

Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Carve-In 101 for ICF/DD Homes



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Presenters



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Agenda

Topics	Time
Welcome and Introductions	2:30 – 2:35 PM
What is the ICF/DD Carve-In?	2:35 – 2:45 PM
ICF/DD Coverage in Managed Care: Policy Requirements & Implementation Plan and Q&A	2:45 – 3:35 PM
Best Practices from a Managed Care Plan and Q&A	3:35 – 3:55 PM
Next Steps & Closing	3:55 – 4:00 PM

California Advancing and Innovating Medi-Cal (CalAIM): What is the ICF/DD Carve-In?

CalAIM ICF/DD Carve-In Overview

Effective January 1, 2024, all managed care plans will become responsible for the full LTC benefit at the following Intermediate Care Facility (Home) Types:

- » Intermediate Care Facility for the Developmentally Disabled (ICF/DD)
- » Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H)
- » Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N)



- » All Medi-Cal beneficiaries residing in ICF/DD, ICF/DD-H, and ICF/DD-N Homes are mandatorily enrolled into a Medi-Cal MCP for their Medi-Cal covered services.

*Note: ICF/DD-Continuous Nursing Care (ICF/DD-CN) Homes are **not** included in the LTC Carve-In.*

ICF/DD Carve-In Goals

- » Reduce the complexity and implementing benefit standardization across MCPs statewide and ensure consistency in benefits delivered by Medi-Cal managed care and FFS.
- » Facilitate a seamless transition for ICF/DD Home residents with no disruptions in access to care or services.
- » MCPs to conduct a timely review and authorization of services in order to support the member's care planning.
- » Maintain the existing infrastructure of ICF/DD Homes and Regional Centers, which includes Lanterman Act protections and the roles and responsibilities of Regional Centers.

Statewide ICF/DD Carve-In

- 
- Counties with ICF/DD Home Services currently carved-into Medi-Cal Managed Care (i.e., counties with County Organized Health System [COHS] plans)
- 
- Counties where ICF/DD Home Services will transition from Medi-Cal Fee-For-Service (FFS) to Medi-Cal Managed Care starting January 1, 2024**

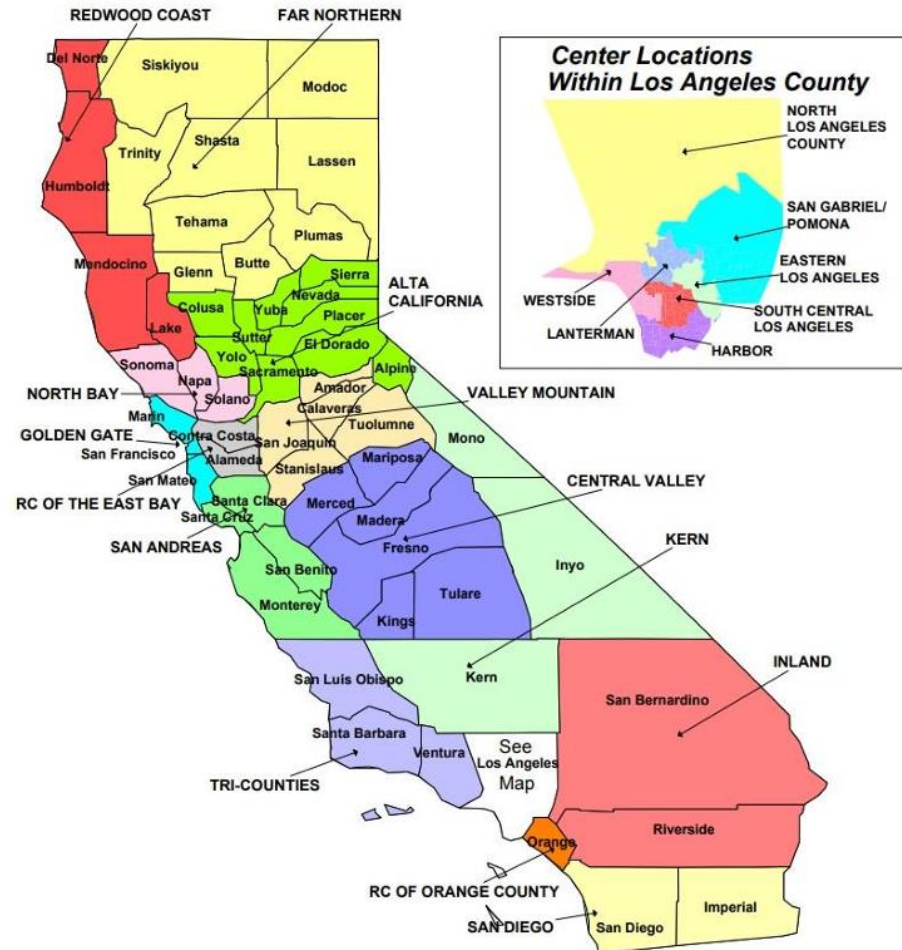


ICF/DD services for an estimated ~4,500 members residing in ICF/DD Homes will be carved into Medi-Cal managed care on January 1, 2024.

A crosswalk of Regional Centers and MCPs by county can be found in the Appendix.

Regional Centers in a Nutshell

- » 21 regional centers with distinct geographic regions
- » 400,000 individuals with developmental disabilities
- » Supporting people to:
 - Make developmental progress
 - Maintain children at home
 - Enhance independence



Regional Centers' ICF/DD Carve-In Role

- » Regional Centers are governed by the Lanterman Act, providing lifelong services and supports to assist those served to lead the most independent and productive lives in their chosen communities.
- » The Regional Centers will continue to serve members in the following ways under the ICF/DD Carve-In, as required by the Lanterman Act:

Intake and
Assessment

Eligibility
Determination

Case
Management

Individualized
Program
Plan (IPP)
Development

Purchase
of necessary
services
and supports

Enrollment into a MCP will not change a Member's relationship with their Regional Center. Access to Regional Center services and to the current IPP process will remain the same.

ICF/DD Coverage in Managed Care: Key Policies and the Roles of ICF/DD Homes and Regional Centers

Introduction to ICF/DD Carve-In Policies

- » Effective January 1, 2024, MCPs must authorize and cover medically necessary ICF/DD services for Members residing in or obtaining care in an ICF/DD Home.
 - This includes home services, professional services, ancillary services, and transportation.
- » DHCS has released policy guidance documents to govern MCP coverage of ICF/DD services, ensuring consistent and seamless benefits for members.
- » DHCS developed the policy guidance in coordination with the ICF/DD LTC Carve-In Workgroup, which is comprised of representatives from ICF/DD Homes, MCPs, and Regional Centers.
 - The Workgroup has met monthly since October 2022.

DHCS ICF/DD Carve-In Policy Guidance

- » All Plan Letter (APL) 23-023: ICF/DD Carve-In
- » Model Contract Language

Policy guidance and additional forthcoming resources will be available on the [DHCS ICF/DD Carve-In webpage](#).

Continuity of Care

MCPs must automatically provide 12 months of continuity of care for the ICF/DD Home placement of any Member residing in an ICF/DD Home that undergoes a mandatory transition into an MCP after January 1, 2024.

- » This protection is **automatic** – Members do not need to request to stay in their facility.
- » Following the initial continuity of care period, Members or their representatives may request an **additional 12 months** continuity of care.
- » Continuity of care provides continued access to the following services but may require a switch to in-network providers:
 - Facility, Professional, and Select Ancillary Services
 - Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)
 - Appropriate Level of Care Coordination

Long-Term Services and Supports Liaison

MCPs must identify an individual, or individuals, to serve as the liaison to the Long-Term Services and Supports (LTSS) community.

- » The LTSS Liaison must serve as a single point of contact for service providers in both a Provider representative role and to support care transitions.
- » The Liaison is intended to assist service providers with:
 - Addressing claims and payment inquiries.
 - Care transitions among the LTSS provider community to support Members' needs.
- » MCPs will share their LTSS Liaisons' contact information to their Network Providers and update Providers regarding any changes to LTSS Liaison assignments.

Scenario #1: Transition of Services for Current ICF/DD Home Resident

A Member lives in an ICF/DD Home which is currently paid for by Medi-Cal FFS. The Member wants to continue to live in their current Home when the ICF/DD Home services transition into managed care.

Regional Center's Role

The Regional Center will work with the Member and Home to assist them in the transition process. The individual has already been assessed for diagnosis and ICF/DD level of care requirements per CCR Title 22 Sections 51343, 51343.1, and 51343.2.

ICF/DD Home's Role

The ICF/DD Home will contract with the MCP. DHCS will share the pre-existing FFS authorization through a data transfer to the MCP.

The Home will work with the LTSS liaison at the MCP as needed.

MCP's Role

MCP will continue the Member's authorization and begin payment to the ICF/DD Home. The MCP will now pay for the individual's other Medi-Cal services.

Authorizations

MCPs **must utilize the determination** and recommendation from the coordinating Regional Center and attending physician for a Member's admission to or continued residency in an ICF/DD Home.

- » Effective January 1, 2024, MCPs are responsible for approving any new treatment authorization requests for ICF/DD Home services for up to two years.
- » MCPs are responsible for all other approved authorization requests for services, outside of the ICF/DD Home per diem rate, for 90 days after enrollment in the MCP, or until the MCP is able to reassess the Member.
- » MCPs must turnaround routine authorizations in five days.

Medi-Cal Fee-For-Service and MCP Coordination on TARs

- » DHCS Clinical Assurance Division (CAD) has established processes for identifying ICF/DD TARs submitted to DHCS, rather than MCPs, after the transition.
- » If CAD receives ICF/DD TARs for members enrolled in an MCP after January 1, 2024, CAD will deny the TAR and notify the MCP liaison of the ICF/DD denial so they can work with the ICF/DD Home provider to submit the TAR to the MCP.
- » CAD staff will be dedicated to reviewing TARs received after January 1, 2024, for Fee-For-Service members, and directing ICF/DD Homes to the MCP for MCP members.
- » If ICF/DD Providers or MCPs have questions regarding the ICF/DD Home TARs, please email questions to CAD.ICF/DD@dhcs.ca.gov.
- » If providers have other questions regarding the TAR process, they can call the Telephone Service Center (TSC) at 1-800-541-5555.

Scenario #2: Member Entry Into an ICF/DD Home

A Member has chosen to move to an ICF/DD Home after consultation with their conservator. The Member and their conservator contacted the Regional Center to make this request.

Regional Center's Role

The Regional Center assesses the Member for ICF/DD level of care requirements per CCR Title 22 Sections 51343, 51343.1, and 51343.2.

The Regional Center submits a referral packet to the ICF/DD Home for review.

ICF/DD Home's Role

The ICF/DD Home confirms bed availability and capacity to serve the Member and notifies the Regional Center by phone within 14 days.

The ICF/DD Home sends authorization request to MCP.

MCP's Role

MCP receives authorization request from ICF/DD Home and reviews authorization for the Member, and begins payment to the ICF/DD Home upon the Member moving into the Home.

Leave of Absence and Bed Holds

MCPs must cover the stay when Members transfer from an ICF/DD Home to any acute care hospital setting, a post-acute care setting, or rehabilitation facility, and then require a return to an ICF/DD Home.

- » MCPs must authorize:
 - Up to **73 days per calendar year** for a leave of absence.
 - Up to **7 days per hospitalization** for a bed hold.
- » The ICF/DD Home must notify the Member or the Member's authorized representative of the right to exercise the bed hold provision.
- » The Member is able to return to the same ICF/DD Home where the Member previously resided following a leave of absence or bed hold, if it is the Member's preference.
 - If a Member does not wish to return to the same ICF/DD Home, the MCP must provide care coordination and transition support and work with the Regional Center to assist the Member in identifying another in-network ICF/DD Home.

Scenario #3: Hospitalization of an ICF/DD Member

While in the ICF/DD Home, a Member is sent to the hospital for treatment of an acute care need (e.g., pneumonia). The Member's doctor issued a physician order for a bed hold for seven days.

Regional Center's Role

The Regional Center is aware of the Member's hospitalization. The Regional Center monitors for any possible additional services the Member may need.

ICF/DD Home's Role

The ICF/DD Home will hold the Member's bed for seven days and will bill/invoice for seven bed hold days to the MCP.

The ICF/DD Home notifies the Member's conservator of the right to the bed hold provision.

MCP's Role

The MCP receives notification of the bed hold from the ICF/DD Home and will authorize payment for the hospitalization and the bed hold.

Care Coordination

MCPs are required to coordinate and work with Regional Centers in the identification of services that will be provided to the Members by the plans.

- » Members living in ICF/DD Homes will continue to have a Regional Center Service Coordinator, who will be a Member's primary source for accessing services and resources identified in the IPP.
- » MCPs must implement a Population Health Management (PHM) Program ensuring ICF/DD Home Residents have access to a comprehensive set of services across the continuum of care, including:
 - Basic Population Health Management
 - Transitional Care Services
 - Care Management

Regional Centers and MCPs must execute a **Memorandum of Understanding** (MOU) that establishes processes for coordination on population health and other initiatives, among other requirements.

Billing and Payment

In counties where ICF/DD services are newly transitioning to managed care, each MCP must reimburse ICF/DD Home service providers and each ICF/DD Home service provider must accept the payment amount that would be paid for per diem services in the FFS delivery system.

- » Services provided to Members outside of the per diem services are payable by MCPs based on the MCPs' agreement with the provider.
- » Payment Processes
 - MCPs must have a process for ICF/DD Homes to submit electronic claims and receive payments electronically.
 - MCPs must also allow an invoicing process for ICF/DD Homes unable to submit electronic claims.
- » Payment timeliness
 - MCPs are highly encouraged to pay claims and invoices in the same frequency in which they are received, whether electronic or paper claims.
 - MCPs must pay claims as soon as practicable but no later than 30 days after receipt of the claim

ICF/DD Coverage in Managed Care: Implementation Plan

Overview of Pre-Transition Activities for ICF/DD Homes and Regional Centers

Now – December 2023

ICF/DD Homes

- » Begin responding to MCPs' outreach to learn more about the plans and their contracting processes, if you have not already.
- » Participate in MCPs' training on authorization, utilization management, and billing processes.
- » Determine how to adjust workflows to bill and submit authorization requests to MCPs.

Regional Centers

- » Execute MOUs with MCPs.
- » Determine roles and processes for collaborating with MCPs on care coordination.

Contracting, Credentialing, and MOU

» Contracting

- MCPs are required to incorporate the standard terms and conditions from the Model Contract Language, in addition to their own terms, when contracting with ICF/DD Homes.
- The ICF/DD Home Model Contract Language helps ensure a consistent delivery of the ICF/DD Home services within Medi-Cal managed care.

» Credentialing

- DHCS is working with MCPs to streamline credentialing processes using materials submitted by ICF/DD Homes to DDS, CDPH, and DHCS. Additional guidance is forthcoming.

» Regional Center & Medi-Cal Managed Care MOU

- MCPs are required to execute Memorandums of Understanding (MOU) with Regional Centers by January 1, 2024.
- DHCS will be releasing an All Plan Letter and MOU template to support this process in Fall 2023.

Preparing for the Transition: Initial Steps for ICF/DD Homes

- ❑ Respond to MCP outreach efforts to begin building relationships and understand their contracting processes.
- ❑ Ask MCPs for details about the following as you begin engaging with them:
 - Contact information for the MCP's LTSS Liaison
 - Authorization processes
 - Billing and payment policies and processes
 - Education and training opportunities
- ❑ If you do not hear from an MCP that you may be interested in contracting with, reach out to them. Contact information for MCPs can be found [here](#).
- ❑ Become familiar with the Model Contract Language to understand the key provisions that MCPs are incorporating into their contracts.

Additional tips on "Preparing for the Transition" can be found in the Appendix.

DHCS Outreach and Education

- » DHCS policy guidance documents will be available on [the DHCS ICF/DD LTC Carve-In webpage](#), including:
 - All Plan Letter
 - Model Contract Language
 - FAQ (*forthcoming*)
 - ICF/DD Carve-In Policy Guide (*forthcoming*)
- » DHCS and DDS are hosting a series of educational webinar and office hours to provide ICF/DD Homes, Regional Centers, and MCPS with an understanding of the ICF/DD Carve-In and support overall readiness.

ICF/DD Upcoming Webinars

Topic*	Audience	Date and Time
ICF/DD Carve-In 101 for ICF/DD Homes	ICF/DD Homes & Regional Centers	August 21, 2023 2:30-3:30pm
Office Hours	ICF/DD Homes, Regional Centers, and MCPs	September 8, 2023 10:00-11:00am
Promising Practices	ICF/DD Homes, Regional Centers, and MCPs	October 6, 2023 10:00-11:00am
Billing and Payment	ICF/DD Homes, Regional Centers, and MCPs	November 17, 2023 1:00-2:00pm
Office Hours	ICF/DD Homes, Regional Centers, and MCPs	December 1, 2023 1:00-2:00pm
How Medi-Cal Supports ICF/DD & Subacute Residents	ICF/DD Homes, Regional Centers, Subacute Facilities and MCPs	December 15, 2023 2:00-3:00pm

**These topics may be subject to change based on the needs of ICF/DD Homes, Regional Centers, and MCPs*

Member Communications

- » DHCS will be mailing member notices directly to the affected beneficiaries beginning in November.
 - Member notices will also be mailed to authorized representatives documented within the Medi-Cal Eligibility Data Systems (MEDS).
- » The Notice of Additional Information (NOAI) will be posted on the DHCS and Health Care Options (HCO) websites and accessible through a Quick Reference (QR) code in the notices.
- » DHCS will also publish a member-facing plain language version of the member notice..
- » Member notices and resources will be published on [ICF-DD LTC Carve-In Member Information webpage](#).
- » HCO will conduct a Member call campaign from November-January 2024.

Post-Transition Monitoring and Support

Transitional Monitoring

- » DHCS will monitor MCPs for issues related to:
 - Continuity of care;
 - Approval timeframes;
 - Payments;
 - Networks/contracting;
 - Member concerns; and
 - Others.
- » Monitoring will start out as daily and taper to monthly over the first quarter.

Quality Monitoring & Reporting

- » MCPs must establish an ICF/DD's quality assurance program to maintain and improve safety and quality in ICF/DD Homes.
- » MCPs will collect oversight and compliance findings from ICF/DD Homes and data from Regional Centers.
- » MCPs will submit quality assurance reports to DHCS upon request.

Questions?





ICF-DD: Best Practices from Community Health Group and San Diego Regional Center

Presented by

Salvador Tapia, Community Health Group Behavioral Health Manager
and Kathy Karins, SDRC Clinical Director

ICF-DD facility types and homes that Managed Care Plans will be responsible for effective January 1, 2024

- Intermediate Care Facility for the Developmentally Disabled (ICF/DD);
- Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H); and
- Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N).

Healthy San Diego Regional Center Workgroup

- Kathy Karins SDRC Clinical Director and Salvador Tapia jointly Chair the Healthy San Diego Regional Center Workgroup.
- The Healthy San Diego Regional Center Workgroup meets quarterly.
- San Diego Managed Care Plans and the San Diego Regional Center (SDRC) have utilized this workgroup to invite ICF-DD providers and initiate communication between the Managed Care Plans (MCPs) and the ICF-DD providers.
- ICF-DD providers have been in attendance at this workgroup since February 21, 2023.

Healthy San Diego/San Diego Regional Center Work Group

- SDRC Community Services Department available to meet with ICF-DD provider for assistance with specific issues.
- SDRC is participating in a statewide group between Department of Developmental Services (DDS), the Department of Health Care Services (DHCS), and the Managed Care Plans.
- A training for ICF-DD, Regional Center, and MCP staff is being developed by the statewide group beginning September 2023.



Contracting with Community Health Group

Prospective providers, please contact Salim French, Director of Contracting at:

Office: (619) 498- 6451 ; or

Email: Sfrench@chgsd.com

Community Health Group Claims

- CHG's Claims Department wants to make the claims submission and payment process as easy as possible for ICF-DD Homes. We also to ensure that payments are received quickly by the ICF-DD Homes.
 - CHG has a lot of experience working with newly contracted providers who have little to no experience billing Managed Care. CHG believes in working collaboratively with the providers to iron out many of claims issues prior to contract implementation.
- Prior to 01/01/2024, CHG's Claims Department will work with ICF-DD Homes on their claim submission and provide training on how to submit a claim electronically and provide a sample claim with minimum required fields that need to be filled out for claims payment.
 - While it may sound scary, the process is really easy and CHG will be hand holding ICF-DD Homes during these trainings.
- Post 01/01/2024, CHG's Claims Department will continue working with ICF-DD Homes and answer any questions they may have about the claims submission process or payment.
 - This may include a monthly meeting with ICF-DD Homes to share best practices or review any outstanding issues



Community Health Group Authorizations

Authorizations will continue to be processed by CHG's Behavioral Health Department. The Behavioral Health Department can be reached at:

Phone: 1-800-404-3332
fax number 1-877-862-7603.

Questions?



Next Steps

Resources and Upcoming Events

- » DHCS policy guidance documents will be available on [the DHCS ICF/DD LTC Carve-In webpage](#), including:
 - All Plan Letter
 - Model Contract Language
 - FAQ (*forthcoming*)
 - ICF/DD Carve-In Policy Guide (*forthcoming*)
- » Please join us for our next education opportunities – registration links will be posted on [the DHCS ICF/DD LTC Carve-In webpage](#):
 - September 8, 2023: ICF/DD Carve-In Office Hours
 - October 6, 2023: Promising Practices webinar

If you have additional questions that were not addressed during this webinar, please email: LTCtransition@dhcs.ca.gov



Appendix

Appendix A: Preparing for the Transition



Preparing for the Transition: Care Delivery

ICF/DD Homes can take steps now to prepare for care delivery under the ICF/DD Carve-In.

Continuity of Care

- ☐ Work with MCPs to identify where Members may be receiving ancillary or other services from providers who are not in-network so that MCPs can work to contract with those providers.

Authorizations

- ☐ Attend MCP specific trainings on ICF/DD authorization processes.
- ☐ Understand MCPs' processes for submitting an initial referral for authorization and for obtaining reauthorization when an authorization termination date is approaching.
- ☐ Obtain clarity on the length of time of different types of authorization approvals.

Care Transitions

- ☐ Understand MCP forms and processes for authorizing bed holds and leaves of absence (if any).
- ☐ Identify an MCP representative (e.g., LTSS Liaison) who will assist with coordinating a Member's care.

Preparing for the Transition: Billing and Payment

As ICF/DD Homes begin to build relationships and contract with MCPs, they can start to begin to understand their billing and payment policies and process.

- ☐ Determine whether your ICF/DD Home will submit electronic claims or invoices, and be prepared to share that information with MCPs you are contracting with.
- ☐ If your ICF/DD Home plans to submit invoices, review the Billing and Invoice Guide that will be available on the [ICF/DD LTC Carve-In webpage](#) and verify your ICF/DD Home can capture all required data elements.
- ☐ Attend MCP specific trainings to understand their claims processes, particularly their clean claims requirements.
- ☐ If your ICF/DD Home anticipates cash flow challenges, discuss payment timeframes with the MCPs.

Appendix B: ICF/DD Carve-In Communications & Outreach

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Member Communications and Outreach

- » DHCS will be mailing member notices directly to the affected beneficiaries and a link to a Notice of Additional Information (NOAI) that will be posted on the DHCS and HCO website and accessible through a Quick Reference (QR) code will be included in the notices.
 - 60-day and 30-day notices will be mailed before January 1, 2024.
 - Member notices will also be mailed to authorized representatives documented within the Medi-Cal Eligibility Data Systems (MEDS).
- » DHCS will publish the member notices, in addition to a member-facing plain language version of the member notice, on the [ICF-DD LTC Carve-In Member Information webpage](#).
- » Member call campaign will begin in November 2023 and continue through January 2024.

MCP and ICF/DD Homes Communications and Outreach

- » ICF/DD Carve-In Notification Letter for MCPs and ICF/DD Home providers was sent in August 2023.
- » DHCS is hosting an ongoing educational webinar series which started in July.
 - Topics include: ICF/DD 101 for MCPs, ICF/DD Carve-In 101s for Homes, Promising Practices, Billing and Payment, How Medi-Cal Supports ICF/DD Residents.
 - More information about previous and upcoming webinar events can be found on the [CalAIM ICF/DD LTC Carve-In Webpage](#).
- » DHCS to continue leveraging existing weekly Managed Care Plan Calls to provide regular updates regarding the ICF/DD Carve-In.

General Public and Other Key Stakeholders

- » DHCS will send providers information and updates about the ICF/DD Carve-in via newsflashes in November and December 2023.
- » DDS will send Regional Centers a letter about the ICF/DD Carve-in.
- » DHCS and DDS will develop fact sheets, FAQs, or handouts as needed for different audiences. Additional details are forthcoming.

Trainings for Trusted Advisors

- » Trainings for Trusted Advisors will occur for the following groups in Fall 2023:
 - Health Care Options
 - Medi-Cal Managed Care Ombudsman
 - Medi-Cal Help Line (CA-MMIS)
 - LTC Ombudsman
 - Medicare Medi-Cal Ombudsman
 - Regional Centers
- » These groups are included and listed as resources in the DHCS ICF/DD member notices. Representatives of these groups will be assisting members with the transition to Medi-Cal managed care.

Appendix C:

Overview of Medi-Cal Managed Care



Medi-Cal Managed Care Models

- » All counties have Medi-Cal MCPs, but the plan models differ by county.
- » Some counties have one Medi-Cal MCP, others have two, and some have several.
- » Information about which MCPs are currently available within your county can be found in [Health Plan Directory \(ca.gov\)](#) from the DHCS Website.
- » Information about which MCPs will operate within your county in 2024 can be found in [Medi-Cal Managed Care Health Plans by County](#) from the DHCS Website.

COHS Counties: Managed Care Plans and Regional Centers

Regional Center	County (2024 Managed Care Plans)
Alta California	Yolo (Partnership Health Plan; Kaiser Permanente)
Central Valley	Merced (Central California Alliance for Health)
Far North	Lassen, Modoc, Shasta, Siskiyou, Trinity (Partnership Health Plan)
Golden Gate	Marin (Partnership Health Plan; Kaiser Permanente) San Mateo (Health Plan of San Mateo; Kaiser Permanente)
North Bay	Napa, Solano, Sonoma (Partnership Health Plan of California; Kaiser Permanente)
Redwood Coast	Del Norte, Humboldt, Lake, Mendocino (Partnership Health Plan)
Orange County	Orange County (CalOptima; Kaiser Permanente)
San Andreas	Monterey (Central California Alliance for Health) Santa Cruz (Central California Alliance for Health; Kaiser Permanente)
Tri-Counties	San Luis Obispo, Santa Barbara (CenCal Health) Ventura (Gold Coast Health Plan; Kaiser Permanente)

Non-COHS Counties: Managed Care Plans and Regional Centers

Regional Center	County (2024 Managed Care Plans)
Alta California	<p>Alpine (Health Plan of San Joaquin- DBA Mountain Valley Health Plan; Blue Cross of California Partnership Plan, Inc. (Anthem); Health Plan of San Joaquin)</p> <p>Colusa, Nevada, Sierra (Partnership Health Plan)</p> <p>El Dorado (Health Plan of San Joaquin- DBA Mountain Valley Health Plan; Blue Cross of California Partnership Plan, Inc. (Anthem); Kaiser Permanente)</p> <p>Placer, Sutter, Yuba (Partnership Health Plan of California; Kaiser Permanente)</p> <p>Sacramento (Molina Healthcare of California Partner Plan, Inc.; Blue Cross of California Partnership Plan, Inc. (Anthem); Kaiser Permanente; Health Net Community Solutions, Inc.)</p>
Central Valley	<p>Fresno, King, Madera (CalViva Health; Blue Cross of California Partnership Plan, Inc. (Anthem); Kaiser Permanente)</p> <p>Mariposa (Central California Alliance for Health; Kaiser Permanente)</p> <p>Tulare (Blue Cross of California Partnership Plan, Inc. (Anthem); Health Net Community Solutions, Inc.; Kaiser Permanente)</p>

Non-COHS Counties: Managed Care Plans and Regional Centers

Regional Center	County (2024 Managed Care Plans)
East Bay	Alameda (Alameda Alliance for Health; Kaiser Permanente) Contra Costa (Contra Costa Health Plan; Kaiser Permanente)
Eastern Los Angeles	Alhambra, East Los Angeles, Northeast Los Angeles, Whittier (LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente; AIDS Healthcare Foundation)
Far North	Butte, Glenn, Plumas, Tehama (Partnership Health Plan)
Golden Gate	San Francisco (San Francisco Health Plan; Blue Cross of California Partnership Plan, Inc. (Anthem); Kaiser Permanente)
Harbor	Bellflower, Harbor, Long Beach, Torrance (LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente; AIDS Healthcare Foundation)
Inland	Riverside, San Bernardino (Inland Empire Health Plan; Molina Healthcare of California Partner Plan, Inc.; Kaiser Permanente)

Non-COHS Counties: Managed Care Plans and Regional Centers

Regional Center	County (2024 Managed Care Plans)
Kern	Inyo (Blue Cross of California Partnership Plan, Inc. (Anthem); Health Net Community Solutions, Inc.) Kern (Blue Cross of California Partnership Plan, Inc. (Anthem); Kern Health Systems; Kaiser Permanente) Mono (Blue Cross of California Partnership Plan, Inc. (Anthem); Health Net Community Solutions, Inc.)
Lanternman	Central Los Angeles, Glendale, Hollywood-Wilshire, Pasadena (LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente; AIDS Healthcare Foundation)
North Los Angeles	East Valley, San Fernando, West Valley (LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente; AIDS Healthcare Foundation)
San Andreas	San Benito (Central California Alliance for Health) Santa Clara (Santa Clara Family Health Plan; Blue Cross of California Partnership Plan, Inc. (Anthem); Kaiser Permanente)

Non-COHS Counties: Managed Care Plans and Regional Centers

Regional Center	County (2024 Managed Care Plans)
San Diego	San Diego (Community Health Group Partnership Plan; Molina Healthcare of California Partner Plan, Inc.; Blue Shield of CA Promise Health Plan; Kaiser Permanente) Imperial (Community Health Plan Imperial Valley; Kaiser Permanente)
San Gabriel/ Pomona	El Monte, Glendora, Monrovia, Pomona (LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente; AIDS Healthcare Foundation)
South Central Los Angeles	Compton, San Antonio, South Los Angeles, Southeast Los Angeles, Southwest Los Angeles (LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente)
Valley Mountain	Amador (Blue Cross of California Partnership Plan, Inc. (Anthem); Kaiser Permanente, Health Net Community Solutions, Inc.) Calaveras, Tuolumne (Blue Cross of California Partnership Plan, Inc. (Anthem); Health Net Community Solutions, Inc.) San Joaquin, Stanislaus (Health Plan of San Joaquin; Health Net Community Solutions, Inc.; Kaiser Permanente)
Westside	Inglewood, Santa Monica - West (LA Care Health Plan; Health Net Community Solutions, Inc.; Kaiser Permanente; AIDS Healthcare Foundation)