



TOBY DOUGLAS  
*Director*

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
*Governor*

October 30, 2013

**Mr. Robert Nelb**

Project Officer

Division of State Demonstrations and Waivers  
Center for Medicaid and CHIP Services, CMS  
7500 Security Boulevard, Mail Stop S2-02-26  
Baltimore, MD 21244-1850

**Ms. Angela Garner**

Deputy Director

Division of State Demonstrations and Waivers  
Center for Medicaid and CHIP Services, CMS  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850

**Ms. Gloria Nagle, PhD, M.P.A**

Associate Regional Administrator

Division of Medicaid & Children's Health Operations  
Centers for Medicare and Medicaid Services, Region IX  
90 7<sup>th</sup> Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

**RE: California Bridge to Reform Demonstration (No. 11-W-00193/9) Amendment**

**Medi-Cal Expansion to Newly Eligible Individuals / Integration of Medi-Cal  
Outpatient Mental Health Services into Managed Care**

Dear Mr. Nelb, Ms. Garner, and Ms. Nagle:

The State of California proposes to amend the Special Terms and Conditions (STCs) of Waiver 11-W-00193/9, California Section 1115 "Bridge to Reform" Demonstration (Demonstration Waiver), pursuant to STC paragraph 7.

California is fully committed to the ideals of health care reform and expanding Medicaid coverage to individuals with incomes up to 133 percent of the Federal Poverty Level (FPL) is a key step in creating a culture of coverage within the State. Through the existing Demonstration Waiver's Low Income Health Programs (LIHPs), California has

been able to provide health care coverage to a significant portion of this population through December 2013.

This Waiver amendment would allow the State to extend Medicaid services to the childless adult population described in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, much of whom are already enrolled in LIHPs today. This Waiver amendment would allow for a seamless transition of those in LIHP-Medi-Cal Expansion programs into the Medi-Cal managed care delivery system. This Demonstration Waiver would also provide the State with the necessary authority to enroll newly eligible populations who qualify for Medi-Cal based on expanded income eligibility criteria.

Concurrently with this amendment request, DHCS is requesting an expansion of the current Medi-Cal managed care benefits to include outpatient mental health services. This amendment would allow the Department of Health Care Services (DHCS) to require Medi-Cal managed care health plans (MCPs) to cover outpatient mental health services provided by licensed health care professionals acting within the scope of their license as detailed below.

The State is requesting that both components of this Demonstration Waiver amendment request be approved prior to January 1, 2014 to ensure that all necessary preparations are completed. DHCS staff are prepared to collaborate in the coming months with the Centers for Medicare and Medicaid Services (CMS) in order to secure prompt approval of this amendment.

## **BACKGROUND**

California Assembly Bill (AB) X1-1 authorizes the expansion of Medi-Cal eligibility to childless adults with annual incomes up to 133 percent of the Federal Poverty Level, effective January 1, 2014.

The “Newly Eligible” population consists of:

- 1) LIHP Medicaid Coverage Expansion (MCE) populations as defined in STC paragraph 52 of the current Demonstration Waiver. These individuals are adults between 19 and 64 years of age who have family incomes at or below 133 percent of the FPL.
- 2) Adults between 19 and 64 years of age who have family incomes at or below 133 percent of the FPL, are not pregnant, not Medicare eligible, and not otherwise eligible for, and enrolled in, mandatory coverage.

California Senate Bill (SB) X1-1 requires the following, effective January 1, 2014:

- Mental health services included in the essential health benefits package adopted by the State pursuant to Section 1367.005 of the Health and Safety Code and Section 10112.27 of the Insurance Code and approved by the United States Secretary of Health and Human Services under Section 18022 of Title 42 of the United States Code to be covered Medi-Cal benefits.

Medical Managed Care Plans (MCPs) to provide specified mental health benefits covered in the state plan excluding those benefits provided by county mental health plans under the Specialty Mental Health Services (SMHS) Waiver.

### **IMPACT TO SERVICES**

Effective January 1, 2014, DHCS will require MCPs to cover the following outpatient mental health services when they are provided by licensed health care professionals acting within the scope of their license:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory, drugs, supplies, and supplements
- Psychiatric consultation

For individuals newly eligible for Medi-Cal under this expansion effort, the managed care delivery system models and their geographic distribution, as well as participating health plans, are identified in Attachment M of the Special Terms and Conditions. The “Newly Eligible” beneficiaries will receive benefits identified in Attachment N. The available delivery systems and benefits for this new population will be consistent with what is available to all populations in managed care.

### **WAIVER AUTHORITY**

DHCS believes the existing waivers of freedom of choice, statewideness, and comparability encompass this proposed Demonstration Waiver amendment. To the extent necessary, DHCS requests that its authority to operate under these waivers extends to the amendments contained in this request.

### **EXPENDITURE AUTHORITY**

This proposed Demonstration Waiver amendment will not impact the existing Waiver Expenditure Authority.

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## **PUBLIC NOTICE AND TRIBAL NOTICE**

As required by STC Paragraph 7 and STC Paragraph 14, DHCS provided Tribal Notice on the Demonstration Waiver amendment as follows:

- On August 21, 2013, DHCS issued a tribal notice regarding the State's intention to request Waiver amendments for the inclusion of the newly eligible individuals into Medi-Cal managed care and the carve-in of Medi-Cal outpatient mental health services into the managed care delivery system.
- On August 30, 2013, DHCS presented on these Waiver amendment proposals at the "Medi-Cal Tribal and Designee Quarterly Webinar Regarding Proposed Changes to the Medi-Cal Program."

DHCS has provided, and will continue to provide, Public Notice through the following means:

- Various Stakeholder Meetings, including but not limited to Stakeholder Advisory Committee meetings, conducted, and to be continued to be conducted, through in-person meetings, webinars, and teleconferences.
- Legislative and budget hearings
- Published Governor's Budget

As previously stated, both components of this amendment are mandated through state legislation.

## **BUDGET NEUTRALITY**

DHCS will provide an updated Attachment K (Budget Neutrality) worksheet to CMS in the coming weeks.

With regard to the "Newly Eligible" population, DHCS understands CMS's position on 1115 budget neutrality in all states is that no savings will be permitted for this population. While DHCS maintains that managed care and expanded coverage for this population will generate health care savings, we recognize that given the lack of reliable cost information for this population at this time and that developing a reasonable Without Waiver equivalent would be more challenging than for populations for whom we have experience. However, DHCS maintains that given the same challenges with the lack of reliable data that there should be no risk to the State's budget neutrality margin for expanding coverage to this optional population. The model to accomplish this through the 1115 Budget Neutrality already exists in California as demonstrated by the treatment of the MCE population. Actual expenditures based on the "Newly Eligible"

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population's per member per month (PMPM) cost experience would be used as the expenditure limit for this population. DHCS is working with actuarial consultants to develop actuarially sound rates for the "Newly Eligible" population which will be subject to CMS review and approval.

For the mental health services addition, Attachment K will be updated on both the Without Waiver (WOW) and With Waiver (WW) components to incorporate the additional mental health services. On the WOW side, this will be based on five-year historical FFS experience, accounting for the implications of the changes to the benefit (e.g. removal of limitations on visits, and rate changes) and on the WW side, the add-on value will be developed by the DHCS's actuaries for each rate category.

Thank you for your assistance and continued support of California's commitment to improving health care delivery and innovation. DHCS is happy to assist you and your staff in any way as you review the proposed Demonstration Waiver amendment. If you have any questions, please contact: Danielle Stumpf, at (916) 449-5000.

Sincerely,

Toby Douglas  
Director

Enclosures:

- Special Terms and Conditions language
- Updated Attachment N

Cc:

Mari Cantwell  
Chief Deputy Director, Health Care Programs  
[Marianne.Cantwell@dhcs.ca.gov](mailto:Marianne.Cantwell@dhcs.ca.gov)

Jane Ogle  
Deputy Director, Health Care Delivery Systems  
[Jane.Ogle@dhcs.ca.gov](mailto:Jane.Ogle@dhcs.ca.gov)

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Pilar Williams  
Deputy Director, Health Care Financing  
[Pilar.Williams@dhcs.ca.gov](mailto:Pilar.Williams@dhcs.ca.gov)

Rene Mollow  
Deputy Director, Health Care Benefits and Eligibility  
[Rene.Mollow@dhcs.ca.gov](mailto:Rene.Mollow@dhcs.ca.gov)

Javier Portela  
Plan Management Branch  
[Javier.Portela@dhcs.ca.gov](mailto:Javier.Portela@dhcs.ca.gov)

Stuart Busby  
Chief, Capitated Rates Development Division  
[Stuart.Busby@dhcs.ca.gov](mailto:Stuart.Busby@dhcs.ca.gov)

Laurie Weaver  
Chief, Benefits Division  
[Laurie.Weaver@dhcs.ca.gov](mailto:Laurie.Weaver@dhcs.ca.gov)

Meredith Wurden  
Assistant Deputy Director, Health Care Financing  
[Meredith.Wurden@dhcs.ca.gov](mailto:Meredith.Wurden@dhcs.ca.gov)

Danielle Stumpf  
Director's Office  
[Danielle.Stumpf@dhcs.ca.gov](mailto:Danielle.Stumpf@dhcs.ca.gov)

### **Special Terms and Conditions (Proposed changes to the STCs)**

**148. Budget Neutrality Annual Expenditure Limit.** For each DY, two annual limits are calculated.

- a. Limit A. For each year of the budget neutrality agreement an annual budget neutrality expenditure limit is calculated for each eligibility group (EG) described as follows:
  - i. An annual EG estimate must be calculated as a product of the number of eligible member months reported by the State under section entitled General Reporting Requirements for each EG, including the hypothetical population, times the appropriate estimated per member per month (PMPM) costs from the table in subparagraph (iii) below;
  - ii. Starting in SFY 2011, actual expenditures for the MCE EG will be included in the expenditure limit for California. The amount of actual expenditures to be included will be the actual MCE per member per month cost experience for DY 6-10;
  - iii. Starting in the fourth quarter of SFY 2012 (March-June), and continuing through August 31, 2014, actual expenditures for the CBAS and ECM benefit will be included in the expenditure limit for the demonstration project. The amount of actual expenditures to be included will be the actual cost of providing the CBAS and ECM services (whether provided through managed care or fee-for-service) to the SPD Medicaid-only population and to dual eligibles;
  - iv. Starting in the third quarter of SFY 2013-14 (January – March), actual expenditures for adults eligible for Medicaid as the group defined in section 1902(a)(10)(A)(i)(VIII) of the Act “Newly Eligible” population will be included in the expenditure limit for the demonstration project. The amount of actual expenditures to be included will be the actual Newly Eligible per member per month cost experience starting January 1, 2014.
  - v. The PMPMs for each EG used to calculate the annual budget neutrality expenditure limit for this Demonstration is specified below.

Eligibility Group (EG) <sup>1</sup>	Trend Rate	DY 6 PMPM	DY 7 PMPM	DY 8 PMPM	DY 9 PMPM	DY 10 PMPM
<b>State Plan Groups</b>						
Families - COHS	5.30%	\$171.68	\$180.78	\$190.36	\$197.40	\$207.28
Families – TPM/GMC	5.3%	\$150.40	\$158.37	\$166.76	\$174.81	\$183.68
Existing SPD – COHS	7.4%	\$1,069.73	\$1,148.89	\$1,233.91	\$1,262.70	\$1,344.93
Existing SPDs – TPM/GMC and Special Populations SPDs	7.4%	\$730.43	\$784.48	\$842.53	\$904.16	\$970.67
CCS – State Plan Special Needs Child	3.28%	\$1,390.66	\$1,436.27	\$1,483.38	\$1,532.04	\$1,582.29
<b>Hypothetical Populations<sup>2</sup></b>						
MCE	5.00%	\$300.00	\$315.00	\$330.75	\$347.29	\$0
CBAS	3.16%		\$916.60	\$945.57	\$975.45	\$1,006.27
ECM			\$10.00	\$10.00	\$10.00	\$10.00
Newly Eligible	TBD	TBD	TBD	TBD	TBD	TBD

These four MEGs will be updated to include the addition of the mental health services effective January 1, 2014.

Key: TPM = Two Plan Model counties, GMC = Geographic Managed Care counties

<sup>1</sup> The applicable reporting forms for expenditures in each eligibility group are described in **STC Error! Reference source not found.**

<sup>2</sup> These PMPMs are the trended baseline costs used for purposes of calculating the impact of the hypothetical populations on the overall expenditure limit. As described in paragraph (a)(ii), (a)(iii), and a(iv) above, the actual expenditures for these hypothetical populations are included in the budget neutrality limit.



## Attachment N

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Regional	Imperial	San Benito
Acupuncture Services	Other Practitioners' Services and Acupuncture Services	Acupuncture services shall be limited to treatment performed to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>
Acute Administrative Days	Intermediate Care Facility Services	Acute administrative days are covered, when authorized by a Medi-Cal consultant subject to the acute inpatient facility has made appropriate and timely discharge planning, all other coverage has been utilized and the acute inpatient facility meets the requirements contained in the Manual of Criteria for Medi-Cal Authorization.	X <sup>5</sup>	X <sup>5</sup>	X	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>
Blood and Blood Derivatives	Blood and Blood Derivatives	A facility that collects, stores, and distributes human blood and blood derivatives. Covers certification of blood ordered by a physician or facility where transfusion is given.	X	X	X	X	X	X
California Children Services (CCS)	Service is not covered under the State Plan	California Children Services (CCS) means those services authorized by the CCS program for the diagnosis and treatment of the CCS eligible conditions of a specific Member.			X <sup>6</sup>			
Certified Family nurse practitioner	Certified Family Nurse Practitioners' Services	A certified family nurse practitioners who provide services within the scope of their practice.	X	X	X	X	X	X
Certified Pediatric Nurse Practitioner Services	Certified Pediatric Nurse Practitioner Services	Covers the care of mothers and newborns through the maternity cycle of pregnancy, labor, birth, and the immediate postpartum period, not to exceed six weeks; can also include primary care services.	X	X	X	X	X	X
Child Health and Disability Prevention (CHDP) Program		A preventive program that delivers periodic health assessments and provides care coordination to assist with medical appointment scheduling, transportation, and access to diagnostic and treatment services.	X	X	X <sup>4</sup>	X	X	X
Childhood Lead Poisoning Case Management (Provided by the Local County Health Departments)		A case of childhood lead poisoning (for purposes of initiating case management) as a child from birth up to 21 years of age with one venous blood lead level (BLL) equal to or greater than 20 µg/dL, or two BLLs equal to or greater than 15 µg/dL that must be at least 30 and no more than 600 calendar days apart, the first specimen is not required to be venous, but the second must be venous.						

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Chiropractic Services	Chiropractors' Services	Services provided by chiropractors, acting within the scope of their practice as authorized by California law, are covered, except that such services shall be limited to treatment of the spine by means of manual manipulation.	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>
Chronic Hemodialysis	Chronic Hemodialysis	Procedure used to treat kidney failure - covered only as an outpatient service. Blood is removed from the body through a vein and circulated through a machine that filters the waste products and excess fluids from the blood. The "cleaned" blood is then returned to the body. Chronic means this procedure is performed on a regular basis. Prior authorization required when provided by renal dialysis centers or community hemodialysis units.	X	X	X	X	X	X
Community Based Adult Services (CBAS)		CBAS Bundled services: An outpatient, facility based service program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, meals and transportation to eligible Medi-Cal beneficiaries.  CBAS Unbundled Services: Component parts of CBAS center services delivered outside of centers, under certain conditions, as specified in paragraph 94.	X	X	X	X	X	X
Comprehensive Perinatal Services	Extended Services for Pregnant Women-Pregnancy Related and Postpartum Services	Comprehensive perinatal services means obstetrical, psychosocial, nutrition, and health education services, and related case coordination provided by or under the personal supervision of a physician during pregnancy and 60 days following delivery.	X	X	X	X	X	X
Dental Services		Professional services performed or provided by dentists including diagnosis and treatment of malposed human teeth, of disease or defects of the alveolar process, gums, jaws and associated structures; the use of drugs, anesthetics and physical evaluation; consultations; home, office and institutional calls.						
Drug Medi-Cal Substance Abuse Services	Substance Abuse Treatment Services	Medically necessary substance abuse treatment to eligible beneficiaries.						
Durable Medical Equipment	DME	Assistive medical devices and supplies. Covered with a prescription; prior authorization is required.	X	X	X	X	X	X



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Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Regional	Imperial	San Benito
Home and Community-Based Waiver Services (Does not include EPSDT Services)		Home and community-based waiver services shall be provided and reimbursed as Medi-Cal covered benefits only: (1) For the duration of the applicable federally approved waiver, (2) To the extent the services are set forth in the applicable waiver approved by the HHS; and (3) To the extent the Department can claim and be reimbursed federal funds for these services.						
Home Health Agency Services	Home Health Services-Home Health Agency	Home health agency services are covered as specified below when prescribed by a physician and provided at the home of the beneficiary in accordance with a written treatment plan which the physician reviews every 60 days.	X	X	X	X	X	X
Home Health Aide Services	Home Health Services-Home Health Aide	Covers skilled nursing or other professional services in the residence including part-time and intermittent skilled nursing services, home health aid services, physical therapy, occupational therapy, or speech therapy and audiology services, and medical social services by a social worker.	X	X	X	X	X	X
Hospice Care	Hospice Care	Covers services limited to individuals who have been certified as terminally ill in accordance with Title 42, CFR Part 418, Subpart B, and who directly or through their representative volunteer to receive such benefits in lieu of other care as specified.	X	X	X	X	X	X
Hospital Outpatient Department Services and Organized Outpatient Clinic Services	Clinic Services and Hospital Outpatient Department Services and Organized Outpatient Clinic Services	A scheduled administrative arrangement enabling outpatients to receive the attention of a healthcare provider. Provides the opportunity for consultation, investigation and minor treatment.	X	X	X	X	X	X
Human Immunodeficiency Virus and AIDS drugs		Human Immunodeficiency Virus and AIDS drugs that are listed in the Medi-Cal Provider Manual			X <sup>2</sup>			



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Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Regional	Imperial	San Benito
Intermediate Care Facility Services for the Developmentally Disabled	Intermediate Care Facility Services for the Developmentally Disabled	Intermediate care facility services for the developmentally disabled are covered subject to prior authorization by the Department. Authorizations may be granted for up to six months. The authorization request shall be initiated by the facility. The attending physician shall sign the authorization request and shall certify to the Department that the beneficiary requires this level of care	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>	<b>X</b>	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>
Intermediate Care Facility Services for the Developmentally Disabled Habilitative	Intermediate Care Facility Services for the Developmentally Disabled Habilitative	Intermediate care facility services for the developmentally disabled habilitative (ICF-DDH) are covered subject to prior authorization by the Department of Health Services for the ICF-DDH level of care. Authorizations may be granted for up to six months. Requests for prior authorization of admission to an ICF-DDH or for continuation of services shall be initiated by the facility on forms designated by the Department. Certification documentation required by the Department of Developmental Services must be completed by regional center personnel and submitted with the Treatment Authorization Request form. The attending physician shall sign the Treatment Authorization Request form and shall certify to the Department that the beneficiary requires this level of care.	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>	<b>X</b>	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>
Intermediate Care Facility Services for the Developmentally Disabled-Nursing.		Intermediate care facility services for the developmentally disabled-nursing (ICF/DD-N) are covered subject to prior authorization by the Department for the ICF/DD-N level of care. Authorizations may be granted for up to six months. Requests for prior authorization of admission to an ICF/DD-N or for continuation of services shall be initiated by the facility on Certification for Special Treatment Program Services forms (HS 231). Certification documentation required by the Department of Developmental Services shall be completed by regional center personnel and submitted with the Treatment Authorization Request form. The attending physician shall sign the Treatment Authorization Request form and shall certify to the Department that the beneficiary requires this level of care.	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>	<b>X</b>	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>



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Local Educational Agency (LEA) Services	Local Education Agency Medi-Cal Billing Option Program Services	LEA health and mental health evaluation and health and mental health education services, which include any or all of the following: (A) Nutritional assessment and nutrition education, consisting of assessments and non-classroom nutrition education delivered to the LEA eligible beneficiary based on the outcome of the nutritional health assessment (diet, feeding, laboratory values, and growth), (B) Vision assessment, consisting of examination of visual acuity at the far point conducted by means of the Snellen Test, (C) Hearing assessment, consisting of testing for auditory impairment using at-risk criteria and appropriate screening techniques as defined in Title 17, California Code of Regulations, Sections 2951(c), (D) Developmental assessment, consisting of examination of the developmental level by review of developmental achievement in comparison with expected norms for age and background, (E) Assessment of psychosocial status, consisting of appraisal of cognitive, emotional, social, and behavioral functioning and self-concept through tests, interviews, and behavioral evaluations and (F) Health education and anticipatory guidance appropriate to age and health status, consisting of non-classroom health education and anticipatory guidance based on age and developmentally appropriate health education.						
Long Term Care (LTC)		Care in a facility for longer than the month of admission plus one month.	X <sup>5</sup>	X <sup>5</sup>	X	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>
Medical Supplies	Medical Supplies	Medically necessary supplies when prescribed by a licensed practitioner. Does not include incontinence creams and washes	X	X	X	X	X	X
Medical Transportation Services	Transportation-Medical Transportation Services	Covers ambulance, litter van and wheelchair van medical transportation services are covered when the beneficiary's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated, and transportation is required for the purpose of obtaining needed medical care.	X	X	X	X	X	X







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Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Regional	Imperial	San Benito
Podiatry Services	Other Practitioners' Services and Podiatrists' Services	Office visits are covered if medically necessary. All other outpatient services are subject to prior authorization and are limited to medical and surgical services necessary to treat disorders of the feet, ankles, or tendons that insert into the foot, secondary to or complicating chronic medical diseases, or which significantly impair the ability to walk. Services rendered on an emergency basis are exempt from prior authorization.	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>
Prosthetic and Orthotic Appliances	Prosthetic and Orthotic Appliances	All prosthetic and orthotic appliances necessary for the restoration of function or replacement of body parts as prescribed by a licensed physician, podiatrist or dentist, within the scope of their license, are covered when provided by a prosthetist, orthotist or the licensed practitioner, respectively	X	X	X	X	X	X
Psychology, Physical Therapy, Occupational Therapy, Speech Pathology and Audiological Services	Psychology, Listed as Other Practitioners' Services and Psychology, Physical Therapy, Occupational Therapy, Speech Pathology, and Audiology Services	Psychology, Physical therapy, occupational therapy, speech pathology and audiological services are covered when provided by persons who meet the appropriate requirements	X <sup>1,2*</sup>	X <sup>1,2</sup>	X <sup>1,2*</sup>	X <sup>1,2</sup>	X <sup>1,2</sup>	X <sup>1,2</sup>
Psychotherapeutic drugs	Services not covered under the State Plan	S. Psychotherapeutic drugs that are listed in the Medi-Cal Provider Manual			X <sup>3</sup>			
Rehabilitation Center Outpatient Services	Rehabilitative Services	A facility providing therapy and training for rehabilitation. The center may offer occupational therapy, physical therapy, vocational training, and special training	X	X	X	X	X	X
Rehabilitation Center Services	Rehabilitative Services	A facility which provides an integrated multidisciplinary program of restorative services designed to upgrade or maintain the physical functioning of patients.	X	X	X	X	X	X
Renal Homotransplantation	Organ Transplant Services	Renal homotransplantation is covered only when performed in a hospital which meets the standards established by the Department for renal homotransplantation centers.	X	X	X	X	X	X
Requirements Applicable to EPSDT Supplemental Services.	EPSDT	Early and Periodic Screening, Diagnosis and Treatment: for beneficiaries under 21 years of age; includes case management and supplemental nursing services; also covered by CCS for CCS services, and Mental Health services.	X	X	X	X	X	X

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Respiratory Care Services	Respiratory Care Services	A provider trained and licensed for respiratory care to provide therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities affecting the pulmonary system and aspects of cardiopulmonary and other systems.	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Rural Health Clinic Services	Rural Health Clinic Services	Covers primary care services by a physician or a non-physician medical practitioner, as well as any supplies incident to these services; home nursing services; and any other outpatient services, supplies, supplies, equipment and drugs.	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Scope of Sign Language Interpreter Services	Sign Language Interpreter Services	Sign language interpreter services may be utilized for medically necessary health care services	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Services provided in a State or Federal Hospital		California state hospitals provide inpatient treatment services for Californians with serious mental illnesses. Federal hospitals provide services for certain populations, such as the military, for which the federal government is responsible.						
Short-Doyle Mental Health Medi-Cal Program Services	Short-Doyle Program	Community mental health services provided by Short-Doyle Medi-Cal providers to Medi-Cal beneficiaries are covered by the Medi-Cal program.						
Skilled Nursing Facility Services	Nursing Facility Services and Skilled Nursing Facility Services	A skilled nursing facility is any institution, place, building, or agency which is licensed as a SNF by DHCS or is a distinct part or unit of a hospital, (except that the distinct part of a hospital does not need to be licensed as a SNF) and has been certified by DHCS for participation as a SNF in the Medi-Cal program.	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>	<b>X</b>	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>	<b>X<sup>5</sup></b>
Special Duty Nursing	Private Duty Nursing Services	Private duty nursing is the planning of care and care of clients by nurses, whether an registered nurse or licensed practical nurse.	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Specialty Mental health services		Rehabilitative services, which includes mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services.						

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Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Regional	Imperial	San Benito
Specialized Rehabilitative Services in Skilled Nursing Facilities and Intermediate Care Facilities	Special Rehabilitative Services	Specialized rehabilitative services shall be covered. Such service shall include the medically necessary continuation of treatment services initiated in the hospital or short term intensive therapy expected to produce recovery of function leading to either (1) a sustained higher level of self care and discharge to home or (2) a lower level of care. Specialized rehabilitation service shall be covered.	X <sup>5</sup>	X <sup>5</sup>	X	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>
State Supported Services		State funded abortion services that are provided through a secondary contract.	X	X	X	X	X	X
Subacute Care Services	Nursing Facility Services and Skilled Subacute Care Services SNF	Subacute care services are a type of skilled nursing facility service which is provided by a subacute care unit.	X <sup>5</sup>	X <sup>5</sup>	X	X <sup>5</sup>	X <sup>5</sup>	X <sup>5</sup>
Swing Bed Services	Inpatient Hospital Services	Swing bed services is additional inpatient care services for those who qualify and need additional care before returning home.	X	X	X	X	X	X
Targeted Case Management Services Program	Targeted Case Management	Persons who are eligible to receive targeted case management services shall consist of the following Medi-Cal beneficiary groups: high risk, persons who have language or other comprehension barriers and persons who are 18 years of age and older.						
Targeted Case Management Services.	Targeted Case Management	Targeted case management services shall include at least one of the following service components: A documented assessment identifying the beneficiary's needs, development of a comprehensive, written, individual service plan, implementation of the service plan includes linkage and consultation with and referral to providers of service, assistance with accessing the services identified in the service plan, crisis assistance planning to coordinate and arrange immediate service or treatment needed in those situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for a specific beneficiary, periodic review of the beneficiary's progress toward achieving the service outcomes identified in the service plan to determine whether current services should be continued, modified or discontinued.						

## Attachment N

Service	State Plan Service Category	Definition	GMC	Two-Plan	COHS	Regional	Imperial	San Benito
Transitional Inpatient Care Services	Nursing Facility and Transitional Inpatient Care Services	Focus on transition of care from outpatient to inpatient. Inpatient care coordinators, along with providers from varying settings along the care continuum, should provide a safe and quality transition.	X	X	X	X	X	X
Tuberculosis (TB) Related Services	TB Related Services	Covers TB care and treatment in compliance with the guidelines recommended by American Thoracic Society and the Centers for Disease Control and Prevention.						

<sup>1</sup> Optional benefits coverage is limited to only beneficiaries in “Exempt Groups”: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a SNF (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries; and 5) beneficiaries enrolled in the PACE. Services include: Chiropractic Services, Psychologist, Acupuncturist, Audiologist and Audiology Services, Optician and Optical Fabricating Lab, Dental\*, Speech Pathology, Dentures, Eye glasses.

<sup>2</sup> Services may be provided by primary care physicians, psychiatrists; psychologists; licensed clinical social workers; marriage, family, and child counselors; or other specialty mental health providers. are not covered., except that Solano County for Partnership Health plan (COHS) covers specialty mental health, and Kaiser GMC covers inpatient, outpatient, and specialty mental health services.

<sup>3</sup> Fabrication of optical lenses only covered by CenCal Health.

<sup>4</sup> Not covered by CenCal

<sup>5</sup> Only covered for the month of admission and the following month

<sup>6</sup> Not Covered by CalOptima, Central California Alliance for Health, Partnership HealthPlan of California (Sonoma County Only) and CenCal (San Luis Obispo County Only)

<sup>7</sup> Only covered in Health Plan of San Mateo and CalOptima

<sup>8</sup> Only covered in Health Plan of San Mateo