

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CaAIM) 1915(b) WAIVER OVERVIEW MAY 2026

The California Department of Health Care Services (DHCS) plans to renew its CaAIM Section 1915(b) waiver, which is set to expire on December 31, 2026. Through the renewal, DHCS will continue authority for California’s managed care delivery systems and implement a targeted change to streamline and strengthen the administration of Medi-Cal specialty behavioral health services, consistent with CaAIM. DHCS’s submission of the Section 1915(b) waiver renewal to the Centers for Medicare & Medicaid Services (CMS) will be in the form of a federally prescribed template, or “waiver pre-print.” To enhance stakeholder understanding, this overview summarizes the core components of the CaAIM Section 1915(b) waiver renewal application, including the key policies related to the delivery systems authorized under the waiver. Please note that California’s discussions and negotiations with the federal government on the Section 1915(b) waiver renewal application and other federal authorities, as well as the State’s legislative and budget processes, could lead to adjustments to these proposed policies and financing approaches.

Background and Context

In December 2021, California received approval for the CaAIM Section 1915(b) waiver, which transitioned authority for California’s managed care delivery systems—Medi-Cal Managed Care (MCMC), Dental Managed Care, Specialty Mental Health Services (SMHS), and the Drug Medi-Cal Organized Delivery System (DMC-ODS)—from the state’s longstanding Section 1115 demonstration to the Section 1915(b) waiver. The waiver and corresponding policy changes advanced greater alignment across delivery systems, supported improved care coordination, clarified roles and responsibilities across delivery systems, enhanced program oversight, and reduced administrative complexity.

Through the CaAIM 1915(b) waiver renewal, DHCS proposes to continue its managed care authorities, and also advance a targeted change to further streamline the county-based managed care delivery system for specialty mental health and substance use

disorder (SUD) services, pursuant to the CalAIM initiative for [Behavioral Health Administrative Integration](#).

Effective January 1, 2027, the State seeks to transition to a single Behavioral Health Plan (BHP) operating under a single, integrated contract in each county, replacing the current administrative structure in which SMHS and DMC-ODS operate under separate, parallel contracts (DMC counties will continue to operate their DMC programs outside the managed care structure). This represents the execution of the CalAIM Behavioral Health Administrative Integration policy as originally planned, with full implementation occurring statewide effective January 1, 2027. This change is intended to reduce administrative complexity, improve care coordination, and support more consistent oversight and service delivery for Medi-Cal members with co-occurring mental health and substance use needs.

DHCS's Section 1915(b) waiver renewal submission to CMS will be made through a federally prescribed template, or "waiver pre-print." In the pre-print, which DHCS will submit to CMS later this summer, DHCS will:

- » Describe administrative integration of specialty mental health and SUD services into one behavioral health managed care delivery system;¹
- » Provide assurances on federal Medicaid managed care requirements;
- » Provide calculations on how spending is cost-effective, efficient, and consistent with the principles of the Medicaid program; and
- » Share its plan for active monitoring on program impact, access, and quality of services in the managed care delivery system.

DHCS will request the CalAIM 1915(b) waiver renewal be effective January 1, 2027, through December 31, 2031. The full 1915(b) waiver pre-print will be posted on the CalAIM website upon submission to CMS.

In coordination with the Section 1915(b) waiver renewal, DHCS is also requesting a five-year renewal of the [CalAIM Section 1115 demonstration](#). The renewal of the CalAIM Section 1115 demonstration will continue authority for key delivery system and benefit

¹ Drug Medi-Cal (DMC) services (the more limited SUD benefits that are covered under fee-for-service authority in counties that have chosen not to adopt DMC-ODS) will also be incorporated into these integrated BHP contracts but will remain under fee-for-service authority.

innovations that complement the managed care framework authorized under the Section 1915(b) waiver, including initiatives focused on expanding access to community-based services, improving care for high-need populations, promoting coordination and integration across MCMC and Medicare Advantage plans, and ensuring continued authority for managed care models in MCMC. Through its managed care contracts, DHCS also plans to continue core elements of CalAIM, including Enhanced Care Management and Community Supports. Together, the Section 1115 demonstration, Section 1915(b) waiver, Medi-Cal managed care contracts, and State Plan authorities support California's broader CalAIM strategy to reduce administrative complexity, improve quality and outcomes, and create a more coordinated, equitable, person-centered Medi-Cal program. The CalAIM Section 1115 renewal and amendment request was submitted to CMS on May 11, 2026.

CalAIM Goals

CalAIM is driving implementation of bold new reforms to improve the Medi-Cal member experience, deliver person-centered care, identify and address social drivers of health (SDOH), and drive system transformation that focuses on value and outcomes. California has made significant strides toward realizing CalAIM's full potential since its launch in January 2022 in close partnership with Medi-Cal managed care plans (MCPs), county behavioral health plans, county public health departments, providers, Tribal partners, community-based organizations, and other implementation partners. Through the renewal of the CalAIM Section 1915(b) waiver and Section 1115 demonstration, DHCS seeks to build on prior investments and sustain the unprecedented changes that have led to a more coordinated, person-centered, and equitable health system for California's Medicaid members.

In July 2025, California published a [concept paper](#) outlining DHCS's vision, principles, goals, and priorities for Medi-Cal in 2027 and beyond. DHCS articulated several guiding principles to ensure that DHCS's initiatives continue to be effective, impactful, and sustainable. By adhering to these principles as part of the CalAIM renewal, DHCS aims to continue driving meaningful improvements in health outcomes and the overall health care experience for Medi-Cal members while continuing to drive efficiency, strengthen accountability and program integrity, and align payment with value, in concert with statewide health care spending growth management strategies. Leveraging these

guiding principles and in response to stakeholder feedback, DHCS identified several goals that will govern DHCS's efforts to continue to transform Medi-Cal for 2027 and beyond. The state proposes three updated, primary goals that seek to expand the reach and impact of CalAIM from 2027 through 2031 that are aligned with California's broader vision for Medi-Cal:

- » Strengthen the ability of DHCS, plans, and providers to identify and intervene early to manage member risk and need through whole person care approaches that optimize member experience and outcomes;
- » Continue to move Medi-Cal to a more consistent and seamless system by further reducing complexity, strengthening accountability, and improving program efficiency; and
- » Continue to improve quality outcomes and drive delivery system transformation and innovation through value-based initiatives that allow members to receive the right care, at the right time, in the right place, at the right cost.

The CalAIM 1915(b) waiver renewal will support these goals by implementing policies to streamline the managed care and behavioral health delivery systems and integrate care for all members, enhancing program oversight across delivery systems, and authorizing the delivery of services aimed at improving health outcomes.

Integrated Delivery System Vision and Approach

Medi-Cal—California's Medicaid and Children's Health Insurance Program (CHIP)—provides comprehensive health care coverage at no or low cost for over 14 million low-income individuals, or one in three Californians. The vast majority of these individuals access their coverage through Medi-Cal's managed care delivery system programs², which will consist of:

- » Medi-Cal Managed Care (MCMC)

² DHCS also operates the Program of All-Inclusive Care for the Elderly (PACE) model of care, which is an integrated, comprehensive medical and social service delivery system using an interdisciplinary team approach. Services are provided to older adults who would otherwise reside in nursing facilities. The PACE model allows eligible individuals to remain independent and in their homes for as long as possible. It is like a managed care delivery model but is outside the 1915(b) authority, instead operates under Section 1934 of the Social Security Act (which allows states to elect to provide PACE services through their state Medicaid plans).

- » Dental Managed Care (Dental MC); and
- » Specialty Behavioral Health Delivery System (Behavioral Health Plans or “BHPs”).

In 2021, the CalAIM 1915(b) waiver consolidated the authority for Medi-Cal managed care delivery system programs previously authorized under California’s Medi-Cal 2020 Section 1115 demonstration—MCMC, Dental Managed Care, and DMC-ODS—with Specialty Mental Health Services (SMHS) under the Section 1915(b) waiver. Alignment of all managed care authorities enabled the State to simplify California’s Medi-Cal managed care delivery system and advanced the goal of improving health outcomes for Medi-Cal members. As part of this CalAIM 1915(b) renewal application, DHCS seeks to implement the CalAIM Behavioral Health Administrative Integration initiative in full, by further streamlining the delivery of behavioral health services through the administrative integration of specialty mental health and SUD services into one behavioral health delivery system, which will provide the services available under SMHS and DMC-ODS delivery systems today. The Specialty Behavioral Health delivery system will authorize a single BHP Prepaid Inpatient Health Plan (PIHP) in each county, effective January 1, 2027, rather than maintaining two parallel PIHP contracts for SMHS and DMC-ODS that are subject to identical federal Medicaid managed care requirements. For the 18 counties that have not yet opted into the DMC-ODS, where 3 percent of Medi-Cal members live, Drug Medi-Cal (DMC) services (the more limited SUD benefits that are covered under fee-for-service authority in counties that have chosen not to adopt DMC-ODS) will also be incorporated into these integrated BHP contracts but will remain under fee-for-service authority.

Since 2023, DHCS has had authority to allow counties to voluntarily adopt an integrated contract structure for the delivery of SMHS and DMC-ODS (or DMC) services and 17 counties successfully participated in this pilot. DHCS will build on the success of the behavioral health administrative integration pilot and apply lessons learned as it expands the integrated behavioral health delivery system statewide.

Medi-Cal Managed Care

MCMC is the foundational delivery system that provides coverage for physical health and non-specialty mental health services for about 95 percent of the Medi-Cal population through Medi-Cal managed care plans (MCPs). MCMC operates in all 58

counties in the state through Medi-Cal MCPs. Five MCMC models operate in the state, varying by county or region:

- » **County-Organized Health System (COHS):** DHCS contracts with a Medi-Cal MCP that is run by a county government entity and is the sole MCP operating in the county. COHS are generally exempt from many federal Managed Care Organization requirements, including plan choice. COHS are also exempt from state Knox-Keene Act licensure requirements.
- » **Geographic Managed Care (GMC):** DHCS contracts with multiple Knox-Keene Act-licensed commercial MCPs serving clearly defined geographical areas.
- » **Two-Plan:** DHCS contracts with two MCPs, a county-authorized plan called the Local Initiative and a commercial MCP. Both plans are licensed under the Knox-Keene Act.
- » **Regional:** DHCS contracts with two Knox-Keene Act licensed commercial MCPs serving two or more contiguous counties in the designated Rural Expansion Region. This model is for rural counties that have not elected to participate in the COHS or Two-Plan models.
- » **Single Plan:** DHCS contracts with an MCP that operates under the authorization and sponsorship of a county or local authority. The Single Plan is licensed under the Knox-Keene Act.

DHCS maintains direct MCP contracts with Kaiser Foundation Health Plan in 32 counties, where Kaiser Foundation Health Plan operates as a commercial plan.³ Pursuant to state legislation, the following member populations residing in affected counties are eligible to enroll with Kaiser Foundation Health Plan under these direct contracts:

- » Members who are existing Kaiser Foundation Health Plan members upon transition into MCMC.
- » Members who were Kaiser Foundation Health Plan members at any time during the 12 months preceding the effective date of their Medi-Cal eligibility.
- » Members with “family linkage” to Kaiser Foundation Health Plan, including a spouse or domestic partner; dependent child, foster child, or stepchild under age

³ Kaiser Foundation Health Plan is currently going through an Operational Readiness process to expand into an additional county (Monterey County) as of January 1, 2027.

26, dependent who is disabled and over age 21, parent or stepparent of a member under age 26, or grandparent, guardian, foster parent, or other relative with appropriate documentation of a familial relationship.

- » Members dually eligible for Medi-Cal and Medicare in select counties where Kaiser Foundation Health Plan operates.
- » Members in foster care or former foster care youth who elect enrollment in MCMC.
- » Members not otherwise specified who are assigned to Kaiser Foundation Health Plan through DHCS's default enrollment process during the plan choice period, subject to an annual enrollment cap based on projected capacity. Kaiser Foundation Health Plan has met the default enrollment ceilings in 2024 and 2025.

The MCMC program is currently authorized under the CalAIM Section 1915(b) waiver. California seeks to continue MCMC-related program authority through the Section 1915(b) waiver renewal and amendment, including:

- » Continue the authority for mandatory enrollment into MCMC; and
- » Continue authority to limit plan choice in rural counties to allow counties to participate, or continue participating, in the COHS and Single Plan models.⁴

Populations. Currently, nearly all Medi-Cal children, pregnant women, parents/caretaker relatives, and adults without disabilities are required to enroll in MCMC to access their services ("mandatory enrollment"). American Indians and Alaska Natives, and foster children and youth in non-COHS counties, have the option but are not required to enroll in MCMC ("voluntary enrollment").

Benefits. While most Medi-Cal State Plan services are covered under MCMC, depending on the MCMC model, the responsibility to provide certain benefits may fall under the responsibility of another delivery system. Services not covered under MCMC include specialty mental health services, SUD services delivered outside of contracted medical settings, home and community-based services, and dental services.⁵

⁴ The CalAIM Section 1115 demonstration enables the state to limit choice of MCPs in metro, large metro, and urban counties operating under the COHS and Single Plan models.

⁵ One MCP (Health Plan of San Mateo) offers dental services under MCMC.

DHCS intends to continue ECM and Community Supports under MCMC and no 1915(b) waiver authority is needed for these services:

- » ECM is a statewide Medi-Cal benefit implemented through Medi-Cal MCPs to provide equitable, person-centered, and community-based care management. ECM is currently authorized under federal Medicaid managed care regulations as part of the care coordination and continuity of care responsibilities of MCPs. No Section 1115 or 1915(b) authority is needed for California to operate ECM.
- » California's 15 Community Supports are services provided by Medi-Cal MCPs to address social drivers of health. California currently has authority to cover: 12 Community Supports as in lieu of services (ILOS) under managed care authority; two Community Supports—Recuperative Care and Short-Term Post-Hospitalization Housing (STPHH) —under CalAIM Section 1115 authority; and Transitional Rent under BH CONNECT Section 1115 authority. Beginning January 1, 2027, DHCS seeks to create a model for Recuperative Care that incorporates the continuum of care offered under Recuperative Care and STPHH, and sunset STPHH housing as a separate Community Support. California plans to transition federal authority for recuperative care from Section 1115 waiver authority to Medicaid managed care ILOS authority.⁶ ILOS is a permanent option for state Medicaid programs enshrined in federal Medicaid managed care regulations and memorialized in approved MCP contracts.

As the CalAIM Section 1915(b) waiver approval in 2021 preceded the [guidance](#) and regulations that codified requirements for ILOS, CMS included additional Special Terms and Conditions (STCs) under California's CalAIM Section 1915(b) waiver regarding monitoring and reporting for ILOS beyond what is required of other states under the federal ILOS regulations. DHCS does not anticipate these STC requirements will continue under the CalAIM 1915(b) renewal, and California will instead follow the requirements set forth in 42 CFR §438.3(e)(2) and additional guidance.

⁶ As Medicaid policy does not permit the coverage of room and board outside of Section 1115 demonstration authority, California will pursue necessary modifications ensure continued coverage of recuperative care in alignment with federal requirements. Recognizing CMS has approved recuperative care under various authorities, including Section 1115 demonstration authority and Section 1905(a) state plan options, California is currently seeking federal technical assistance from CMS to identify the most appropriate authority for Recuperative Care and ensure that coverage of these services remains uninterrupted for Medi-Cal members.

Dental Managed Care

Dental services are currently provided through Dental MC plans in two California counties—Sacramento and Los Angeles. In the remaining counties, dental services are available through fee-for-service.⁷ Currently, Dental MC in Sacramento County is authorized under the Section 1915(b) waiver, while Dental MC in Los Angeles County operates under Section 1915(a) authority. Through the CalAIM 1915(b) waiver renewal, DHCS is seeking to continue authority to operate Dental MC in Sacramento under the Section 1915(b) waiver through December 31, 2031, and to maintain Dental MC in Los Angeles County under Section 1915(a) authority.

Populations. Currently, in Sacramento County, Medi-Cal child and adult enrollees receive their dental services through Dental MC. In Los Angeles County, Medi-Cal child and adult enrollees have the option of enrolling in Dental MC or accessing their dental benefits through FFS. Between the two counties, approximately 1,770,000 members were enrolled in Dental MC plans as of April 2026. In each county, enrollees choose from three plans.

No changes to eligible populations or counties with Dental MC will be requested as part of the CalAIM 1915(b) waiver renewal.

Benefits. The Medi-Cal dental services covered under Dental MC are the same as the services provided under Medi-Cal's FFS program. These include dental exams, x-rays, and teeth cleanings; fillings; tooth extractions; root canal treatments; orthodontics for children who qualify; and complete and partial dentures.

No changes to benefits will be requested as part of the CalAIM 1915(b) waiver renewal.

Specialty Behavioral Health Delivery System

Medi-Cal specialty mental health and SUD services are administered by California counties. Today, counties operate one non-risk prepaid inpatient health plan (PIHP) for SMHS⁸, historically referred to as Mental Health Plans (MHPs), and, at county option, operate a second non-risk PIHP for SUD services under DMC-ODS. Counties that have

⁷ One MCP (Health Plan of San Mateo) offers dental services under MCMC.

⁸ Two counties (Sutter and Yuba) have banded together to operate a joint SMHS PIHP. The other 56 counties each operate their own SMHS PIHP.

not opted into DMC-ODS administer DMC services on a fee-for-service (FFS) basis, not through a PIHP. Since 2023, DHCS has had authority to allow counties, on a voluntary basis, to adopt an integrated PIHP for the delivery of SMHS and DMC-ODS services. Since January 1, 2025, 17 counties have elected to adopt an integrated PIHP.

Building on the success of this pilot, DHCS now seeks to fully implement the CalAIM Behavioral Health Administration Integration initiative by combining specialty mental health and SUD services into a single specialty behavioral health managed care delivery system in compliance with state law.⁹ Effective January 1, 2027, DHCS will implement a single BHP PIHP in each county, rather than maintaining two parallel PIHP contracts – one for SMHS and one for DMC-ODS – that are subject to identical federal Medicaid managed care requirements. The scope of coverage included in the integrated contracts will vary depending on whether the county has opted into providing SUD services under DMC-ODS, and whether the county has elected to cover any optional services beyond the required baseline for SMHS and/or DMC-ODS (e.g., new SMHS such as Assertive Community Treatment). As of January 1, 2027, 57 BHPs operating in all 58 counties will provide specialty mental health services, and 42 counties are expected to provide DMC-ODS SUD services (two additional counties propose to implement DMC-ODS between July 1, 2026, and January 1, 2027). Counties that have not opted into providing SUD services through the BHP PIHP will continue to administer DMC SUD services on a FFS basis via the integrated contract.¹⁰

Populations. BHPs will serve Medi-Cal members who meet medical necessity criteria for specialty behavioral health services, including SMHS and, in participating counties, SUD services under the DMC-ODS. Eligibility for specialty mental health services differs for adult members, who must meet specified clinical criteria to access the delivery system, and members under age 21, for whom BHPs must apply relatively more expansive and flexible delivery system access criteria consistent with federal guidance on access to care under the Early and Periodic Screening, Diagnostic, and Treatment

⁹ California Welfare & Institutions Code § 14184.404.

¹⁰ To help the state expand access and coverage to SUD services, the state is seeking authority under the CalAIM Section 1115 demonstration to enable DMC counties to offer outpatient SUD State Plan services currently only available at county option in DMC-ODS counties.

(EPSDT) benefit. Similarly, for DMC-ODS services, adult members must meet criteria for a SUD diagnosis following diagnostic assessment (services may also be covered while assessment is ongoing), while members under age 21 remain eligible to receive services without a formal diagnosis consistent with EPSDT requirements.

No changes to eligible populations or counties with BHPs will be requested as part of the 1915(b) waiver.

Benefits. Through this Section 1915(b) waiver renewal, DHCS is seeking to maintain the full scope of SMHS and DMC-ODS benefits while aligning contract oversight and administration under a single BHP structure. No reductions to covered benefits are proposed as part of this waiver renewal. All BHP PIHPs will continue to provide the full scope of Medi-Cal services offered under the SMHS delivery system today (please visit [here](#) for a list of SMHS services). In DMC-ODS counties, the BHP PIHPs will also provide a comprehensive continuum of SUD treatment services (please visit [here](#) for a list of all DMC-ODS services to be made available in counties that opt to provide SUD services through the BHP PIHP). In counties that do not opt into the DMC-ODS, SUD services will continue to be provided through the DMC FFS delivery system (please visit [here](#) for a list of DMC services).

Through the CalAIM Section 1115 demonstration and 1915(b) renewal requests, DHCS is also seeking new and continued authority to allow delivery of certain SMHS and SUD services at county option.

Federal Authorities Requested Under the 1915(b) Waiver

The following is a technical summary of the federal waiver authorities that DHCS will be seeking to enable the managed care delivery systems to operate as described above. California has approval for waivers of these authorities under the existing Section 1915(b) waiver today and seeks to continue them under the Section 1915(b) renewal.

- » Section 1915(b)(1) to allow the state to require enrollees to obtain medical care through a primary care case management (PCCM) system or specialty physician services arrangements. This includes mandatory capitated programs.
- » Section 1915(b)(4) to allow the State to require members obtain services only from specified providers who meet reimbursement, quality, and utilization

standards that are consistent with access, quality, and efficient and economic provision of covered care and services.

- » Section 1902(a)(1) (Statewideness) to allow the State to offer different Medi-Cal delivery systems in different parts of the state and on a geographically limited or county-by-county basis.
- » Section 1902(a)(10)(B) (Amount, Duration, and Scope and Comparability) to allow the State to offer additional benefits for BHP Plan enrollees, and not otherwise available to all members in the same eligibility groups.
- » Section 1902(a)(23) (Freedom of Choice), Section 1902(a)(4) (Plan Choice), and relevant federal Medicaid managed care regulations to allow the State to direct that members receive their benefits through an applicable managed care entity—i.e., MCP, Dental MCP, or BHP available in the county—and restrict the managed care entity to the option available in the county (e.g., single MCP in COHS and Single Plan counties).
- » Relevant federal Medicaid managed care regulations to allow the State to provide informing materials and provider lists to members when they first access services through the BHP and upon request.
- » Relevant federal Medicaid managed care regulations to allow external quality review to commence after completion of the first year of BHP implementation in a county.

California’s discussions and negotiations with the federal government on the Section 1915(b) waiver, Section 1115 demonstration, and other federal authorities, as well as California’s state legislative and budget process, could lead to adjustments in this list.

Cost Effectiveness and Funding for Additional Services

In order to receive approval for the 1915(b) waiver, the State must demonstrate the waiver is cost-effective. In the renewal application for the consolidated 1915(b) waiver, the State will include spending calculations and projections under the waiver and, ongoing, the State will document and report on actual spending to the federal government. DHCS is currently developing these spending calculations and projections. Given the decades of experience delivering Medi-Cal through managed care, DHCS anticipates California will meet cost-effectiveness to secure approval of the 1915(b)

waiver renewal and demonstrate ongoing cost-effectiveness over the five year waiver period and beyond.

In addition, DHCS is currently conducting analysis on savings generated by the managed care delivery system, which would enable the State to support additional services for Medi-Cal members under the waiver.

Monitoring Approach

The State must actively monitor the effect of the 1915(b) waiver on the accessibility and quality of services as well as the anticipated impact on the State’s Medicaid program. CMS prescribes the major focus areas for monitoring, which are:

Program Impact	Access	Quality
» Choice	» Timely Access	» Coverage/Authorization
» Marketing	» Primary Care	» Provider Selection
» Enrollment/Disenrollment	» Provider/Specialist Capacity	» Quality of Care
» Information to Members	» Coordination/Continuity of Care	
» Grievances/Appeals		

Public Review and Comment Process

The 30-day public comment period for this CalAIM Section 1915(b) application summary is from Thursday, May 21, 2026, until Saturday, June 20, 2026. All comments must be received no later than 11:59 PM (Pacific Time) on Saturday, June 20, 2026.

Written comments may be sent to the following address; please indicate “CalAIM Section 1915(b) Waiver” in the written message:

Department of Health Care Services
 Director’s Office
 Attn: Tyler Sadwith
 P.O. Box 997413, MS 0000
 Sacramento, California 95899-7413

Comments may also be emailed to CalAIMWaiver@dhcs.ca.gov. Please indicate "CalAIM Section 1915(b) Waiver" in the subject line of the email message. To be assured consideration prior to submission of the CalAIM Section 1915(b) renewal application to CMS, comments must be received no later than 11:59 PM PT (Pacific Time) on Saturday, June 20, 2026. Please note that comments will continue to be accepted after June 20, 2026, but DHCS may not be able to consider those comments prior to the initial submission of the CalAIM waiver application to CMS.

Stakeholder feedback on this CalAIM 1915(b) renewal summary will inform DHCS's development of the Section 1915(b) waiver renewal application, which will be made through a federally prescribed template. Upon submission to CMS, the full CalAIM 1915(b) renewal application will be posted on the DHCS CalAIM 1115 Demonstration & 1915(b) Waiver Webpage: <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-1115-and-1915b-Waiver-Renewals.aspx>.