

SEMI ANNUAL UPDATE TO THE LEGISLATURE
SENATE BILL (SB) 853 (STATUTES OF 2010)
SECTION 173 CALIFORNIA'S MEDICAID WAIVERS

For the Report Period
October 2010 and March 2011

Department of Health Care Services (DHCS)
Medi-Cal Benefits, Waiver Analysis, and Rates Division

**California Department of Health Care Services
Semiannual Update to the Legislature on
California's Medicaid Waivers
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Waivers By Type:

1115	2
1915(b)	6
1915(c)	8
Total	16

1115 Demonstration Project Waivers (2)						
<i>Title of Waiver</i>	<i>Federal laws or regulations waived*</i>	<i>Description of Waiver</i>	<i>Population served and number of enrollees</i>	<i>Status of Waiver</i>	<i>State Plan Amendment (SPA) number and date that is applicable to the Waiver</i>	<i>Department administering the program</i>
<u>Family Planning, Access, Care and Treatment Program (FPACT)</u>	1902(a)(1) 1902(a)(5). 1902(a)(10)(A) 1902(a)(10)(B) 1902(a)(17) 1902(a)(23) 1905(a)	Allows federal reimbursement for reproductive health services for medically indigent females and males. The program provides pregnancy prevention services, including contraceptives, and sexually transmitted disease preventive services and education.	Medically indigent females and males at or below 200 percent of the federal poverty level who are otherwise not Medicaid eligible and at risk of unintended pregnancy. FPACT Enrollment: 1.8 million	DHCS has received monthly extensions from the Centers for Medicare and Medicaid Services to transition the FPACT Waiver into the State Plan as permitted by the federal Patient Protection and Affordable Care Act.	SPA number 10-014 Family Planning Successor SPA was approved on March 24, 2011, with an effective date of July 1, 2010.	Department of Public Health

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1115 Demonstration Project Waivers (2) (continued)						
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<u>1115 (a) Bridge to Reform Demonstration Waiver (successor to Medi-Cal Hospital/Uninsured Care Demonstration which expired on October 31, 2010)</u>	1902(a)(1) 1902(a)(5) 1902(a)(10)(B) 1902(a)(13) & (a)(30) 1902(a)(23)	The waiver expands health care coverage to more uninsured adults; provides support for uncompensated care; improves care coordination for vulnerable populations; and promotes public hospital delivery system transformation. To support these efforts, the waiver provides approximately \$7.9 billion in federal funds over five years. Additionally, the waiver provides the expenditure authority for a projected amount of \$2.3 billion for expanded coverage to uninsured adults.	Eligible low income, uninsured adults with incomes at or below 200 percent of the federal poverty level, 19 to 64 years of age who are not eligible for Medicare or Medi-Cal. Children with special health care needs who are under 21 years of age and meet the medical and financial eligibility criteria for California Children's Services. Persons who derive their eligibility from the Medicaid State Plan and are aged, blind, or disabled. Enrollment data is not available at this time.	Approved November 1, 2010 through October 31, 2015.	The SPAs listed below were associated with the successor Medi-Cal Hospital/Uninsured Care Demonstration Project Waiver. SPA 05-021 (Approved, April 25, 2006) SPA 05-022 (Approved, May 5, 2006) SPA 05-023 (Approved, December 21, 2007)	Department of Health Care Services

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1915(b) Freedom of Choice Waivers (6)						
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<u>Two-Plan/Geographic Managed Care (GMC) Waiver (formerly known as California Children Services / Dental Managed Care Waiver)**</u>	1902(a)(1) 1902(a)(10)(B) 1902(a)(23)	Authorized the Two-Plan and GMC models of managed care to enroll certain qualifying Medi-Cal beneficiaries residing in the Two-Plan counties of Alameda, Contra Costa, San Francisco, Kern, Tulare, Fresno, Stanislaus, Santa Clara, Riverside, San Bernardino, San Joaquin, and Los Angeles. Also covered under this waiver were the GMC counties of Sacramento and San Diego.	Children and adults who qualified for Medicaid under Section 1931 of the Social Security Act, Seniors and Persons with Disabilities (SPDs), foster care children, children with accelerated Medicaid eligibility, individuals enrolled in the Breast and Cervical Cancer Treatment Program (BCCTP) program, and adults and children eligible for enrollment in a dental managed care plan in Sacramento County. Two-Plan Enrollment: 2,843,692 GMC Enrollment: 430,367	This waiver is no longer in effect and was incorporated into the Department's 1115 Demonstration Waiver entitled "California's Bridge to Reform", effective November 1, 2010.	On November 15, 2010, DHCS submitted SPA 10-006 to facilitate the deletion of its 1932(a) State Plan operating authority. The SPA was approved on January 28, 2011.	Department of Health Care Services

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1915(b) Freedom of Choice Waivers (6) (continued)						
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<u>County Organized Health Systems (COHS) – Health Insuring Organizations (HIO)**</u>	1902(a)(1) 1902(a)(10)(B) 1902(a)(23)	Authorized county operated managed health care programs in Orange, Santa Cruz, Monterey, Solano, Sonoma, Merced, Napa, and Yolo Counties. This waiver included contracted entities such as, California Orange Prevention and Treatment Integrated Medical Assistance (Orange County), Central California Alliance for Health (Santa Cruz, Merced and Monterey Counties), and Partnership HealthPlan of California (Solano, Sonoma, Napa, and Yolo Counties).	Children and adults who qualified for Medicaid under Section 1931 of the Social Security Act, SPDs, foster care children, children with accelerated Medicaid eligibility, and individuals enrolled in the BCCTP program. HIO Enrollment: 707,354	This waiver is no longer in effect and was incorporated into the Departments 1115 Demonstration Waiver entitled “California’s Bridge to Reform”, effective November 1, 2010.	On November 15, 2010, DHCS submitted SPA 10-006 to facilitate the deletion of its 1932(a) State Plan operating authority. The SPA was approved on January 28, 2011.	Department of Health Care Services

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<u>COHS – Santa Barbara-San Luis Obispo Regional Health Authority (SBSLORHA or CenCal)**</u>	1902(a)(1) 1902(a)(10)(B) 1902(a)(23)	Authorized a county operated managed health care program in Santa Barbara and San Luis Obispo Counties.	Children and adults who qualified for Medicaid under Section 1931 of the Social Security Act, SPDs, foster care children, children with accelerated Medicaid eligibility, and individuals enrolled in the BCCTP program. SBSLORHA Enrollment: 92,763	This waiver is no longer in effect and was incorporated into the Departments 1115 Demonstration Waiver entitled “California’s Bridge to Reform”, effective November 1, 2010.	On November 15, 2010, DHCS submitted SPA 10-006 to facilitate the deletion of its 1932(a) State Plan operating authority. The SPA was approved on January 28, 2011.	Department of Health Care Services

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<u>Health Plan of San Mateo (HPSM)**</u>	1902(a)(1) 1902(a)(10)(B) 1902(a)(23)	Authorized a county operated managed health care program in San Mateo County.	Children and adults who qualified for Medicaid under Section 1931 of the Social Security Act, SPDs, foster care children, children with accelerated Medicaid eligibility, and individuals enrolled in the BCCTP program. HPSM Enrollment: 59,409	This waiver is no longer in effect and was incorporated into the Departments 1115 Demonstration Waiver entitled "California's Bridge to Reform", effective November 1, 2010.	On November 15, 2010, DHCS submitted SPA 10-006 to facilitate the deletion of its 1932(a) State Plan operating authority. The SPA was approved on January 28, 2011.	Department of Health Care Services

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<u>Specialty Mental Health Services (SMHS) Waiver</u>	1915(b)(4) 1902(a)(1) 1902(a)(10)(B) 1902(a)(23) 1902(a)(4) 42 CFR 438.10(f)(3)	Provides specialty mental health services for Medi-Cal beneficiaries with specified diagnoses requiring treatment by licensed mental health professionals through county Mental Health Plans (MHPs). This program is administered locally by each county's MHPs and provides, or arranges for, specialty mental health services.	SMHS Waiver is available to all Medi-Cal beneficiaries, including children and adults who qualify for Medicaid under Section 1931 of the Social Security Act, SPDs, foster care children, and children with accelerated Medicaid eligibility. SMHS Enrollment: 440,460	Approved October 1, 2009 through June 30, 2011. DHCS and the Department of Mental Health are working on the waiver renewal application for the upcoming waiver term (July 1, 2011- June 30, 2013).	SPA 09-004- Proposes amendments to the State Plan reimbursement sections applicable to the services provided through the waiver to reflect current practice. The proposed amendments will also establish an upper payment limit which will allow for supplemental payments to be paid to the MHPs for their uncompensated care costs associated with Medi-Cal beneficiaries.	Department of Mental Health

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<u>Specialty Mental Health Services (SMHS) Waiver (cont.)</u>					<p>Proposed effective date: January 1, 2009.</p> <p>SPA 10-012B-amended Targeted Case Management (TCM) services for the Mentally Disabled target group. Approved on December 20, 2010, with an effective date of July 1, 2010.</p> <p>SPA 10-016-amended the descriptions for Rehabilitative Mental Health Services and Psychiatric Inpatient Hospital Services. Approved on March 21, 2011, with an effective date: October 1, 2010.</p>	

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<u>Superior Systems (SS Waiver)</u>	1903(i)(4)	This waiver demonstrates that California has a utilization management plan in effect that is superior to federal requirements. Specifically, it enables DHCS to ensure 100 percent review of all acute hospital days, using statewide, standardized criteria. The SS Waiver also includes a streamlined appeal process for providers whose authorization requests have been modified or denied.	Fee-for-Service Medi-Cal beneficiaries served by approximately 230 acute care hospitals in California.	90 day extensions. Current waiver extension expires June 8, 2011.	Not a State plan service.	Department of Health Care Services

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1915(c) Home and Community Based Services (HCBS) Waivers (8)						
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<u>Acquired Immune Deficiency Syndrome (AIDS)</u>	1902(a)(1) 1902(a)(10)(B) 1902(a)(10)(C) (i)(III)	The HCBS waiver for persons living with AIDS and/or symptomatic Human Immunodeficiency Virus (HIV) is an alternative for individuals who would otherwise qualify for institutional care. The waiver provides comprehensive and cost-effective services. Services include but are not limited to the following: intensive medical case management (nursing and psychosocial assessments), home delivered meals, attendant care, nutritional counseling, and Medi-Cal supplements for infants and children in foster care.	Eligible adults and children who are cognitively and functionally impaired with HIV disease or AIDS. Approximately 2,200 individuals enrolled.	Approved January 1, 2007 through December 31, 2011	Not a State plan service.	Department of Public Health

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<u>Assisted Living Waiver (ALW)</u>	1902(a)(1) 1902(a)(10)(B) 1902(a)(10)(C) (i)(III)	The ALW succeeds the Assisted Living Waiver Pilot Project. The waiver offers assisted living services in two settings: Residential Care Facilities for the Elderly and publically subsidized housing. Qualified participants have full-scope Medi-Cal benefits and are determined to meet either the Intermittent Care Facility or Skilled Nursing Facility level of care.	Beneficiaries over the age of 21 who would otherwise be in a nursing facility. ALW Enrollment: 1,250	Approved March 1 2009 through February 28, 2014.	Not a State plan service.	Department of Health Care Services

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Home and Community-Based Services Waiver for the Developmentally Disabled	1902(a)(1) 1902(a)(10)(B) 1902(a)(10)(C) (i)(III)	Community-based services for individuals with developmental disabilities are provided through a statewide system of 21 private, non-profit corporations known as regional centers. Regional centers provide fixed points of contact in the community for persons with developmental disabilities and their families.	Persons with developmental disabilities. Approximately 73,000 individuals enrolled.	Approved October 1, 2006 through September 30, 2011.	Not a State plan service.	Department of Developmental Services

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<u>In-Home Operations (IHO)</u>	1902(a)(10)(B) 1902(a)(10)(C)(i)(III)	This waiver serves either 1) participants previously enrolled in the Nursing Facility (NF) A/B level of care (LOC) waiver who have continuously been enrolled in a DHCS administered HCBS waiver since prior to January 1, 2002, and require direct care services provided primarily by a licensed nurse; or 2) those who have been receiving continuous care in a hospital for 36 months or greater and have physician-ordered direct care services that are greater than those available in the Nursing Facility/Acute Hospital (NF/AH) Waiver for the participant's assessed LOC.	Aged population 65 and older, the physically disabled population under age 65, the medically fragile, and the technology dependent. IHO Enrollment: 151	Approved January 1, 2010 through December 31, 2014.	Not a State plan service.	Department of Health Care Services

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Nursing Facility/Acute Hospital	1902(a)(10)(B) 1902(a)(10)(C)(i)(III)	The NF/AH Waiver combined the previous NF A/B level, Nursing Facility Subacute, and In-Home Medical Care waivers into one waiver. This combined waiver offers services in the home to Medi-Cal beneficiaries with a long-term medical condition for who, in the absence of this waiver, would otherwise receive care for at least 90 days in an intermediate care facility, a skilled nursing facility, a subacute facility, or an acute care hospital.	The NF/AH Waiver serves the aged population 65 and older, the physical disabled population under age 65, the medically fragile, and the technology dependent. NF/AH Enrollment: 1,797 As of September 30, 2010, 529 applicants were in various stages of case development for a total of 2,326.	Approved January 1, 2007 through December 31, 2011.	Not a State plan service.	Department of Health Care Services

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<u>Developmentally Disabled Continuous Nursing Care (DD-CNC) Waiver</u>	1902(a)(10)(B) 1902(a)(10)(C)(i)(III) 1902(a)(1)	The DD/CNC succeeds the 1915(b) Freedom of Choice Intermittent Care Facility/ Continuous Nursing waiver which expired on September 30, 2009. The waiver serves persons with severe developmental disabilities and the need for 24 hour continuous nursing care.	The DD/CNC has a capacity of 45 with 42 beneficiaries currently enrolled. DD/CNC does not have an age restriction.	Approved October 1, 2009 through September 30, 2012.	Not a State plan service.	Department of Health Care Services

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<u>Pediatric Palliative Care Waiver (PPC)</u>	1902(a)(1) 1902(a)(10)(B)	This waiver offers children with life limiting conditions a range of home-based hospice like services while they maintain the option of receiving curative treatment. According to diagnosed need and an approved plan of care, services include: concurrent provision of the hospice-like services and therapeutic state plan services, care coordination, expressive therapies, family training, individual and family caregiver bereavement services, and respite care.	Children with life limiting conditions. PPC Enrollment: 28 As of February 15, 2011, 36 children were on waiting lists.	Approved April 1, 2009 through March 31, 2012.	Not a State plan service.	Department of Health Care Services

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<u>Multipurpose Senior Services Program (MSSP)</u>	1902(a)(10)(B) 1902(a)(10)(C) (i)(III) 1902(a)(1)	Provides HCBS to Medi-Cal beneficiaries who are age 65 or over and disabled as an alternative to NF placement. The goal of the program is to arrange for and monitor the use of community services to prevent or delay premature institutional placement of frail clients. MSSP provides comprehensive care management to assist frail elderly persons to remain at home.	Medi-Cal beneficiaries who are 65 or over and disabled. MSSP Enrollment: 16,335 With 41 sites statewide.	Approved July 1, 2009 through June 30, 2014.	Not a State plan service.	Department of Aging

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Attachment A: Description of the laws and regulations being waived.

- **1902(a)(1)**: Statewideness- To enable California to operate the Demonstration and implement coverage for new eligibles on a county-by-county basis and to provide managed care plans only in certain geographical areas.
- **1902(a)(4)**: To permit the State to mandate beneficiaries into a single Prepaid Inpatient Health Plan, and restrict disenrollment from them.
- **42CFRSection438.10(f)(3)**: Information requirements—this section establishes specific requirements for the types, content and distribution of information describing the waiver program. Information requirements are waived.
- **1902(a)(5)**: Single State Agency- To enable the California Medical Assistance Commission to conduct contract negotiations with health care providers.
- **1902(a)(10)(A)**: Provide for making medical assistance available, including at least the care and services listed in paragraphs (1) through (5), (17) and (21) of Section 1905(a) to (i) all individuals...(ii) at the option of the State, to any group of individuals described in section 1905(a) [A waiver of this Social Security Act provision is requested to extend eligibility to a group of individuals (Family PACT clients) who are not otherwise Medicaid eligible].
- **1902(a)(10)(B)**: Amount, Duration, and Scope of Services-To enable the State to offer a different benefit package to individuals in the SPD program that includes benefits that are not available to all categorically needy individuals.
- **1902(a)(10)(C)(i)(III)**: Income and resource rules applicable in the community – pursuant to Section 1902(a)(10)(C)(i)(III) of the Social Security Act, allows states to provide Medicaid to persons who would otherwise be eligible only in an institutional setting, often due to the income and resources of a spouse or parent.

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- **1902(a)(13) and 1902(a)(30):** Payment to Providers - To enable the State through the California Medical Assistance Commission to negotiate rates with providers on an individual or class basis without regard to the rates currently set forth in the approved State Plan, and to allow the State to set rates for hospitals without using a public process.
- **1902(a)(17):** Except as provided in subsections (l)(3), (m)(3), and (m)(4), include reasonable standards (which shall be comparable for all groups and may, in accordance with standards prescribed by the Secretary, differ with respect to income levels, but only in the case of applicants or recipients of assistance under the plan who are not receiving aid or assistance under any plan of the State approved under title I, X, XIV or XVI, or part A of Title IV... [A waiver of this Social Security Act provision is requested to implement a streamlined eligibility process for individuals covered under the FPACT program. This streamlined eligibility process involves each eligible client completing and signing a self-certification form declaring his/her gross annual income. Program eligibility is determined solely on the basis of income].
- **1902(a)(23):** Freedom of Choice - To enable the State to require participants to receive benefits through certain providers and to permit the State to require that individuals receive benefits through managed care providers.
- **1903(i)(4):** Requirement for hospitals or skilled nursing facilities that participate in Medicaid to have utilization review plans in effect that meet certain requirements. This section also states that these requirements can be waived when a State Medicaid Agency shows that it has utilization review procedures in place that are superior to the federal requirements.
- **1905(a):** The term "medical assistance" means payment of part or all of the cost of the certain care and services for individuals not receiving aid or assistance under any plan of the State approved under Title I, X, XIV, or XVI, or part A of Title IV, and with respect to whom supplemental security income benefits are not being paid under Title XVI [A waiver of this Social Security Act provision is requested to allow coverage of non-Medicaid services, e.g., health counseling and education, infertility services].
- **1915(b)(4):** The state requires enrollees to obtain services only from specified providers who undertake to provide such services and meet reimbursement, quality, and utilization standards which are consistent with access, quality, and efficient and economic provision of covered care and services. Enrollment is mandated into a single Prepaid Inpatient Health Plan (42 CFR 438.52).

*Description of the laws and regulations waived are provided as an attachment.

**These waivers are no longer in effect. They are incorporated into the Department's 1115 Demonstration Waiver entitled "California's Bridge to Reform", effective November 1, 2010.