



Community Supports FAQ

1. What are Community Supports?

Community Supports are wraparound services that are medically appropriate and cost-effective alternatives to State Plan Covered Services that CalOptima Health may offer in place of services or settings covered under the California Medicaid State Plan. Members may choose to receive services if they are eligible.

2. What Community Supports are available from CalOptima Health?

The following are Community Supports that CalOptima Health offers, with the effective date of implementation for each:

January 1, 2022:

1. Housing navigation transition services
2. Housing deposits
3. Housing tenancy sustaining services
4. Recuperative care

July 1, 2022:

5. Short-term post-hospitalization housing
6. Day habilitation programs
7. Personal care and homemaker services
8. Medically tailored meals
9. Sobering centers

January 1, 2023:

10. Respite services
11. Nursing facility transition/diversion to assisted living facilities
12. Community transition services/nursing facility transition to a home
13. Environmental accessibility adaptations (home modifications)
14. Asthma remediation

For more detailed information about these Community Supports see the [Department of Health Care Services \(DHCS\) CalAIM Community Supports Policy Guide](#).

3. What are the eligibility criteria for Community Supports?

Each community support has a unique set of eligibility criteria. For a list of the 14 Community Supports and their eligibility criteria, please see the [DHCS CalAIM Community Supports Policy Guide](#).



4. What providers has CalOptima Health contracted with for Community Supports services?

For a list of CalOptima Health’s existing Community Support providers, please see the [Provider Directory](#).

1. Click on “Find a doctor or specialist.”
2. Locate “Specialty” which will be 3rd row down on the right.
3. Click on the drop down and select “CalAIM Community Supports.”
4. Click “Search” and it should provide a list of our contracted community supports.

5. What is the process to request Medically Tailored Meals (MTM)?

On May 1, 2024, CalOptima Health relaunched the MTM Community Support service by including FoodSmart and its network of Registered Dietitians (RD) as CalOptima Health’s contracted RD assessment provider. Below are the steps involved when referring a member for MTMs:

- Provider, member or other referral source must submit an MTM Service Referral in CalOptima Connect or via fax.
- FoodSmart staff is routed the referrals and then reviews it and outreaches to the member to schedule an initial assessment with a RD based on the member’s availability.
- The assessment completed by a FoodSmart RD of the member is risk stratified based on a variety of factors, including but not limited to, the member’s medical conditions, acuity of the conditions, nutrition and food security, lifestyle and well-being, and recent inpatient visits.
- FoodSmart RDs determine if the member’s condition would benefit from either twice daily frozen MTMs or weekly grocery boxes and then refers the member to the most appropriate MTM provider.