



**OPEN MINDS**

# California Health & Human Services System Market Profile



# Health & Human Services System Market Profile Overview

## A. [Executive Summary](#)

1. Health Care Coverage by Payer
2. Medicaid Care Coordination Initiatives
3. Behavioral Health Safety-Net System Overview

## B. [Health Financing System Overview](#)

1. Population Demographics
2. Population Centers
3. Population Distribution By Payer
4. Largest Health Plans
5. Health Insurance Marketplace
6. Accountable Care Organizations

## C. [Medicaid Administration, Governance & Operations](#)

1. Medicaid Governance
2. Medicaid Program Spending
3. Medicaid Expansion Status
4. Medicaid Program Benefits

## D. [Medicaid Financing & Service Delivery System](#)

1. Medicaid Financing & Service Delivery System
2. Medicaid FFS Program
3. Medicaid Managed Care Program
4. Medicaid Program: Care Coordination Initiatives
5. Medicaid Program Waivers
6. Medicaid Program: New Initiatives

## E. [Dual Eligible Financing & Service Delivery System](#)

1. Dual Eligible Medicaid Financing & Service Delivery System
2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment
3. Dual Eligible Medicaid Financing & Delivery System: Overview
4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

## F. [Long-Term Services & Supports System](#)

1. LTSS Financing & Service Delivery System
2. LTSS Medicaid Financing & Delivery System: Overview
3. LTSS Health Plan Characteristics
4. LTSS Program Benefits
5. LTSS Medicaid Financing & Delivery System: New Initiatives

## G. [State Behavioral Health Administration & Finance System](#)

1. Public Behavioral Health System Governance
2. Public Behavioral Health System Spending
3. State Psychiatric Hospitals
4. Behavioral Health Safety-Net Delivery System

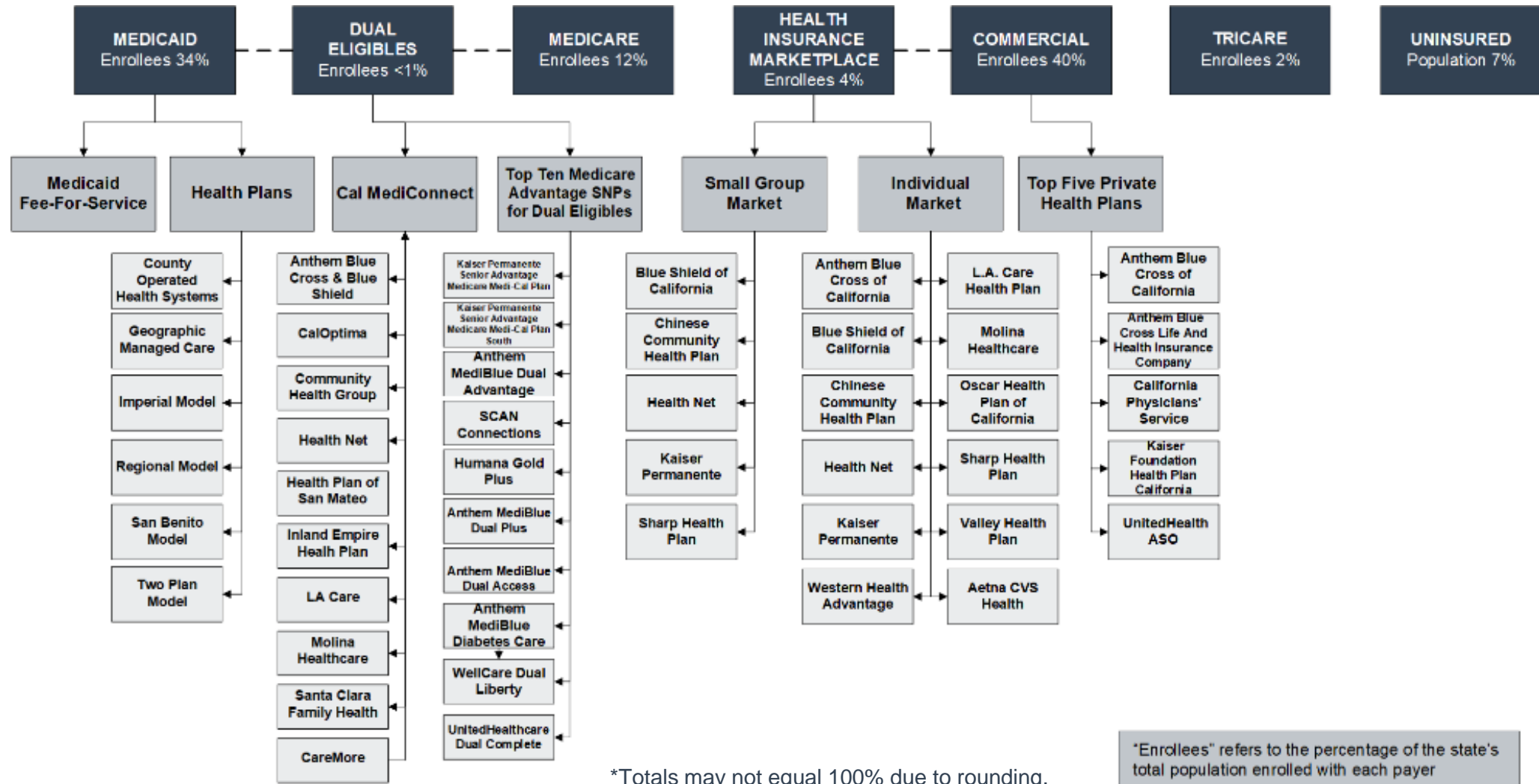
## H. [Appendices](#)

1. *OPEN MINDS* Estimates For The Share Of SMI Consumers By Payer/Plan
2. Glossary Of Terms
3. Sources

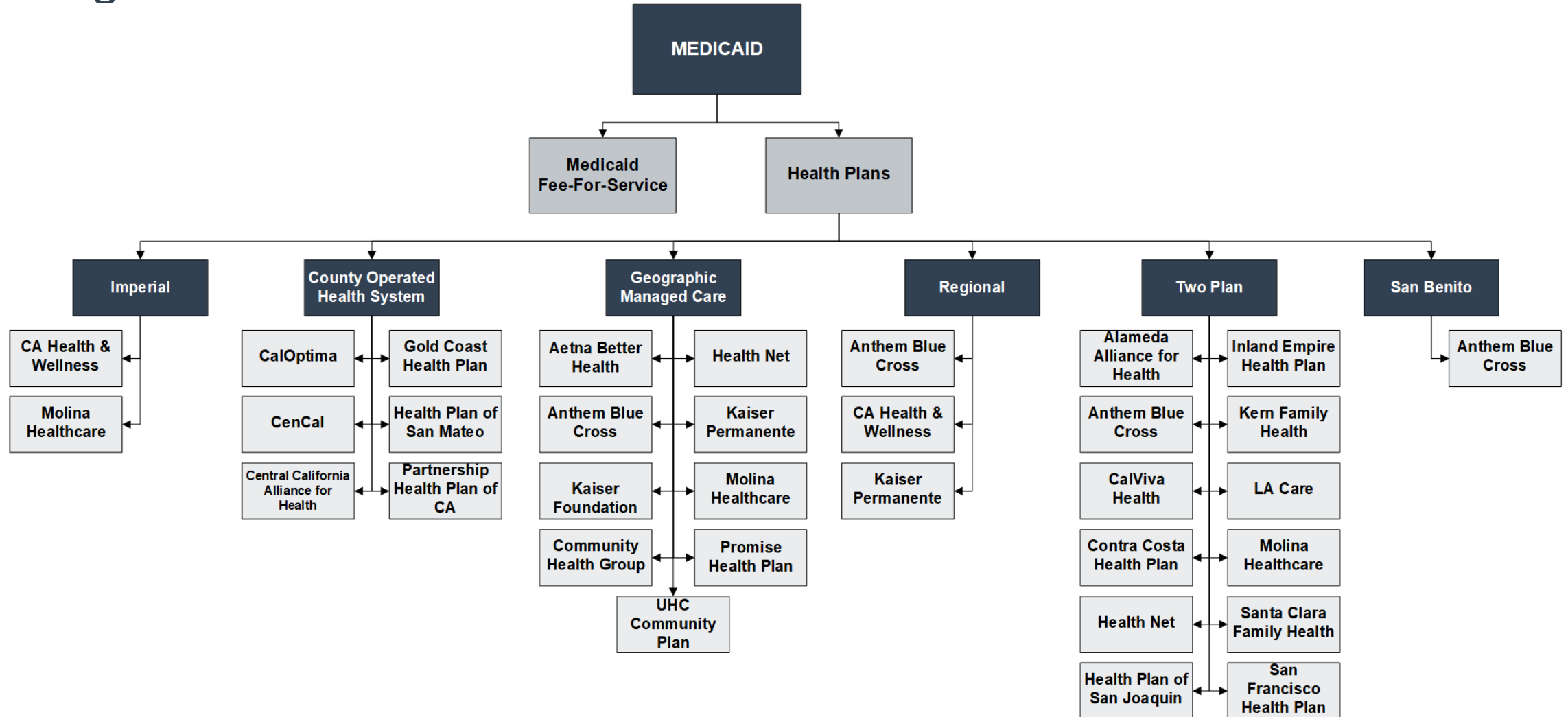
# A. Executive Summary

# A.1. California Physical Health Care Coverage by Payer

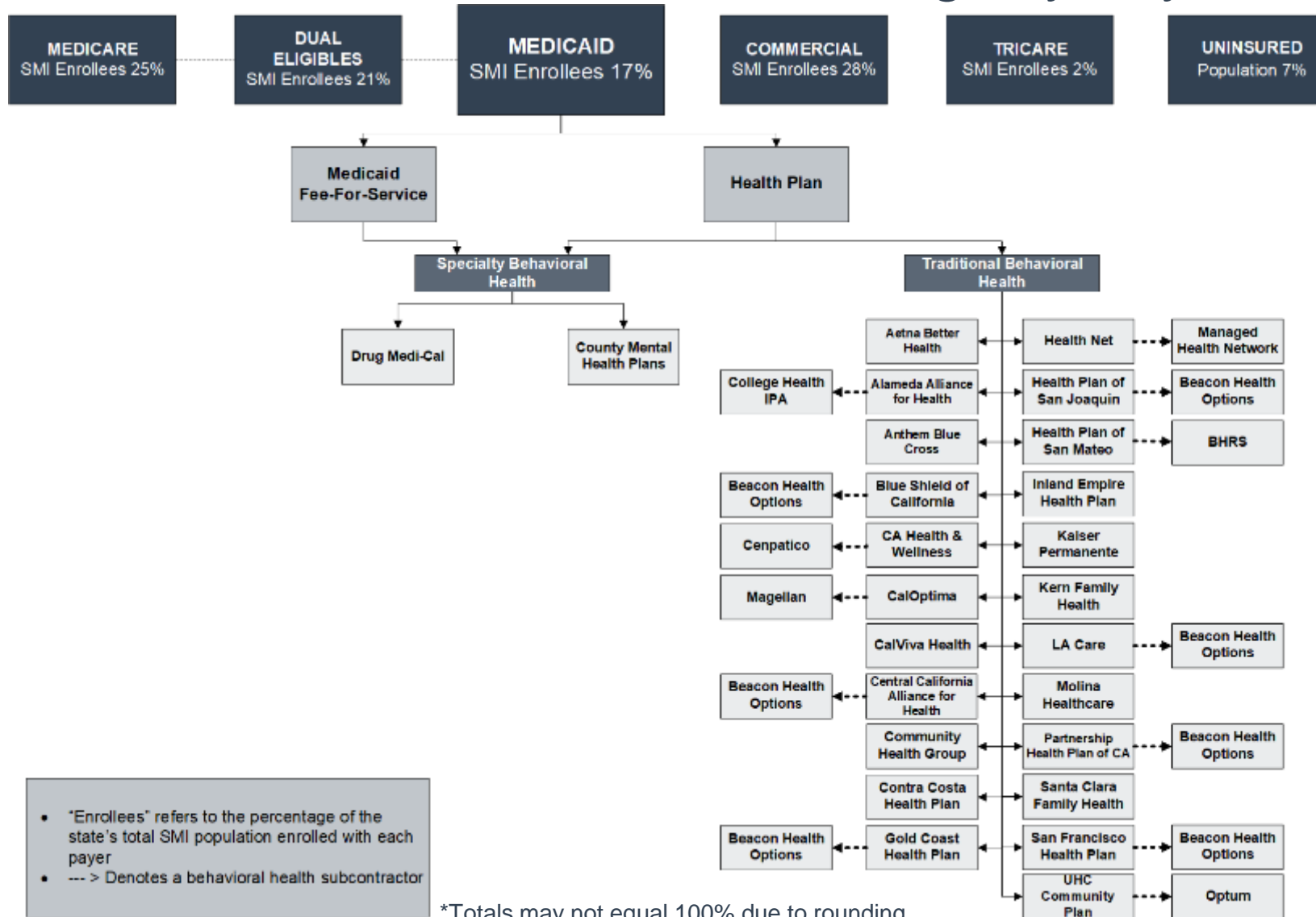
Total California Population (39,237,836)    Estimated SMI Population (2,615,841)



# A.1. California Physical Health Care Coverage: Medicaid Managed Care Programs



# A.2. California Behavioral Health Care Coverage by Payer



- "Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer
- --- > Denotes a behavioral health subcontractor

\*Totals may not equal 100% due to rounding.

## A.3. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	California operates two small PCCM programs, one for individuals with HIV/AIDS and another for at-risk youth in San Francisco.
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home	✓	California began implementing health homes for individuals with chronic conditions in July 2018 and individuals with SMI in January 2019.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	The Medicare-Medicaid Alignment Initiative has been extended to December 2021. All duals will be integrated into managed care by 2023.
Managed Long-Term Services and Supports (MLTSS)	✓	In the seven dual demonstration counties, all Medicaid beneficiaries must receive LTSS through a health plan. Statewide MLTSS will be implemented by 2027.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state operates five CCHBCs.

## A.4. Health Care Safety-Net Delivery System

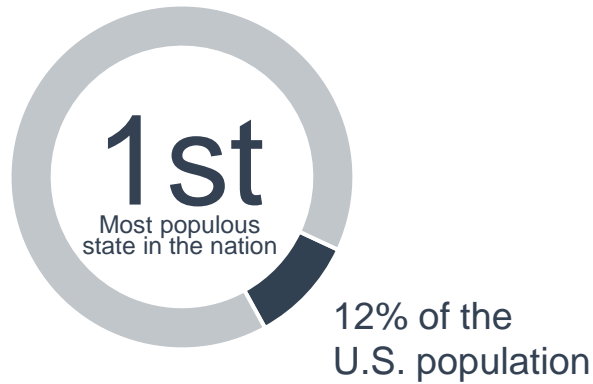
### Physical Health Services

- The Department of Health Care Services Primary, Rural, and Indian Health Division administers programs for physical health services provided to the safety-net population. This includes funding for 1,300 primary care clinics that provide outpatient health services to individuals either based on ability to pay or free of charge.

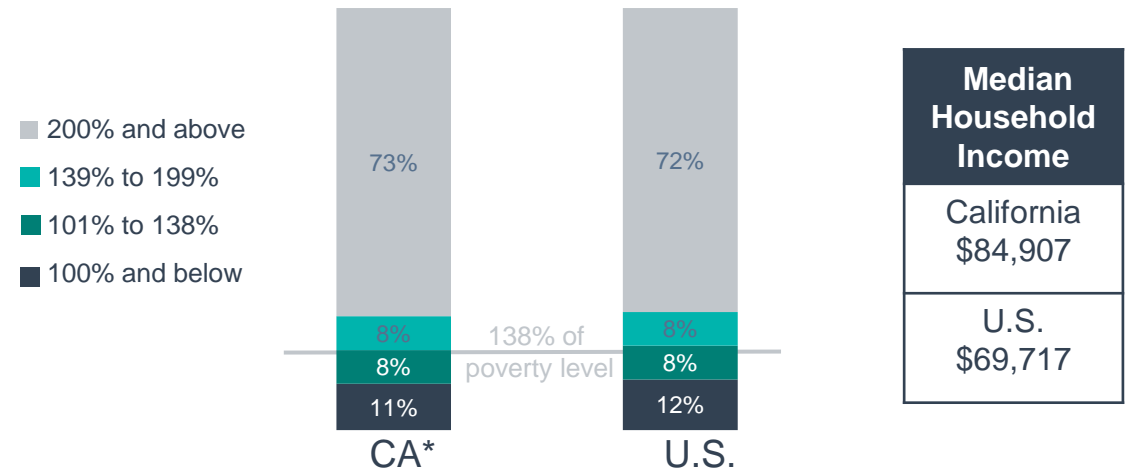
# B. California Health Financing System Overview

# B.1. Population Demographics

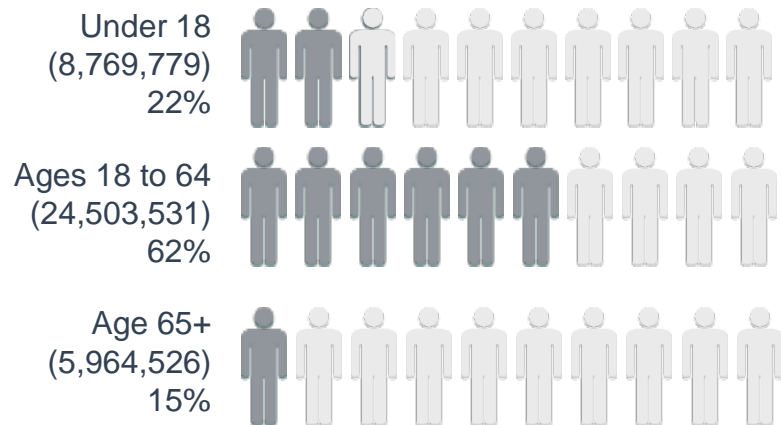
Total California Population- 39,237,836  
 Estimated SMI Population: 2,615,841



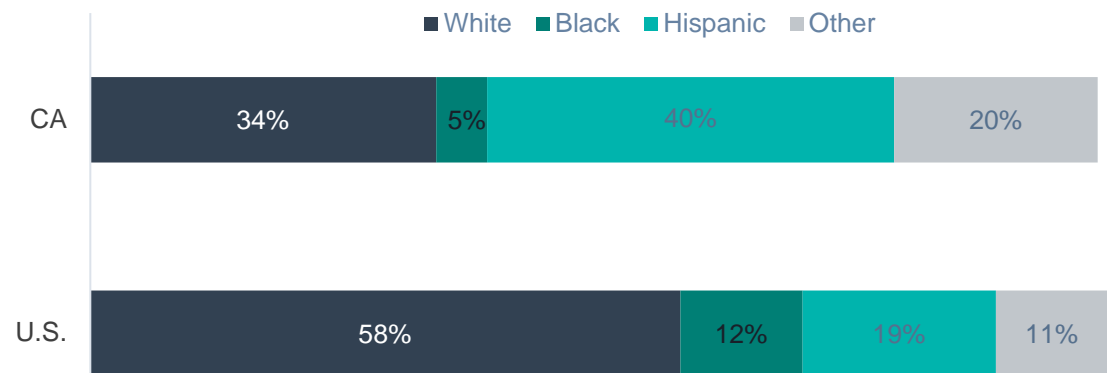
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



California & U.S. Racial Composition



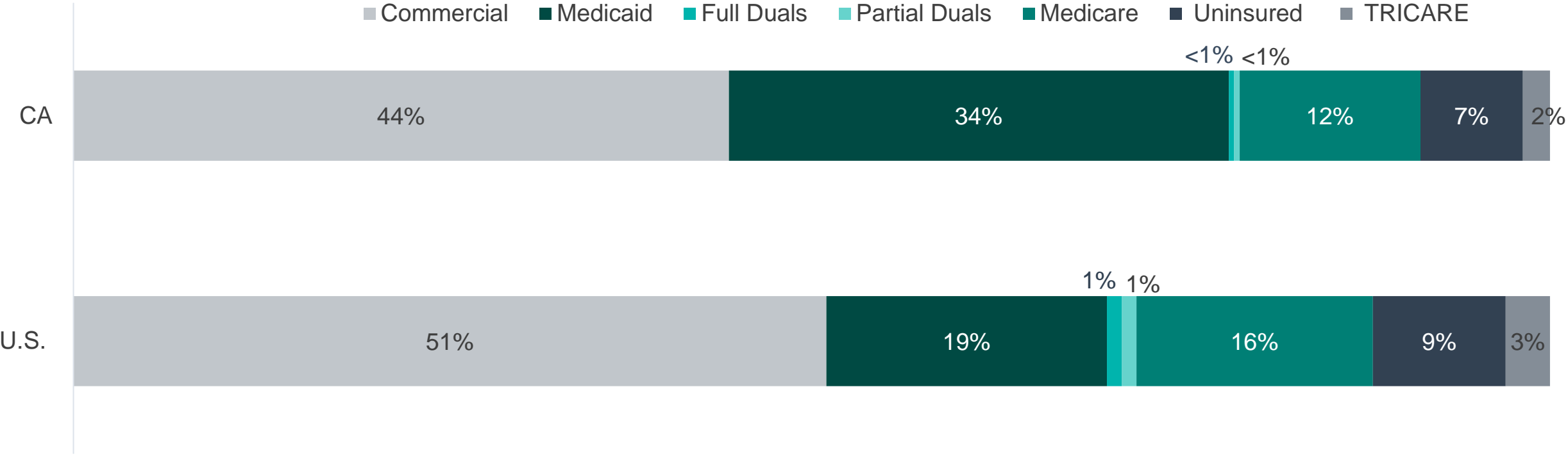
\*Totals may not equal 100% due to rounding.

## B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	CA MSA Residents	Percent Of Population
<b>Total MSA Population</b>	<b>38,461,557</b>	<b>98%</b>
Los Angeles-Long Beach-Anaheim, CA	12,997,353	33%
Riverside-San Bernardino-Ontario, CA	4,653,105	12%
San Francisco-Oakland-Berkley, CA	4,623,264	12%
San Diego-Chula Vista-Carlsbad, CA	3,286,069	8%
Sacramento-Roseville-Folsom, CA	2,411,428	6%
San Jose-Sunnyvale-Santa Clara, CA	1,952,185	5%
Fresno, CA	1,103,581	3%
Bakersfield, CA	917,673	2%
Oxnard-Thousand Oaks-Ventura, CA	836,784	2%
Stockton, CA	789,410	2%
Other MSAs	4,890,705	12%

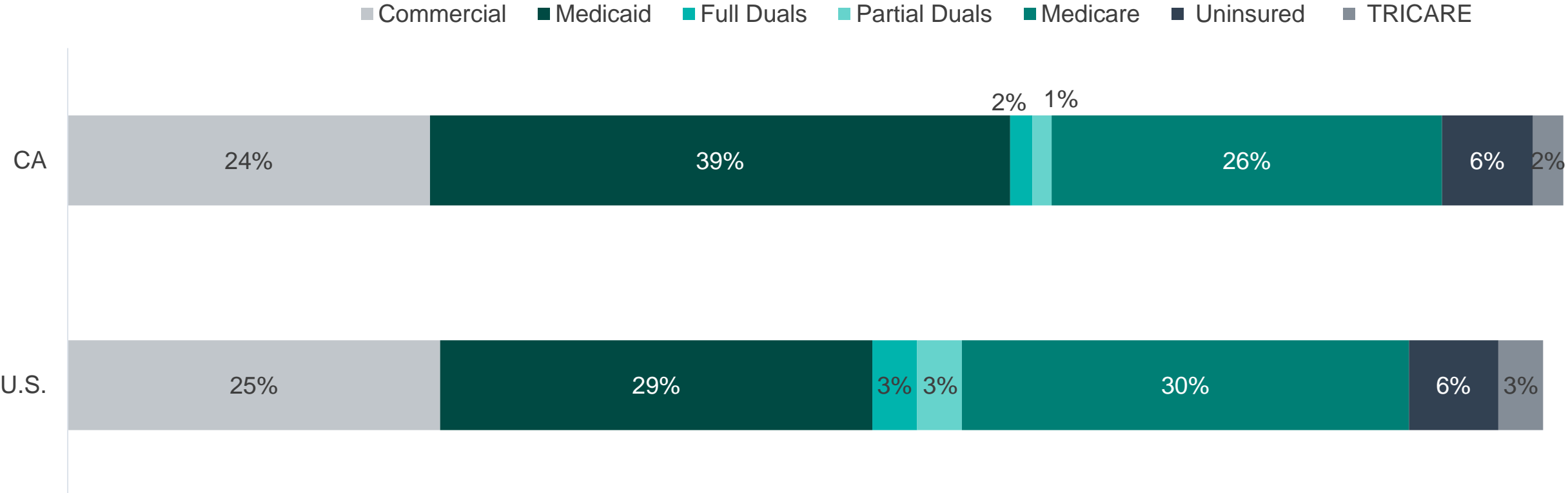


# B.3. Population Distribution By Payer: National vs. State



\*Totals may not equal 100% due to rounding.

# B.3. SMI Population Distribution By Payer: National vs. State



\*Totals may not equal 100% due to rounding.

## B.4. Largest California Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Kaiser Foundation Health Plan CA	Commercial	6,975,642
Anthem Blue Cross Life & Health Insurance Company	Commercial	4,919,784
Medicare fee-for-service (FFS)	Medicare	3,115,433
California Physicians' Service	Commercial	2,923,785
L.A. Care (Medicaid)	Medicaid – Two Plan Model	2,262,340
Medicaid FFS	Medicaid	2,075,411
Anthem Blue Cross of California	Commercial	1,830,386
UnitedHealthcare ASO	Commercial ASO	1,740,490
Inland Empire Health Plan	Medicaid – Two Plan Model	1,377,982
Aetna ASO	Commercial ASO	1,375,875

\*Medicare enrollment as of March 2023; Commercial as of March 2023; Medicare as of March 2023; TRICARE enrollment as of December 2022.

## B.4. Largest California Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	3,115,433	498,469
Kaiser Foundation Health Plan of California	Commercial	6,975,642	286,001
Kaiser Permanente Senior Advantage	Medicare Advantage	1,210,689	209,710
Anthem Blue Cross Life and Health Insurance Company	Commercial	4,919,784	201,711
LA Care Medi-Care	Medicaid-Two Plan Model	2,262,340	194,561
Medicaid FFS	Medicaid	2,075,411	178,485
California Physicians' Service	Commercial	2,923,785	119,875
Inland Empire Health Plan	Medicaid – Two Plan Model	1,377,982	118,506
Health Net	Medicaid- Two Plan Model	1,262,162	108,546
Anthem Blue Cross of California	Commercial	1,830,386	75,046

\*Medicare enrollment as of March 2023; Commercial as of March 2023; Medicare as of March 2023; TRICARE enrollment as of December 2022.

# B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace Percent	4%
Type of Marketplace	State-based
Individual Enrollment Contact	<a href="https://www.coveredca.com/">https://www.coveredca.com/</a>
	1-800-300-1506
Small Business Enrollment Contact	<a href="https://www.coveredca.com/forsmallbusiness/">https://www.coveredca.com/forsmallbusiness/</a>
	1-855-777-6782

2023 Individual Market Health Plans
<ol style="list-style-type: none"> <li>1. Aenta CVS Health</li> <li>2. Anthem Blue Cross of California</li> <li>3. Blue Shield of California</li> <li>4. Chinese Community Health Plan</li> <li>5. Health Net</li> <li>6. Kaiser Permanente</li> <li>7. L.A. Care Health Plan</li> <li>8. Molina Healthcare</li> <li>9. Oscar Health Plan of California</li> <li>10. Sharp Health Plan</li> <li>11. Valley Health Plan</li> <li>12. Western Health Advantage</li> </ol>
2023 Small Group Market Plans
<ol style="list-style-type: none"> <li>1. Blue Shield of California</li> <li>2. Health Net</li> <li>3. Kaiser Permanente</li> <li>4. Sharp Health Plan</li> </ol>

## B.6. Accountable Care Organizations (ACOs)

### Commercial Model

1. AllCare IPA
2. AltaMed Health Services Corporation Accountable Care Network
3. Canopy Health
4. Facey Medical Group
5. Greater Newport Physicians Hoag ACO
6. HCP ACO California, dba, Optum California ACO
7. John Muir Health ACO
8. MemorialCare Health System
9. Palo Alto Medical Foundation Collaborative Accountable Care
10. Providence Health & Services
11. San Joaquin County ACO
12. Sansum Clinic
13. Santa Clara County Independence Physician Association
14. Scripps Accountable Care Organization
15. Seaview IPA
16. St, Joseph Hoag Health Alliance CHOC
17. UCLA Health ACO (Regents of the University of California)
18. UCSF Health ACO LLC

### Investment Model

1. Akira Health, Inc

### Next Generation Model ACOs

1. APA ACO
2. HCP ACO California, dba, Optum California ACO
3. Torrance Memorial Integrated Physicians

### End-State Renal Disease Model

1. Fresenius Seamless care of San Diego

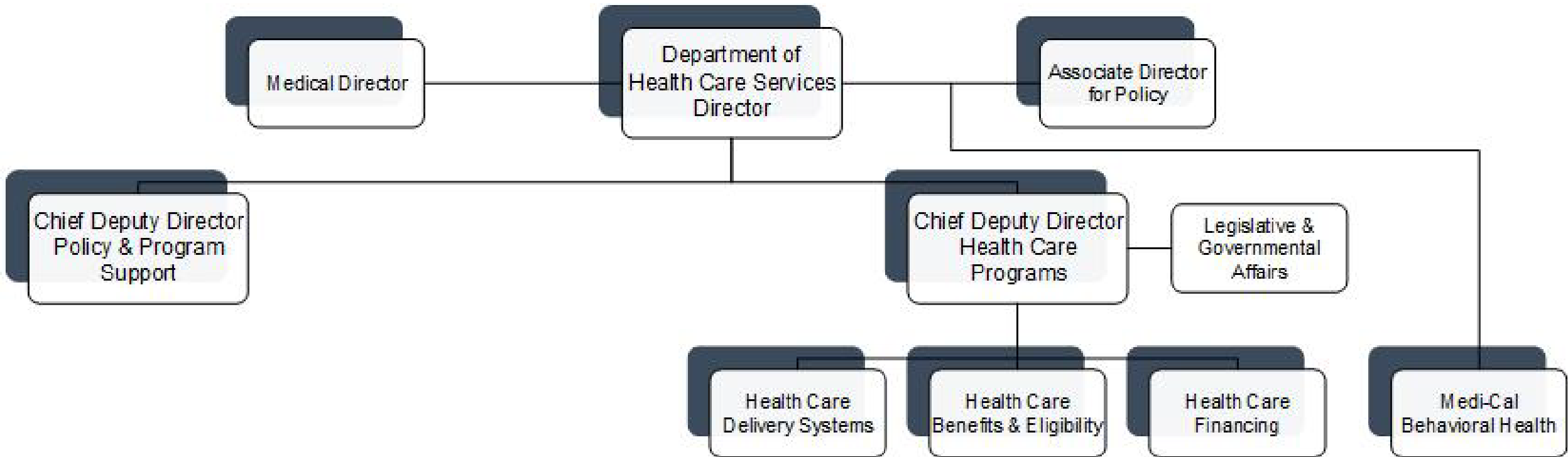
## B.6. Accountable Care Organizations (ACOs) (cont'd)

### Medicare Shared Savings Model ACOs

- |  |   |
|--|---|
| 1. 360 ACO   | 19. John Muir Health ACO                          |
| 2. Achiever Health Care  | 20. Network ACO, LLC                              |
| 3. Adventist Health Accountable Care                           | 21. North State Quality Care Network              |
| 4. Akira Health of Fresno, Inc                                 | 22. Pacific Accountable Care                      |
| 5. Akira Health of Los Angeles, Inc                            | 23. Pacific Private Practice Network              |
| 6. Aledade Accountable Care 45, LLC                            | 24. Physician Accountable Care Solutions          |
| 7. Aledade Accountable Care 60, LLC                            | 25. Premier ACO Physicians Network                |
| 8. Aledade Accountable Care 61, LLC                            | 26. Scripps Accountable Care Organization         |
| 9. Aledade Arkansas ACO, LLC                                   | 27. The Accountable Care Organization, Ltd        |
| 10. California Clinical Partners Accountable Care Organization | 28. UC Davis Health Accountable Care Organization |
| 11. Caravan Health ACO 17, dba, Central Oregon ACO             | 29. UC San Diego Health Accountable Care Network  |
| 12. Coastal One Health Partners                                | 30. UCI Health Accountable Care Organization      |
| 13. Dignity Health Care Network                                | 31. UCLA Health ACO                               |
| 14. Excelera ACO   | 32. UCSF Health ACO                               |
| 15. Family Choice ACO  | 33. UHA ACO                                       |
| 16. Foothill Accountable Care Medical Group, Inc               |   |
| 17. Foundation Accountable Care Network                        |   |
| 18. Health Connect Partners                                    |   |

## C. Medicaid Administration, Governance & Operations

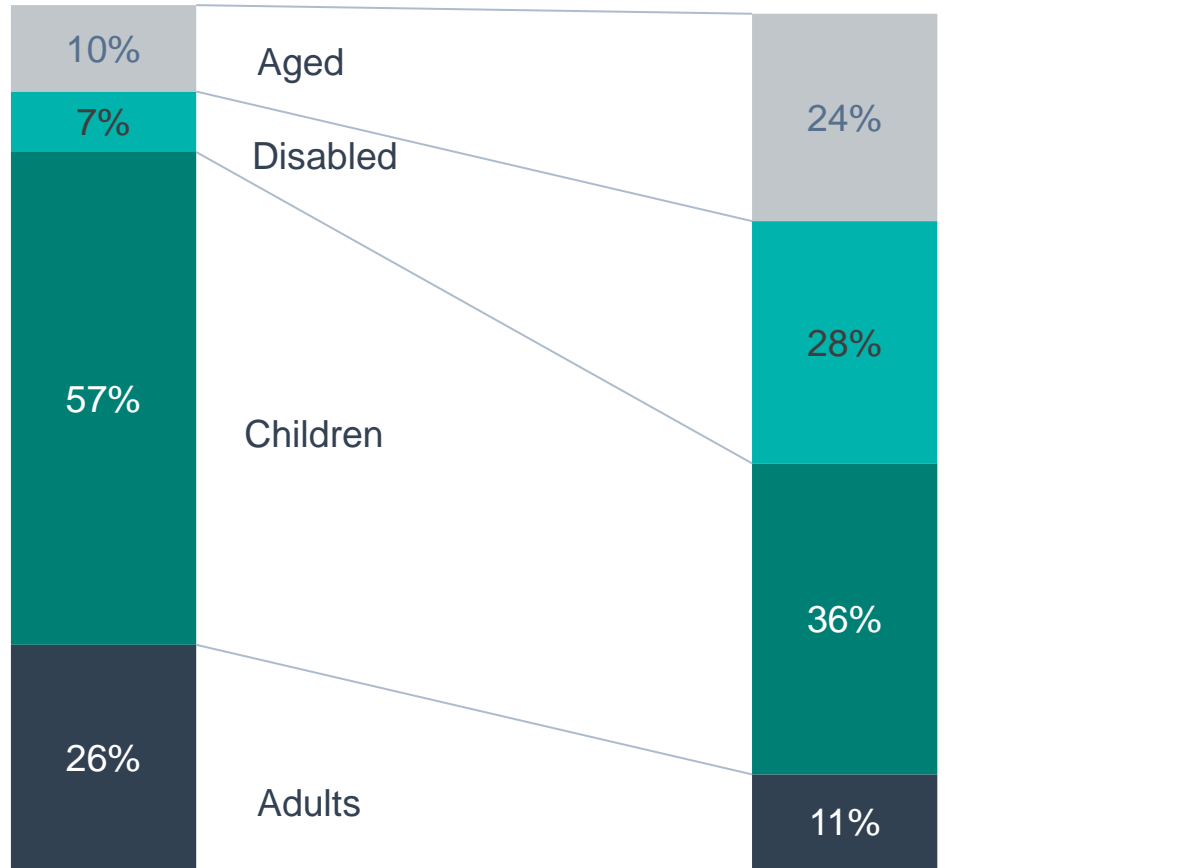
# C.1. Medicaid Governance: Organization Chart



## C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Michelle Baass	Director	Department of Health Care Services (DHCS)	michelle.baass@dhcs.ca.gov
Jacey Cooper	Chief Deputy Director & State Medicaid Director	DHCS	jacey.cooper@dhcs.ca.gov
Erika Sperbeck	Chief Deputy Director	DHCS, Policy and Program Support	erika.sperbeck@dhcs.ca.gov.
Linda Harrington	Assistant State Medicaid Director	DHCS	linda.harrington@dhcs.ca.gov
Anastasia Dodson	Deputy Director	DHCS, Office of Medicare Innovation and Integration	anastasia.dodson@dhcs.ca.gov.
Michelle Wong	Chief	DHCS, Medi-Cal Behavioral Health Oversight and Monitoring	michelle.wong@dhcs.ca.gov
Susan Philip	Deputy Director	DHCS, Health Care Delivery Systems	susan.philip@dhcs.ca.gov
Rene Mollow	Deputy Director	DHCS, Health Care Benefits and Eligibility	rene.mollow@dhcs.ca.gov

## C.2. Medicaid Program Spending By Eligibility Group



Percent of Total Medicaid Population

Percent of Total Medicaid Spending

\*Based on FY 2020 data

\*Totals may not equal 100% due to rounding.

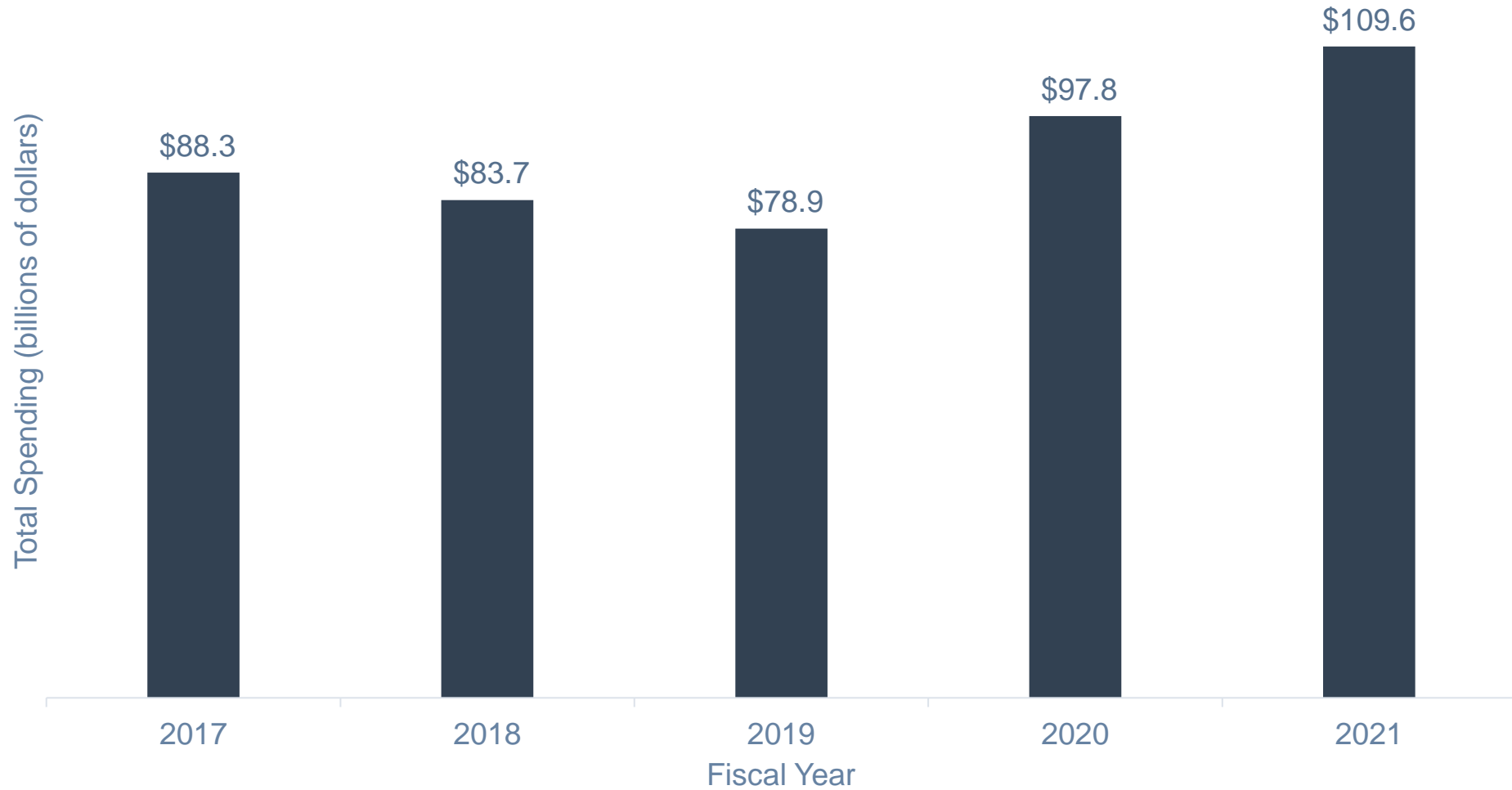
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	CA
All populations	\$8,718	\$7,715
Children	\$3,495	\$3,249
Adults	\$5,461	\$3,983
Expansion adults	\$7,227	\$5,805
Blind and disabled	\$23,123	\$29,850
Aged	\$18,552	\$16,817

## C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget
Managed care and premium assistance	\$48,817,000,000	45%
Home- and community-based LTSS	\$19,620,000,000	18%
Other acute services	\$13,933,000,000	13%
Hospital	\$12,497,000,000	11%
Institutional LTSS	\$4,351,000,000	4%
Clinic and health center	\$3,536,000,000	3%
Medicare premiums and coinsurance	\$3,259,000,000	3%
Dental	\$1,437,000,000	1%
Drugs	\$1,265,000,000	1%
Physician	\$824,000,000	1%
Other practitioner	\$16,000,000	<1%
<b>Budget Total: \$109,555,000,000</b>		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	56.2%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

## C.2. Medicaid Program Spending: Change Over Time



## C.3. Medicaid Expansion Status

Medicaid Expansion	
<b>Participating In Expansion</b>	Yes
<b>Date Of Expansion</b>	January 2014
<b>Medicaid Eligibility Income Limit For Able-Bodied Adults</b>	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
<b>Legislation Used To Expand Medicaid</b>	Senate Bill 26, 98th General Assembly
<b>Number Of Individuals Enrolled In The Expansion Group (September 2022)</b>	4,873,642
<b>Number Of Enrollees Newly Eligible Due To Expansion</b>	4,843,425
<b>Benefits Plan For Expansion Population</b>	<ul style="list-style-type: none"> <li>• The alternative benefit plan is based on the state plan; however, LTSS is not included.</li> <li>• Medically frail individuals must be offered the full array of state plan services.</li> <li>• Individuals with SMI or chronic addiction considered to be medically frail.</li> </ul>

## C.4. Medicaid Program Benefits

### Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

### California's Optional Services

1. Services of other practitioners
2. Private duty nursing
3. Clinic services
4. Dental services and dentures
5. Physical and occupational therapy
6. Services for individuals with speech, hearing, and language disorders
7. Prescribed drugs
8. Acupuncture
9. Prosthetic devices
10. Preventive and rehabilitative services
11. Services for individuals age 65 and over in IMDs
12. Intermediate care facility (ICF) and public institution services for individuals with I/DD
13. Inpatient psychiatric services for individuals under age 22
14. Hospice care
15. Case management
16. Special tuberculosis services
17. Religious non-medical health care institutions and nursing services
18. Nursing facility services for individuals under 21
19. Personal care services

# D. Medicaid Financing & Service Delivery System

# D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
<b>Enrollment (May 2023)</b>	390,081	14,121,859
<b>SMI Enrollment</b>	Individuals in the SMI population are not specifically exempted from managed care enrollment under any of the six managed care models but may meet other criteria for FFS enrollment. <i>OPEN MINDS</i> estimates that 97% of the SMI population is enrolled in managed care, and 3% of the SMI population is enrolled in FFS.	
<b>Management</b>	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health: Department of Health Care Services</li> <li>Specialty behavioral health: County mental health plans</li> </ul>	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health:               <ol style="list-style-type: none"> <li>County Organized Health System: Counties</li> <li>Geographic Managed Care: Health plans</li> <li>Imperial Model: Health plans</li> <li>Regional Model: Health plans</li> <li>San Benito Model: Health plan</li> <li>Two Plan Model: County and health plan</li> </ol> </li> <li>Specialty behavioral health: County mental health plans</li> </ul>
<b>Payment Model</b>	All services: FFS	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health all models: Capitated payment</li> <li>Specialty behavioral health: FFS</li> </ul>
<b>Geographic Service Area</b>	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health: Statewide, except where the County Organized Health System is in place.</li> <li>Specialty behavioral health: Statewide, by county.</li> </ul>	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health: selected counties</li> <li>Specialty behavioral health: Statewide, by county</li> </ul>

**Total Medicaid: 14,551,940 | Total Medicaid With SMI: 1,251,466**

## D.1. Health Care Safety-Net Delivery System

### Physical Health Services

- The Department of Health Care Services Primary, Rural, and Indian Health Division administers programs for physical health services provided to the safety-net population. This includes funding for 1,300 primary care clinics that provide outpatient health services to individuals either based on ability to pay or free of charge.

## D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	<ul style="list-style-type: none"> <li>As of May 2023: 3% in fee-for-service (FFS), 97% in managed care</li> </ul>
SMI population inclusion in managed care	<ul style="list-style-type: none"> <li>Individuals in the SMI population are not specifically precluded from managed care enrollment under any of the six managed care models, but may meet other criteria for FFS enrollment.</li> <li>Estimated 3% of population in FFS, 97% in managed care</li> </ul>
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> <li>Managed care enrollment is mandatory for dual eligibles in County Organized Health Systems (COHS) counties and dual eligible demonstration counties. Enrollment is voluntary in all other counties.</li> <li>Estimated 15% of population in FFS, 85% in managed care</li> </ul>

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Not included in the health plan's capitation rate. The counties provide mental health services for the population, specialty mental health services for persons with SMI, and most addiction treatment services on FFS basis through contracts with the state. Limited hospital behavioral health services are included in health plan's capitation rate (see slide D.3. for more information).
Specialty behavioral health	The counties provide specialty mental health services for persons with SMI and most addiction treatment services on FFS basis through contracts with the state.	
Pharmaceuticals	Covered FFS by the state	Covered FFS by the state
Long-term services and supports (LTSS)	Covered FFS by the state	LTSS is integrated into both the regular health plans and the demonstration plans in dual eligible demonstration counties only. In all other counties, LTSS is covered FFS by the state.

## D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	California operates two small PCCM programs, one for individuals with HIV/AIDS and another for at-risk youth in San Francisco.
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home	✓	California began implementing health homes for individuals with chronic conditions in July 2018 and individuals with SMI in January 2019.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	The Medicare-Medicaid Alignment Initiative has been extended to December 2021.
Managed Long-Term Services and Supports (MLTSS)	✓	In the seven dual demonstration counties, all Medicaid beneficiaries must receive LTSS through a health plan.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state operates five CCBHCs.

# D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

California provides managed care through six different models, which is available on a county-by-county basis. Enrollment eligibility depends on the model operating in a given county.

Model(s)	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
County Organized Health System (COHS)	<ul style="list-style-type: none"> <li>Partial benefit dual eligibles</li> </ul>	N/A	<ul style="list-style-type: none"> <li>Families and children</li> <li>Aged and disabled populations</li> <li>Expansion population</li> <li>Full-benefit dual eligibles</li> <li>Pregnant women</li> <li>Breast and cervical cancer program</li> <li>Foster care youth and adoption assistance</li> <li>Medically needy individuals</li> <li>Refugee assistance</li> </ul>
San Benito	<ul style="list-style-type: none"> <li>Medically needy individuals</li> <li>Individuals needing long-term care</li> <li>Individuals enrolled in the In-Home Operations waiver program</li> <li>Developmental disabilities waiver program individuals with cost share</li> <li>Partial benefit dual eligibles</li> </ul>	<ul style="list-style-type: none"> <li>Families and children</li> <li>Aged and disabled populations</li> <li>Expansion population</li> <li>Full-benefit dual eligibles</li> <li>Foster care youth and adoption assistance</li> <li>Breast and cervical cancer program</li> <li>Refugee assistance</li> </ul>	N/A
<ul style="list-style-type: none"> <li>Geographic Managed Care (GMC)</li> <li>Imperial</li> <li>Regional</li> <li>Two Plan</li> </ul>	<ul style="list-style-type: none"> <li>Medically needy individuals</li> <li>Individuals needing long-term care</li> <li>Individuals enrolled in the In-Home Operations waiver program</li> <li>Developmental disabilities waiver program individuals with cost share</li> <li>Partial benefit dual eligibles</li> </ul>	<ul style="list-style-type: none"> <li>Full-benefit dual eligibles in non-demonstration counties</li> <li>Breast and cervical cancer program</li> <li>Foster care youth and adoption assistance</li> </ul>	<ul style="list-style-type: none"> <li>Families and children</li> <li>Aged and disabled populations</li> <li>Expansion population</li> <li>Full-benefit dual eligibles in demonstration counties</li> <li>Pregnant women</li> <li>Refugee assistance</li> </ul>

## D.2. Medicaid FFS Program: Overview

- California calls its state Medicaid program Medi-Cal.
- As of March 2023, FFS enrollment was 2,075,411.

## D.2. Medicaid FFS Program: Behavioral Health Overview

- Beneficiaries receive traditional outpatient mental health services for mild to moderate conditions on a FFS basis.
- Persons with SMI receive services through the Specialty Mental Health Services program.
- The Medicaid addiction treatment program is called Drug Medi-Cal (DMC).
  - The Department of Health Care Services provides administrative and fiscal oversight for the program but delivers services through county organizations.
  - The counties process claims for reimbursement on an FFS basis, and then recoup the funds from the state.
  - The state also has some direct contracts with addiction treatment provider organizations.
- Mental health, detoxification, and chemical dependency treatment drugs are covered FFS by the state.
- Implementation of a new Drug Medi-Cal Organized Delivery System (DMC-ODS) program authorized in the California Medi-Cal 2020 section 1115 demonstration waiver is underway. Under the program, the counties have the option to act as non-risk prepaid inpatient health plans for addiction treatment services.
  - The state has requested an extension of the program to continue implementing it, which was approved December 29, 2021, and will extend the program until December 31, 2026.

## D.2. Medicaid FFS Program: Behavioral Health Benefits

### FFS Mental Health Benefits

1. Inpatient services
2. Evaluation and testing
3. Individual, group, and family counseling
4. Psychiatric consultation
5. Outpatient drug therapy monitoring
6. Outpatient laboratory, drugs, supplies, and supplements
7. Additional benefits for individuals with SMI provided through the Specialty Mental Health Services Program are listed on the [following slide](#).

### FFS Addiction Treatment Benefits

1. Inpatient detoxification
2. Intensive outpatient treatment
3. Naltrexone treatment
4. Narcotic treatment program
5. Outpatient treatment
6. Group and individual counseling
7. Medical psychotherapy
8. Consumer education
9. Crisis intervention
10. Treatment planning and discharge services
11. Residential treatment (perinatal population only)

### Additional Drug Medi-Cal Organized Delivery System Benefits Provided FFS By Participating Counties Only

1. Early intervention
2. Residential services, with no imposed institution for mental disease (IMD) bed limit exclusion
3. Withdrawal management
4. Recovery services
5. Case management
6. Physician consultation
7. Partial hospitalization (optional by county)
8. Additional medication assisted treatment (optional by county)

## D.2. Medicaid FFS Program: SMI Population

- SMI population enrollment in managed care varies by county based on the managed care model employed. Individuals in the SMI population are not specifically exempted from managed care enrollment under any of the six models but may meet other criteria for FFS enrollment.
- *OPEN MINDS* estimates that 3% of the SMI population is enrolled in FFS.
- Persons with SMI receive specialty health care through non-risk prepaid inpatient health plans called Medi-Cal Mental Health Plans (MHPs), operated at the county level through contracts with the Department of Health Care Services.
- For individuals diagnosed with SMI, the MHPs:
  - Provide outpatient, inpatient, and institutional services
  - Establish provider networks
  - Negotiate rates
  - Authorize and pay for services on a FFS basis
- The counties submit claims to the state to obtain reimbursement for their costs.

### Specialty Mental Health Services Provided By County Mental Health Plans

1. Assessment
2. Plan development
3. Therapy and counseling
4. Rehabilitation
5. Collateral services
6. Medication support services
7. Intensive day treatment
8. Day rehabilitation
9. Crisis intervention
10. Crisis stabilization
11. Adult residential treatment services
12. Crisis residential services
13. Psychiatric health facility services
14. Targeted case management

## D.2. Medicaid FFS Program: Pharmacy Benefit

California FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Magellan
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, California used a Preferred Drug List called the contract drug list (CDL).
State Uses A PDL For Mental Health Drugs	Yes, antianxiety, antidepressant, and antipsychotic drugs are included in the general pharmacy CDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, anti-alcoholism, narcotic antagonist medications, and narcotic withdrawal therapy agents are included in the general pharmacy CDL.
Coverage Of Antipsychotic Injectable Medications	<ul style="list-style-type: none"> <li>• Antipsychotic injectable medications are covered as a pharmacy benefit.</li> <li>• The state maintains an injectable drug list that is separate from the CDL.</li> </ul>
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>• Drugs not included on the CDL may be covered if prior approval is obtained.</li> <li>• Use of antipsychotics for persons under 18 years old requires prior approval.</li> <li>• Off-label use of antipsychotics for individuals in skilled nursing facilities is not allowed.</li> <li>• Prior approval for antidepressant use for persons under age 18 varies by medication.</li> <li>• Age-based prior approvals, restrictions on dispensing quantities, or indicated diagnoses apply to some anti-anxiety drugs.</li> <li>• Narcotic withdrawal prescribers must have a DATA 2000 waiver. Dispensing quantity restrictions apply.</li> </ul>
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Utilization controls—including restriction to a single pharmacy and additional prior authorizations for 24 months—may be imposed upon beneficiaries who obtain drugs at a frequency or amount not medically necessary.

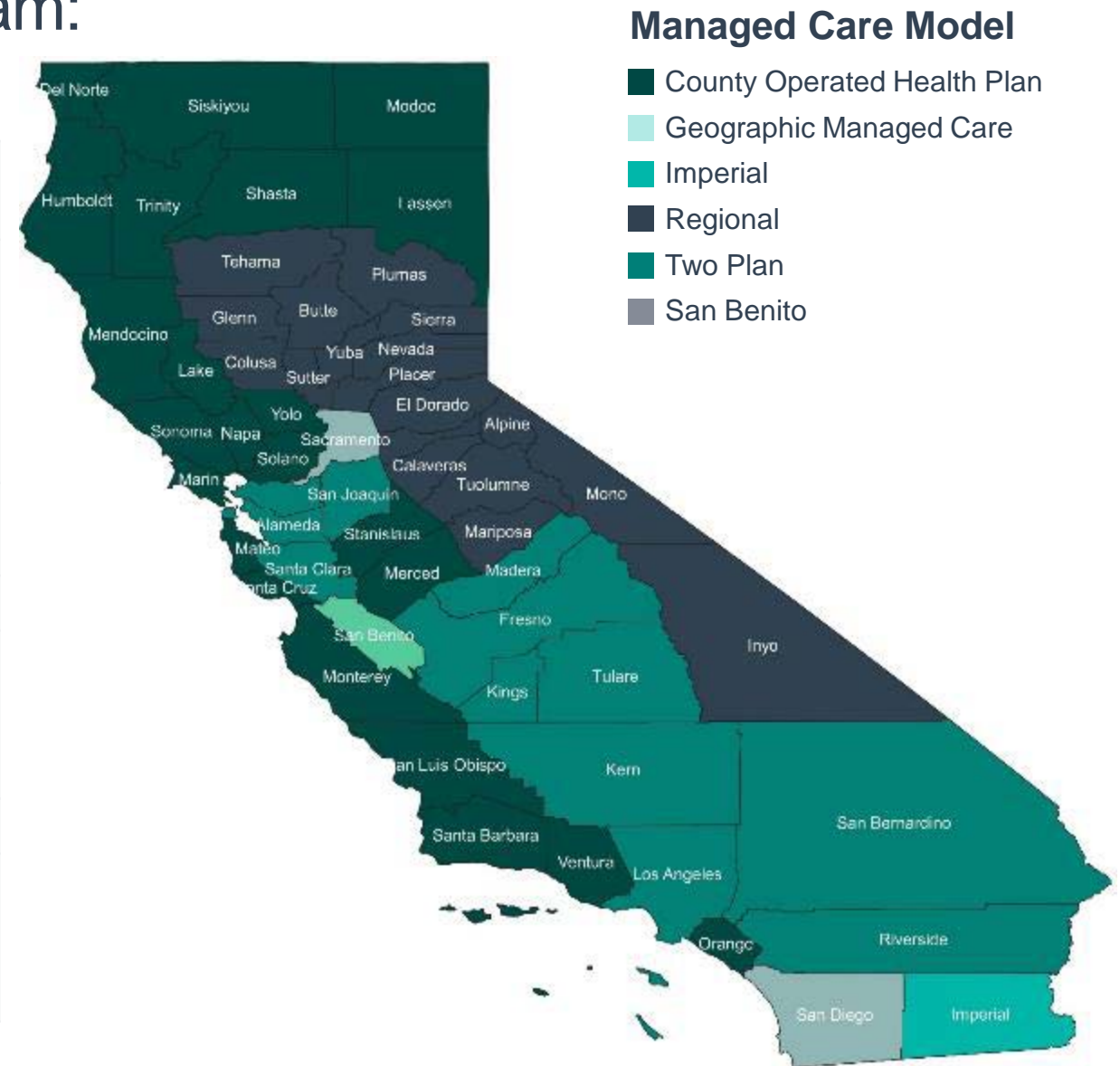
## D.3. Medicaid Managed Care Program: Overview

- As of March 2023, managed care enrollment was 13,937,803.\*
- California provides managed care through six different models. Each county is able to choose one of the following six models:
  - County Organized Health System (COHS)
  - Geographic Managed Care (GMC)
  - Imperial
  - Regional
  - San Benito
  - Two Plan
- The state established the Tribal Federally Qualified Health Centers (FQHC) provider type in Medi-Cal and establishes an Alternative Payment Methodology (APM) at the Indian Health Services All-Inclusive Rate for Tribal FQHCs

\*Total enrollment does not include the 82,243 persons enrolled in the dual eligible capitated demonstration program

## D.3. Medicaid Managed Care Program: Managed Care Models By County

Managed Care Model	Counties With Managed Care Model
County Organized Health System (COHS)	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Trinity, Ventura, Yolo
Geographic Managed Care (GMC)	Sacramento, San Diego
Imperial	Imperial
Regional	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba
San Benito	San Benito
Two Plan	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Tulare



## D.3. Medicaid Managed Care Program: County Organized Health System

- County Organized Health System (COHS) is a model where health plans are created by one or more County Board of Supervisors.
- The COHS plan is the only available Medicaid plan in the designated county or region, and all Medi-Cal beneficiaries are enrolled in the plan with the exception of partial benefit dual eligibles.
- Twenty-two counties utilize this model.

Health Plan	County	Enrollment	Health Plan	County	Enrollment
Partnership Health Plan of CA	Del Norte	13,031	Central California Alliance for Health	Merced	153,530
	Humboldt	62,572		Monterey	191,948
	Lake	35,947		Santa Cruz	81,858
	Lassen	9,157		<b>Total</b>	<b>427,336</b>
	Marin	52,273	CenCal	San Luis Obispo	70,307
	Mendocino	42,611		Santa Barbara	164,752
	Modoc	4,277		<b>Total</b>	<b>235,059</b>
	Napa	36,033	Health Plan of San Mateo	San Mateo	152,632
	Shasta	73,504		<b>Total</b>	<b>152,632</b>
	Siskiyou	19,801	Gold Cost Health Plan	Ventura	254,706
	Solano	141,614		<b>Total</b>	<b>254,706</b>
	Sonoma	135,047	CalOptima	Orange	972,357
	Trinity	5,875		<b>Total</b>	<b>972,357</b>
	Yolo	64,126			
<b>Total</b>	<b>687,723</b>				

**Total COHS enrollment as of May 2023: 2,737,958**

## D.3. Medicaid Managed Care Program: Geographic Managed Care System

- The Geographic Managed Care (GMC) system is a model where the county and DHCS contract with two or more commercial health plans.
- Two counties utilize this model: Sacramento and San Diego.
- Enrollees pick the plan that best meets their needs.

County	Health Plan	Enrollment
Sacramento	Anthem Blue Cross	237,694
	Health Net	147,619
	Kaiser Foundation	130,737
	Molina Healthcare	63,192
	Aetna Better Health	29,085
San Diego	Community Health Group	360,363
	Molina Healthcare	264,481
	Blue Shield of California Promise	151,251
	Health Net	104,085
	Kaiser	72,908
	Aetna Better Health	39,189

**Total GMC enrollment as of May 2023: 1,603,900**

## D.3. Medicaid Managed Care Program: Two Plan System

- The Two Plan System is a hybrid of the COHS and GMC model where the county operates a county-sponsored health plan and contracts with a commercial health plan to offer the second health plan.
- There are 14 counties that utilize this model.

County	Health Plan	Enrollment	County	Health Plan	Enrollment
Alameda	Alameda Alliance for Health	354,861	Riverside	Inland Empire Health Plan	845,078
	Anthem Blue Cross	96,402		Molina Healthcare	118,836
Contra Costa	Contra Costa Health Plan	266,297	San Bernardino	Inland Empire Health Plan	836,062
	Anthem Blue Cross	40,891		Molina Healthcare	114,123
Fresno	CalViva Health	355,821	San Francisco	San Francisco Health Plan	194,965
	Anthem Blue Cross	158,902		Anthem Blue Cross	33,980
Kern	Kern Health Systems	371,673	San Joaquin	Health Plan of San Joaquin	279,557
	Health Net	96,873		Health Net	32,654
Kings	CalViva Health	39,372	Santa Clara	Santa Clara Family Health	335,098
	Anthem Blue Cross	25,987		Anthem Blue Cross	95,800
Los Angeles	L.A. Care	2,743,223	Stanislaus	Health Plan of San Joaquin	177,590
	Health Net	1,190,191		Health Net	74,076
Madera	CalViva Health	48,217	Tulare	Anthem Blue Cross	138,870
	Anthem Blue Cross	30,902		Health Net	132,870

**Total Two Plan enrollment as of May 2023: 9,229,178**

## D.3. Medicaid Managed Care Program: Regional System

- The Regional System model consists of 18 counties that were part of the 2013 Medicaid managed care expansion. DHCS contracts with two commercial health plans for the entire region.
- Three counties offer a third health plan to provide continuity of care from the managed care transition in 2013.

Health Plan	Counties	Enrollment	
Anthem Blue Cross	<ul style="list-style-type: none"> <li>• Alpine</li> <li>• Amador</li> <li>• Butte</li> <li>• Calaveras</li> <li>• Colusa</li> <li>• El Dorado</li> <li>• Glenn</li> <li>• Inyo</li> <li>• Mariposa</li> </ul>	<ul style="list-style-type: none"> <li>• Mono</li> <li>• Nevada</li> <li>• Placer</li> <li>• Plumas</li> <li>• Sierra</li> </ul>	216,449
CA Health & Wellness	<ul style="list-style-type: none"> <li>• Sutter</li> <li>• Tehama</li> <li>• Tuolumne</li> <li>• Yuba</li> </ul>	188,420	
Kaiser	Amador, El Dorado, and Placer counties only	17,987	

**Total Regional System enrollment as of May 2023: 422,856**

## D.3. Medicaid Managed Care Program: Unique County Systems

- **Imperial County:** Imperial County also contracts with two commercial health plans, operating in a similar manner to the GMC model. However, California was originally considering alternate delivery systems for the county because its desert landscape makes accessing services difficult.
- **San Benito County:** San Benito County offers only one health care plan; therefore, all Medi-Cal recipients have the option to receive services through the FFS delivery system.

County	Health Plan	Enrollment
Imperial	Molina Healthcare	21,471
	CA Health & Wellness	82,992
<b>Total Imperial County Enrollment as of May 2023: 104,463</b>		
San Benito	Anthem Blue Cross	13,372
<b>Total San Benito County Enrollment as of May 2023: 13,372</b>		

## D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health	Alameda Alliance For Health	Anthem Blue Cross
<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Aetna/ CVS</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: CVS Health</li> <li>5. Managed care programs: GMC</li> <li>6. Enrollment share: &lt;1%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: College Health IPA</li> <li>4. Pharmacy benefit manager: PerformRX</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 3%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Anthem, Inc.</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: None</li> <li>5. Managed care programs: Cal MediConnect, GMC, Regional, San Benito, Two Plan</li> <li>6. Enrollment share: 8%</li> </ol>
Blue Shield Of California	CA Health & Wellness	CalOptima
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: Blue Shield of California</li> <li>3. Behavioral health subcontractor: Magellan</li> <li>4. Pharmacy benefit manager: CVS Caremark</li> <li>5. Managed care programs: Cal MediConnect, GMC</li> <li>6. Enrollment share: 1%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Centene Corporation</li> <li>3. Behavioral health subcontractor: Cenpatico</li> <li>4. Pharmacy benefit manager: Envolve</li> <li>5. Managed care programs: Imperial, Regional</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Magellan (dual eligibles only)</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: COHS, Cal MediConnect</li> <li>6. Enrollment share: 7%</li> </ol>
CalViva Health	CenCal	Central California Alliance For Health
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: None</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 3%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: The Holman Group</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: COHS</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: COHS</li> <li>6. Enrollment share: 3%</li> </ol>

Enrollment share includes the total number of individuals enrolled in Medicaid managed care and the dual eligible demonstration.

## D.3. Medicaid Managed Care Program: Health Plan Characteristics

Community Health Group	Contra Costa Health Plan	Gold Coast Health Plan
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: Cal MediConnect, GMC</li> <li>6. Enrollment share: 3%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: Contra Costa Health Services</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: PerformRx</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: Optum Rx</li> <li>5. Managed care programs: COHS</li> <li>6. Enrollment share: 2%</li> </ol>
Health Net	Health Plan Of San Joaquin	Health Plan Of San Mateo
<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Centene Corporation</li> <li>3. Behavioral health subcontractor: MHN</li> <li>4. Pharmacy benefit manager: Envolve</li> <li>5. Managed care programs: Cal MediConnect, GMC, Two Plan</li> <li>6. Enrollment share: 13%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: ProCare Rx</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: BHRS</li> <li>4. Pharmacy benefit manager: SS&amp;C Health</li> <li>5. Managed care programs: Cal MediConnect, COHS</li> <li>6. Enrollment share: 1%</li> </ol>
Inland Empire Health Plan	Kaiser Permanente	Kern Family Health
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: None</li> <li>5. Managed care programs: Cal MediConnect, Two Plan</li> <li>6. Enrollment share: 12%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: Kaiser Permanente</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: None</li> <li>5. Managed care programs: GMC, Regional</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: Kern Health Systems</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: Argus</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 3%</li> </ol>

Enrollment share includes the total number of individuals enrolled in regular Medicaid health plans and the dual eligible demonstration.

## D.3. Medicaid Managed Care Program: Health Plan Characteristics

L.A. Care*	Molina Healthcare	Partnership Health Plan Of CA
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: Navitus</li> <li>5. Managed care programs: Cal MediConnect, Two Plan</li> <li>6. Enrollment share: 19%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Molina Healthcare, Inc.</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: CVS Caremark</li> <li>5. Managed care programs: Cal MediConnect, GMC, Imperial, Two Plan</li> <li>6. Enrollment share: 4%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: COHS</li> <li>6. Enrollment share: 5%</li> </ol>
Santa Clara Family Health	San Francisco Health Plan	
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: Cal MediConnect, Two Plan</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: Perform Rx</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 1%</li> </ol>	

\*L.A. Care contracts with other health insurers—such as Anthem—to provide benefits to some of their members.

Enrollment share includes the total number of individuals enrolled in regular Medicaid health plans and the dual eligible demonstration.

## D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Outpatient services provided for the treatment of mild to moderate mental illness are included in the health plan's capitation rate. Under the state specialty mental health program, persons with SMI receive treatment through county Medi-Cal mental health plans, which are funded with county, state, and federal resources; overseen by the state; and operated at the county level.
- The health plans must enter into memoranda of understanding with every county mental health plan in their service areas to establish mutually agreed upon, state-approved tools for determining the appropriate care level needed.
- Medicaid addiction treatment services are excluded from the health plan's capitation rate and delivered through Drug Medi-Cal (DMC), the Medicaid addiction treatment program.
  - The Department of Health Care Services provides administrative and fiscal oversight for the DMC program; but delivers services through county organizations. The counties process claims for reimbursement on a FFS basis, and then recoup the funds from the state. The state also has some direct contracts with addiction treatment provider organizations.
- Mental health, detoxification, and chemical dependency treatment drugs are excluded from the health plan's capitation rate and covered FFS by the state. General pharmacy drugs are included in the health plan's capitation rate.
  - All managed care prescription drug coverage moved to FFS as of January 2021.
- Implementation of a new Drug Medi-Cal Organized Delivery System (DMC-ODS) program under the California Medi-Cal 2020 section 1115 demonstration waiver is underway. Under the program, counties have the option to act as non-risk prepaid inpatient health plans for addiction treatment services.
  - As of March 2023, the program was live in 57 of California's 58 counties, with one more planning to implement.
- Cal-Aim is a new initiative within the state that will change the whole landscape. For more information, please see [section D6](#).

## D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Behavioral Health Benefits Included In Health Plan Capitation Rates	Specialty Benefits For Persons With SMI Provided By County Mental Health Plans	Drug Medi-Cal Benefits Provided FFS Through The Counties	Additional Drug Medi-Cal Organized Delivery System Benefits Provided FFS By Participating Counties Only
<ol style="list-style-type: none"> <li>1. Inpatient services</li> <li>2. Evaluation and testing</li> <li>3. Individual, group, and family counseling</li> <li>4. Psychiatric consultation</li> <li>5. Outpatient drug therapy monitoring</li> <li>6. Outpatient laboratory, drugs, supplies, and supplements</li> </ol>	<ol style="list-style-type: none"> <li>1. Inpatient detoxification</li> <li>2. Intensive outpatient treatment</li> <li>3. Naltrexone treatment</li> <li>4. Narcotic treatment program</li> <li>5. Outpatient treatment</li> <li>6. Group and individual counseling</li> <li>7. Medical psychotherapy</li> <li>8. Consumer education</li> <li>9. Crisis intervention</li> <li>10. Treatment planning and discharge services</li> <li>11. Residential treatment (perinatal population only)</li> </ol>	<ol style="list-style-type: none"> <li>1. Inpatient detoxification</li> <li>2. Intensive outpatient treatment</li> <li>3. Naltrexone treatment</li> <li>4. Narcotic treatment program</li> <li>5. Outpatient treatment</li> <li>6. Group and individual counseling</li> <li>7. Medical psychotherapy</li> <li>8. Consumer education</li> <li>9. Crisis intervention</li> <li>10. Treatment planning and discharge services</li> <li>11. Residential treatment (perinatal population only)</li> </ol>	<ol style="list-style-type: none"> <li>1. Early intervention</li> <li>2. Residential services, with no imposed institution for mental disease (IMD) bed limit exclusion</li> <li>3. Withdrawal management</li> <li>4. Recovery services</li> <li>5. Case management</li> <li>6. Physician consultation</li> <li>7. Partial hospitalization (optional by county)</li> <li>8. Additional medication assisted treatment (optional by county)</li> </ol>

## D.3. Medicaid Managed Care Program: SMI Population

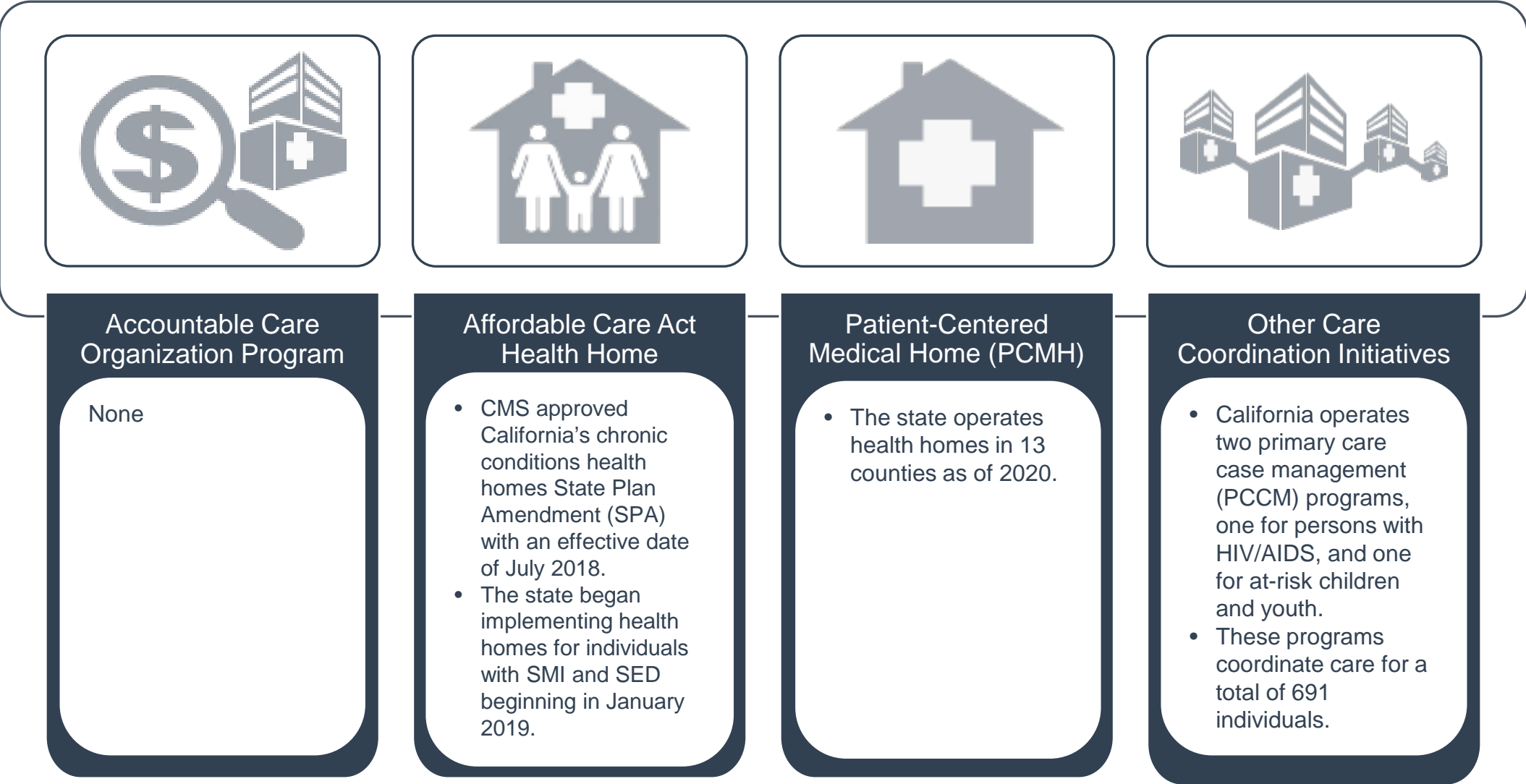
- SMI population enrollment in managed care varies by county based on the managed care model employed. Individuals in the SMI population are not specifically exempted from managed care enrollment under any of the six models but may meet other criteria for FFS enrollment.
- *OPEN MINDS* estimates that 87% of the SMI population is enrolled in managed care.
- Under the state specialty mental health program, beneficiaries with SMI receive treatment through Medi-Cal Mental Health Plans operated at the county level.

## D.3. Medicaid Managed Care Program: Pharmacy Benefit

### California Managed Care Program Pharmacy Benefit

<b>Responsible For Financing General Pharmacy Benefit</b>	Currently, financing is covered by the Health plans, however, in January 2019, Governor Newsom signed Executive Order N-01-19, mandating that all prescription drugs should be covered FFS by the state as of January 2021.
<b>Responsible For Financing Mental Health Pharmacy Benefit</b>	Covered FFS by the state
<b>Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy</b>	Yes, with the exception of the mental health and addiction treatment drug carve-out, health plan formularies should be comparable to the FFS formulary and are subject to state review.
<b>Health Plan Uses A PDL For Mental Health Drugs</b>	<ul style="list-style-type: none"> <li>Mental health pharmacy is not included in capitation rate, but rather, is provided FFS by the state.</li> </ul>
<b>Health Plan Uses A PDL For Addiction Treatment Drugs</b>	<ul style="list-style-type: none"> <li>Alcohol and opioid detoxification and dependency treatment drugs are not included in capitation rate, but rather, are provided FFS by the state.</li> </ul>
<b>Health Plan Use Of Utilization Restrictions For Mental Health &amp; Addiction Treatment Drugs</b>	<ul style="list-style-type: none"> <li>Drugs not included on the CDL may be covered if prior approval is obtained.</li> <li>Use of antipsychotics for persons under 18 years old requires prior approval.</li> <li>Off-label use of antipsychotics for individuals in skilled nursing facilities is not allowed.</li> <li>Prior approval for antidepressant use for persons under age 18 varies by medication.</li> <li>Age-based prior approvals, restrictions on dispensing quantities, or indicated diagnoses apply to some anti-anxiety drugs.</li> <li>Narcotic withdrawal prescribers must have a DATA 2000 waiver. Dispensing quantity restrictions apply.</li> </ul>
<b>Health Plan Allowed To Implement Pharmacy Lock-In Program</b>	Health plans are required to have systems in place to detect over-utilization. Over-utilization data must be reported to the state. Individuals who are under lock-out will be restricted to one pharmacy and how many times they can fill their prescriptions.

# D.4. Medicaid Program: Care Coordination Initiatives



# D.4. State Medicaid Health Home Characteristics

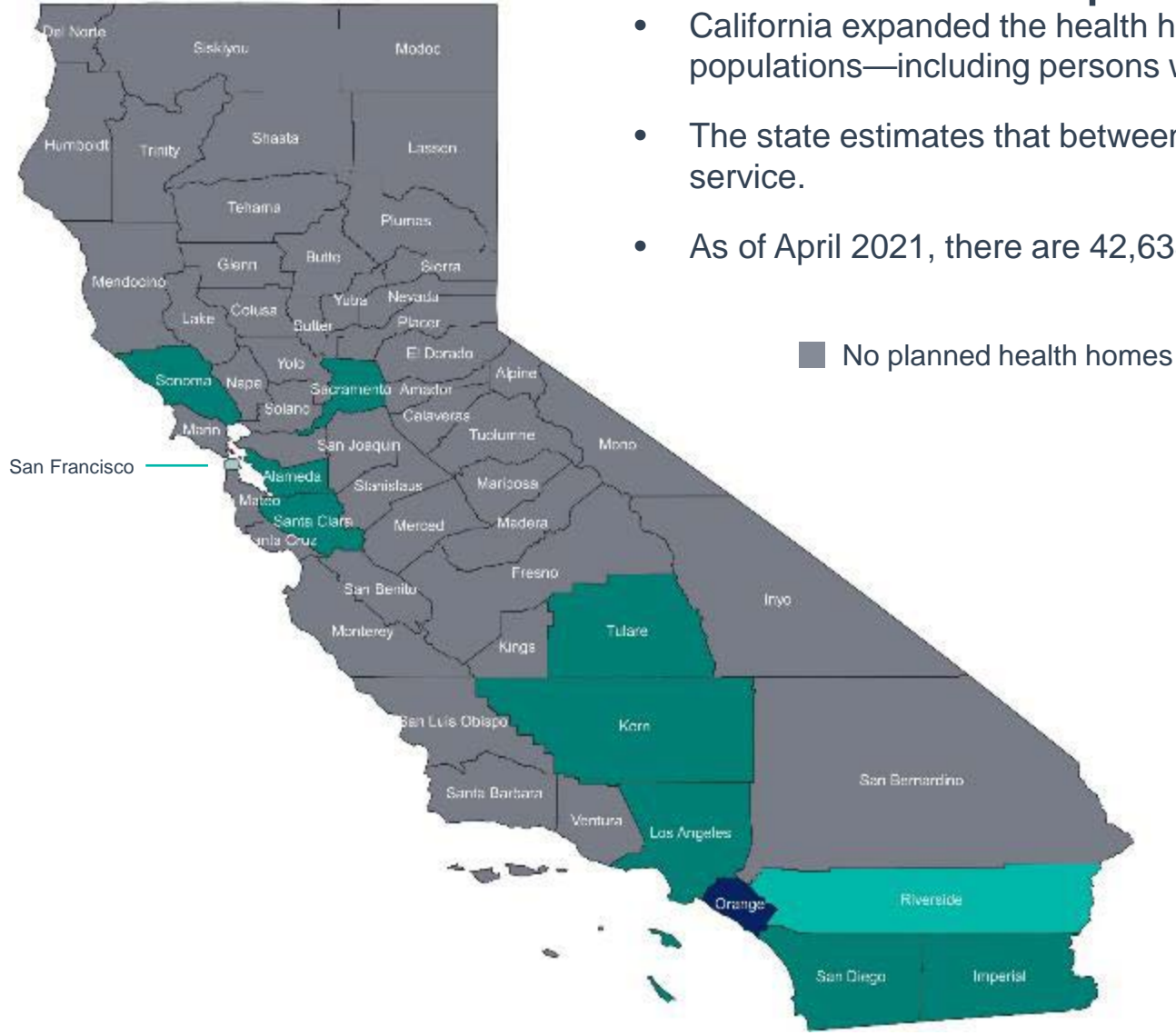
CA Health Home Program	
<b>Target Population</b>	<ul style="list-style-type: none"> <li>• Persons with two or more chronic conditions, or persons with asthma and at-risk for another chronic condition</li> <li>• Targeted conditions include addiction disorder, asthma, diabetes, heart disease, chronic obstructive pulmonary disease (COPD), chronic liver disease, congestive heart failure, dementia, and traumatic brain injury. Risk of depression or addiction when combined with asthma is a qualification for enrollment.</li> <li>• Persons must be enrolled in a health plan to receive health home services.</li> <li>• Individuals must choose between health home enrollment and other comprehensive case management programs, such as those provided through targeted case management and 1915 (c) waiver programs.</li> </ul>
<b>Enrollment Model</b>	Opt-in. Using claims and encounter data, the state and the health plans will identify potential enrollees for outreach. Clinical professionals and provider organizations may also refer eligible members to the health plans.
<b>Geographic Service Area</b>	<ul style="list-style-type: none"> <li>• Wave 1 (July 2018): San Francisco</li> <li>• Wave 2 (January 2019): Riverside and San Bernardino</li> <li>• Wave 3 (July 2019): Alameda, Imperial, Kern, Los Angeles, Sacramento, San Diego, Santa Clara, Sonoma, and Tulare</li> <li>• Wave 4 (January 2020): Orange</li> </ul>
<b>Care Delivery Model</b>	<ul style="list-style-type: none"> <li>• The health home network consists of the health plan, at least one community-based care management entity (CB-CME), and linkages to community support services. Health plans will be responsible for health home administration and for sharing enrollee information with the CB-CMEs.</li> <li>• CB-CMEs are organizations selected and certified by the health plans to ensure enrollees receive health home services, either through direct provision or through subcontracts.</li> <li>• Primary care-based model with a multidisciplinary care management team.</li> </ul>
<b>Payment Model</b>	<ul style="list-style-type: none"> <li>• Health plans receive a risk-based per member per month payment in addition to their existing capitation payment.</li> <li>• The health plans negotiate rates with CB-CMEs for the provision of health home services.</li> </ul>
<b>Practice Performance &amp; Improvement</b>	<ul style="list-style-type: none"> <li>• The state works with an external evaluator for tracking utilization metrics and cost savings.</li> <li>• Reporting on the rate of hospital admissions, emergency room visits, and skilled nursing facility admissions.</li> <li>• The state collects data for the CMS core set measures and state-specific quality goals using benchmarked metrics—such as HEDIS measures—where available.</li> </ul>

# D.4. State Medicaid SMI Health Home Characteristics

CA Health Home Program	
<b>Target Population</b>	Persons with one serious and persistent mental health condition, SMI, or SED
<b>Enrollment Model</b>	Opt-in. Using claims and encounter data, state and the health plans will identify potential enrollees for outreach. Clinical professionals and provider organizations may also refer eligible members to the health plans.
<b>Geographic Service Area</b>	<ul style="list-style-type: none"> <li>Wave 1 (January 2019): San Francisco</li> <li>Wave 2 (July 2019): Riverside and San Bernardino</li> <li>Wave 3 (January 2020): Alameda, Imperial, Kern, Los Angeles, Sacramento, San Diego, Santa Clara, and Tulare</li> </ul>
<b>Care Delivery Model</b>	<ul style="list-style-type: none"> <li>The health home network consists of the health plan, at least one CB-CME (see <a href="#">previous slide</a>), and linkages to community support services. Health plans will be responsible for health home administration and for sharing enrollee information with the CB-CMEs.</li> <li>CB-CMEs are organizations selected and certified by the health plans to ensure enrollees receive health home services, either through direct provision or through subcontracts.</li> <li>Use of a multidisciplinary care management team.</li> </ul>
<b>Payment Model</b>	<ul style="list-style-type: none"> <li>Health plans receive a risk-based per member per month payment in addition to their existing capitation payment.</li> <li>The health plans will negotiate rates with CB-CMEs for the provision of health home services.</li> </ul>
<b>Practice Performance &amp; Improvement</b>	<ul style="list-style-type: none"> <li>The state work with an external evaluator for tracking utilization metrics and cost savings.</li> <li>Reporting on the rate of hospital admissions, emergency room visits, and skilled nursing facility admissions.</li> <li>The state collects data for the CMS core set measures and state-specific quality goals using benchmarked metrics—such as HEDIS measures—where available.</li> </ul>

# D.4. Medicaid Health Homes & Implementation Dates

- California expanded the health homes program in 2019 and 2020 to additional counties and populations—including persons with SMI—by submitting additional state plan amendments.
- The state estimates that between 351,000 and 585,000 beneficiaries are eligible for health home service.
- As of April 2021, there are 42,638 enrollees in the program



	Counties	Implementation Dates	
		Chronic Conditions	SMI
<b>Group One</b>	San Francisco	July 2018	January 2019
<b>Group Two</b>	Riverside, San Bernardino	January 2019	July 2019
<b>Group Three</b>	Alameda, Imperial, Kern, Los Angeles, Sacramento, San Diego, Santa Clara, Sonoma, and Tulare.	July 2019	January 2020
<b>Group Four</b>	Orange	January 2020	N/A

## D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
California Advancing & Innovating Medi-Cal (CalAIM)(formerly Medi-Cal 2020)	<ul style="list-style-type: none"> <li>Encompasses a variety of reforms described on the following slides, including the Whole Person Care Initiative, the Drug Medi-Cal Organized Delivery System program, Public Hospital Redesign and Incentives in Medi-Cal, and the Coordinated Care Initiative.</li> <li>Restricts the health home program to delivery through managed care.</li> <li>Currently the state is working on a formal renewal with CMS</li> </ul>	1115	None	09/01/05	12/31/26
California Advancing & Innovating Medi-Cal (CalAIM) (CA-17)	<p>Authorizes the counties to provide specialty behavioral health services for developmentally disabled and mentally ill individuals.</p> <ul style="list-style-type: none"> <li>The counties provide specialty mental health services to adults with SMI and children with serious emotional disturbance (SED). Individuals with less severe mental health symptoms receive mental health services through the FFS or managed care delivery system.</li> <li>Specialty mental health services include, but are not limited to, psychiatric hospital inpatient services, intensive day treatment, crisis stabilization, crisis intervention, day rehabilitation, targeted case management, and medication support.</li> <li>DHCS reimburses the county mental health plans for these services on a FFS basis.</li> </ul>	1915 (b)	None	01/01/2022	12/31/26

## D.5. Medicaid Program Demonstration & Care Management Waivers: Coordinated Care Initiative

- Authorized by the section 1115 California Medi-Cal demonstration waiver, the California Coordinated Care Initiative (CCI) consists of three components:
  - Coordination of care for dual eligibles through the Cal MediConnect dual demonstration program.
  - Mandatory enrollment for dual eligibles in managed care for Medi-Cal benefits if they opt-out of Cal MediConnect.
  - Inclusion of long-term services and supports (LTSS) in the health plans for all Medi-Cal recipients in the demonstration counties.
- The Coordinated Care Initiative is currently in effect in seven demonstration counties: Alameda, Los Angeles, Riverside, San Bernardino, San Mateo, San Diego, Orange, and Santa Clara.
- LTSS services covered by the health plans include:
  - In-home supportive services (IHSS);
  - Multipurpose senior services program (MSSP); and
  - Nursing facility care services.

## D.5. Medicaid Program Demonstration & Care Management Waivers: Public Hospital Redesign & Incentives In Medi-Cal (PRIME)

- The PRIME program—authorized by the five-year, section 1115 waiver, California Medi-Cal 2020—is the second iteration of California’s delivery system reform and incentive payment (DSRIP) program.
- The PRIME program seeks to implement alternative payment models (APMs) at designated public hospitals (DPHs) and designated municipal hospitals (DPMHs) throughout the state.
  - The current goal is for 60% of managed care beneficiaries at DPHs or DPMHs to receive all or a portion of their care through APMs. As of April 2023 there is no updated information on the program.
- The program has been implemented through five-year plans submitted by the hospitals.
  - Over the five-year period, the hospitals may receive up to \$7.4 billion in incentive payments for achieving performance goals.
  - A total of 264 DSRIP projects were selected for implementation from the five-year plan applications submitted by the 54 participating hospitals.
  - Twenty-three of the selected DSRIP projects include the integration of physical and behavioral health care.
- In December 2020, the state was granted an extension for this program through 2021 while the state works on the replacement program, CalAim.

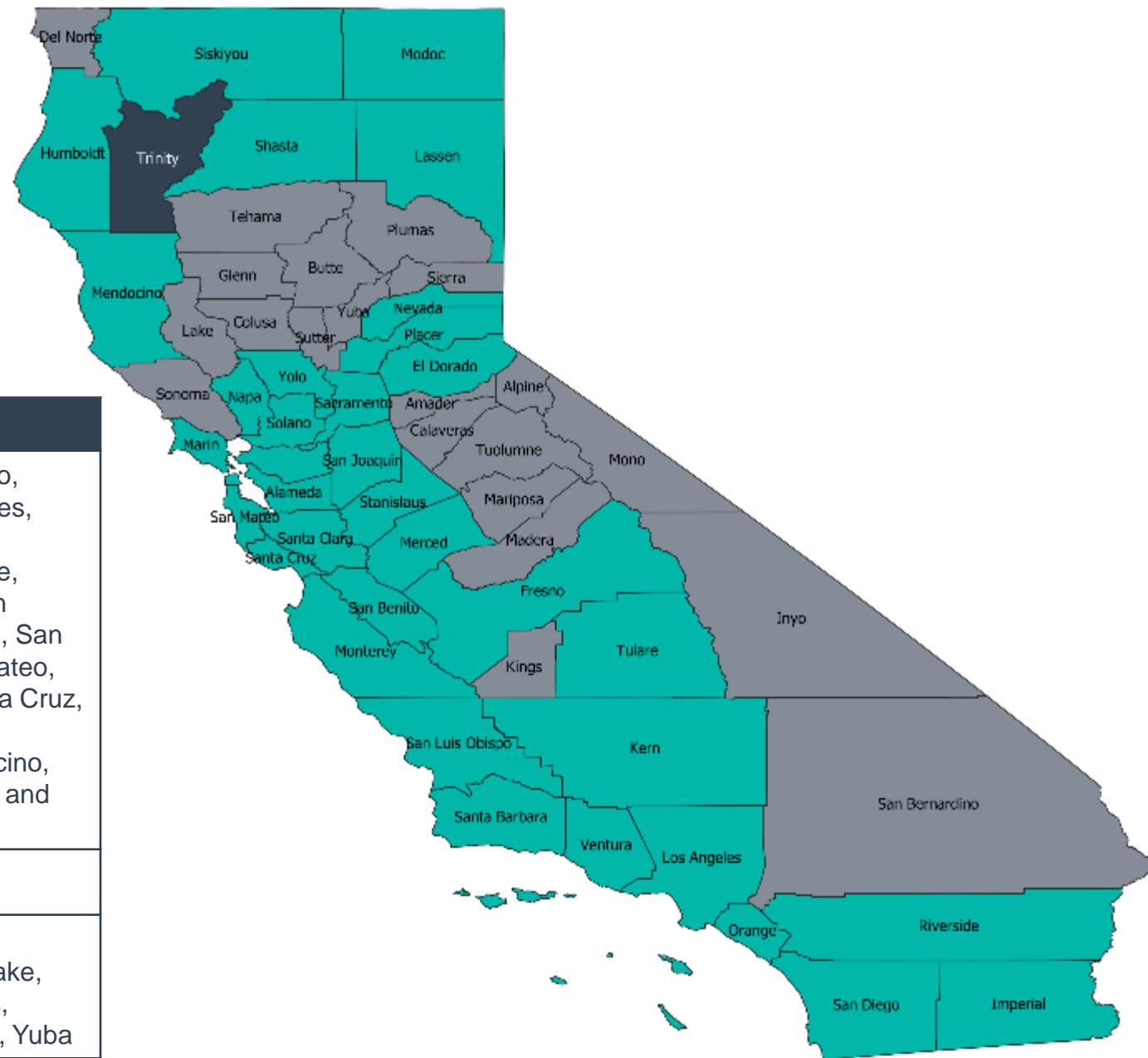
## D.5. Medicaid Program Demonstration & Care Management Waivers: Whole Person Care

- The California Medi-Cal 2020 section 1115 demonstration waiver authorizes the creation of the Whole Person Care program. The program is a county-based pilot to coordinate physical health, behavioral health, and social services for persons with high utilization of services.
- Each pilot program designates a lead entity that can be a county and/or city agency, a health or hospital authority, a public hospital, a district municipal public hospital, or a public hospital and/or agency consortium.
  - A city or county agency is the lead entity for 25 of the pilots. For example, the Riverside University Health System serves as the lead entity for Riverside County.
  - Each pilot program must also include at least one Medi-Cal health plan, the health services agency, the specialty mental health agency, one other public agency or department, and two community partners.
- The pilot programs determine the specific services to be provided to meet the program goals of care integration, appropriate utilization, quality and administrative improvement, data sharing, housing access, and health outcome improvement.
- Available financing over the five-year demonstration period includes \$1.5 billion in federal expenditures to match local funding provided by the lead entities. Payments are made semi-annually to the lead entities based on an approved five-year budget.

## D.5. Medicaid Program Demonstration & Care Management Waivers: Drug Medi-Cal Organized Delivery System

- The California Medi-Cal 2020 section 1115 waiver authorizes a pilot program called Drug Medi-Cal Organized Delivery System (DMC-ODS) to implement a county-operated delivery system for Medicaid beneficiaries with addiction. The program increases local control and accountability for Drug Medi-Cal services.
- County participation in DMC-ODS is optional. Thirty-eight out of the 58 counties have submitted plans to implement DMC-ODS and 30 have gone live.
- The program provides services modeled on the American Society of Addiction Medicine (ASAM) care continuum.
  - Participants must meet ASAM medical necessity criteria.
  - The state will designate provider organizations at an ASAM level of care.
- DMC-ODS pilot benefits include:
  - Early intervention
  - Outpatient services, including intensive outpatient treatment and naltrexone therapy
  - Residential services, with no imposed institution for mental disease (IMD) bed limit exclusion
  - Narcotic treatment program
  - Withdrawal management
  - Recovery services
  - Case management
  - Physician consultation
  - Partial hospitalization (optional by county)
  - Additional medication assisted treatment (optional by county)
- Counties opting into the program must enter into memoranda of understanding with the health plans to address comprehensive screening, beneficiary engagement, shared treatment planning, case management, dispute resolution, care coordination, referral tracking, and navigation support.
- Rates are set by the state; however, the counties may negotiate with the state for rate changes for all except narcotic treatment program services.
- The program was granted a temporary extension as the state works on its replacement, CalAim.

# D.5. Medicaid Program Demonstration & Care Management Waivers: Drug Medi-Cal Organized Delivery System



	Status	County
Teal	Implemented	Alameda, Contra Costa, El Dorado, Fresno, Imperial, Kern, Los Angeles, Marin, Merced, Monterey, Napa, Nevada, Orange, Placer, Riverside, Sacramento, San Bernardino, San Benito, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Stanislaus, Tulare, Ventura, Yolo, Humboldt, Kings, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano, and Sonoma
Dark Grey	Planning to implement	Trinity
Light Grey	Not planning to implement	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lake, Madera, Mariposa, Mono, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba

## D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
CA Home and Community Based Alternatives Waiver (0139.R06.00)	Individuals who are medically fragile or who are technology dependent ages 0 or older who meet a hospital, nursing facility, or ICF/IID level of care	9,871	California Department of Developmental Services	None
CA Multipurpose Senior Services Program (0141.R05.00)	Individuals age 65 and over	11,370	California Department of Aging	1115
CA Assisted Living (0431.R02.00)	Individuals age 65 and over, and physically disabled individuals age 21 to 64	7,409	Health Care Delivery Systems	None
CA Self-Determination Program for Individuals with Developmental Disabilities (1166.R00.00)	Provides supports for individuals with developmental disabilities with no age restriction	3,750	California Department of Developmental Services	None
CA Medi-Cal Waiver Program (0183.R06.00)	Individuals with HIV/AIDS ages 0 or older who meet a hospital or nursing facility level of care	1,948	Integrated System of Care Division	None

## D.6. Medicaid Program New Initiatives: Managed Care Re-Procurement Schedule

The state released the proposed re-procurement schedule for the Medicaid health plans, and later updated the schedule again in February 2020 with new deadlines.

Model	Counties	Request For Proposal Release	Potential Implementation Date
Two Plan Commercial	Alameda, Contra Costa, Fresno, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco	2021	January 2024
	Kern, San Joaquin, Stanislaus, Tulare	2021	January 2024
GMC	Sacramento, San Diego	2021	January 2024
Imperial	Imperial	2021	January 2024
Regional	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba	2021	January 2024
San Benito	San Benito	2021	January 2024

## D.6. Medicaid Program New Initiatives: CalAim

- California has implemented a multi-year initiative set to implement a broad delivery system, payment, and program reform across the whole Medi-Cal system. This program is based on previous pilots such as the Whole Person Care, the Health Homes Program, and Coordinated Care Initiative.
- CalAim has three primary goals
  - Identify and manage member risk and need through whole person care approaches while addressing social determinants of health.
  - Move Medi-Cal to a more consistent system by reducing complexity
  - Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, system modernization, and payment reform.
- To deliver on these goals, the state has planned a system with the following tenants.
  - Development of a statewide population health management strategy that requires plans to submit a plan for local population health management strategy
  - Implement a new statewide enhanced care management benefit
  - Implement “In Lieu Of” Services
  - Implement Incentive Payments
  - Pursue participation in Serious Mental Illness/Serious Emotional Disturbance Demonstration
  - Pilot full integration of physical health, behavioral health, and oral health under one contracted entity.
  - Develop a long-term plan for improving health outcomes and delivery of healthy care for foster care individuals.
- California has temporarily delayed the implementation of CalAim, originally scheduled for January 2021, due to the public health emergency caused by COVID-19. The first reforms were implemented in January 2022, and additional reforms will begin to be phased in through 2027.

## D.6. Medicaid Program New Initiatives: CalAim Key Reforms

- Transition Medicaid fee-for-service (FFS) beneficiaries to managed care began January 1, 2022
- Standardize the Medicaid benefit package across managed care plans began January 1, 2023
- Revision of managed care plan contracts to integrate physical health, behavioral health, and oral health services by January 1, 2027.
  - A single contract will consolidate multiple Medicaid delivery systems: Medi-Cal managed care, county mental health plans, and Drug Medi-Cal Organized Delivery System (DMC-ODS).
- Implement a single integrated behavioral health plan to administer specialty mental health and addiction treatment services in each county or region by 2027.
- Transition behavioral health services from a cost-based payment methodology to outcomes and quality-based payment began July 1, 2022.
- Revise medical necessity criteria to standardize requirements began January 1, 2022
- Require Medicaid managed care plans to develop and maintain a person-centered population health strategy for addressing member health and health-related social needs based on data-driven population-level assessment, and risk stratification and segmentation began January 1, 2023
- Implement the enhanced care management (ECM) benefit for beneficiaries at risk of institutionalization to build on and replace the current Health Homes Program (HHP) and Whole Person Care (WPC) Pilots.
  - Medicaid managed care plans will partner with existing Health Homes, community-based care management entities (CB-CMEs), and Whole Person Care provider organizations began January 1, 2022.
- Integrate a set of 14 nonmedical “in-lieu of services” (ILOS) as an alternative or substitute for covered Medi-Cal benefits over time. The ILOS will be integrated with care management for high-risk members began January 1, 2022.
- Implement incentive payments to plans to invest in the delivery system and quality performance began January 1, 2022

# E. Dual Eligible Financing & Service Delivery System

# E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Managed Care*	PACE
Enrollment	1,604,279	14,362
Estimated SMI Enrollment	513,369	4,595
Management	<ul style="list-style-type: none"> <li>• Physical health and TBH:               <ol style="list-style-type: none"> <li>1. County Organized Health System: Counties</li> <li>2. Geographic Managed Care: Health plans</li> <li>3. Imperial Model: Health plans</li> <li>4. Regional Model: Health plans</li> <li>5. San Benito Model: Health plan</li> <li>6. Two Plan Model: County and health plan</li> </ol> </li> <li>• Specialty behavioral health: County mental health plans</li> </ul>	23 health plans
Payment Model	<ul style="list-style-type: none"> <li>• Physical health and TBH all models: Capitated payment</li> <li>• Specialty behavioral health: Capitated payment</li> </ul>	Blended capitated rate
Geographic Service Area	<ul style="list-style-type: none"> <li>• Physical health and TBH: Statewide by county</li> <li>• Specialty behavioral health: Statewide, by county</li> </ul>	Selected regions

**Total Dual Eligible Enrollment: 1,618,641 | Total Dual Eligible Enrollment With SMI: 517,965**

\*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits. Enrollment as of March 2023.

## E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	Enrollment	Estimated SMI Enrollment
Kaiser Permanente Senior Advantage Medicare Medi-Cal Plan	Kaiser Permanente	Medicare Advantage D-SNP	83,887	26,844
Inland Empire Health Plan Dual Choice	Inland Empire Health Plans	Medicare Advantage D-SNP	32,098	10,271
Anthem MediBlue Full Dual Advantage	Blue Cross of California	Medicare Advantage D-SNP	20,700	6,624
SCAN Connections	SCAN Health Plans	Medicare Advantage D-SNP	19,895	6,366
CalOptima OneCare Connect	CalOptima	Medicare Advantage D-SNP	17,270	5,526
LA Care Medicare Plus	LA Care	Medicare Advantage D-SNP	17,241	5,517
Anthem MediBlue Dual Advantage	Anthem Blue Cross	Medicare Advantage D-SNP	15,966	5,109
WellCare Dual Liberty	WellCare Health Plans	Medicare Advantage D-SNP	15,510	4,963
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	14,381	4,602
Central Health Ventura Medi-Medi	Central Health Plan of California, Inc	Medicare Advantage D-SNP	12,928	4,137

## E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of May 2023, full benefit dual eligible enrollment was 1,618,641.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- On January 1, 2023, Cal MediConnect plans transitioned to Medicare Medi-Cal plans (MMPs or Medi-Medi plans) provided by the same companies that provided Cal MediConnect plans. These Medi-Medi plans are designed to coordinate care for people with both Medicare and Medi-Cal
- D-SNP enrollment as of May 2023 was 345,974. Total SMI enrollment for D-SNP plans was 110,712.

## E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- California chose to pursue its dual demonstration project called Cal MediConnect through a 1115 waiver proposal and signed a memorandum of understanding (MOU) with CMS in March 2013.
- On January 1, 2023, Cal MediConnect plans transitioned to Medicare Medi-Cal plans (MMPs or Medi-Medi plans) provided by the same companies that provided Cal MediConnect plans. These Medi-Medi plans are designed to coordinate care for people with both Medicare and Medi-Cal.
- In January 2021, California's Department of Health Care Services (DHCS) released an updated plan for Medi-Cal (CalAIM) Proposal. Under this new proposal, DHCS outlined the steps to integrate dual eligible beneficiaries under a single entity.
  - At the end of the demonstration in December 2022, DHCS proposed transitioning all dual eligible beneficiaries participating in the pilot (i.e., the Coordinated Care Initiative) to mandatory managed care enrollment, and to transition all CalMediConnect beneficiaries into Medicare Dual-Eligible Special Needs Plans (D-SNPs).
  - Medi-Medi plans offer an integrated approach to care and care coordination that is like Cal MediConnect. Medi-Medi plans deliver all covered benefits to their members, including medical and home- and community-based services, as well as medical supplies and medications.
- To transition all dual eligible beneficiaries, the DHCS will complete the process in stages:
  - By January 2022, the Multipurpose Senior Services program will be carved-out of managed care.
  - In January 2023, all dual eligible were transitioned into managed care. All dual and non-dual FFS Medi-Cal beneficiaries residing in long-term care facilities were enrolled in a managed care plan by January 1, 2023. All Medi-Cal managed care plans operating in CCI counties must begin operating Medicare D-SNPs to aide the in transition.
  - By January 2025, all Medi-Cal managed care plans in non-CCI counties must begin operating Medicare D-SNPs.

# F. Long-Term Services & Supports Financing & Service Delivery System

# F.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2022)	862,868
Estimated SMI Enrollment	276,117
Management	<ul style="list-style-type: none"> <li>Physical health and Traditional Behavioral Health: 11 health plans</li> <li>Specialty behavioral health: County mental health plans</li> </ul>
Payment Model	<ul style="list-style-type: none"> <li>Physical and TBH: Blended capitation</li> <li>Specialty behavioral health: FFS</li> </ul>
Geographic Service Area	Seven demonstration counties

**Total LTSS Enrollment: 862,868 | Total LTSS Enrollment With SMI: 276,117**

\*Long-Term Services & Supports

# F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles			X
Individuals with I/DD			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Other HCBS Recipients			X
Other populations		Individuals living in sixteen rural counties	<ul style="list-style-type: none"> <li>• Medically needy individuals</li> <li>• Individuals needing long-term care</li> <li>• Individuals enrolled in the In-Home Operations waiver program</li> <li>• Developmental disabilities waiver program individuals with cost share</li> <li>• Partial benefit dual eligibles</li> </ul>

## F.2. LTSS Medicaid Financing & Delivery System: Overview

- The Coordinated Care Initiative (CCI) is a program that changed the way certain people in California get their health care and their long-term services and supports (LTSS).
- The California Coordinated Care Initiative (CCI) is responsible for the delivery of LTSS services and has three components:
  - Coordination of care for dual eligibles through the Cal MediConnect dual demonstration program.
  - Mandatory enrollment for dual eligible in managed care for Medi-Cal benefits if they opt-out of Cal MediConnect.
  - Inclusions of long-term services and supports (LTSS) in the health plans for all Medi-Cal recipients in demonstration counties including in-home supportive services (IHSS), multipurpose senior services program (MSSP), and nursing facility care services.
- The CCI affects people who get Medi-Cal only and people who get both Medi-Cal and Medicare (dual eligibles) who reside in one of these seven counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.
- As of January 2023 all full dual eligibles, including dual eligible LTS residents, were transitioned into Managed Care Plans for Medi-Cal benefits.
- All Managed Care Plans will be responsible for the full LTS benefit at skilled nursing facilities.

## F.3. Medicaid LTSS Program: Health Plan Characteristics

Aetna Better Health	Alameda Alliance For Health	Anthem Blue Cross
<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Aetna/ CVS</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: CVS Health</li> <li>5. Managed care programs: GMC</li> <li>6. Enrollment share: &lt;1%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: College Health IPA</li> <li>4. Pharmacy benefit manager: PerformRX</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 3%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Anthem, Inc.</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: None</li> <li>5. Managed care programs: Cal MediConnect, GMC, Regional, San Benito, Two Plan</li> <li>6. Enrollment share: 8%</li> </ol>
Blue Shield Of California	CA Health & Wellness	CalOptima
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: Blue Shield of California</li> <li>3. Behavioral health subcontractor: Magellan</li> <li>4. Pharmacy benefit manager: CVS Caremark</li> <li>5. Managed care programs: Cal MediConnect, GMC</li> <li>6. Enrollment share: 1%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Centene Corporation</li> <li>3. Behavioral health subcontractor: Cenpatico</li> <li>4. Pharmacy benefit manager: Envolve</li> <li>5. Managed care programs: Imperial, Regional</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Magellan (dual eligibles only)</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: COHS, Cal MediConnect</li> <li>6. Enrollment share: 7%</li> </ol>
CalViva Health	CenCal	Central California Alliance For Health
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: None</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 3%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: The Holman Group</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: COHS</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: COHS</li> <li>6. Enrollment share: 3%</li> </ol>

Enrollment share includes the total number of individuals enrolled in Medicaid managed care and the dual eligible demonstration.

## F.3. Medicaid LTSS Program: Health Plan Characteristics

Community Health Group	Contra Costa Health Plan	Gold Coast Health Plan
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: Cal MediConnect, GMC</li> <li>6. Enrollment share: 3%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: Contra Costa Health Services</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: PerformRx</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: Optum Rx</li> <li>5. Managed care programs: COHS</li> <li>6. Enrollment share: 2%</li> </ol>
Health Net	Health Plan Of San Joaquin	Health Plan Of San Mateo
<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Centene Corporation</li> <li>3. Behavioral health subcontractor: MHN</li> <li>4. Pharmacy benefit manager: Envolve</li> <li>5. Managed care programs: Cal MediConnect, GMC, Two Plan</li> <li>6. Enrollment share: 13%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: ProCare Rx</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: BHRS</li> <li>4. Pharmacy benefit manager: SS&amp;C Health</li> <li>5. Managed care programs: Cal MediConnect, COHS</li> <li>6. Enrollment share: 1%</li> </ol>
Inland Empire Health Plan	Kaiser Permanente	Kern Family Health
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: None</li> <li>5. Managed care programs: Cal MediConnect, Two Plan</li> <li>6. Enrollment share: 12%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: Kaiser Permanente</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: None</li> <li>5. Managed care programs: GMC, Regional</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: Kern Health Systems</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: Argus</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 3%</li> </ol>

Enrollment share includes the total number of individuals enrolled in regular Medicaid health plans and the dual eligible demonstration.

## F.3. Medicaid LTSS Program: Health Plan Characteristics

L.A. Care*	Molina Healthcare	Partnership Health Plan Of CA
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: Navitus</li> <li>5. Managed care programs: Cal MediConnect, Two Plan</li> <li>6. Enrollment share: 19%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: For-profit</li> <li>2. Parent company: Molina Healthcare, Inc.</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: CVS Caremark</li> <li>5. Managed care programs: Cal MediConnect, GMC, Imperial, Two Plan</li> <li>6. Enrollment share: 4%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: COHS</li> <li>6. Enrollment share: 5%</li> </ol>
Santa Clara Family Health	San Francisco Health Plan	
<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: None</li> <li>4. Pharmacy benefit manager: MedImpact</li> <li>5. Managed care programs: Cal MediConnect, Two Plan</li> <li>6. Enrollment share: 2%</li> </ol>	<ol style="list-style-type: none"> <li>1. Profit status: Non-profit</li> <li>2. Parent company: None</li> <li>3. Behavioral health subcontractor: Beacon Health Options</li> <li>4. Pharmacy benefit manager: Perform Rx</li> <li>5. Managed care programs: Two Plan</li> <li>6. Enrollment share: 1%</li> </ol>	

\*L.A. Care contracts with other health insurers—such as Anthem—to provide benefits to some of their members.

Enrollment share includes the total number of individuals enrolled in regular Medicaid health plans and the dual eligible demonstration.

## F.4. Medicaid LTSS Program: Program Benefits

### Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

### California's Optional Services

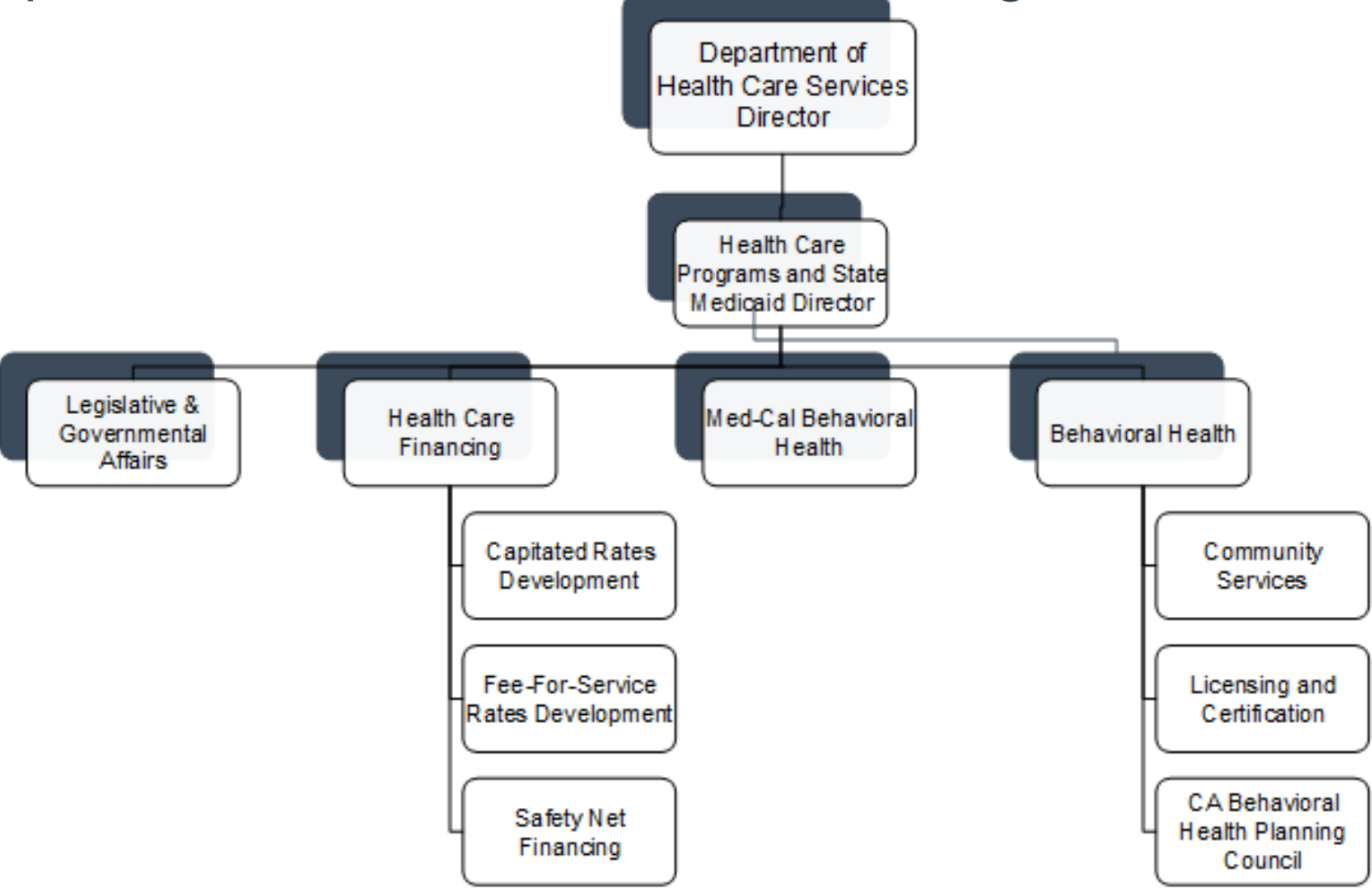
1. Services of other practitioners
2. Private duty nursing
3. Clinic services
4. Dental services and dentures
5. Physical and occupational therapy
6. Services for individuals with speech, hearing, and language disorders
7. Prescribed drugs
8. Acupuncture
9. Prosthetic devices
10. Preventive and rehabilitative services
11. Services for individuals age 65 and over in IMDs
12. Intermediate care facility (ICF) and public institution services for individuals with I/DD
13. Inpatient psychiatric services for individuals under age 22
14. Hospice care
15. Case management
16. Special tuberculosis services
17. Religious non-medical health care institutions and nursing services
18. Nursing facility services for individuals under 21
19. Personal care services

## F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- In January 2021, California's Department of Health Care Services (DHCS) released an updated plan for Medi-Cal (CalAIM) Proposal.
- Under this new proposal, DHCS outlined the steps to Implement statewide MLTSS, and shift dual eligibles to Medicare Advantage Dual-Eligible Special Needs Plans (D-SNP).
- Beginning January 1, 2023, all long-term care were integrated into managed care. The state's dual demonstration, Cal MediConnect, ended and members were transitioned to D-SNPs and managed care aligned enrollment by January 1, 2023.
- The state intends in to provide MLTSS services statewide by 2027.
  - MLTSS will provide appropriate services and infrastructure for integrated care and home and community-based services to meet the needs of aging beneficiaries and individuals at risk of institutionalization and is a critical component of the California's Master Plan for Aging.

# G. State Behavioral Health Administration & Finance System

# G.1. Department Of Health Care Services: Organization Chart



## G.1. Department Of Health Care Services: Key Leadership

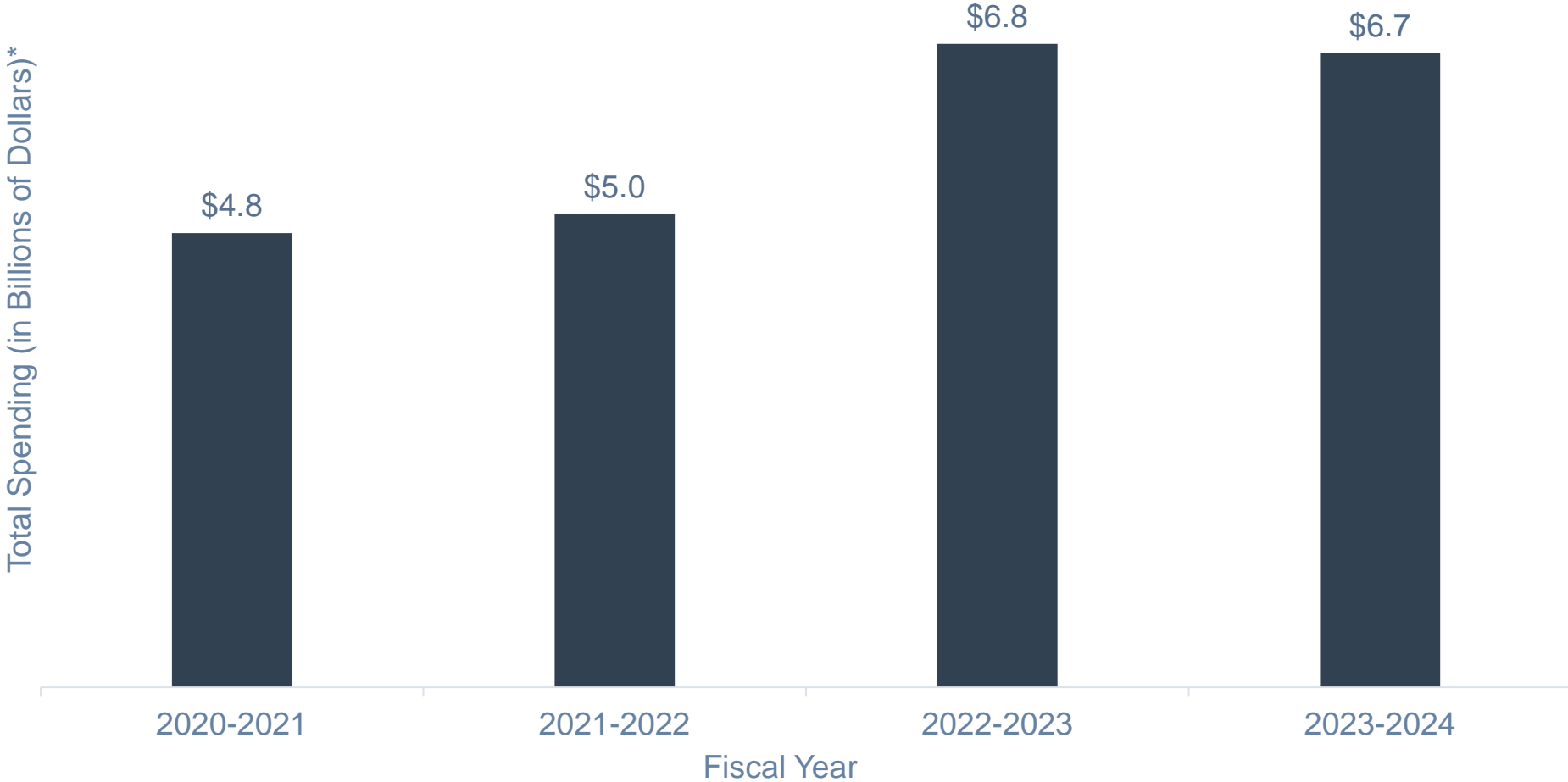
Name	Position	Department	Email
Michelle Baass	Director	Department of Health Care Services (DHCS)	michelle.baass@dhcs.ca.gov
Tyler Sadwith	Deputy Director	DHCS, Behavioral Health	tyler.sadwith@dhcs.ca.gov
Paula Wilhelm	Assistant Deputy Director	DHCS, Behavioral Health	Not available
Erika Cristo	Assistant Deputy Director	DHCS, Behavioral Health	erika.cristo@dhcs.ca.gov
Michele Wong	Chief	DHCS, Medi-Cal Behavioral Health-Oversight and Monitoring	michele.wong@dhcs.ca.gov
Marlies Perez	Chief	DHCS, Behavioral Health Community Services	marlies.perez@dhcs.ca.gov
Ivan Bhardwaj	Chief	DHCS, Medi-Cal Behavioral Health Policy	ivan.bhardwaj@dhcs.ca.gov

## G.2. Department of Health Care Services: Budget

Budget Item	SFY 2023-2024 Budget Request	Percent Of Budget
Local Assistance	\$3,282,537,000	49%
Community Services and Supports	\$2,473,900,000	37%
Prevention and Early Intervention	\$618,500,000	9%
State Operations	\$171,300,000	3%
Innovation	\$162,800,000	2%
<b>Budget Total: \$6,709,037,000</b>		

In addition, the Department of State Hospitals—which operates five state psychiatric institutions as a separate agency—has an annual budget of approximately \$2.6 billion.

# G.2. Department of Health Care Services: Budget Over Time



\*FY 2020-2023 actual; FY 2023-2024 projected

## G.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
Atascadero State Hospital	Atascadero	1,184
Coalinga State Hospital	Coalinga	1,286
Metropolitan LA State Hospital	Norwalk	826
Napa State Hospital	Napa	1,255
Patton State Hospital	Patton	1,527
<b>Total</b>		<b>6,078</b>

## G.4. Behavioral Health Safety-Net Delivery System

- The Department of Health Care Services Mental Health Services Division contracts with and oversees funding allocated to county mental health agencies for the provision of mental health services for the safety-net population.
- The Department of Health Care Services Substance Use Disorder Prevention, Treatment & Recovery Services Division oversees funding allocated to county addiction treatment agencies for the provision of addiction treatment services for the safety-net population.
- The county agencies may provide these services directly or contract with a network of provider organizations.
- Yuba and Sutter Counties are the only counties to share a Mental Health Services contract.

## G.4. County Mental Health Plans

### County Mental Health Plans

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. Alameda County Behavioral Health Care Services</li><li>2. Alpine County Behavioral Health Services</li><li>3. Amador County Behavioral Health</li><li>4. Butte County Mental Health Plan</li><li>5. Calaveras County Behavioral Health Services</li><li>6. Colusa County Department of Behavioral Health</li><li>7. Contra Costa Mental Health</li><li>8. Del Norte County, Department of Health and Human Services, Mental Health Branch</li><li>9. El Dorado County Mental Health Plan</li><li>10. Fresno County Department of Behavioral Health</li><li>11. Glenn County</li><li>12. Humboldt County Health and Human Services</li><li>13. Imperial County Behavioral Health Services</li><li>14. Inyo County Behavioral Health</li><li>15. Kern County Mental Health Plan</li><li>16. Kings County Behavioral Health Administration</li><li>17. Lake County Mental Health Department</li><li>18. Lassen County Mental Health</li></ol> | <ol style="list-style-type: none"><li>19. Los Angeles County Mental Health</li><li>20. Madera County Behavioral Health Services</li><li>21. Marin County Community Mental Health Services</li><li>22. Mariposa County Mental Health</li><li>23. Mendocino County Mental Health</li><li>24. Merced County Mental Health</li><li>25. Modoc County Behavioral Health</li><li>26. Mono County Mental Health Services</li><li>27. Monterey County Behavioral Health</li><li>28. Napa County Health and Human Services</li><li>29. Nevada County Behavioral Health</li><li>30. Orange County Mental Health Plan</li><li>31. Placer County Adult Systems of Care</li><li>32. Plumas County Mental Health Services</li><li>33. Riverside County Department of Mental Health</li><li>34. Sacramento County Department of Health and Human Services</li><li>35. San Benito County Behavioral Health</li></ol> |
|---|---|

## G.4. County Mental Health Plans (cont'd)

### County Mental Health Plans

- |   |  |
|---|--|
| 36. San Bernardino County Behavioral Health   | 48. Solano County Mental Health  |
| 37. San Diego County Behavioral Health  | 49. Sonoma County Behavioral Health Division                                 |
| 38. San Francisco Mental Health Plan  | 50. Stanislaus County Behavioral Health and Recovery Services                |
| 39. San Joaquin County Behavioral Health  | 51. Sutter/Yuba Mental Health Services*                                      |
| 40. San Luis Obispo County Behavioral Health Department   | 52. Tehama County Health Services Agency                                     |
| 41. San Mateo County Mental Health  | 53. Trinity County Behavioral Health Services                                |
| 42. Santa Barbara County Mental Health Plan   | 54. Tulare County Health and Human Services Agency, Mental Health Department |
| 43. Santa Clara County Mental Health Plan   | 55. Tuolumne County Behavioral Health Department                             |
| 44. Santa Cruz County Mental Health and Substance Abuse Services                                | 56. Ventura County Behavioral Health Department                              |
| 45. Shasta County Health and Human Services Agency, Mental Health, Alcohol, and Drug Department | 57. Yolo County Department of Alcohol, Drug, and Mental Health Services      |
| 46. Sierra Mental Health  |  |
| 47. County of Siskiyou Behavioral Health Services   |  |

\*Sutter and Yuba Counties share county mental health plans.

# H. Appendices

## H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2023, January). Results from the 2021 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/2021NSDUHDetTabs100522.zip">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/2021NSDUHDetTabs100522.zip</a>
Medicaid	8.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2023, January). Results from the 2021 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/2021NSDUHDetTabs100522.zip">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/2021NSDUHDetTabs100522.zip</a>
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2019). Medicare-Medicaid Coordination Office Report to Congress. Retrieved December 2022 from <a href="https://www.cms.gov/files/document/mmco-report-congress.pdf">https://www.cms.gov/files/document/mmco-report-congress.pdf</a>

## H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
<b>Medicare-Medicaid Dual Eligibility</b>	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from <a href="https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf">https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf</a>
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from <a href="https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report">https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report</a>
<b>Other Public</b>	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2019, November 4). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from <a href="https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update">https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update</a>
<b>No Health Care Insurance</b>	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2023, January). Results from the 2021 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/2021NSDUHDetTabs100522.zip">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/2021NSDUHDetTabs100522.zip</a>

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Alternative Benefit Plan</b>	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
<b>Accountable Care Organizations</b>	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
<b>Administrative Services Organization</b>	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
<b>Capitation</b>		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
<b>Carve-out</b>		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
<b>Certified Community Behavioral Health Clinic</b>	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Community Mental Health Center</b>	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
<b>Dual Eligible</b>		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
<b>Federal Poverty Level</b>	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
<b>Fee-For-Service</b>	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
<b>Health Home</b>		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Medicaid</b>		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
<b>Medicaid Waiver</b>		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
<b>Medicaid Waiver Section 1115</b>	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
<b>Medicaid Waiver Section 1915(b)</b>	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
<b>Medicaid Waiver Section 1915(c)</b>	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
<b>Medical Home</b>		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
<b>Medicare</b>		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
<b>Medicare Advantage</b>	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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