

State of

Appendix D2.S Services in Waiver Cost

Row # /  
Column  
Letter

B C D E F G H I

Services in Actual Waiver Cost (Comprehensive and Expedited)

State: California

Renewal Waiver

Instructions: Modify columns as applicable to the waiver entity type and structure to note services in different MEGs.

\* Please note with a \* if there are any proposed changes.

State Plan Services	State Plan Approved Services	1915(b)(3) Services	MCO Capitated Reimbursement	FFS services Impacted by MCO	PCCM Fee-for Service Reimbursement	PIHP Capitated Reimbursement	PIHP Fee-for Service Reimbursement	PAHP Capitated Reimbursement	PAHP Fee-for Service Reimbursement
Inpatient Hospital (includes psych)	x						x		
IHS Inpatient									
Mental Health Facility	x						x		
Skilled Nursing Home	x			x					
ICF-MR Public									
ICF-MR Private									
ICF-Other									
Physician Services (includes psych)	x			x			x		
Outpatient Hospital (includes psych)	x			x			x		
IHS Outpatient									
Prescribed Drugs	x			x					
Dental Services									
Other Practitioners (includes psych)	x			x			x		
Clinic Services	x			x			x		
Lab or Radiology (includes psych)	x			x			x		
Home Health Services									
Sterilizations									
EPSDT Screening									
Rural Health Clinic	x			x					
FQHC	x			x					
Tribal 638									
HCBS Waivers									
Personal Care									
Other Care Services									
Family Planning									
Targeted Case Mgmt - MR Waiver									
Individualized Alternative or Enhanced Services									
PCCM Case Management Fees									
Managed Care Capitated Services									
Targeted Case Mgmt - MH/SA	x						x		