

**Appendix 2: California Medicaid Waivers**  
**Updated March 9, 2005**

<b>Waivers By Type:</b>	<b>1115</b>	<b>4</b>
	<b>1915(b)</b>	<b>10</b>
	<b>1915(c)</b>	<b>6</b>
	<b>Total</b>	<b>20</b>

**1115 Demonstration Project Waivers (4)**

**Family PACT (Family Planning, Access, Care and Treatment) Program:** 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.

**Current # Enrollees:** 1,500,000  
**Cap on Enrollees<sup>1</sup>:** No cap requirements.  
**Term:** 12/1/99 – 11/30/04  
**Expiration Date<sup>2</sup>:** 3/31/05  
**Currently operating under an extension?** Yes

**Los Angeles County (LA Waiver):** Allows Los Angeles County to restructure its public health care delivery system and increase delivery of ambulatory and preventative health care services to the indigent population.

**Current # Enrollees:** Not applicable; no enrollment requirements.  
**Cap on Enrollees<sup>1</sup>:** No cap requirements.  
**Term:** 7/1/00-6/30/05  
**Expiration Date<sup>2</sup>:** 6/30/05  
**Currently operating under an extension?** No

**Senior Care Action Network (SCAN):** Social Health Maintenance Organization (S/HMO) provides social and health services to persons age 65 and over and is designed to keep functionally impaired older people living at home as long as possible. SCAN is financed through capitation payments from Medicare and Medi-Cal.

<sup>1</sup> Periods for the Home and Community-Based Services (HCBS) and Intermediate Care Facility for Developmentally Disabled – Continuous Nursing (ICF/DD-CN) waivers are either calendar year (CY) or waiver year (WY). Calendar year begins January 1 through December 31. Waiver year begins with the effective date of the waiver as approved by the Centers for Medicare and Medicaid Services (CMS) and the beginning month does not coincide with a calendar year.

<sup>2</sup> Must be renewed prior to the expiration date. The Los Angeles Waiver and Selective Provider Contracting Program will not be renewed.

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**Current # Enrollees:** 3,480

**Cap on Enrollees<sup>1</sup>:** No cap requirements.

**Term:** 1/1/04 – 12/21/04

**Expiration Date<sup>2</sup>:** 4/30/05

**Currently operating under an extension?** Yes

**In-Home Supportive Services (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.

**Current # Enrollees:** 26,000

**Cap on Enrollees<sup>1</sup>:** No cap requirements.

**Term:** 8/1/04 – 7/31/09

**Expiration Date<sup>2</sup>:** 7/31/09

**Currently operating under an extension?** No

### **1915(b) Freedom of Choice Waivers (10)**

**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.

**Current # Enrollees:** 203,128

**Cap on Enrollees<sup>1</sup>:** No cap requirements.

**Term:** 8/13/03 – 8/12/05

**Expiration Date<sup>2</sup>:** 8/12/05

**Currently operating under an extension?** No

<sup>1</sup> Periods for the Home and Community-Based Services (HCBS) and Intermediate Care Facility for Developmentally Disabled – Continuous Nursing (ICF/DD-CN) waivers are either calendar year (CY) or waiver year (WY). Calendar year begins January 1 through December 31. Waiver year begins with the effective date of the waiver as approved by the Centers for Medicare and Medicaid Services (CMS) and the beginning month does not coincide with a calendar year.

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**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 (CACH) (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.

**Current # Enrollees:** 461,526

**Cap on Enrollees<sup>1</sup>:** No cap requirements.

**Term:** 7/11/03 – 7/10/05

**Expiration Date<sup>2</sup>:** 7/10/05

**Currently operating under an extension?** No

**COHS - Santa Barbara Health Initiative (SBHI):** Authorizes a county operated managed health care program in Santa Barbara County. Enrollment is mandatory for all covered aid codes.

**Current # Enrollees:** 53,690

**Cap on Enrollees<sup>1</sup>:** No cap requirements.

**Term:** 1/11/05 – 12/31/06

**Expiration Date<sup>2</sup>:** 12/31/06

**Currently operating under an extension?** 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.

**Current # Enrollees:** 48,559

**Cap on Enrollees<sup>1</sup>:** No cap requirements.

**Term:** 10/1/04 – 9/30/06

**Expiration Date<sup>2</sup>:** 9/30/06

**Currently operating under an extension?** No

**Hudman Waiver:** Allows Distinct Part Nursing Facilities (DP/NFs) to move patients to less costly Freestanding Nursing Facilities (FS/NF) if the move is a reasonable alternative placement.

**Current # Enrollees:** Not applicable.

**Cap on Enrollees<sup>1</sup>:** No cap requirements.

**Term:** 12/15/03 – 12/14/05

**Expiration Date<sup>2</sup>:** 12/14/05

**Currently operating under an extension?** No

**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.

**Current # Enrollees:** 34  
**Cap on Enrollees<sup>1</sup>:** 36 - WY 03-04  
60 - WY 04-05

**Term:** 10/1/03 – 9/30/05  
**Expiration Date<sup>2</sup>:** 9/30/05  
**Currently operating under an extension?** No

**San Mateo County Mental Health Field Test:** Provides mental health services for enrollees with specified diagnoses requiring treatment by licensed mental health professionals. This waiver tests use of monthly case rates for reimbursement and inclusion of mental health drugs prescribed by psychiatrists in waiver.

**Current # Enrollees:** Not applicable; all Medi-Cal beneficiaries in San Mateo County are considered enrolled.  
**Cap on Enrollees<sup>1</sup>:** No cap requirements.  
**Term:** 7/30/03 – 7/29/05  
**Expiration Date<sup>2</sup>:** 7/29/05  
**Currently operating under an extension?** No

**Selective Provider Contracting Program:** Allows selective contracting with hospitals to provide inpatient services to Medi-Cal beneficiaries.

**Current # Enrollees:** Not applicable; waiver authorizes contracts with individual hospitals.  
**Cap on Enrollees<sup>1</sup>:** No cap requirements.  
**Term:** 1/1/03 – 12/31/04  
**Expiration Date<sup>2</sup>:** 6/30/05  
**Currently operating under an extension?** Yes

**Specialty Mental Health:** Provides mental health services for enrollees with specified diagnoses requiring treatment by licensed mental health professionals through county mental health plans.

**Current # Enrollees:** Not applicable; all Medi-Cal beneficiaries are considered enrolled.  
**Cap on Enrollees<sup>1</sup>:** No cap requirements.  
**Term:** 4/28/03 – 4/27/05  
**Expiration Date<sup>2</sup>:** 4/27/05  
**Currently operating under an extension?** No

**Superior Systems:** Allows a 100% review of all inpatient hospital days by state-employed Nurse Evaluators an/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.

**Current # Enrollees:** Not applicable; no patient enrollment requirements.

**Cap on Enrollees<sup>1</sup>:** No cap requirements.

**Term:** 12/15/03 – 12/14/05

**Expiration Date<sup>2</sup>:** 12/14/05

**Currently operating under an extension?** No

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

**Acquired Immune Deficiency Syndrome (AIDS):** Provides home and community-based services (HCBS) to persons diagnosed with symptomatic HIV disease or AIDS with symptoms related to HIV disease as an alternative to nursing facility or hospital care.

**Current # Enrollees:** 2,315

**Cap on Enrollees<sup>1</sup>:** 3,250 - CY 2004

3,330 - CY 2005

3,410 - CY 2006

**Term:** 1/1/02 – 12/31/06

**Expiration Date<sup>2</sup>:** 12/31/06

**Currently operating under an extension?** No

**Developmentally Disabled (DD):** Provides HCBS to mentally retarded and developmentally disabled persons who are regional center clients and reside in the community as an alternative to care provided in an intermediate care facility for the developmentally disabled mentally retarded (ICF/DD/MR).

**Current # Enrollees:** 59,719

**Cap on Enrollees<sup>1</sup>:** 60,000 - WY 03/04

65,000 - WY 04/05

70,000 - WY 05/06

**Term:** 10/1/01 – 9/30/06

**Expiration Date<sup>2</sup>:** 9/30/06

**Currently operating under an extension?** No

**In-Home Medical Care (IHMC):** Provides HCBS to severely disabled individuals who have a catastrophic illness, may be technology dependent, and have a risk for life-threatening incidences, who would otherwise require care in an acute care hospital for a minimum of 90 days.

**Current # Enrollees:** 71

**Cap on Enrollees<sup>1</sup>:** 200 - WY 03/04

250 - WY 04/05

300 - WY 05/06

350 - WY 06/07

400 - WY 07/08

**Term:** 7/01/03 – 6/30/08

**Expiration Date<sup>2</sup>:** 6/30/08  
**Currently operating under an extension?** No

**Multipurpose Senior Services Program (MSSP):** Provides HCBS to Medi-Cal beneficiaries who are 65 or over and are medically needy. HCBS allow the individuals to live independently in their home, and without this waiver, individuals would require care in a nursing facility.

**Current # Enrollees:** 10,459  
**Cap on Enrollees<sup>1</sup>:** 16,335 for each year of the waiver.  
**Term:** 7/1/04 – 6/30/09  
**Expiration Date<sup>2</sup>:** 6/30/09  
**Currently operating under an extension?** No

**Nursing Facility A/B (NF A/B):** Provides HCBS to physically disabled Medi-Cal beneficiaries, who must meet the NF A or B level of care criteria for 365 consecutive days or greater.

**Current # Enrollees:** 670  
**Cap on Enrollees<sup>1</sup>:** 670 - CY 03/04  
780 - CY 04/05  
890 - CY 05/06  
**Term:** 1/01/02 – 12/31/06  
**Expiration Date<sup>2</sup>:** 12/31/06  
**Currently operating under an extension?** No

**Nursing Facility Subacute (NF SA):** Provides HCBS to physically disabled Medi-Cal beneficiaries who meet the NF Subacute level of care criteria for 180 consecutive days or greater.

**Current # Enrollees:** 570  
**Cap on Enrollees<sup>1</sup>:** 795 - WY 03/04  
905 - WY 04/05  
**Term:** 4/01/02 – 3/31/05  
**Expiration Date<sup>2</sup>:** 3/31/05  
**Currently operating under an extension?** No