Section 1115 Waiver Stakeholder Advisory Committee
December 8, 2010
Key Programmatic Elements

• Expand coverage to more uninsured adults;
• Support uncompensated care costs;
• Improve care coordination for vulnerable populations; and
• Promote public hospital delivery system transformation.
New Features

• Low Income Health Program – two components
  – Medicaid Coverage Expansion
  – Health Care Coverage Initiative

• Beneficiary protections
  – Grandfathering existing beneficiaries
  – Due process requirements
  – Expanded benefits
  – Provider timeliness standards
  – Planning for 2014
Safety Net Care Pool

• Expansion of the Safety Net Care Pool
  – Continued support for uncompensated care
  – Support for additional state programs
    • County mental health programs
    • Developmental services
    • Workforce development
Reform Incentive Pool

• Delivery System Reform Incentive Pool
  – Infrastructure Development
  – Innovation and Redesign
  – Population-Focused Improvement
  – Urgent Improvement in Care
Element Not Included

- Dual Eligible Integration
  - Next steps:
    • Understand innovation opportunities offered by CMS
    • Continue local discussions of options
    • Develop detailed proposal
    • Pursue waiver amendments
Implementation Timeline
# Implementation Timeline

<table>
<thead>
<tr>
<th>November 2010: Develop plan capacity and readiness assessment</th>
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<tbody>
<tr>
<td>December 2010: Begin plan capacity and readiness assessments</td>
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<tr>
<td>March 2011: Begin outreach and enrollment campaign</td>
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<tr>
<td>June 2011: Execute contract amendments and begin enrollment</td>
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<td>May 2012: Complete enrollment</td>
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## SENIORS AND PERSONS WITH DISABILITIES – ENROLLMENT INTO MANAGED CARE PLANS

<table>
<thead>
<tr>
<th>January 2011: Publish RFI for California Children’s Services (CCS) pilot sites</th>
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<tr>
<td>May 2011: RFI response due</td>
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<tr>
<td>July 2011: Pilot sites selected</td>
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<td>January 2012: Pilots begin</td>
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## CHILDREN WITH SPECIAL HEALTH CARE NEEDS

<table>
<thead>
<tr>
<th>November 2010: Secure CMS approval of waiver Special Terms and Conditions</th>
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<tr>
<td>January 2011: Notification of LIHP requirements and application process to all eligible entities</td>
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<tr>
<td>March 2011: Begin LIHP enrollment expansion in existing coverage initiative counties</td>
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<tr>
<td>July 2011: Full implementation of LIHP in existing counties</td>
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<td>September 2011: Begin LIHP enrollment in expansion counties</td>
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## HEALTH CARE COVERAGE INITIATIVE

| 2010 | 2011 | 2012 |
Budget Neutrality
Budget Neutrality Approach

• Justification for additional federal funds for:
  – Safety Net Care Pool
  – Low Income Health Program – Health Care Coverage Initiative

• Based on two elements
  – Inclusion of managed care under the waiver
  – Consideration of unexpended room in Public Hospital Upper Payment Limit
Budget Neutrality Sources

The graph illustrates budget neutrality sources over demonstration years. The x-axis represents demonstration years (1 to 5), while the y-axis shows the with/without difference (in millions) ranging from $0 to $5,000.

Key categories include:
- Public Hospital IP UPL
- Special Populations-Spec. Need Children
- Special Populations-SPDs
- Existing SPDs
- Family

The graph visually compares the budget neutrality for these categories over the demonstration years.