



OPEN MINDS

California Health & Human Services System Market Profile: 2025



Health & Human Services System Market Profile Overview

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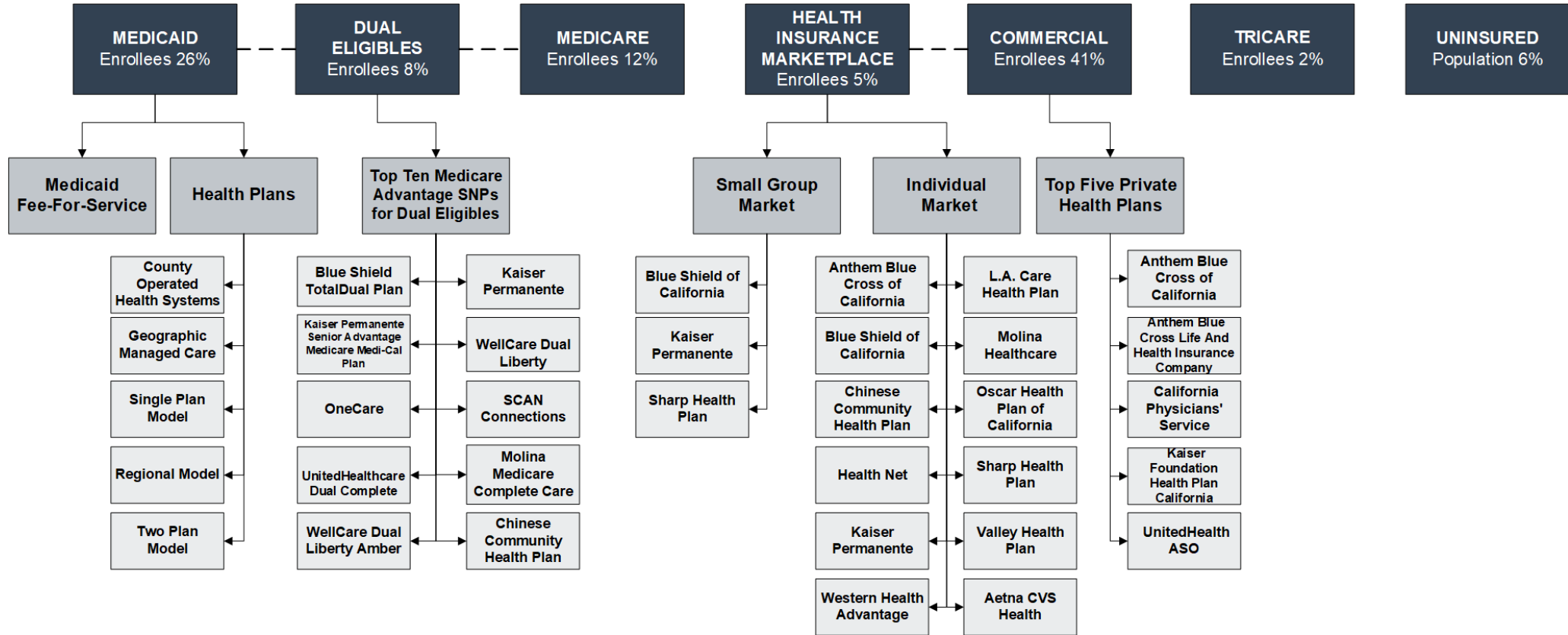
1. *OPEN MINDS* Estimates For The Share Of SMI Consumers By Payer/Plan
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A. Executive Summary

A.1. California Physical Health Care Coverage by Payer

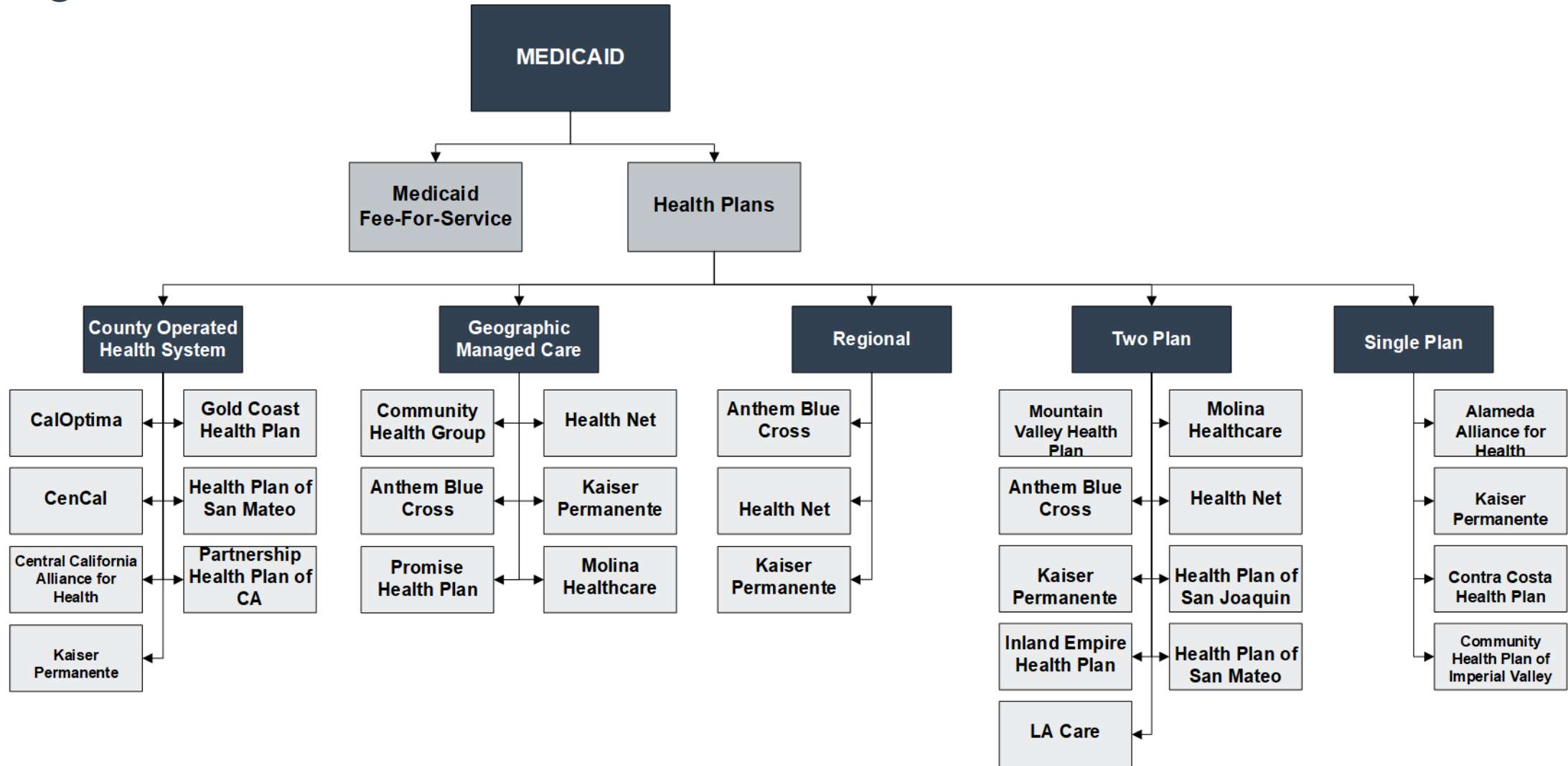
Total California Population- 38,965,193

Estimated SMI Population- 2,337,912

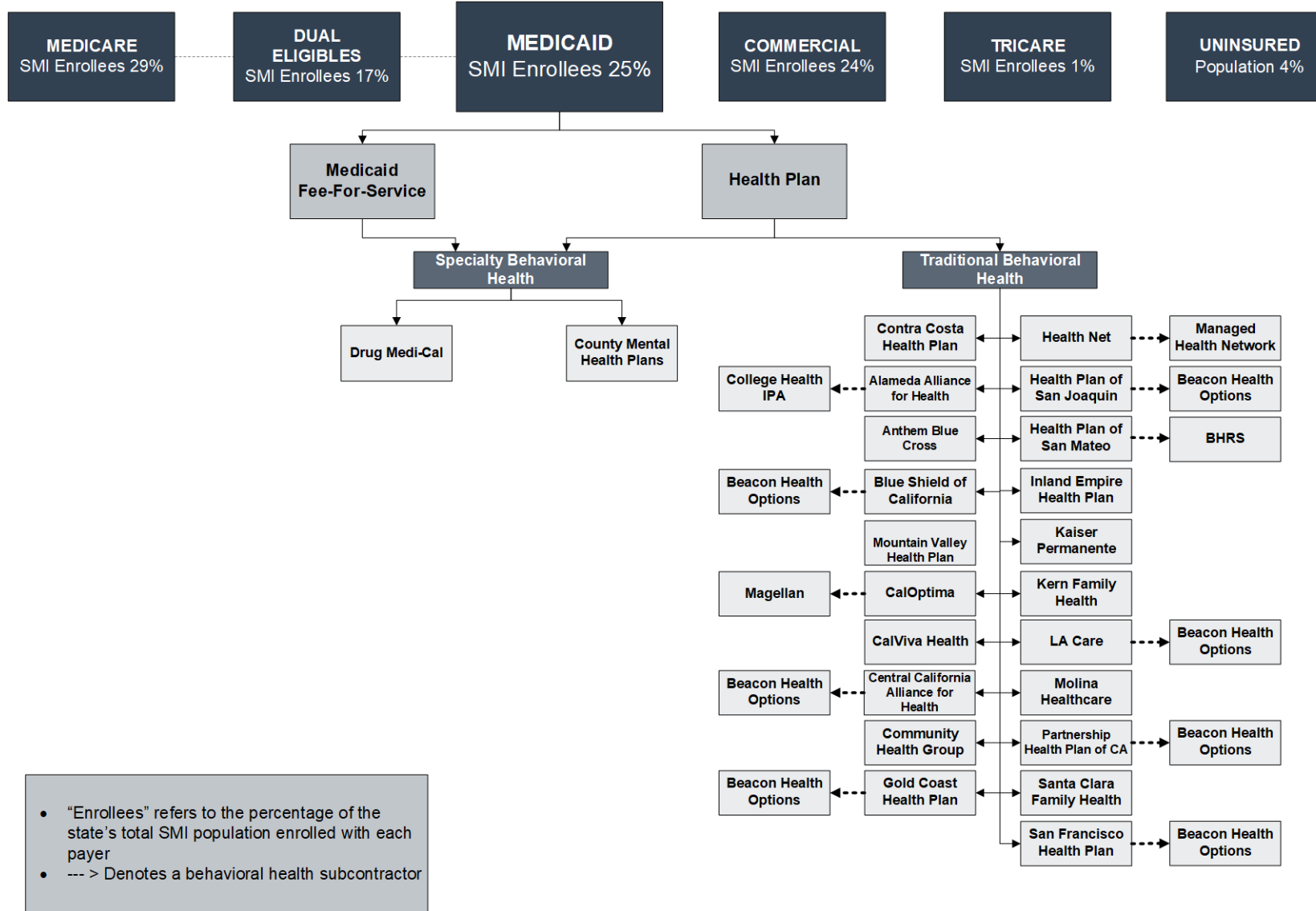


"Enrollees" refers to the percentage of the state's total population enrolled with each payer

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



A.2. California Behavioral Health Care Coverage by Payer



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 operates health homes for individuals with chronic conditions individuals with SMI.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	California operates an integrated managed care program for dual eligibles.
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 20 CCHBCs.

A.4. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

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.

Mental Health Services

- 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.

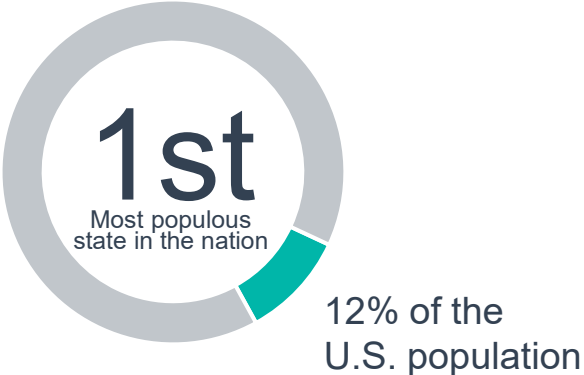
Addiction Treatment Services

- The Department of Health Care Services Substance Use Disorder Prevention, Treatment, and Recovery Services Division oversees funding allocated to county addiction treatment agencies for the provision of addiction treatment services for the safety-net population.

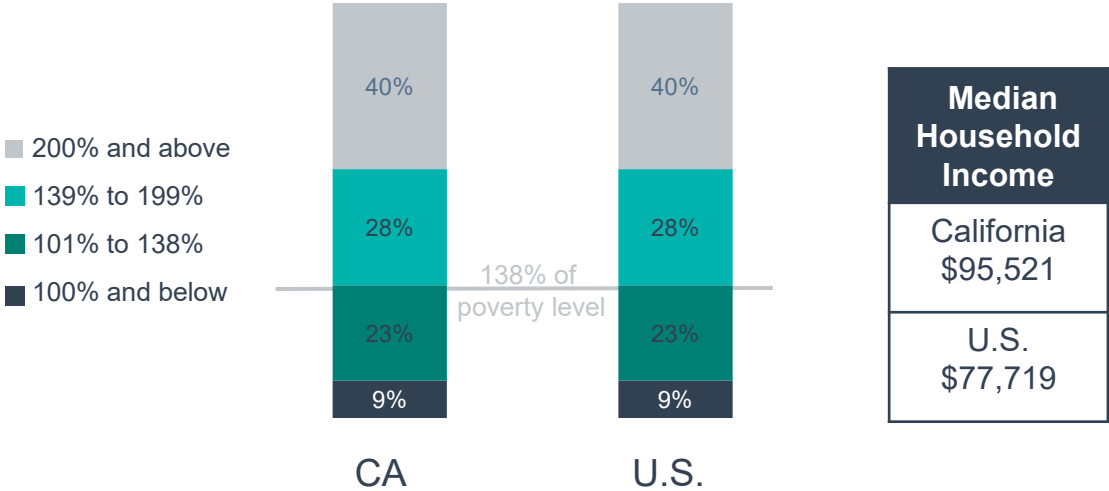
B. California Health Financing System Overview

B.1. Population Demographics

Total California Population: 38,965,193
 Estimated SMI Population: 2,337,912



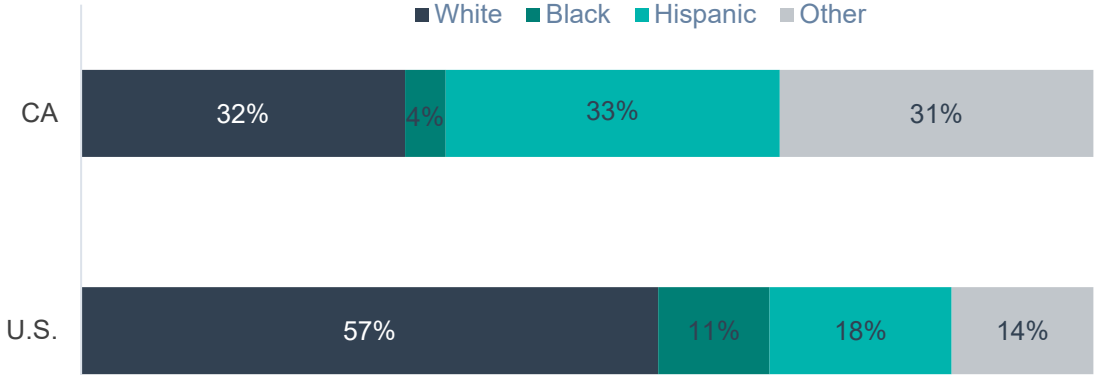
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

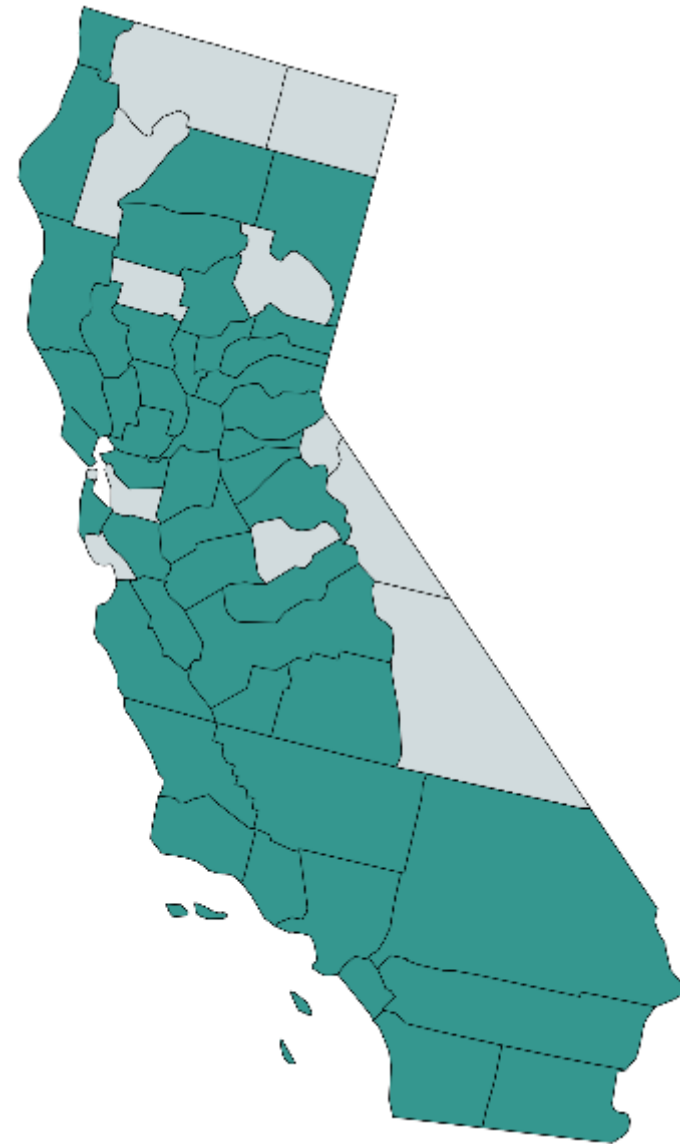


California & U.S. Racial Composition

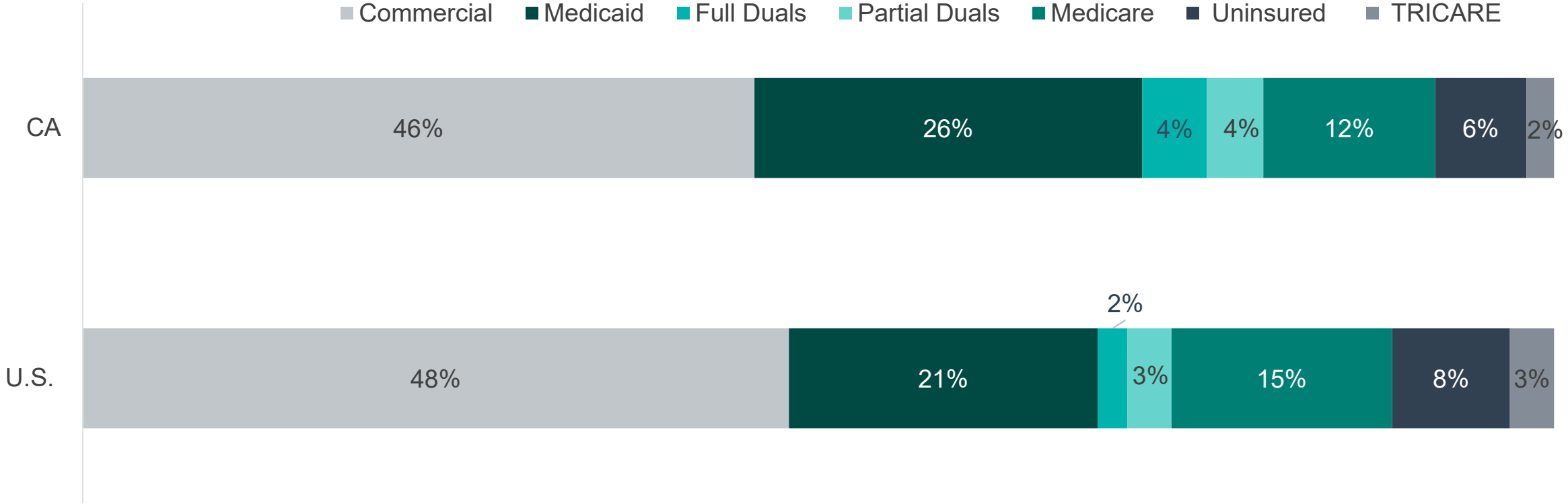


B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent Of Population
Total MSA Population	38,651,015	99%
Los Angeles-Long Beach-Anaheim, CA	12,927,614	33%
Riverside-San Bernardino-Ontario, CA	4,744,214	12%
San Francisco-Oakland-Berkley, CA	4,579,599	12%
San Diego-Chula Vista-Carlsbad, CA	3,298,799	8%
Sacramento-Roseville-Folsom, CA	2,463,127	6%
San Jose-Sunnyvale-Santa Clara, CA	1,995,484	5%
Fresno, CA	1,189,557	3%
Bakersfield, CA	916,108	2%
Oxnard-Thousand Oaks-Ventura, CA	835,427	2%
Stockton, CA	793,229	2%
Other MSAs	4,907,857	13%



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



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

Commercial Medicaid Full Duals Partial Duals Medicare Uninsured TRICARE



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 of California	Commercial	7,013,671
Anthem Blue Cross Life & Health Insurance Company	Commercial	4,917,228
Medicare fee-for-service (FFS)	Medicare	3,388,958
California Physicians' Service	Commercial	2,924,208
Anthem Blue Cross of California	Commercial	1,868,810
UnitedHealthcare ASO	Commercial administrative services only (ASO)	1,742,120
Kaiser Permanente Senior Advantage	Medicare Advantage	1,460,301
Aetna ASO	Commercial ASO	1,431,987
Health Net Medi-Cal	Medicaid – Two Plan Model	1,427,042
LA Care Medi-Cal	Medicaid – Two Plan Model	1,366,359

*Medicaid enrollment as of April 2025; Commercial as of October 2023; Medicare as of September 2024; TRICARE enrollment as of December 2023.

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

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	3,388,958	769,293
Kaiser Foundation Health Plan of California	Commercial	7,013,671	343,670
Kaiser Permanente Senior Advantage	Medicare Advantage	1,460,301	331,488
Anthem Blue Cross Life and Health Insurance Company	Commercial	4,917,228	240,944
California Physicians' Service	Commercial	2,924,208	143,286
Health Net Medi-Care	Medicaid- Two Plan Model	1,427,042	125,580
LA Care Medi-Care	Medicaid-Two Plan Model	1,366,359	120,240
Anthem Blue Cross of California	Commercial	1,868,810	91,572
UnitedHealthcare ASO	Commercial ASO	1,742,120	85,364
Partnership HealthPlan of California	Medicaid - County Organized Health System	904,506	79,597

*Medicaid enrollment as of April 2025; Commercial as of October 2023; Medicare as of September 2024; TRICARE enrollment as of December 2023.

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace Percent	5%
Type of Marketplace	State-based
Individual Enrollment Contact	https://www.coveredca.com/
	1-800-300-1506
Small Business Enrollment Contact	https://www.coveredca.com/forsmallbusiness/
	1-855-777-6782

2025 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Aetna CVS Health 2. Anthem Blue Cross of California 3. Blue Shield of California 4. Chinese Community Health Plan 5. Health Net 6. Inland Empire Health Plan 7. Kaiser Permanente 8. L.A. Care Health Plan 9. Molina Healthcare 10. Sharp Health Plan 11. Valley Health Plan 12. Western Health Advantage
2025 Small Group Market Plans
<ol style="list-style-type: none"> 1. Blue Shield of California 2. Kaiser Permanente 3. Sharp Health Plan

B.6. Accountable Care Organizations (ACOs)

Commercial ACOs

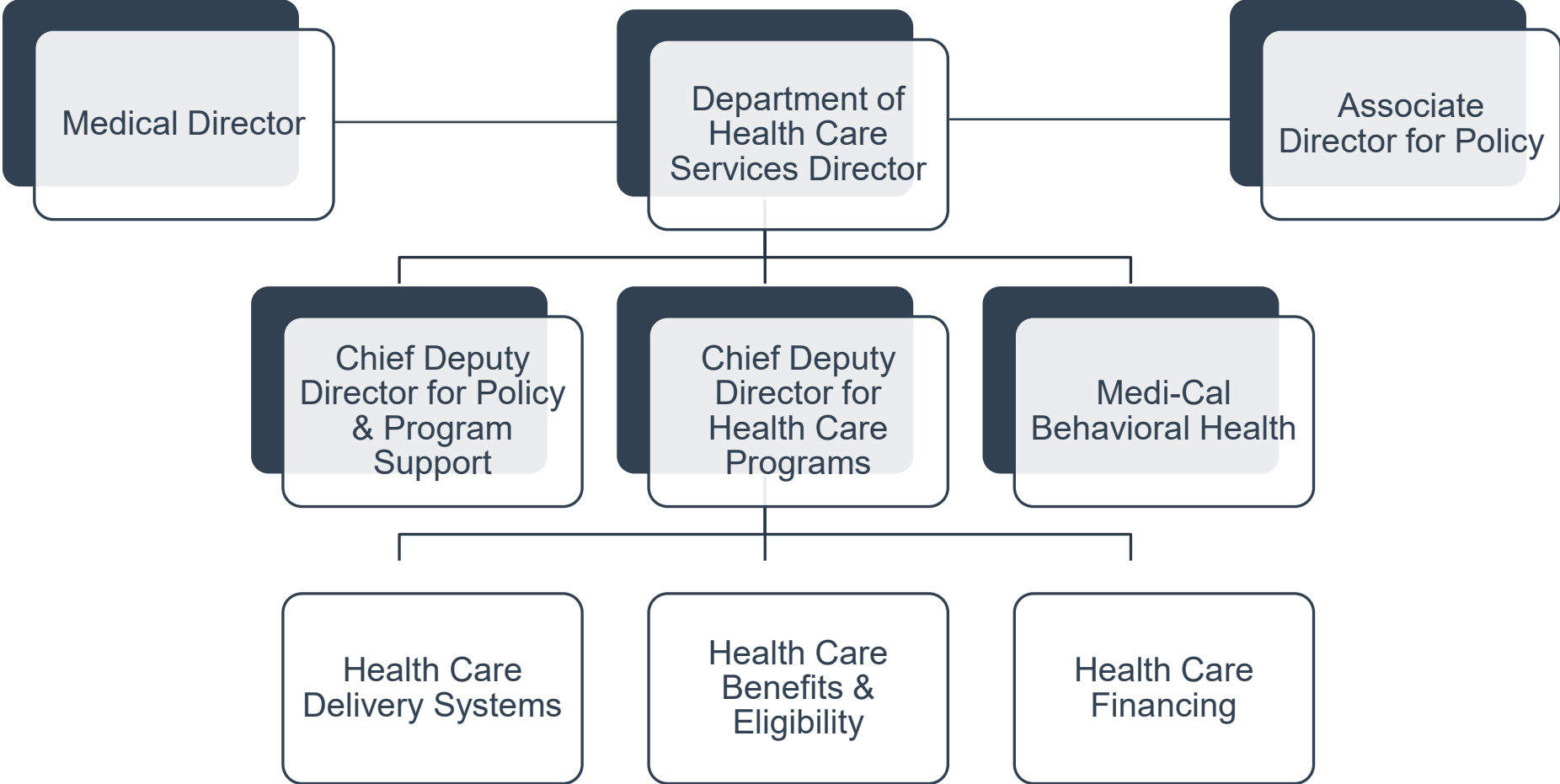
1. AllCare IPA
2. AltaMed Health Services Corporation Accountable Care Network
3. Canopy Health
4. Facey Medical Group
5. Greater Newport Physicians Hoag ACO
6. HCP ACO California, dba, Optum California ACO
7. John Muir Health ACO
8. MemorialCare Health System
9. Palo Alto Medical Foundation Collaborative 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

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

Medicare Shared Savings Model ACOs	
1. Achiever Health Care	21. Health Connect Partners, LLC
2. ACMG Health Systems, Inc	22. Hill Physicians 2023 MSSP
3. ACO Collaborative, LLC	23. Hill Physicians MSSP 2024
4. Adventist Health Accountable Care	24. Medical Home Network Health alliance II, LLC
5. Akira Health of Fresno, Inc	25. On Belay Health Solutions
6. Akira Health of Los Angeles, Inc	26. Optum California ACO
7. Altais Care Alliance	27. Pacific Accountable Care
8. APOLLOMED MSSP I Inc	28. Pacific Private Practice Network
9. C3 MSSP LLC	29. Privia Quality Network Tennessee, LLC
10. CA MSSP 2020 Enhanced	30. Renown Accountable Care, LLC
11. CA MSSP 2023	31. River City Medical Group ACO LLC
12. CA MSSP 2023 Enhanced	32. Scripps Accountable Care Organization
13. CA MSSP CHC	33. Sutter Medicare Director
14. California Clinical Partners ACO	34. The Accountable Care Organization, Ltd
15. Caravan Collaborative Pathways	35. Torrance Memorial Integrated Physicians
16. Care Partners ACO, LLC	36. UC Irvine Health Accountable Care Organization
17. Collaborative ACO 30, LLC	37. University Healthcare Alliance dba Stanford Medicine Partners
18. Dignity Health Care Network	38. Vytalize Health ACO
19. Family Choice ACO	
20. Gather Health	

C. Medicaid Administration, Governance & Operations

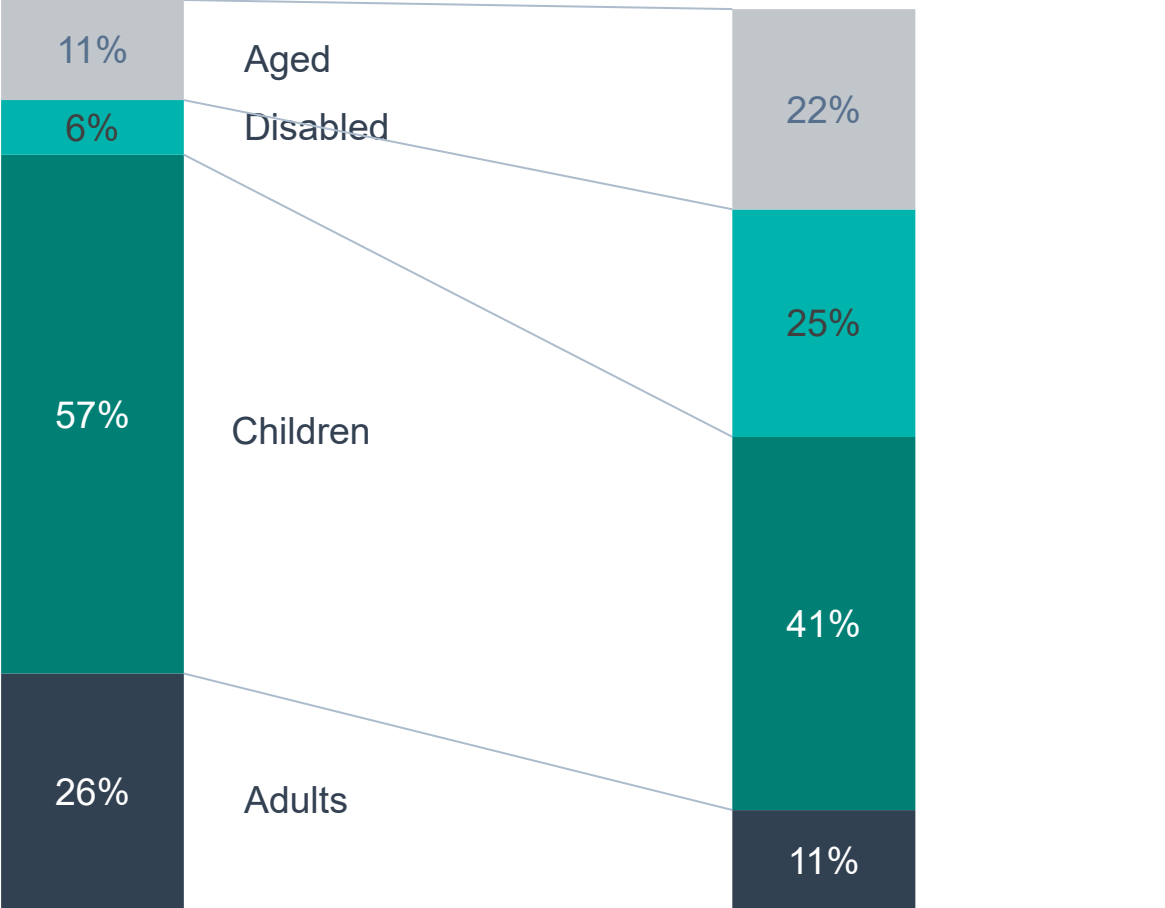
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Michelle Baass	Director	Department of Health Care Services (DHCS)	michelle.baass@dhcs.ca.gov
Tyler Sadwith	State Medicaid Director	DHCS	tyler.sadwith@dhcs.ca.gov
Erika Sperbeck	Chief Deputy Director	DHCS, Policy and Program Support	erika.sperbeck@dhcs.ca.gov.
Lindy Harrington	Assistant State Medicaid Director	DHCS	lindy.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 Policy	michelle.wong@dhcs.ca.gov
Susan Philip	Deputy Director	DHCS, Health Care Delivery Systems	susan.philip@dhcs.ca.gov
Yingjia Huang	Deputy Director	DHCS, Health Care Benefits and Eligibility	yingjia.huang@dhcs.ca.gov

C.2. Medicaid Program Spending By Eligibility Group



Percent of Total Medicaid Population

Percent of Total Medicaid Spending

Based on FY 2022 data

Totals may not equal 100% due to rounding.

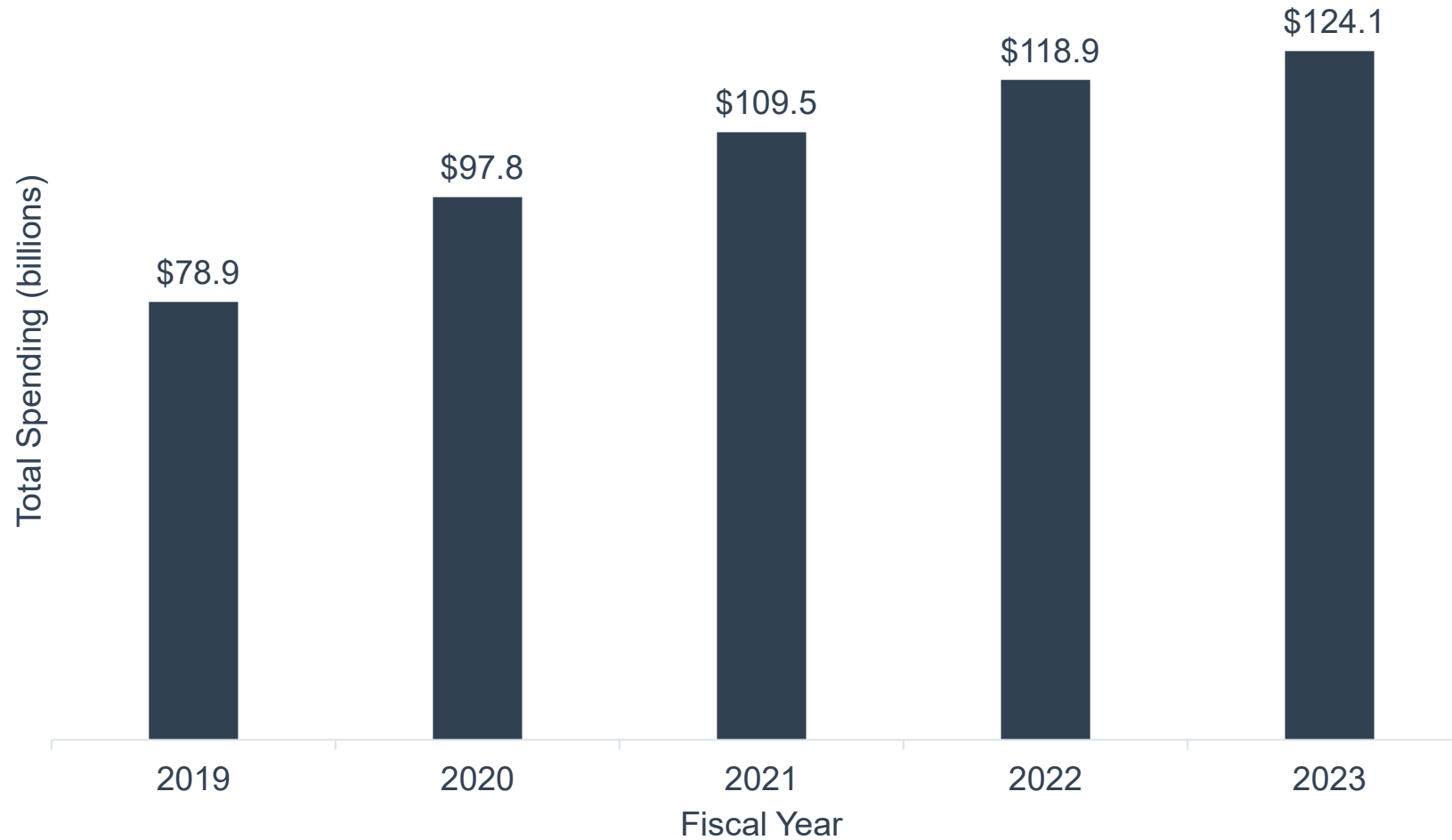
Medicaid Spending Per Enrollee, FY 2022		
	U.S.	CA
All populations	\$8,813	\$8,447
Children	\$3,786	\$3,521
Adults	\$5,443	\$4,833
Expansion adults	\$7,569	\$6,957
Blind and disabled	\$25,483	\$34,015
Aged	\$19,191	\$17,527

C.2. Medicaid Program Spending

Budget Item	SFY23 Spending	Percent Of Budget
Managed care and premium assistance	\$55,727,000,000	45%
Home- and community-based LTSS	\$25,231,000,000	20%
Hospital	\$11,760,000,000	9%
Other acute services	\$10,023,000,000	8%
Drugs	\$7,854,000,000	6%
Clinic and health center	\$4,427,000,000	4%
Medicare premiums and coinsurance	\$3,562,000,000	3%
Institutional LTSS	\$3,167,000,000	3%
Dental	\$1,531,000,000	1%
Physician	\$740,000,000	1%
Other practitioner	\$40,000,000	<1%
Budget Total: \$124,062,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	50.0%
CY 2025 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	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	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.
Legislation Used To Expand Medicaid	Senate Bill 26, 98th General Assembly
Number Of Individuals Enrolled In The Expansion Group (June 2024)	4,956,615
Number Of Enrollees Newly Eligible Due To Expansion	4,932,679
Benefits Plan For Expansion Population	<ul style="list-style-type: none"> • The alternative benefit plan is based on the state plan; however, LTSS is not included. • Medically frail individuals must be offered the full array of state plan services. • Individuals with SMI or chronic addiction considered to be medically frail.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

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 Benefits

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
Enrollment (April 2025)	394,980	13,959,937
SMI Enrollment	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.	
Management	<ul style="list-style-type: none"> Physical and traditional behavioral health: Department of Health Care Services Specialty behavioral health: County mental health plans 	<ul style="list-style-type: none"> Physical and traditional behavioral health: <ol style="list-style-type: none"> County Organized Health System: Counties Geographic Managed Care: Health plans Regional Model: Health plans Single-Plan Model: Health plans Two Plan Model: County and health plan Specialty behavioral health: County mental health plans
Payment Model	All services: FFS	<ul style="list-style-type: none"> Physical and traditional behavioral health all models: Capitated payment Specialty behavioral health: FFS
Geographic Service Area	<ul style="list-style-type: none"> Physical and traditional behavioral health: Statewide, except where the County Organized Health System is in place. Specialty behavioral health: Statewide, by county. 	<ul style="list-style-type: none"> Physical and traditional behavioral health: selected counties Specialty behavioral health: Statewide, by county

Total Medicaid: 14,354,917 | Total Medicaid With SMI: 1,263,232

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of April 2025: 3% in fee-for-service (FFS), 97% in managed care.
SMI population inclusion in managed care	<ul style="list-style-type: none"> 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. Estimated 3% of population in FFS, 97% in managed care.
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> 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. Estimated 15% of population in FFS, 85% in managed care.

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. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

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.

Mental Health Services

- 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.

Addiction Treatment Services

- The Department of Health Care Services Substance Use Disorder Prevention, Treatment, and Recovery Services Division oversees funding allocated to county addiction treatment agencies for the provision of addiction treatment services for the safety-net population.

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 operates health homes for individuals with chronic conditions individuals with SMI.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	California operates an integrated managed care program for dual eligibles.
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 20 CCHBCs.

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

California provides managed care through five 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"> Partial benefit dual eligibles 	N/A	<ul style="list-style-type: none"> Families and children Aged and disabled populations Expansion population Full-benefit dual eligibles Pregnant women Breast and cervical cancer program Foster care youth and adoption assistance Medically needy individuals Refugee assistance
Single-Plan	<ul style="list-style-type: none"> Medically needy individuals Individuals needing long-term care Individuals enrolled in the In-Home Operations waiver program Developmental disabilities waiver program individuals with cost share Partial benefit dual eligibles 	<ul style="list-style-type: none"> Families and children Aged and disabled populations Expansion population Full-benefit dual eligibles Foster care youth and adoption assistance Breast and cervical cancer program Refugee assistance 	N/A
<ul style="list-style-type: none"> Geographic Managed Care (GMC) Regional Two Plan 	<ul style="list-style-type: none"> Medically needy individuals Individuals needing long-term care Individuals enrolled in the In-Home Operations waiver program Developmental disabilities waiver program individuals with cost share Partial benefit dual eligibles 	<ul style="list-style-type: none"> Full-benefit dual eligibles in non-demonstration counties Breast and cervical cancer program Foster care youth and adoption assistance 	<ul style="list-style-type: none"> Families and children Aged and disabled populations Expansion population Full-benefit dual eligibles in demonstration counties Pregnant women Refugee assistance

D.2. Medicaid FFS Program: Overview

- California calls its state Medicaid program Medi-Cal.
- As of April 2025, FFS enrollment was 394,980.

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, counties have the option to act as non-risk prepaid inpatient health plans for addiction treatment services.
 - The state requested to continue implementation. The program is extended until December 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 five 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

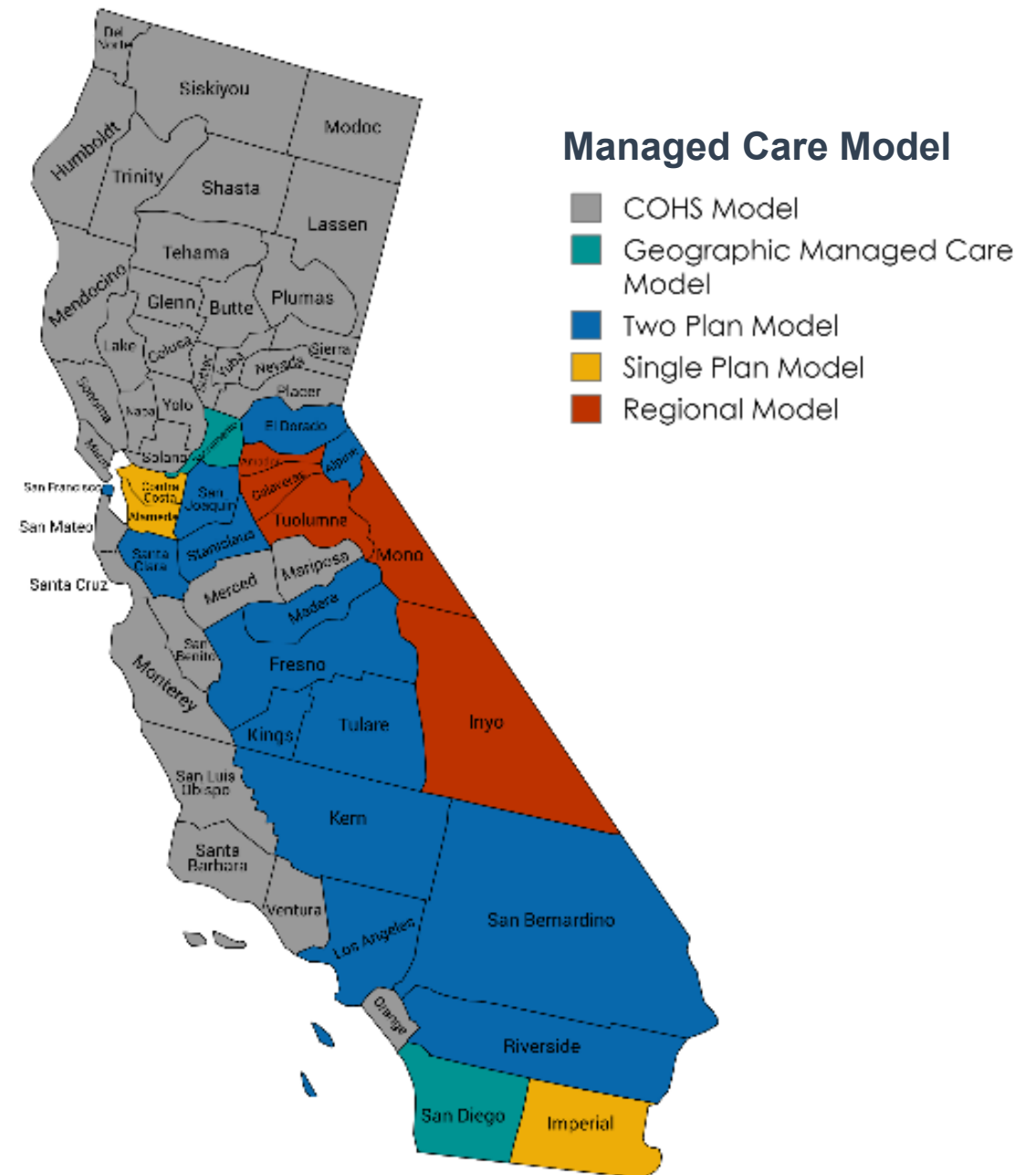
California FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Magellan
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	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"> • Antipsychotic injectable medications are covered as a pharmacy benefit. • The state maintains an injectable drug list that is separate from the CDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Drugs not included on the CDL may be covered if prior approval is obtained. • Use of antipsychotics for persons under 18 years old requires prior approval. • Off-label use of antipsychotics for individuals in skilled nursing facilities is not allowed. • Prior approval for antidepressant use for persons under age 18 varies by medication. • Age-based prior approvals, restrictions on dispensing quantities, or indicated diagnoses apply to some anti-anxiety drugs.
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 April 2025, managed care enrollment was 13,959,937.
- California provides managed care through five different models. Each county can choose one of the following models:
 - County Organized Health System (COHS)
 - Geographic Managed Care (GMC)
 - Single Plan
 - Regional
 - 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

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

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

Health Plan	County	Enrollment
Central California Alliance for Health	Merced	149,347
	Mariposa	5,661
	Monterey	190,880
	San Benito	20,633
	Santa Cruz	77,395
	Total	443,916
CenCal	San Luis Obispo	67,722
	Santa Barbara	174,630
	Total	242,352
Health Plan of San Mateo	San Mateo	149,312
	Total	149,312
Gold Cost Health Plan	Ventura	241,314
	Total	241,314
CalOptima	Orange	883,830
	Total	883,830

D.3. Medicaid Managed Care Program: County Organized Health System (cont.)

Health Plan	County	Enrollment
Kaiser Permanente	Marin	7,081
	Mariposa	13
	Napa	7,741
	Orange	70,219
	Placer	17,963
	San Mateo	17,076
	Santa Cruz	1,064
	Solano	37,425
	Sonoma	25,736
	Sutter	43
	Ventura	8,874
	Yolo	5,846
	Yuba	843
Total	199,861	

Health Plan	County	Enrollment
Partnership Health Plan of CA	Butte	85,892
	Colusa	10,313
	Glenn	13,658
	Nevada	28,630
	Placer	61,070
	Plumas	5,870
	Sierra	862
	Sutter	43,641
	Tehama	29,970
	Solano	102,108
	Sonoma	112,572
	Trinity	5,319
	Total	499,905

Health Plan	County	Enrollment
Partnership Health Plan of CA	Del Norte	12,314
	Humboldt	58,126
	Lake	34,165
	Lassen	8,757
	Marin	46,729
	Mendocino	40,553
	Modoc	3,975
	Napa	27,335
	Shasta	65,041
	Siskiyou	17,594
	Yolo	53,243
	Yuba	36,767
	Total	404,599

Total COHS enrollment as of April 2025: 3,065,089

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	256,350
	Health Net	148,675
	Kaiser Foundation	136,682
	Molina Healthcare	74,909
San Diego	Community Health Group	386,943
	Molina Healthcare	286,291
	Blue Shield of California Promise	192,782
	Kaiser	74,128

Total GMC enrollment as of April 2025: 1,556,760

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
Alpine	Mountain Valley Health Plan	34
	Anthem Blue Cross	230
El Dorado	Kaiser Permanente	3,927
	Mountain Valley Health Plan	8,321
	Anthem Blue Cross	25,970
Fresno	CalViva Health	343,946
	Kaiser Permanente	9,020
	Anthem Blue Cross	151,970
Kern	Kern Health Systems	405,227
	Anthem Blue Cross	43,194
	Kaiser Permanente	22,114
Kings	CalViva Health	38,593
	Kaiser Permanente	209
	Anthem Blue Cross	24,942

D.3. Medicaid Managed Care Program: Two Plan System (cont.)

County	Health Plan	Enrollment
Los Angeles	L.A. Care	2,366,539
	Kaiser Permanente	318,105
	Health Net	1,189,737
Madera	CalViva Health	50,185
	Kaiser Permanente	1,565
	Anthem Blue Cross	27,650
Riverside	Inland Empire Health Plan	751,795
	Kaiser Permanente	87,479
	Molina Healthcare	101,938
San Bernardino	Inland Empire Health Plan	731,884
	Kaiser Permanente	95,683
	Molina Healthcare	96,528
San Francisco	San Francisco Health Plan	179,323
	Kaiser Permanente	22,077
	Anthem Blue Cross	36,689

County	Health Plan	Enrollment
San Joaquin	Health Plan of San Joaquin	234,577
	Kaiser Permanente	28,078
	Health Net	34,309
Santa Clara	Santa Clara Family Health	295,694
	Kaiser Permanente	48,584
	Anthem Blue Cross	97,159
Stanislaus	Health Plan of San Joaquin	166,474
	Kaiser Permanente	9,549
	Health Net	64,982
Tulare	Anthem Blue Cross	143,175
	Kaiser Permanente	116
	Health Net	138,014

Total Two Plan enrollment as of April 2025: 8,395,585

D.3. Medicaid Managed Care Program: Regional System

- The Regional System model is for rural counties that have not elected to participate in the COHS or Two-Plan models.
- In a Regional System model counties, DHCS contracts with a Knox-Keene Act- licensed commercial MMPS serving two or more contiguous counties in the designated Rural Expansion Region.

Health Plan	Counties	Enrollment
Anthem Blue Cross	<ul style="list-style-type: none">• Amador• Calaveras• Inyo• Mono• Tuolumne	25,685
Health Net		17,405
Kaiser	Amador	319

Total Regional System enrollment as of April 2025: 43,409

D.3. Medicaid Managed Care Program: Single-Plan Systems

- In a Single Plan model county, DHCS contracts with a managed care plan (MCP) that operates under the authorization and sponsorship of a county or local authority.

County	Health Plan	Enrollment
Alameda	Alameda Alliance for Health	406,141
	Kaiser Permanente	73,395
Total Alameda County Enrollment as of April 2025: 479,536		
Imperial	Community Health Plan of Imperial Valley	97,672
	Kaiser Permanente	25
Total Imperial County Enrollment as of April 2025: 97,697		
Contra Costa	Contra Costa Health Plan	263,995
	Kaiser Permanente	57,864
Total San Benito County Enrollment as of April 2025: 321,859		

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

Blue Shield Of California	Community Health Plan of Imperial Valley	CalOptima
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: Blue Shield of California Behavioral health subcontractor: Magellan Pharmacy benefit manager: Medi-Cal Managed care programs: Medi-Medi, GMC Enrollment share: 1% 	<ol style="list-style-type: none"> Profit status: For-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Medi-Cal Managed care programs: Single-Plan Enrollment share: <1% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Magellan (dual eligibles only) Pharmacy benefit manager: Medi-Cal Managed care programs: COHS, Medi-Medi Enrollment share: 6%
CalViva Health	CenCal	Central California Alliance For Health
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Medi-Cal Managed care programs: Two Plan Enrollment share: 3% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Medi-Cal Managed care programs: COHS Enrollment share: 2% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Medi-Cal Managed care programs: COHS Enrollment share: 3%

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

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Health Plan Characteristics (cont.)

Alameda Alliance For Health

1. **Profit status:** Non-profit
2. **Parent company:** None
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefit manager:** Medi-Cal
5. **Managed care programs:** Two Plan, Single-Plan
6. **Enrollment share:** <1%

Contra Costa Health Plan

1. **Profit status:** Non-profit
2. **Parent company:** Contra Costa Health Services
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefit manager:** Medi-Cal
5. **Managed care programs:** Two Plan, Single-Plan
6. **Enrollment share:** 2%

Community Health Group

1. **Profit status:** Non-profit
2. **Parent company:** None
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefit manager:** Medi-Cal
5. **Managed care programs:** Medi-Medi, GMC
6. **Enrollment share:** 3%

Anthem Blue Cross

1. **Profit status:** For-profit
2. **Parent company:** Anthem, Inc.
3. **Behavioral health subcontractor:** None
4. **Pharmacy benefit manager:** Medi-Cal
5. **Managed care programs:** Medi-Medi, GMC, Regional, San Benito, Two Plan
6. **Enrollment share:** 6%

Gold Coast Health Plan

1. **Profit status:** Non-profit
2. **Parent company:** None
3. **Behavioral health subcontractor:** Carelon Behavioral Health
4. **Pharmacy benefit manager:** Medi-Cal
5. **Managed care programs:** COHS
6. **Enrollment share:** 2%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Health Plan Characteristics (cont.)

Health Net
<ol style="list-style-type: none"> Profit status: For-profit Parent company: Centene Corporation Behavioral health subcontractor: MHN Pharmacy benefit manager: Medi-Cal Managed care programs: Medi-Medi, Two Plan Enrollment share: 11%

Health Plan Of San Joaquin
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Medi-Cal Managed care programs: Two Plan Enrollment share: 3%

Health Plan Of San Mateo
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: BHRS Pharmacy benefit manager: Medi-Cal Managed care programs: Medi-Medi, COHS Enrollment share: 1%

Inland Empire Health Plan
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Medi-Cal Managed care programs: Medi-Medi, Two Plan Enrollment share: 11%

Kaiser Permanente
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: Kaiser Permanente Behavioral health subcontractor: None Pharmacy benefit manager: Medi-Cal Managed care programs: GMC, Regional, Single-Plan Enrollment share: 9%

Kern Family Health
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: Kern Health Systems Behavioral health subcontractor: None Pharmacy benefit manager: Medi-Cal Managed care programs: Two Plan Enrollment share: 3%

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

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Health Plan Characteristics (cont.)

L.A. Care*	Molina Healthcare	Partnership Health Plan Of CA
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Medi-Cal Managed care programs: Medi-Medi, Two Plan Enrollment share: 17% 	<ol style="list-style-type: none"> Profit status: For-profit Parent company: Molina Healthcare, Inc. Behavioral health subcontractor: None Pharmacy benefit manager: Medi-Cal Managed care programs: Medi-Medi, GMC, Imperial, Two Plan Enrollment share: 4% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Medi-Cal Managed care programs: COHS Enrollment share: 6%
Santa Clara Family Health	San Francisco Health Plan	Mountain Valley Health Plan
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Medi-Cal Managed care programs: Medi-Medi, Two Plan Enrollment share: 2% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Medi-Cal Managed care programs: Two Plan Enrollment share: 1% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: San Joaquin County Health Commission Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Medi-Cal Managed care programs: Two Plan Enrollment share: <1%

*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 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 January 2025, the program was live in 40 of California's 58 counties.
- Cal-Aim is a new initiative within the state that will change this 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"> 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 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 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) 	<ol style="list-style-type: none"> 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.3. Medicaid Managed Care Program: SMI Population

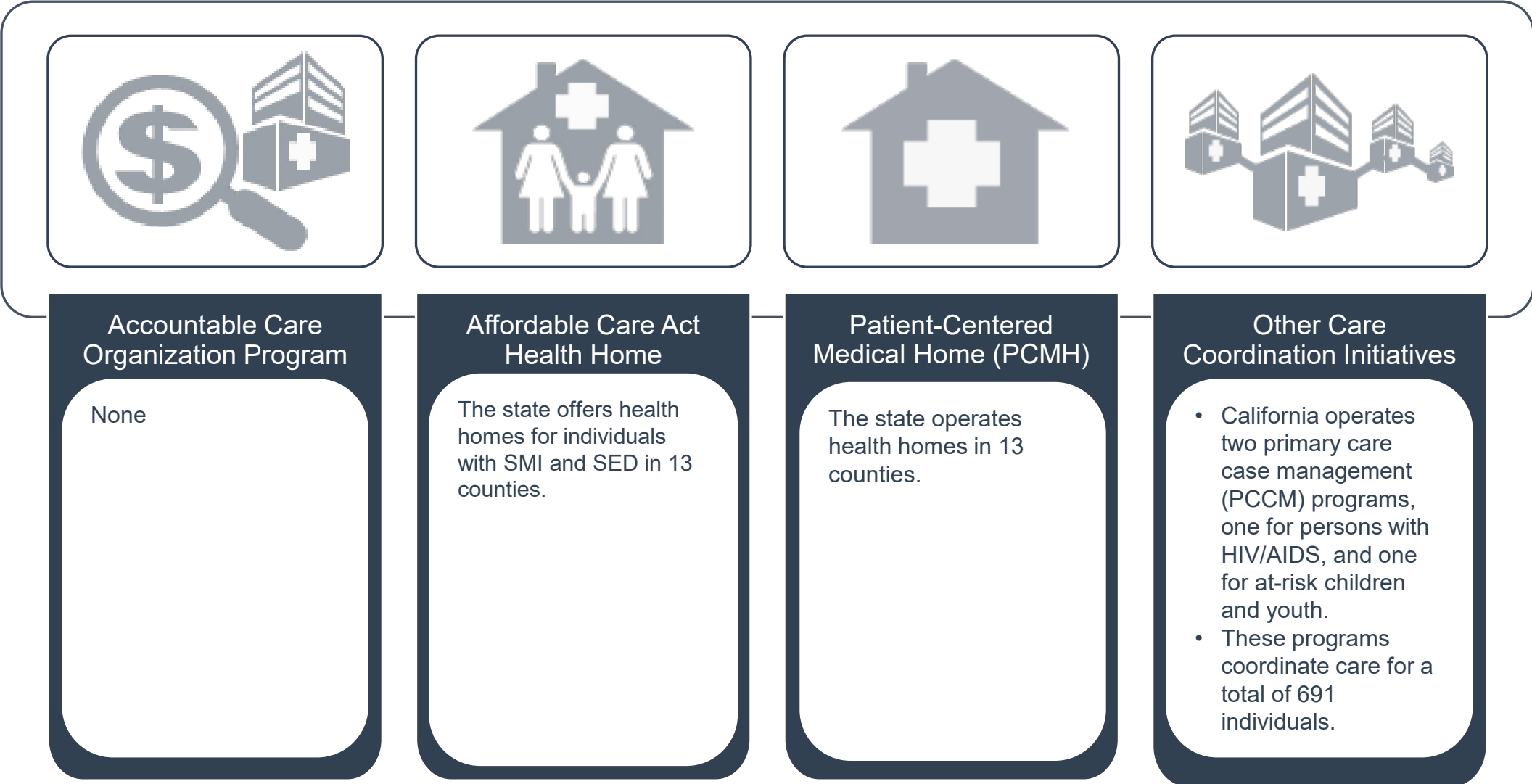
- SMI population enrollment in managed care varies by county based on the managed care model employed. Individuals in the SMI population are not specifically exempted from managed care enrollment under any of the five models but may meet other criteria for FFS enrollment.
- *OPEN MINDS* estimates that 97% 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

Responsible For Financing General Pharmacy Benefit	All prescription drugs are covered FFS by the state.
Responsible For Financing Mental Health Pharmacy Benefit	Covered FFS by the state
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	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.
Health Plan Uses A PDL For Mental Health Drugs	Mental health pharmacy is not included in capitation rate, but rather, is provided FFS by the state.
Health Plan Uses A PDL For Addiction Treatment Drugs	Alcohol and opioid detoxification and dependency treatment drugs are not included in capitation rate, but rather, are provided FFS by the state.
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<ul style="list-style-type: none"> • Drugs not included on the CDL may be covered if prior approval is obtained. • Use of antipsychotics for persons under 18 years old requires prior approval. • Off-label use of antipsychotics for individuals in skilled nursing facilities is not allowed. • Prior approval for antidepressant use for persons under age 18 varies by medication. • Age-based prior approvals, restrictions on dispensing quantities, or indicated diagnoses apply to some anti-anxiety drugs.
Health Plan Allowed To Implement Pharmacy Lock-In Program	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	
Target Population	<ul style="list-style-type: none"> • Persons with two or more chronic conditions, or persons with asthma and at-risk for another chronic condition • 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. • Persons must be enrolled in a health plan to receive health home services. • 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.
Enrollment Model	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.
Geographic Service Area	San Francisco, Riverside and San Bernardino, Alameda, Imperial, Kern, Los Angeles, Sacramento, San Diego, Santa Clara, Sonoma, and Tulare, Orange
Care Delivery Model	<ul style="list-style-type: none"> • 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. • 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. • Primary care-based model with a multidisciplinary care management team.
Payment Model	<ul style="list-style-type: none"> • Health plans receive a risk-based per member per month payment in addition to their existing capitation payment. • The health plans negotiate rates with CB-CMEs for the provision of health home services.
Practice Performance & Improvement	<ul style="list-style-type: none"> • The state works with an external evaluator for tracking utilization metrics and cost savings. • Reporting on the rate of hospital admissions, emergency room visits, and skilled nursing facility admissions. • The state collects data for the CMS core set measures and state-specific quality goals using benchmarked metrics—such as HEDIS measures—where available.

D.4. State Medicaid SMI Health Home Characteristics

CA Health Home Program	
Target Population	Persons with one serious and persistent mental health condition, SMI, or SED
Enrollment Model	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.
Geographic Service Area	San Francisco, Riverside and San Bernardino, Alameda, Imperial, Kern, Los Angeles, Sacramento, San Diego, Santa Clara, and Tulare
Care Delivery Model	<ul style="list-style-type: none"> • The health home network consists of the health plan, at least one CB-CME (see previous slide), and linkages to community support services. Health plans will be responsible for health home administration and for sharing enrollee information with the CB-CMEs. • 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. • Use of a multidisciplinary care management team.
Payment Model	<ul style="list-style-type: none"> • Health plans receive a risk-based per member per month payment in addition to their existing capitation payment. • The health plans will negotiate rates with CB-CMEs for the provision of health home services.
Practice Performance & Improvement	<ul style="list-style-type: none"> • The state work with an external evaluator for tracking utilization metrics and cost savings. • Reporting on the rate of hospital admissions, emergency room visits, and skilled nursing facility admissions. • The state collects data for the CMS core set measures and state-specific quality goals using benchmarked metrics—such as HEDIS measures—where available.

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.



■ No planned health homes

Counties	Chronic Conditions	SMI
San Francisco, Alameda, Imperial, Kern, Los Angeles, Sacramento, San Diego, Santa Clara, Sonoma, Tulare, Riverside, San Bernadino	✓	✓
Orange	✓	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"> 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. Restricts the health home program to delivery through managed care. Currently the state is working on a formal renewal with CMS 	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"> 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. 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. DHCS reimburses the county mental health plans for these services on a FFS basis. 	1915 (b)	None	01/01/2022	12/31/26

D.5. Medicaid Program: Demonstration & Care Management Waivers (cont.)

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)	Expand access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs.	1115	None	01/01/2025	12/31/29

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

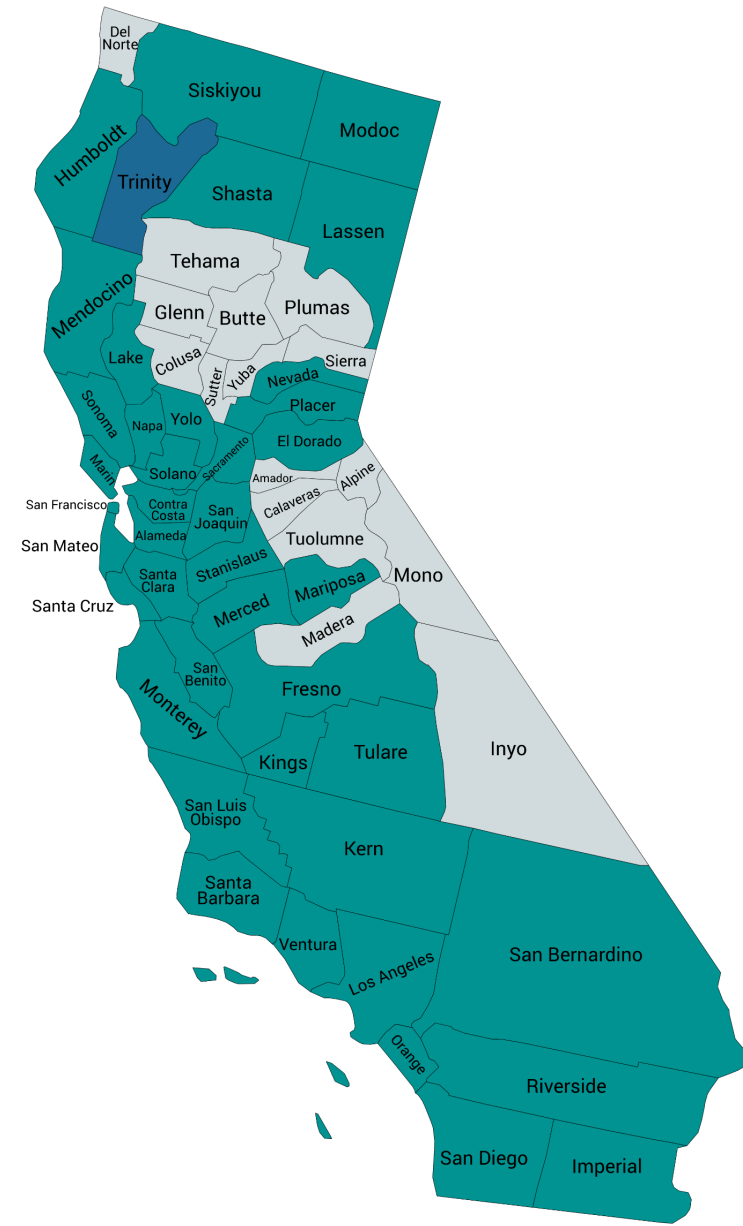
- Authorized by the section 1115 California Medi-Cal demonstration waiver, the California Coordinated Care Initiative (CCI) consists of three components:
 - Coordination of care for dual eligibles through the Medi-Medi dual demonstration program.
 - Mandatory enrollment for dual eligibles in managed care for Medi-Cal benefits if they opt-out of Medi-Medi.
 - 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: Drug Medi-Cal Organized Delivery System

- Drug Medi-Cal Organized Delivery System (DMC-ODS) was created 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.
- In December 2021, DHCS received approval from CMS to reauthorize DMC-ODS, shifting the managed care authority to the consolidated CalAIM 1915(b) waiver and using the Medicaid State Plan to authorize most DMC-ODS benefits.
- 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 a 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.
- As of January 2025, the program was live in 40 of California's 58 counties.

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

	Status	County
	Implemented	Alameda, Contra Costa, El Dorado, Fresno, Imperial, Kern, Lake, Lassen, Los Angeles, Marin, Mariposa, Mendocino, Merced, Modoc, 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, Shasta, Siskiyou, Solano, and Sonoma
	Planning to implement	Trinity
	Not planning to implement	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Inyo, Madera, Mono, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba



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

Waiver Title	Target Population	2025 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	13,305	California Department of Developmental Services	None
CA Multipurpose Senior Services Program (0141.R07.00)	Individuals ages 65 and over	13,373	California Department of Aging	1115
CA Assisted Living (0431.R04.00)	Individuals ages 65 and over, and physically disabled individuals ages 21 to 64	21,084	Health Care Delivery Systems	None
CA Self-Determination Program for Individuals with Developmental Disabilities (1166.R01.00)	Provides supports for individuals with developmental disabilities with no age restriction	5,000	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
CA HCBS Waiver for Californians with Developmental Disabilities (0336.R05.00)	Individuals with autism, intellectual disabilities, or developmental disabilities ages 0 or older who meet an ICF/IID level of care.	167,000	California Department of Developmental Services	None

D.6. Medicaid Program: New Initiatives- Medi-Cal Cell and Gene Therapy Access Model

- CMS has approved DHCS' participation in the groundbreaking Cell and Gene Therapy (CGT) Access Model beginning on July 1, 2025. This multi-year initiative will expand Medi-Cal members' access to lifesaving gene therapies for sickle cell disease (SCD), a severe genetic blood disorder that disproportionately affects people of African descent.
- These therapies have the potential to transform lives, and this initiative helps ensure that cost is not a barrier for Californians who need them most.
- Initially, the CGT Access Model will focus on access to gene therapy treatments for people living with SCD, specifically targeting therapies like Vertex's Casgevy and Bluebird's Lyfgenia.
- It aims to improve health care outcomes for Medi-Cal members by facilitating access to transformative therapies, while managing costs through outcomes-based agreements between CMS, manufacturers, and state Medicaid agencies.
- DHCS will work with CMS on onboarding activities in the coming weeks and will share more detailed information as it becomes available.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (September 2024)	3,388,958	3,989,116
SMI Enrollment	<i>OPEN MINDS</i> estimates 54% of the population in Medicare Advantage, 46% in Traditional Medicare.	
Management	<ul style="list-style-type: none"> Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs 	Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	Part A & B cover up to 80%, remaining costs can be paid out of pocket	Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 7,378,074 | Total Medicare With SMI: 1,669,218

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of September 2024: 54% Medicare Advantage, 46% in traditional Medicare.
SMI population inclusion in managed care	Estimated 54% of population in Medicare Advantage, 46% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of September 2024 was 7,378,074.
- It is estimated around 11% of the state's total population is enrolled in Medicare, compared with about 18% of the U.S. population enrolled in Medicare.
 - *OPEN MINDS* estimates approximately 29% of the state's SMI population is enrolled in a Medicare plan.
- Of the 58 counties in California, Medicare Advantage plans are available in 57 of them in 2025.
 - Across those 57 counties, plan availability varies from just one or two plans in several rural counties to 67 plans in some parts of Los Angeles County.
 - Trinity County in northern California does not have any Medicare Advantage plans available for 2025.
- There are 22 insurers in California that offer Medigap plans.
- Insurers in California are offering 18 stand-alone Part D plans for sale in 2025,5 with premiums starting at \$1.80/month.
 - As of June 2024, there were more than 5.7 million Medicare beneficiaries in California with Part D prescription coverage.
 - Over 2.3 million beneficiaries had stand-alone Medicare Part D plans, while more than 3.4 million had Medicare Advantage plans with built-in Part D coverage.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings Model ACOs

- | | |
|--|---|
| <ol style="list-style-type: none">1. Achiever Health Care2. ACMG Health Systems, Inc3. ACO Collaborative, LLC4. Adventist Health Accountable Care5. Akira Health of Fresno, Inc6. Akira Health of Los Angeles, Inc7. Altais Care Alliance8. APOLLOMED MSSP I Inc9. C3 MSSP LLC10. CA MSSP 2020 Enhanced11. CA MSSP 202312. CA MSSP 2023 Enhanced13. CA MSSP CHC14. California Clinical Partners ACO15. Caravan Collaborative Pathways16. Care Partners ACO, LLC17. Collaborative ACO 30, LLC18. Dignity Health Care Network19. Family Choice ACO20. Gather Health | <ol style="list-style-type: none">21. Health Connect Partners, LLC22. Hill Physicians 2023 MSSP23. Hill Physicians MSSP 202424. Medical Home Network Health alliance II, LLC25. On Belay Health Solutions26. Optum California ACO27. Pacific Accountable Care28. Pacific Private Practice Network29. Privia Quality Network Tennessee, LLC30. Renown Accountable Care, LLC31. River City Medical Group ACO LLC32. Scripps Accountable Care Organization33. Sutter Medicare Director34. The Accountable Care Organization, Ltd35. Torrance Memorial Integrated Physicians36. UC Irvine Health Accountable Care Organization37. University Healthcare Alliance dba Stanford Medicine Partners38. Vytalize Health ACO |
|--|---|

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Managed Care*	PACE
Enrollment (August 2024)	1,692,872	15,127
Estimated SMI Enrollment	355,503	3,176
Management	Physical health and TBH: 1. County Organized Health System: Counties 2. Geographic Managed Care: Health plans 3. Single-Plan Model: Health plans 4. Regional Model: Health plans 5. Two Plan Model: County and health plan Specialty behavioral health: County mental health plans	31 health plans
Payment Model	<ul style="list-style-type: none"> Physical health and TBH all models: Capitated payment Specialty behavioral health: Capitated payment 	Blended capitated rate
Geographic Service Area	<ul style="list-style-type: none"> Physical health and TBH: Statewide by county Specialty behavioral health: Statewide, by county 	Selected regions

Total Dual Eligible Enrollment: 1,707,999 | Total Dual Eligible Enrollment With SMI: 358,679

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	Enrollment April 2024	Estimated SMI Enrollment
Blue Shield TotalDual Plan	California Physicians Service	Medicare Advantage D-SNP	129,540	27,203
Kaiser Permanente Senior Advantage Medicare Medi-Cal Plan	Kaiser Permanente	Medicare Advantage D-SNP	79,202	16,632
WellCare Dual Liberty	Health Net Community Solutions	Medicare Advantage D-SNP	63,387	13,311
OneCare	Orange County Health Authority	Medicare Advantage D-SNP	17,395	3,653
SCAN Connections	SCAN Health Plans	Medicare Advantage D-SNP	13,910	2,921
Chinese Community Health Plan (CCHP) Senior Select Program	CCHP Health Plan	Medicare Advantage D-SNP	5,787	1,215
UnitedHealthcare Dual Complete	United Healthcare	Medicare Advantage D-SNP	4,687	987
Molina Medicare Complete Care	Molina Healthcare of California	Medicare Advantage D-SNP	3,768	791
AltaMed PACE	AltaMed Health Services	PACE	3,456	726
WellCare Dual Liberty Amber	Health Net of California, Inc	Medicare Advantage D-SNP	3,345	702

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of April 2024, full benefit dual eligible enrollment was 1,707,999.
- 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 April 2024 was 329,702. Total SMI enrollment for D-SNP plans was 69,237.

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

- There are no new or pending initiatives currently.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2022)	1,093,167
Estimated SMI Enrollment	229,565
Management	<ul style="list-style-type: none"> Physical health and Traditional Behavioral Health: 11 health plans Specialty behavioral health: County mental health plans
Payment Model	<ul style="list-style-type: none"> Physical and TBH: Blended capitation Specialty behavioral health: FFS
Geographic Service Area	Seven demonstration counties

Total LTSS Enrollment: 1,093,167 | Total LTSS Enrollment With SMI: 229,565

*Long-Term Services & Supports

G.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			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles			✓
Individuals with I/DD			✓
Individuals residing in nursing homes			✓
Individuals residing in ICF/IDD			✓
Other HCBS Recipients			✓
Other populations		Individuals living in sixteen rural counties	<ul style="list-style-type: none"> • Medically needy individuals • Individuals needing long-term care • Individuals enrolled in the In-Home Operations waiver program • Developmental disabilities waiver program individuals with cost share • Partial benefit dual eligibles

G.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 Medi-Medi dual demonstration program.
 - Mandatory enrollment for dual eligible in managed care for Medi-Cal benefits if they opt-out of Medi-Medi.
 - 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.
- The state intends in to provide MLTSS services statewide by 2027.

G.3. Medicaid LTSS Program: Health Plan Characteristics

Alameda Alliance For Health	Anthem Blue Cross
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Cal-Aim Managed care programs: Two Plan, Single-Plan Enrollment share: <1% 	<ol style="list-style-type: none"> Profit status: For-profit Parent company: Anthem, Inc. Behavioral health subcontractor: None Pharmacy benefit manager: Cal-Aim Managed care programs: Medi-Medi, GMC, Regional, San Benito, Two Plan Enrollment share: 6%
Blue Shield Of California	Community Health Plan of Imperial Valley
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: Blue Shield of California Behavioral health subcontractor: Magellan Pharmacy benefit manager: Cal-Aim Managed care programs: Medi-Medi, GMC Enrollment share: 1% 	<ol style="list-style-type: none"> Profit status: For-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Cal-Aim Managed care programs: Single-Plan Enrollment share: <1%
CalViva Health	CalOptima
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Cal-Aim Managed care programs: Two Plan Enrollment share: 3% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Magellan (dual eligibles only) Pharmacy benefit manager: Cal-Aim Managed care programs: COHS, Medi-Medi Enrollment share: 6%
CenCal	Central California Alliance For Health
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Cal-Aim Managed care programs: COHS Enrollment share: 2% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Cal-Aim Managed care programs: COHS Enrollment share: 3%

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

Totals may not equal 100% due to rounding.

G.3. Medicaid LTSS Program: Health Plan Characteristics

Community Health Group	Contra Costa Health Plan	Gold Coast Health Plan
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Cal-Aim Managed care programs: Medi-Medi, GMC Enrollment share: 3% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: Contra Costa Health Services Behavioral health subcontractor: None Pharmacy benefit manager: Cal-Aim Managed care programs: Two Plan, Single-Plan Enrollment share: 2% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Cal-Aim Managed care programs: COHS Enrollment share: 2%
Health Net	Health Plan Of San Joaquin	Health Plan Of San Mateo
<ol style="list-style-type: none"> Profit status: For-profit Parent company: Centene Corporation Behavioral health subcontractor: MHN Pharmacy benefit manager: Cal-Aim Managed care programs: Medi-Medi, Two Plan Enrollment share: 11% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: Carelon Behavioral Health Pharmacy benefit manager: Cal-Aim Managed care programs: Two Plan Enrollment share: 3% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: BHRS Pharmacy benefit manager: Cal-Aim Managed care programs: Medi-Medi, COHS Enrollment share: 1%
Inland Empire Health Plan	Kaiser Permanente	Kern Family Health
<ol style="list-style-type: none"> Profit status: Non-profit Parent company: None Behavioral health subcontractor: None Pharmacy benefit manager: Cal-Aim Managed care programs: Medi-Medi, Two Plan Enrollment share: 11% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: Kaiser Permanente Behavioral health subcontractor: None Pharmacy benefit manager: Cal-Aim Managed care programs: GMC, Regional, Single-Plan Enrollment share: 9% 	<ol style="list-style-type: none"> Profit status: Non-profit Parent company: Kern Health Systems Behavioral health subcontractor: None Pharmacy benefit manager: Cal-Aim Managed care programs: Two Plan Enrollment share: 3%

Enrollment share includes the total number of individuals enrolled in regular Medicaid health plans and the dual eligible demonstration.
Totals may not equal 100% due to rounding.

G.3. Medicaid LTSS Program: Health Plan Characteristics

L.A. Care*
1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: Carelon Behavioral Health
4. Pharmacy benefit manager: Cal-Aim
5. Managed care programs: Medi-Medi, Two Plan
6. Enrollment share: 17%

Molina Healthcare
1. Profit status: For-profit
2. Parent company: Molina Healthcare, Inc.
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Cal-Aim
5. Managed care programs: Medi-Medi, GMC, Imperial, Two Plan
6. Enrollment share: 4%

Partnership Health Plan Of CA
1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: Carelon Behavioral Health
4. Pharmacy benefit manager: Cal-Aim
5. Managed care programs: COHS
6. Enrollment share: 6%

Santa Clara Family Health
1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: None
4. Pharmacy benefit manager: Cal-Aim
5. Managed care programs: Medi-Medi, Two Plan
6. Enrollment share: 2%

San Francisco Health Plan
1. Profit status: Non-profit
2. Parent company: None
3. Behavioral health subcontractor: Carelon Behavioral Health
4. Pharmacy benefit manager: Cal-Aim
5. Managed care programs: Two Plan
6. Enrollment share: 1%

Mountain Valley Health Plan
1. Profit status: Non-profit
2. Parent company: San Joaquin County Health Commission
3. Behavioral health subcontractor: Carelon Behavioral Health
4. Pharmacy benefit manager: Cal-Aim
5. Managed care programs: Two Plan
6. Enrollment share: <1%

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

G.4. Medicaid LTSS Program: Program Benefits

Federally Mandated Benefits

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 Benefits

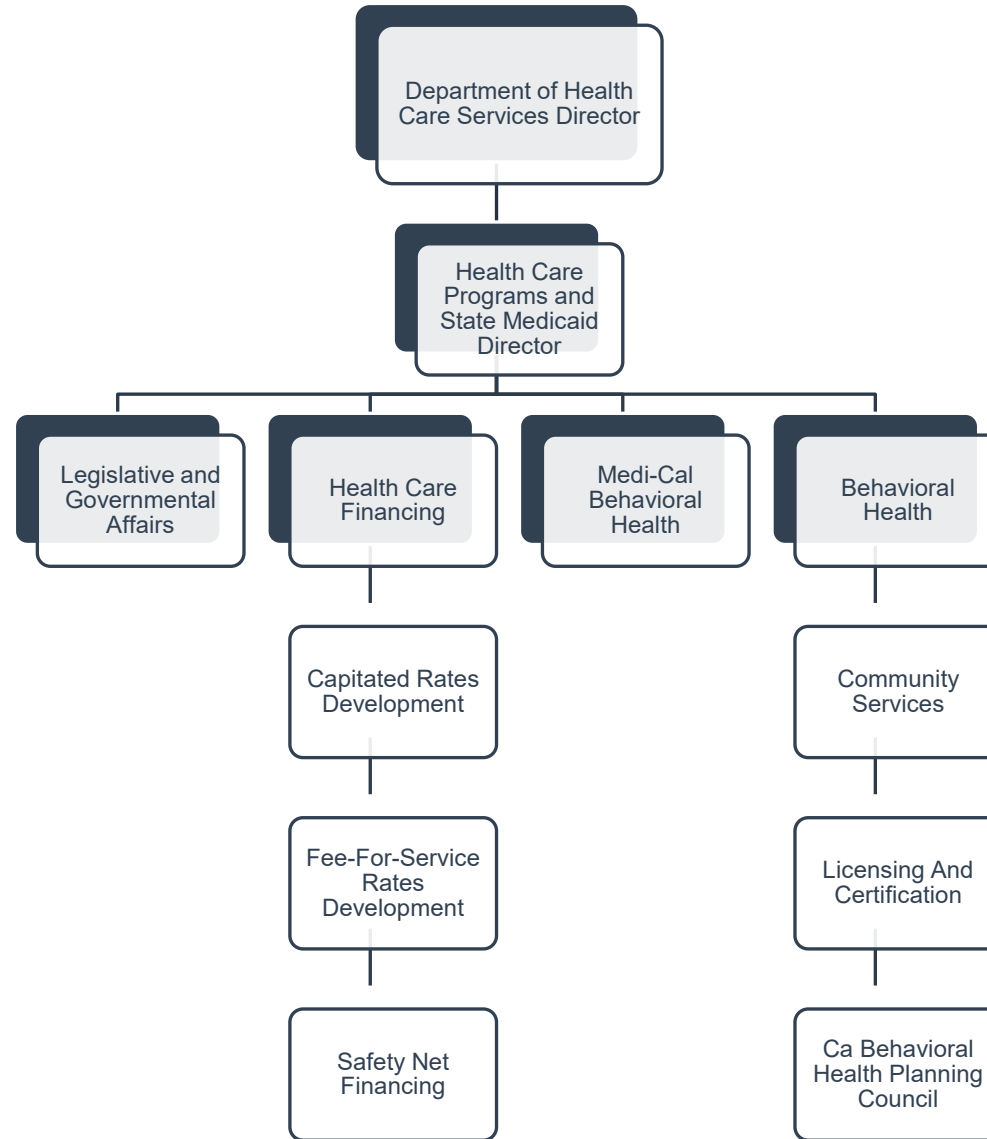
1. Services of other practitioners
2. Private duty nursing
3. Clinic services
4. Dental services and dentures
5. Physical and occupational therapy
6. Services for individuals with speech, hearing, and language disorders
7. Prescribed drugs
8. Acupuncture
9. Prosthetic devices
10. Preventive and rehabilitative 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

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending initiatives currently.

H. State Behavioral Health Administration & Finance System

H.1. Department Of Health Care Services: Organization Chart



H.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	State Medicaid Director	DHCS, Behavioral Health	tyler.sadwith@dhcs.ca.gov
Paula Wilhelm	Deputy Director	DHCS, Behavioral Health	paula.wilhelm@dhcs.ca.gov
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

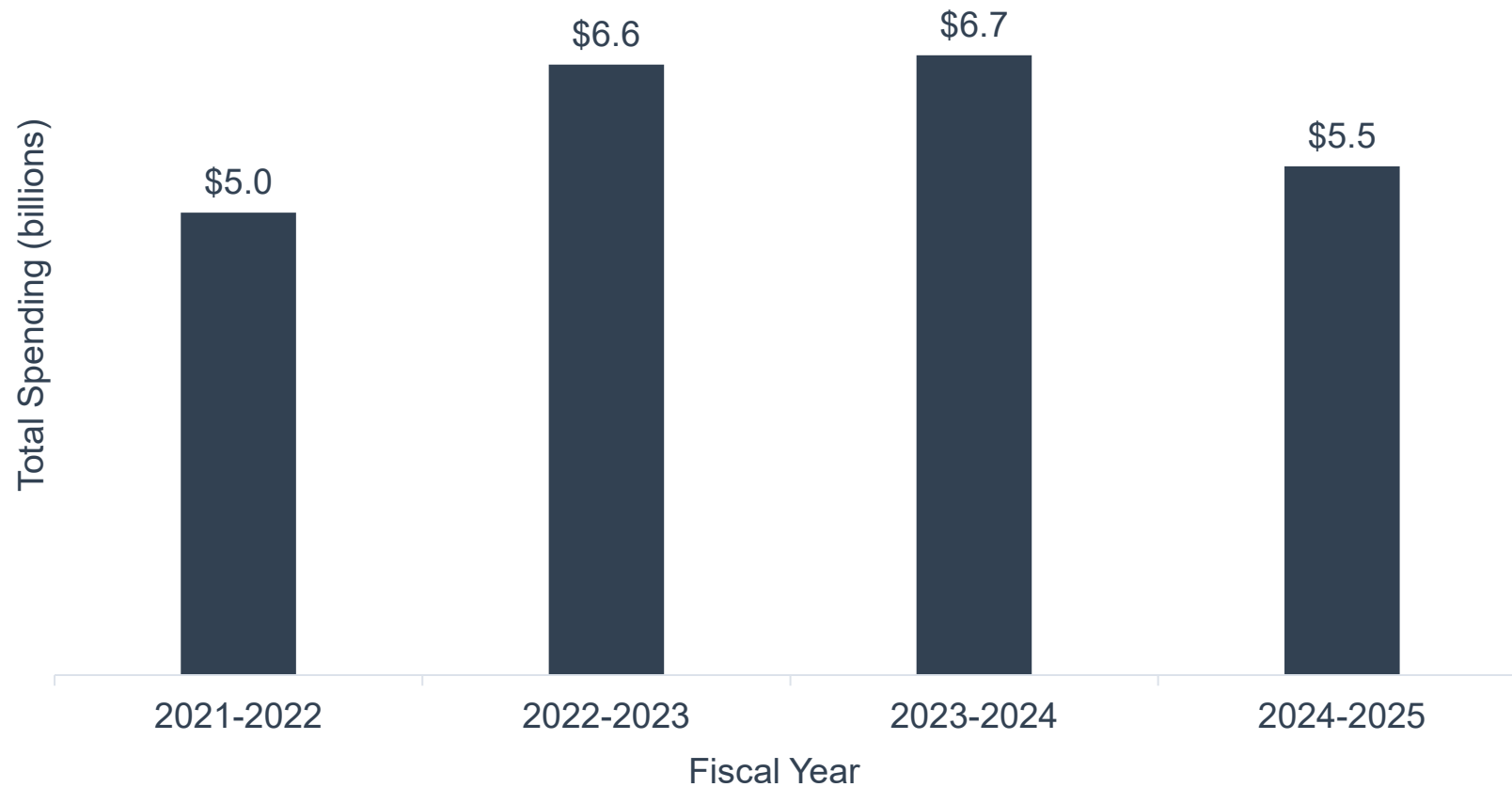
H.2. Department of Health Care Services: Budget

Budget Item	SFY 2024-2025 Expenditures*	Percent Of Budget
Local Assistance	\$2,779,873,000	50%
Community Services and Supports	\$2,046,900,000	37%
Prevention and Early Intervention	\$511,600,000	9%
Innovation	\$134,600,000	2%
State Operations	\$65,915,000	1%
Budget Total: \$5,538,488,000		

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.

*The Mental Health Services Act Budget Report for 2025-2026 has not been released at the time of publication.

H.2. Department of Health Care Services: Budget Over Time



H.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
Total		6,078

H.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.

H.4. County Mental Health Plans

County Mental Health Plans

- | | |
|---|---|
| <ol style="list-style-type: none">1. Alameda County Behavioral Health Care Services2. Alpine County Behavioral Health Services3. Amador County Behavioral Health4. Butte County Mental Health Plan5. Calaveras County Behavioral Health Services6. Colusa County Department of Behavioral Health7. Contra Costa Mental Health8. Del Norte County, Department of Health and Human Services, Mental Health Branch9. El Dorado County Mental Health Plan10. Fresno County Department of Behavioral Health11. Glenn County12. Humboldt County Health and Human Services13. Imperial County Behavioral Health Services14. Inyo County Behavioral Health15. Kern County Mental Health Plan16. Kings County Behavioral Health Administration17. Lake County Mental Health Department18. Lassen County Mental Health | <ol style="list-style-type: none">19. Los Angeles County Mental Health20. Madera County Behavioral Health Services21. Marin County Community Mental Health Services22. Mariposa County Mental Health23. Mendocino County Mental Health24. Merced County Mental Health25. Modoc County Behavioral Health26. Mono County Mental Health Services27. Monterey County Behavioral Health28. Napa County Health and Human Services29. Nevada County Behavioral Health30. Orange County Mental Health Plan31. Placer County Adult Systems of Care32. Plumas County Mental Health Services33. Riverside County Department of Mental Health34. Sacramento County Department of Health and Human Services35. San Benito County Behavioral Health |
|---|---|

H.4. County Mental Health Plans (cont.)

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.5. Behavioral Health System: New Initiatives- BH-CONNECT

- DHCS announced in December 2024, that CMS approved the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration.
- This transformative initiative establishes a robust continuum of evidence-based community services for people with significant behavioral health needs, including providing up to six months of transitional rent for qualified members, funding new training for providers and counties, and addressing disparities through targeted funding and innovative programs.
- By expanding community-based services and integrating evidence-based practices, BH-CONNECT aims to reduce costly emergency department visits, hospitalizations, and institutional stays, including in carceral settings.
- Two important components of BH-CONNECT are the provision of up to six months of transitional rent assistance and a \$1.9 billion behavioral health workforce initiative.
- BH-CONNECT is a key pillar of Governor Newsom's Mental Health for All and is strategically aligned with Behavioral Health Transformation efforts underway as part of Proposition 1 to modernize California's behavioral health system, expand access to evidence-based service models on a statewide basis, and address the housing needs of Californians with significant behavioral health conditions.

I. Appendices

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

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2023). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2025 from https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2023). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2025 from https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2025 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%20%20358%20975,had%20no%20known%20mental%20illness

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

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for full Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2025 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2025 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2023). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2025 from https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	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.
Accountable Care Organizations	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).
Administrative Services Organization	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.
Capitation		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.
Carve-out		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.
Certified Community Behavioral Health Clinic	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.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	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.
Dual Eligible		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).
Federal Poverty Level	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 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	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.
Health Home		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.

I.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.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		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.
Medicaid Waiver		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.
Medicaid Waiver Section 1115	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.
Medicaid Waiver Section 1915(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.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		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.
Medicare		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.
Medicare Advantage	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.

I.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.

I.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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