Francisco Village
PARTNERS IN CARE FOUNDATION*	Nonprofit	<p>Direct/in-home:</p> <ul style="list-style-type: none"> ▶ Personal/homemaker services <p>Additional offerings:</p> <ul style="list-style-type: none"> ▶ Housing transitions / deposits / tenancy ▶ Respite care ▶ Community/nursing facility transitions ▶ Transportation ▶ Meals ▶ ECM 	<ul style="list-style-type: none"> ▶ Medicare, Medicaid through waivers, Medicaid MCPs; also serves as a community hub for CBOs ▶ Mix of fee-for-service (e.g., hourly), per member per month, with some pay for performance 	<ul style="list-style-type: none"> ▶ Mostly Southern California ▶ Anthem, Blue Shield of California, HealthNet, L.A. Care
VESTA CARE*	Venture-backed	<p>Direct/in-home:</p> <ul style="list-style-type: none"> ▶ Personal/homemaker network <p>Virtual care:</p> <ul style="list-style-type: none"> ▶ 24/7 clinical support for caregivers and aides <p>Additional offerings:</p> <ul style="list-style-type: none"> ▶ Caregiver resources for care management and coordination with clinical care team ▶ Home-based remote patient monitoring ▶ Postacute transitions of care ▶ Long-Term Services and Support (LTSS) ▶ Care plan and medication adherence ▶ Social and community-based services 	<ul style="list-style-type: none"> ▶ Medicaid managed care, long-term services and supports, Medicare Advantage ▶ Mix of value-based (e.g., capitation with risk), per member per month, and fee-for-service 	<ul style="list-style-type: none"> ▶ No

Note: *Starred companies were interviewed. Desk research informed profiles for other companies.

Appendix B. Organizations Offering Community Transition and Nursing Home Diversion

Organization	BUSINESS MODEL	SERVICES OFFERED	CUSTOMERS / PAYMENT MODEL	CALIFORNIA CONTRACTS AND/OR SERVICE AREA
AUGUST HEALTH*	Venture-backed	<p>Enabling and/or tech:</p> <ul style="list-style-type: none"> ▶ Platform for care and compliance management at senior living residences ▶ Enables telehealth visits with physicians ▶ Tools to manage daily administrative workflows like compliance, medication management, billing, enrollments, and family engagement ▶ Capability to manage residents and staff across facilities 	<ul style="list-style-type: none"> ▶ Mostly assisted living communities ▶ Fee per active residents or bed 	<ul style="list-style-type: none"> ▶ Statewide ▶ Partnership with Institute of Aging for program with Santa Clara Family Health Plan
CONNECTION CARE HOME FINDERS*	Private	<ul style="list-style-type: none"> ▶ Home referral agency for the family (no-cost referrals) customized by level of care needed ▶ Post-placement follow-up and quality monitoring ▶ Care transition support 	<ul style="list-style-type: none"> ▶ Medicaid waiver program, Dept. of Veteran's Affairs ▶ Private pay, placement fee, monthly rate 	<ul style="list-style-type: none"> ▶ Southern California ▶ Inland Empire Health Plan (IEHP), Molina
LIBERTANA*	For-profit	<ul style="list-style-type: none"> ▶ See above 	<ul style="list-style-type: none"> ▶ See above 	<ul style="list-style-type: none"> ▶ See above
PARTNERS IN CARE FOUNDATION*	Nonprofit	<ul style="list-style-type: none"> ▶ See above 	<ul style="list-style-type: none"> ▶ See above 	<ul style="list-style-type: none"> ▶ See above
ROLLING START	Nonprofit	<ul style="list-style-type: none"> ▶ Referrals to community / assisted living options ▶ Transition support <p>Additional offerings:</p> <ul style="list-style-type: none"> ▶ Empower and educate people with disabilities to achieve independent living ▶ Independent living skills training ▶ Peer support 	<ul style="list-style-type: none"> ▶ Direct to consumer ▶ Funded through government agencies and private sponsors 	<ul style="list-style-type: none"> ▶ Inyo, Mono, and San Bernardino Counties ▶ No known MCP contracts
SERENE HEALTH	Private	<ul style="list-style-type: none"> ▶ Intake and referrals for nursing home transitions ▶ Nursing home transition support services including comprehensive discharge planning, enrollee financial and literacy support, outpatient coordination, and communication <p>Additional offerings:</p> <ul style="list-style-type: none"> ▶ Provider of Enhanced Care Management ▶ Behavioral health services 	<ul style="list-style-type: none"> ▶ Medicaid, Medicare, Medicaid managed care, and Medicare Advantage plans ▶ Predominantly fee-for-service and per member per month 	<ul style="list-style-type: none"> ▶ Statewide (22 counties) ▶ Contracts with most California MCPs

Note: *Starred companies were interviewed. Desk research informed profiles for other companies.

Appendix C. Organizations Offering Home Modifications

Organization	BUSINESS MODEL	SERVICES OFFERED	CUSTOMERS / PAYMENT MODEL	CALIFORNIA CONTRACTS AND/OR SERVICE AREA
EVOLVE EMOD	For-profit	<ul style="list-style-type: none"> ▶ Home modifications for older adults and people with disabilities through network of credentialed providers ▶ Assistive technologies for basic activities of daily living, behavioral simulation, reminders to follow care plan ▶ Asthma remediation ▶ Vehicle modifications for wheelchairs/disabilities; memory care security ▶ Payer- and provider-focused benefits management solutions such as credentialing, network development, and payments 	<ul style="list-style-type: none"> ▶ Diversified: Medicaid MCPs, Medicare Advantage plans, government contracts, health systems, CBOs, direct to consumer ▶ Fee-for-service, private pay 	<ul style="list-style-type: none"> ▶ Statewide ▶ CalOptima, Gold Coast Health Plan, Health Plan of San Joaquin, Health Plan of San Mateo (HPSM), IEHP, Kaiser Permanente (KP), Kern Health Systems, L.A. Care
JUKEBOX HEALTH	Venture-backed	<ul style="list-style-type: none"> ▶ Home modifications informed by occupational therapists with a national network of home modification installers ▶ Tech-enabled process that partners with payers and providers to address highest-risk members 	<ul style="list-style-type: none"> ▶ Medicare, health systems, direct to consumer ▶ Fee-for-service, private pay 	<ul style="list-style-type: none"> ▶ Statewide ▶ No MCP contracts
PERISCOPE*	For-profit	<p>Enabling and/or tech:</p> <ul style="list-style-type: none"> ▶ In-home assessments based on provider or payer referral by a national team of licensed clinical consultants ▶ Virtual assessments available ▶ Provides no product or services to install home modifications, assessment for plans only 	<ul style="list-style-type: none"> ▶ Medicare, Medicaid, commercial health plans ▶ Fee-for-service, case rate 	<ul style="list-style-type: none"> ▶ Statewide ▶ Contracts with many California MCPs
TRUBLUE*	For-profit (franchise)	<ul style="list-style-type: none"> ▶ Senior safety assessments and aging-in-place home modifications services ▶ General house maintenance yardwork, handyman services, repairs, house management, cleaning 	<ul style="list-style-type: none"> ▶ Medicare Advantage plans, direct to consumer ▶ Fee-for service, private pay 	<ul style="list-style-type: none"> ▶ Orange, Sacramento, and San Diego counties ▶ No MCP contracts

Note: *Starred companies were interviewed. Desk research informed profiles for other companies.

Appendix D. Organizations Offering Medically Tailored Meals / Medically Supportive Food

Organization	BUSINESS MODEL	SERVICES OFFERED	CUSTOMERS / PAYMENT MODEL	CALIFORNIA CONTRACTS AND/OR SERVICE AREA
LIFESPRING	For-profit	<ul style="list-style-type: none"> ▶ Meal delivery ▶ Medically tailored for special dietary requirement, such as diabetes and cardiac-related conditions ▶ Specific plans for recovery and rehabilitation nutrition, after-care nutrition, special dietary accommodations 	<ul style="list-style-type: none"> ▶ Medicaid MCPs, CBOs, health systems, direct to consumer ▶ Fee-for-service (e.g., per meal), private pay 	<ul style="list-style-type: none"> ▶ Southern California; state-wide through shipped model ▶ CalOptima
MEALS ON WHEELS	Nonprofit	<ul style="list-style-type: none"> ▶ Meal delivery ▶ Patient checks and socialization ▶ Referrals to local community services 	<ul style="list-style-type: none"> ▶ Some Medicare Advantage plans, local government agencies ▶ Funding consists of client payments (sliding scale), private donors, foundations, federal and local governments 	<ul style="list-style-type: none"> ▶ Statewide ▶ CalOptima
MOMS MEALS	For-profit	<ul style="list-style-type: none"> ▶ Meal delivery ▶ Medically tailored meals for common medical conditions, like diabetes, kidney problems, cancer, and heart disease 	<ul style="list-style-type: none"> ▶ Diversified: Medicaid MCPs, Medicare Advantage plans, waivers, direct to consumer ▶ Fee-for-service (e.g., per delivery), private pay 	<ul style="list-style-type: none"> ▶ Statewide ▶ CalOptima, Gold Coast HP, HP San Joaquin, HPSM, IEHP, KP, Kern HP, L.A. Care
PARTNERS IN CARE FOUNDATION*	Nonprofit	<ul style="list-style-type: none"> ▶ Meal delivery through local network of providers (hub model; not yet through Community Supports) 	<ul style="list-style-type: none"> ▶ MCP 	<ul style="list-style-type: none"> ▶ L.A. Care

Note: *Starred companies were interviewed. Desk research informed profiles for other companies.

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About the Foundation

The [California Health Care Foundation \(CHCF\)](#) is an independent, nonprofit philanthropy that works to improve the health care system so all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

About the Innovation Landscape Series

As part of its efforts to help promising products and services succeed and scale among California's safety-net providers, the CHCF Innovation Fund conducts high-level landscape analyses of issue areas especially ripe for tech-enabled innovation. The Innovation Fund publicizes the findings of these landscape analyses to inform other funders and customers seeking scalable solutions to challenges faced by safety-net providers.

Readers should note that these reports are not intended to be exhaustive, nor are they endorsements of the companies included in them. Finally, because solutions landscapes can evolve quickly, these reports may not fully reflect the current market.

www.chcf.org/innovationfund

Endnotes

1. Ned Resnikoff, Ben Johnson, and Jackie Barocio, [*The 2021-22 Budget — CalAIM: New Directions for Services for Seniors and Persons With Disabilities*](#), Legislative Analyst's Office, March 2021; and Jen Joynt, [*Long-Term and End-of-Life Care in California, 2020: Is California Meeting the Need?*](#), CHCF, June 2020.
2. [*Profile of the California Medicare Population*](#) (PDF), DHCS, last updated June 6, 2022.
3. [*In-Home Supportive Services Program*](#) (PDF), California Dept. of Social Services.
4. "Long-Term Services & Supports State Scorecard" (California), [longtermscorecard.com](#).
5. Athena Chapman and Elizabeth Evenson, [*Medi-Cal Explained: Fact Sheet — Long-Term Services and Supports in Medi-Cal*](#), CHCF, October 2020.
6. Fei Wu, [*Provider Retention and Turnover in the In-Home Supportive Services Program: Statistical and Geo-Spatial Analyses*](#) (PDF), last revised March 2016.
7. [*Assisted Living Waiver \(ALW\) Year to Date Enrollment and Waitlist January 2019 through February 2023*](#) (PDF), Dept. of Health Care Services (DHCS).
8. "Service Area Map," California Dept. of Aging.
9. "Scorecard," [longtermscorecard.com](#).
10. [*Medi-Cal Monthly Eligible Fast Facts*](#) (PDF) (June 2022), DHCS, September 2022.
11. Jesse Bedayn, "No Way Out: How the Poor Get Stranded in California Nursing Homes," [calmatters.org](#), January 20, 2022.
12. "Scorecard," [longtermscorecard.com](#).
13. Brianna Ensslin Janoski, Cleanthe (Cleo) Kordomenos, and Nils Franco, [*CalAIM Community Supports: Promoting Independent Living Among Older Adults and People with Disabilities*](#), CHCF, April 2022.
14. Chapman and Evenson, Medi-Cal Explained.
15. Carrie Graham et al., [*In Alignment: CalAIM's Plan to Coordinate Care for Dual Enrollees in Medicare and Medi-Cal*](#), CHCF, November 2022.