Waivers By Type: 1115 3 1915(b) 7 1915(c) 6

Total 16

1115 Demonstration Project Waivers (3)

Title	Description	Waiver Capacity by Waiver Year (WY) ¹	Waiver Term	Expiration Date ²	Is this waiver currently operating under an extension?
Family Planning, Access, Care and Treatment Program (Family PACT)	Allows federal reimbursement for reproductive health services for medically indigent females and males. Family PACT focuses outreach efforts at adults at or below 200 percent of the federal poverty level who are at risk of unintended pregnancy. The program provides pregnancy prevention services, including contraceptives, and sexually transmitted disease preventive services and education.	No cap requirements	12/1/99–11/30/04	Currently on a month–to–month approved CMS extension	Yes
In-Home Supportive Services Plus (IHSS Plus)	Provides aged, blind and disabled individuals an array of self-directed personal care assistance and delivery options that are not available under the Personal Care Services Program. This Independence Plus waiver enables recipients to remain in their own home or family home.	No cap requirements	8/1/04–7/31/09	7/31/09	No
Medi-Cal <u>Hospital/Uninsured</u> <u>Care</u> <u>Demonstration</u>	Provides up to \$766 million annually in federal funds for reimbursement for care provided in hospitals and clinics to Medi-Cal and uninsured patients. Governmental entities will certify their public expenditures to claim this federal funding. Permits California to continue the Selective Provider Contracting Program previously operated under a section 1915(b) waiver.	No cap requirements	9/1/05–8/31/10	8/31/10	No

¹ The waiver year (WY) varies for each waiver, as it is any 12-month period that is approved by the Centers for Medicare & Medicaid Services (CMS); and may at times be a calendar year (CY), beginning January 1 through December 31.

1915(b) Freedom of Choice Waivers (7)

Title	Description	Waiver Capacity by Waiver Year (WY) ¹	Waiver Term	Expiration Date ²	Is this waiver currently operating under an extension?
California Children Services/Dental Managed Care (CCS/Dental)	Combines the prior Two Plan Model and Geographic Managed Care waivers to provide medical managed care services to children who meet the eligibility requirements of the California Children's Services program or, for all adults and children that are eligible for enrollment in a Dental Managed Care plan. Enrollment is mandatory for Temporary Assistance to Needy Families (TANF) linked Medi-Cal beneficiaries, unless medically exempt.	No cap requirements	10/1/07–9/30/09	9/30/09	No
County Organized Health Systems (COHS) – Health Insuring Organizations of California (HIO)	Authorizes county operated managed health care programs in Orange, Santa Cruz, Monterey, Solano, Napa, and Yolo Counties. This waiver includes CalOPTIMA (Orange County), Central Coast Alliance for Health (CCAH) (Santa Cruz and Monterey counties), and Partnership Health Plan of California (PHC) (Solano, Napa, and Yolo Counties). Enrollment is mandatory for all covered aid codes.	No cap requirements	7/1/07–6/30/09	6/30/09	No
COHS – Santa Barbara Regional Health Authority (SBRHA)	Authorizes a county operated managed health care program in Santa Barbara County. Enrollment is mandatory for all covered aid codes.	No cap requirements	1/01/07–12/31/08	12/31/08	No
Health Plan of San Mateo (HPSM)	Authorizes a county operated managed health care program in San Mateo County. Enrollment is mandatory for all covered aid codes.	No cap requirements	10/1/06–9/30/08	9/30/08	No

¹ The waiver year (WY) varies for each waiver, as it is any 12-month period that is approved by the Centers for Medicare & Medicaid Services (CMS); and may at times be a calendar year (CY), beginning January 1 through December 31.

1915(b) Freedom of Choice Waivers (7)

Title	Description	Waiver Capacity by Waiver Year (WY) ¹	Waiver Term	Expiration Date ²	Is this waiver currently operating under an extension?
Intermediate Care Facility for the Developmentally Disabled – Continuous Nursing (ICF/DD-CN)	Pilot program to test a new licensing category that provides continuous nursing care to medically fragile developmentally disabled beneficiaries in the least restrictive setting.	36 – WYs 2005-07	10/01/07–9/30/09	9/30/09	No
Specialty Mental <u>Health</u> Consolidation Program	Provides mental health services for enrollees with specified diagnoses requiring treatment by licensed mental health professionals through county mental health plans.	No cap requirements	7/1/07–6/30/09	6/30/09	No
Superior Systems (SS Waiver)	Allows a 100% review of all inpatient hospital days by state-employed Nurse Evaluators and/or Medical Consultants. Federal utilization review (UR) guidelines allow committees or groups to perform UR and do so by a sampling basis. These Federal requirements are waived because California has a superior method (100%) of UR.	No cap requirements	12/15/05–12/14/07	Currently on a month–to–month approved CMS extension	Yes

¹ The waiver year (WY) varies for each waiver, as it is any 12-month period that is approved by the Centers for Medicare & Medicaid Services (CMS); and may at times be a calendar year (CY), beginning January 1 through December 31.

1915(c) Home and Community Based Services Waivers (HCBS) (6)

Title	Description	Waiver Capacity by Waiver Year (WY) ¹	Waiver Term	Expiration Date ²	Is this waiver currently operating under an extension?
Acquired Immune Deficiency Syndrome (AIDS)	Provides home and community-based services (HCBS) to Medi-Cal beneficiaries with mid- to late- stage HIV/AIDS disease as an alternative to nursing facility or hospital care.	3,560 - CY 2007 3,720 - CY 2008 3,890 - CY 2009 4,070 - CY 2010 4,250 - CY 2011	1/1/07–12/31/11	12/31/11	No
Assisted Living Waiver Pilot Project (ALWPP)	Provides HCBS services as an alternative to long- term nursing facility placement to Medi-Cal beneficiaries over the age of 21 in either of two settings: a Residential Care Facility for the Elderly; or in Publicly Subsidized Housing with a Home Health Agency providing the assisted care services.	200 – CY 2006 600 – CY 2007 1000 – CY 2008	1/1/06–12/31/08	12/31/08	No
Home and Community-Based Services Waiver for the Developmentally Disabled (DD Waiver)	Provides home and community-based services to Regional Center consumers with developmental disabilities, enabling them to living in the community rather than in an intermediate care facility for the developmentally disabled (ICF/DD).	75,000 – WY 06/07 80,000 – WY 07/08 85,000 – WY 08/09 90,000 – WY 09/10 95,000 – WY 10/11	10/1/06–9/30/11	9/30/11	No
In-Home Operations (IHO)	The In-Home Operations waiver is a new waiver established to serve either 1) participants previously enrolled in the NF A/B Level of Care waiver who have continuously been enrolled in a DHCS In-Home Operations-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 waiver for the participant's assessed level of care.	210 – CY 2007 210 – CY 2008 210 – CY 2009	1/01/07–12/31/09	12/31/09	No

¹ The waiver year (WY) varies for each waiver, as it is any 12-month period that is approved by the Centers for Medicare & Medicaid Services (CMS); and may at times be a calendar year (CY), beginning January 1 through December 31.

1915(c) Home and Community Based Services Waivers (HCBS) (6)

Title	Description	Waiver Capacity by Waiver Year (WY) ¹	Waiver Term	Expiration Date ²	Is this waiver currently operating under an extension?
<u>Multipurpose</u> <u>Senior Services</u> <u>Program</u> (MSSP)	Provides HCBS to Medi-Cal beneficiaries who are 65 or over and disabled as an alternative to nursing facility placement. HCBS allow the individuals to remain in their homes.	16,335	7/1/04–6/30/09	6/30/09	No
<u>Nursing Facility /</u> <u>Acute Hospital</u> (NF/AH)	The Nursing Facility A/B waiver was renamed the Nursing Facility / Acute Hospital waiver, effective 1/1/07. This waiver combines the following three prior HCBS waivers: (1) NF A/B waiver, and (2) Nursing Facility Subacute (NF SA) waiver and the In-Home Medical Care (IHMC) waiver.	2,392 – CY 2007 2,552 – CY 2008 2,712 – CY 2009 2,872 – CY 2010 3,032 – CY 2011	1/1/07–12/31/11	12/31/11	No

¹ The waiver year (WY) varies for each waiver, as it is any 12-month period that is approved by the Centers for Medicare & Medicaid Services (CMS); and may at times be a calendar year (CY), beginning January 1 through December 31.