24hour home care®
Community Supports

THE ROI OF COMMUNITY SUPPORTS

What the DHCS Data Tells Us About Personal Care & Homemaker and Respite Services





Foreword from our CEO

As CEO of 24 Hour Home Care, I've witnessed firsthand how transformative change is possible when passionate people and organizations rally together behind a common vision. In California today, that vision is being realized through CalAIM. This groundbreaking initiative empowers those who would otherwise lose the freedom to live at home—and honors the energy and effort of the caregivers who support them.

This movement is bigger than any one organization, yet 24 Hour Home Care is proud to stand at the forefront, helping to shape what true community support looks like. Every day, we work alongside managed care plans, fellow providers, and families to deliver Personal Care, Homemaker, and Respite services for thousands who have long been underserved. Expanding access to care at this rate and scale is incredible, however, it requires integration and collaboration to be sustainable and successful long-term.

The fact is: This healthcare ecosystem is only as strong and durable as the partnerships that power it. If providers and payors can start consistently and openly sharing data, best practices, and seats at the decision-making table—the collective impact of CalAIM will grow exponentially. If they can't, we risk the progress we've worked for and the lives of Californians.

Motivation to keep improving feels particularly critical now, as new DHCS data validates the effectiveness of Community Supports and demonstrates the impact of steady transformation. It is up to us—you, me, and every participating provider, payor, and service organization—to keep the momentum going through our partnerships and persistence.

United by purpose and possibility, we can evolve these programs beyond a localized movement and become a blueprint for building inclusive, person-centered systems of care.

Simon Close,
CEO, Community Supports
24 Hour Home Care

Exploring the Value of CalAIM's Community Supports

Hundreds of thousands of Californians have been marginalized and abandoned by a fragmented, frenzied healthcare system. CalAIM was created to reshape the system into one that is more coordinated, person-centered, and equitable. 24 Hour Home Care has been invested in this mission from the start, immediately adapting privately insured senior care services to deliver high-quality, CalAIM-funded Community Supports to Medi-Cal members across the state.

The recent 2025 DHCS Community Supports Annual Report revealed data that supports the effectiveness of these programs. While these green flags are powerful indicators that Community Supports like Personal Care and Homemaker (PCH) and Respite services are on the right track, care transformation has only just begun.

In this eBook, you'll discover:

01 Brief, Broad Overview of CalAIM and Community Supports

02 2025 DHCS Community Supports Annual Report: Measurable ROI of PCH & Respite

03 What About Fraud? Putting Data in Context

04 The Road Ahead: Safeguarding Supports, Strengthening Outcomes

This resource was written to help health plans make more informed decisions about referrals and authorizations for Community Supports. It is also helpful for social workers, care managers, and others involved in bolstering the health and wellbeing of California's most complex population.

Together, we can advance the mission of CalAIM and strengthen Community Supports across California.

Connect with our Leadership Team to share your feedback or submit inquiries at **advocacy@24hrcares.com**.



01

Brief, Broad Overview of CalAIM and Community Supports

CalAIM, short for California Advancing and Innovating Medi-Cal, is a comprehensive, multi-year initiative designed to modernize and transform the Medi-Cal program. Led by the California Department of Health Care Services (DHCS), the effort aims to better integrate Medi-Cal with other social services and ultimately improve health outcomes for millions of Californians, particularly those with complex needs.

CalAIM serves:

- Seniors and people living with disabilities
- People with significant behavioral health needs, including people with mental illness, serious emotional disturbance, or substance use disorder
- People experiencing homelessness who also have complex physical or behavioral health needs
- People transitioning from jail or prison back to the community who also have complex physical or behavioral health needs
- Children with complex medical conditions, such as cancer, epilepsy, or congenital heart disease
- Children and youth in foster care

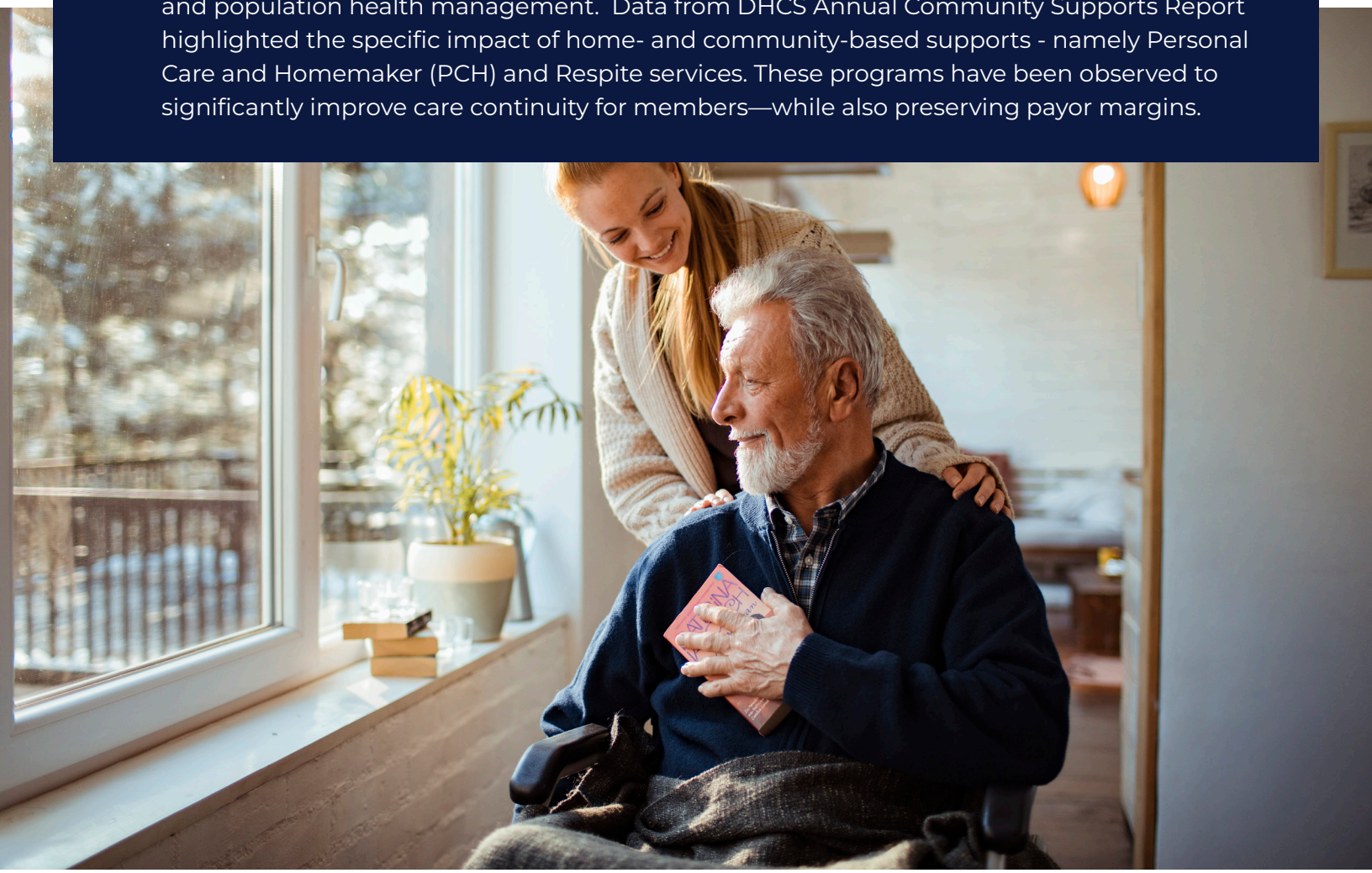
Programs introduced under CalAIM

Enhanced Care Management:

This program provides a high-touch care coordinator for Medi-Cal managed care enrollees with multiple complex needs.

Community Supports:

This program empowers managed care plans to offer new clinical or non-clinical services that may better suit some patients' needs than standard options like nursing home care or ED visits. These services include pre-release care for incarcerated individuals, housing support, and population health management. Data from DHCS Annual Community Supports Report highlighted the specific impact of home- and community-based supports - namely Personal Care and Homemaker (PCH) and Respite services. These programs have been observed to significantly improve care continuity for members—while also preserving payor margins.



Population Health Management:

This program improves care by addressing health issues early via managed care plans (MCPs). It places the responsibility on MCPs to create population health programs focused on prevention, care coordination, and social needs like housing and nutrition.

Notably, DHCS is also working to build a new data platform that brings together medical, behavioral, and social service information to better identify and support members. This could be game-changing for population health management.

Who is utilizing and benefiting from Community Supports?

Equipped with an understanding of what Community Supports are, it's important to explore where members are accessing these programs and who is experiencing the impact of them.

From Q4 2023 – Q3 2024, DHCS found:

252,300
Members used Community Supports

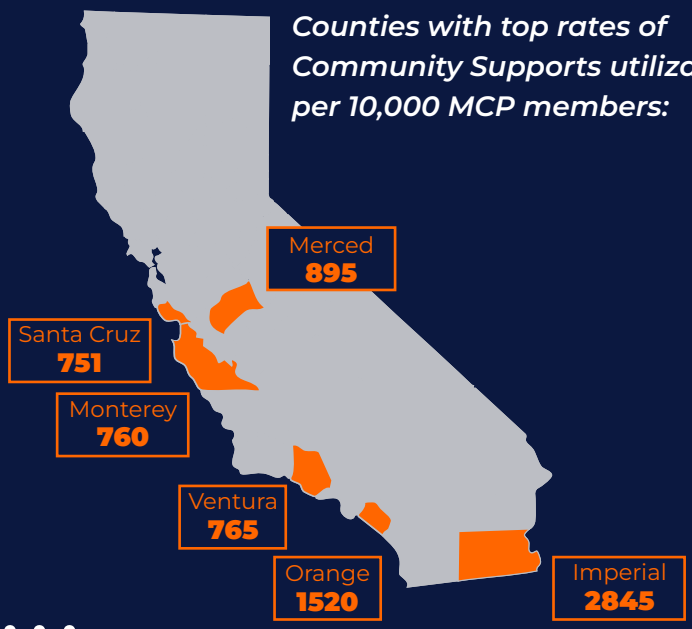
494,400
Community Supports services were delivered

By County:

58 Counties offered 8+ Community Supports

24 Counties offer all 14 services

Counties with top rates of Community Supports utilization, per 10,000 MCP members:



Sociodemographic breakdown, and the gaps it surfaces:

Sex:



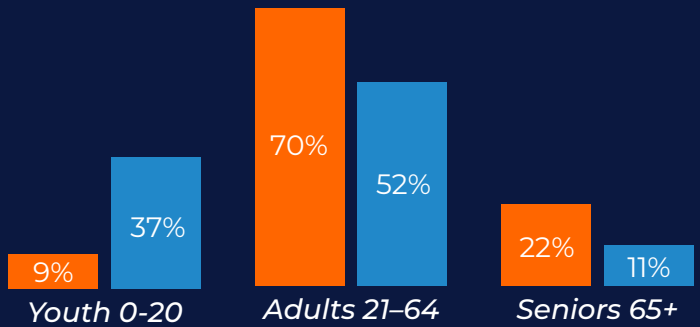
Female 59%

Male 41%

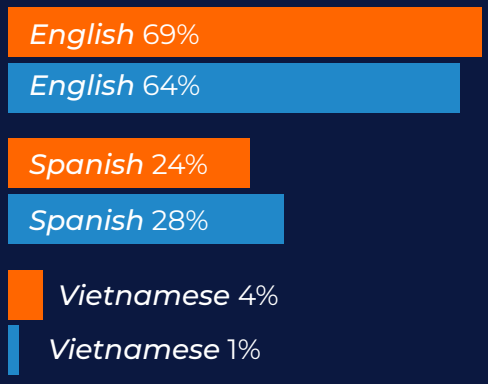
Female 53%

Male 47%

Age:



Language:



Key: *DHCS* *MCP*

DHCS shows statewide averages across all Medi-Cal members; MCP values show each plan's share of members who used at least one Community Support in the past 12 months.

02

2025 DHCS Report: Measurable ROI of PCH & Respite Services

With the basic what, where, and who of Community Supports in mind, let's examine how members are benefiting from CalAIM's investments.

Long story short: Community Supports are paying off—for everyone. The early numbers on these programs show a win-win-win for payors, providers, and patients, as individual care continuity is improving, margins are growing, and communities are slowly healing.

Rapid adoption and scale in 2024:

PCH

6,096 Members

+208%

Increase in Personal Care and Homemaker utilization

$640MM

Annual Savings

Respite Care

2,241 Members

+307%

Increase in Respite Care utilization

$237MM

Annual Savings

$8,800 X 12mo

$105,000

ANNUAL SAVINGS PER HIGH-RISK MEMBER

Altogether, Personal Care and Homemaker services and Respite services lowered PMPM by $8,800. Multiply that out across the year (12 mo.) – that's $105,000 annual savings per high-risk member.

Source: 2025 DHCS Community Supports Report

Impact of Personal Care and Homemaker Services

PCH services are for individuals who need assistance with: Activities of Daily Living (bathing, dressing, toileting, ambulation, feeding) and Instrumental Activities of Daily Living (meal preparation, grocery shopping, money management). Without this support, these individuals would not be able to continue living at home.

Medi-Cal managed care plans can choose who to contract with for PCH services, with providers including home care agencies, county agencies, and personal care agencies. Most of these providers can deliver both long-term and short-term PCH services, with short-term arrangements not to exceed 60 days.

Long-term PCH supports drives system-wide value:

- Reducing hospitalization and institutionalization in a nursing facility
- Enabling individuals with functional deficits and inadequate support to stay in their homes
- Works alongside programs like In-Home Supportive Services to close critical care gaps

PCH support is also impactful in that it can reduce short-term SNF stays.

Since the launch of Community Supports via CalAIM, Personal Care and Homemaker services have driven immense cost savings and ROI.

58.4% ***Net cost reduction****

74%

Less costly than nursing facilities**

$51,715 Annual Savings

54%

Less costly than assisted living**

$21,372 Annual Savings

Utilization

Decrease

45.7%

Decrease for inpatient PCH services**

99.7%

Decrease for long-term care services**

28.9%

Lowered inpatient costs related to institutionalization Reduction.*

26%

Reduction in mortality.*

Sources:*2025 DHCS Community Supports Report; **ILOS Cost Effectiveness Study

Impact of Respite Services

Respite services provide temporary, non-medical supervision for members in order to give caregivers a much needed break.. Respite Services include episodic hourly support, short-term day or overnight care, and help with basic routines, daily living activities, and social interaction typically handled by the caregiver.

Just like PCH, Medi-Cal managed care plans can choose to contract with various providers that offer both home and community setting support. For Respite services, options include home care or respite agencies; providers contracted by county behavioral health; certified family homes for children; child day care facilities/centers; residential care facilities for the elderly; community-based adult services facilities

The most recent statistics (2017) showed that economic value of family caregiving is estimated at nearly $500 billion annually, an amount that surpasses out-of-pocket and federal spending on long-term care.* Respite services target caregivers to actively reduce institutionalization of members and burnout of caregivers, as well as risk of disease and care utilization for both parties.

Source: *AARP

Respite services via CalAIM have yielded

Utilization Decrease

55.2%
Decrease for inpatient Respite services*

99.8%
Decrease for long-term care services*

61.3% ***Net cost reduction****

43.3%
Lower inpatient costs for members using Respite care.*

8%
Fewer psychiatric hospitalizations for members with autism per $1,000 spent on Respite care.***

23%
Improvement in caregiver psychological adjustment scores.**

Sources: *2025 DHCS Community Supports Report **Remedios et al., 2015 ***Psychiatric News

03

What About Fraud? Considerations and Concerns

Though the DHCS data highlighted in the previous section shows care utilization growing, costs coming down, and members achieving better outcomes at home, concern remains about fraud, waste, and abuse.

Stakeholders are particularly worried about participant-directed programs, given a FY2020 report from the Office of Inspector General (OIG).

> *What are participant-directed programs? Participant-directed programs help people of all ages across all types of disabilities maintain their independence and determine for themselves what mix of personal care services and supports work best for them. In contrast to the agency model, participant direction provides members with a flexible budget that enables them to choose and manage their own supports – often friends or family members.*

In FY2020, OIG reported that personal care services — attendants and agencies combined — made up the largest share of Medicaid fraud convictions of any provider type with 360 convictions in personal care services out of 774 total Medicaid fraud convictions nationwide (47%).

Importantly, OIG's numbers lump together both participant-directed and agency models of personal care services. In other words, OIG does not parse out what proportion of those fraud convictions come from participant-directed programs (which critics are suspicious of) and what proportion from agency-based programs. Without this more nuanced data, conclusions or assumptions about participant-directed fraud cannot be extracted.

***Even still, if every single one of 360 fraud convictions were in fact participant-directed personal care workers, the sheer number of those workers (~1.8 million in 2019) would indicate a 0.02% conviction rate.**[*]*

In summary: Though fraud in personal care — and by extension participant-directed programs — is rare, robust fraud prevention and mitigation strategies are still critical.

[*]Source: Applied Self-Direction

04

The Road Ahead: Safeguarding Supports, Strengthening Outcomes

Utilization of PCH and Respite Care is rising – indicating growth in member trust and positive experiences with Community Supports. In addition to expansion in member and caregiver regard and utilization, increased buy-in is happening at a policy level. By making Transitional Rent the first mandatory Community Support, DHCS is signaling that Community Supports are a core, permanent part of Medi-Cal.

Transitional Rent is the first to be mandatory because of strong evidence that housing stability prevents hospitalizations, institutionalization, and high-cost interventions. While no other Community Supports are mandated yet, this validates the entire framework, which posits that when services meet social needs, individual outcomes improve and overall costs drop.

Until future data proves otherwise, plans, providers, and partners should assume Community Supports are here to stay — and will expand over time. MCPs in particular can no longer treat Community Supports as optional experiments. They need to build infrastructure to support them—and it needs to be a collaborative, coordinated effort between all stakeholders.

What's Next for PCH and Respite Care?

- The most obvious next step is to continue collecting data and testing effectiveness of PCH and Respite Care. With time, we hope to see a widespread use of data and qualitative feedback from these programs to support infrastructure improvements that can reduce system friction, care delays, and support gaps. National analyses of caregiver infrastructure have already shown that competitive compensation and minimal waitlists contribute meaningfully to reduced hospitalization rates (and saved costs, by extension).



- The second major opportunity for growth is expanding the success of CalAIM and Community Supports to every county in the state and replicating this model in other states. There are particular opportunities to roll out PCH and Respite models to the states most eager for these services—and the states whose members are suffering the most without them.

*Source: 24 Hour Home Care

24 Hour Home Care created a composite score for each U.S. state based on four equally weighted factors:

- Shorter Home-and Community-Based Services waitlists (per 100K residents)
- Lower fall rates among older adults
- Higher caregiver compensation
- Greater percentage income boost for households from caregiving wages

Overall Scores: Best & Worst States for Family Caregivers
This chart depicts the composite score of the best and worst states for caregivers and their loved ones based on four equally weighted factors: Waitlists, fall rates, caregiver compensation and caregiving income potential.

Best States	Score
New York	0.77
North Dakota	0.75
Vermont	0.73
Hawaii	.0.70
Illinois	0.69

Worst States	Score
Texas	0.33
Florida	0.38
Utah	0.42
Iowa	.0.44
Maryland	0.45

The ‘best’ states are most primed for a CalAIM-like transformation, as they have invested in robust in-home care systems. They maintain short waitlists, offer competitive pay, and see fewer falls among seniors.

On the other hand, the ‘worst’ states show long delays in care access and lower relative caregiver support, despite large senior populations. These issues force families or other loved ones to be overly responsible for member needs, often without any assistance.



▸ The third, final, and perhaps most immediately actionable next step is to improve collaboration and integration between payors, clinicians, and Community Supports providers. As discussed at the start of the eBook, progress can happen more efficiently (in terms of cost and time) and effectively (in terms of member outcomes) when payors invite Community Supports providers to plan evidence-based member care together and communicate more openly regarding referrals and member needs.

Payors can experience organizational benefits from strengthened partnerships with providers:

- Gaining necessary education about CalAIM, as the program is still new and unfamiliar
- Aligning with statewide best practices for assessing member needs and selecting appropriate authorizations
- Moving from a messy, year-to-year negotiation process to a long-term investment strategy that ensures comprehensive, cost-saving care for complex members
- Implementing secure methods for integrating member data across organizations and tech platforms to create a wraparound view of member needs and strengths, gaps in care, and opportunities to intervene.

CalAIM stakeholders who continue to engage deeply in the mission, even when this commitment requires extra foundational work, will lead the way in care transformation within and outside the state.

“The data tell us we’re making steady progress, and the people remind us every day why it matters.

Together—and only together—we can sustainably transform the standard of care in California.”

Simon Close,
CEO, Community Supports
24 Hour Home Care

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