

# 2020 California Mental Health System Guidebook

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice.

Please seek independent, qualified, professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

Except as otherwise indicated, the information provided is accurate to the best of Otsuka's knowledge as of February 2020. PsychU provides this information for your convenience. In order to obtain the most up-to-date information about a state or its programs, please contact the organization listed within this state's Mental Health System Guidebook.

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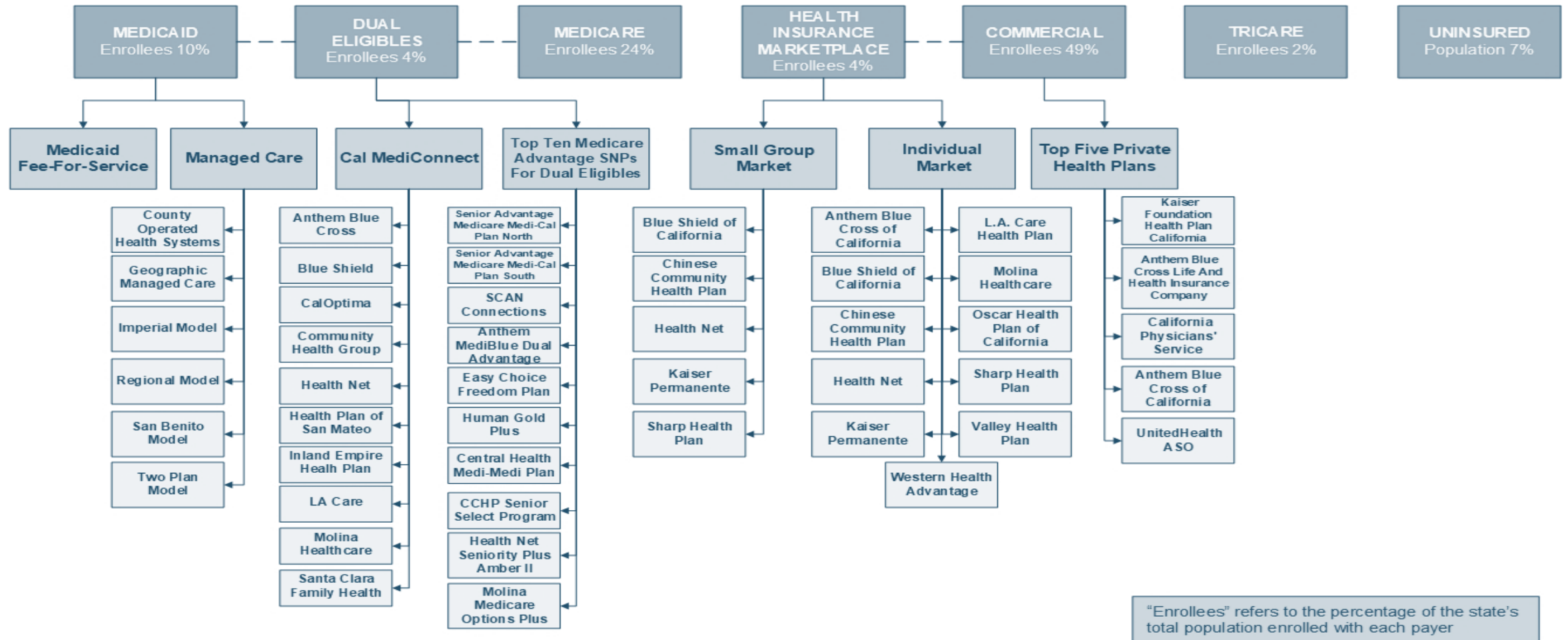
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## A. Executive Summary



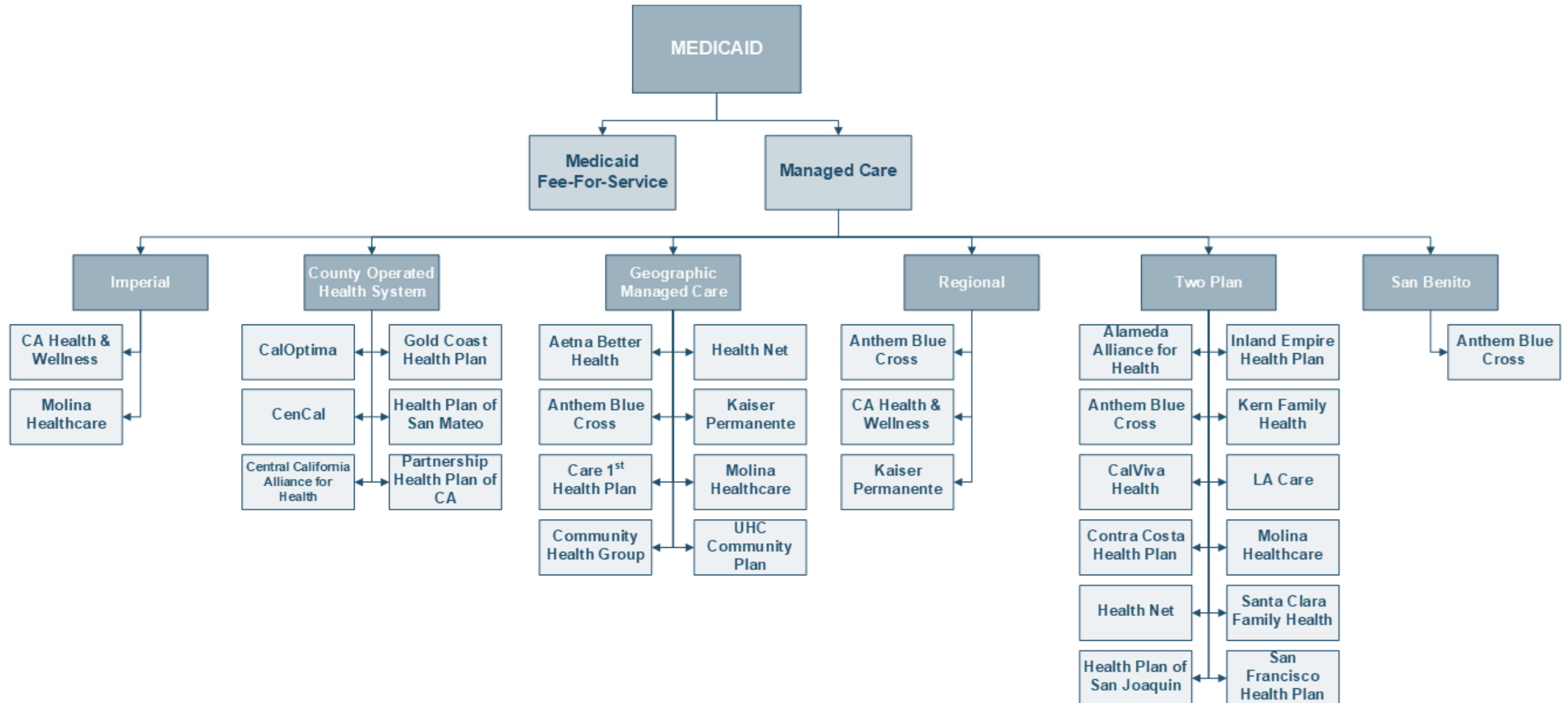
# A.1. Physical Health Care Coverage Map

Total California Population- 39,536,653  
Estimated SMI Population- 2,176,445



## A.2. Physical Health Care Coverage Map

### Medicaid Managed Care Programs



## A.3. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid Population Distribution	<ul style="list-style-type: none"> <li>As of December 2019: 21% in FFS, 79% in managed care</li> </ul>
SMI Population Inclusion In Managed Care	<ul style="list-style-type: none"> <li>Individuals in the SMI population are not specifically exempted from managed care enrollment under any of the six managed care models, but may meet other criteria for FFS enrollment</li> <li>Estimated 32% of population in FFS, 68% in managed care</li> </ul>
Dual Eligible Population Inclusion In Managed Care	<ul style="list-style-type: none"> <li>Managed care enrollment is mandatory for dual eligibles in COHS counties and dual eligible demonstration counties; it is voluntary in all other counties</li> <li>Estimated 15% of population in FFS, 85% in managed care</li> </ul>

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional Behavioral Health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty Behavioral Health	The counties provide specialty mental health services for persons with SMI and most addiction treatment services on an FFS basis through contracts with the state	Not included in the health plan's capitation rate; the counties provide specialty mental health services for persons with SMI and most addiction treatment services on an FFS basis through contracts with the state
Pharmaceuticals	Covered FFS by the state	Psychiatric, detoxification, and chemical dependency treatment drugs are covered FFS by the state; all other pharmacy is the responsibility of the health plan. All pharmacy benefits will be completely FFS by 2021.
LTSS	Covered FFS by the state	LTSS are 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.

## A.4. 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.
PCCM	✓	California operates two small PCCM programs, one for individuals with HIV/AIDS and another for at-risk youth in San Francisco
ACO Program		None
ACA Model Health Home	✓	California began implementing health homes for individuals with chronic conditions in July 2018 and individuals with SMI in January 2019
PCMH		None



# A.5. Behavioral Health Safety-Net Delivery System Overview

## State Agency Responsible For Uninsured Citizens & Delivery System Model

### Physical Health Services

- The DHCS Primary, Rural, & Indian Health Division administers programs for physical health services provided to the safety-net population, including 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 DHCS 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

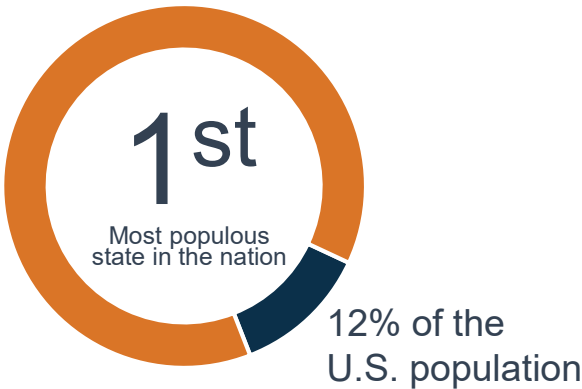
- The DHCS Substance Use Disorder Prevention, Treatment, & Recovery Services Division oversees funding allocated to county addiction treatment agencies for the provision of addiction treatment services for the safety-net population

## B. Health Financing System Overview

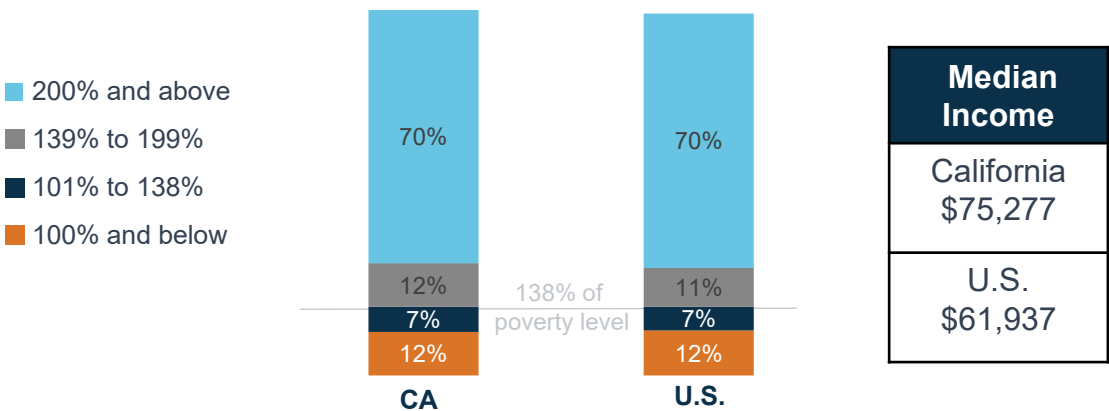


# B.1. Population Demographics

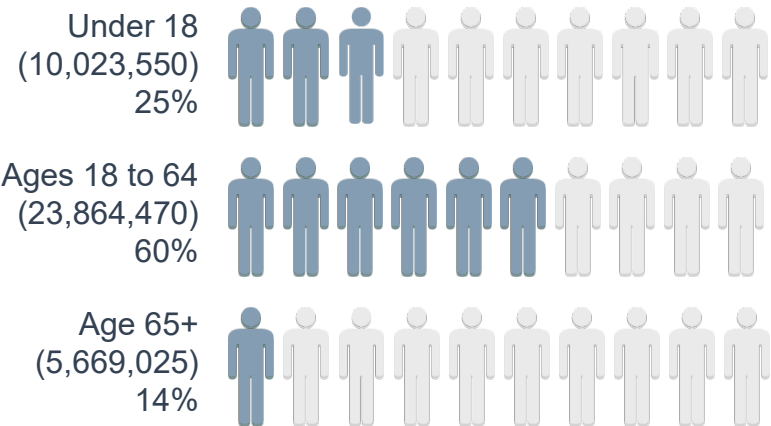
Total California Population- 39,557,045  
Estimated SMI Population- 2,176,445



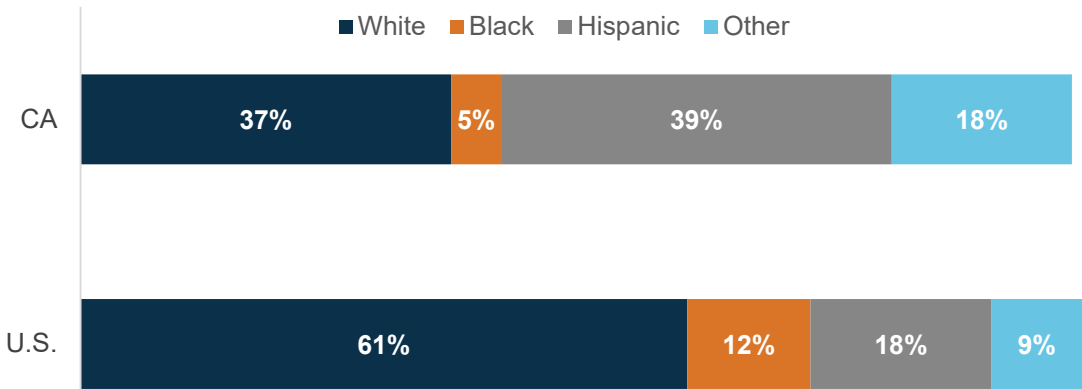
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



California & U.S. Racial Composition



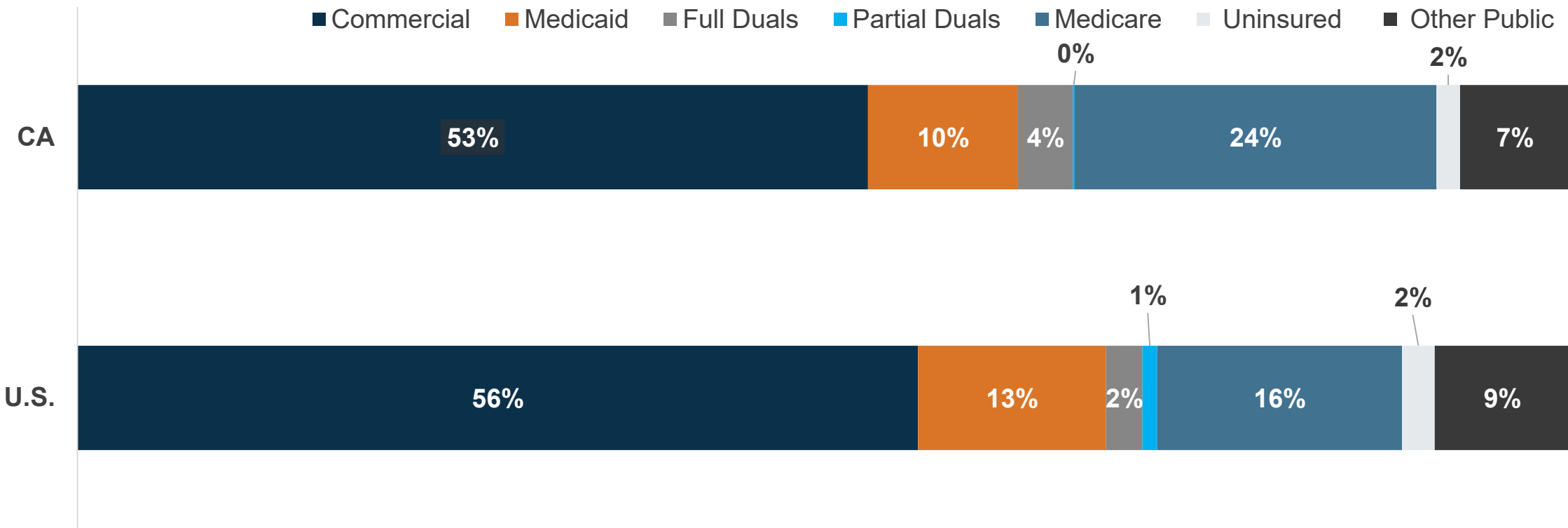
## B.2. Population Centers

MSAs	
MSA	CA Residents
<b>Total MSA Population</b>	<b>38,150,785</b>
Los Angeles-Long Beach-Anaheim, CA	13,261,538
San Francisco-Oakland-Hayward, CA	4,641,820
Riverside-San Bernardino-Ontario, CA	4,476,222
San Diego-Carlsbad, CA	3,283,665
Sacramento-Roseville-Arden-Arcade, CA	2,268,005
San Jose-Sunnyvale-Santa Clara, CA	1,969,897
Fresno, CA	971,616
Bakersfield, CA	878,744
Oxnard-Thousand Oaks-Ventura, CA	847,834
Stockton-Lodi, CA	724,153



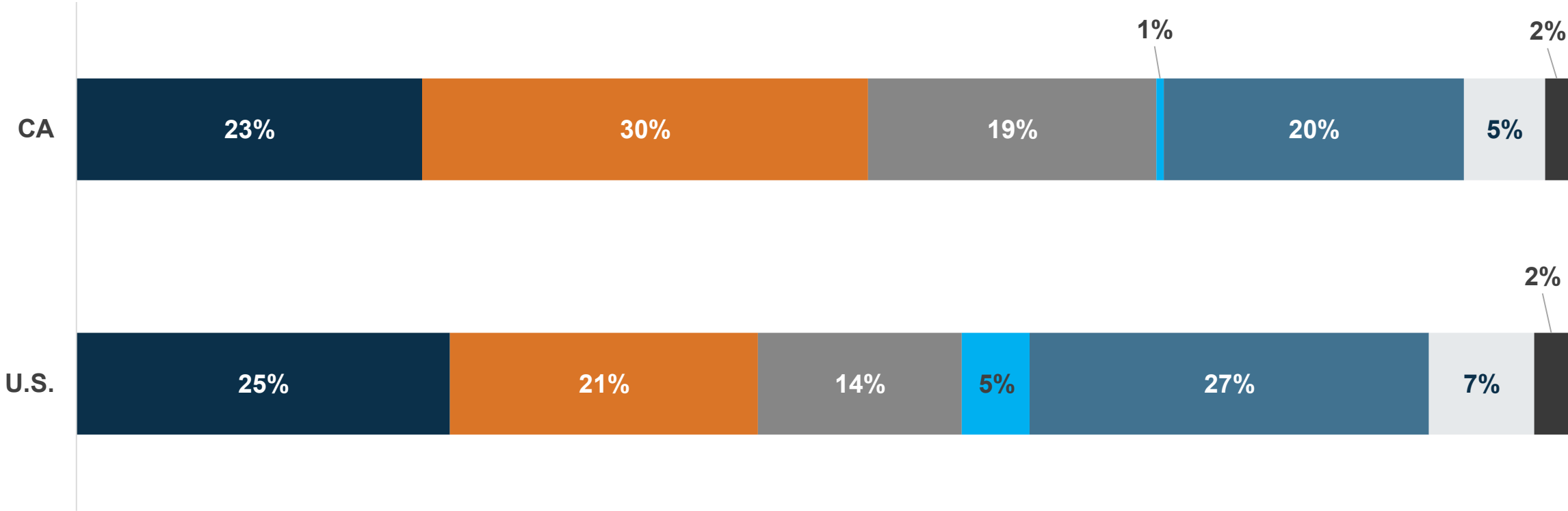
# B.3. Population Distribution By Payer

## National vs. State



# B.4. SMI Population Distribution By Payer National vs. State

Commercial   Medicaid   Full Duals   Partial Duals   Medicare   Uninsured   TRICARE



## B.5. Largest Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Kaiser Foundation Health Plan CA	Commercial	6,801,606
Anthem Blue Cross Life & Health Insurance Company	Commercial	5,341,406
Medicare FFS	Medicare	3,298,159
California Physicians' Service	Commercial	3,227,340
Medicaid FFS	Medicaid	2,368,184
L.A. Care (Medicaid)	Medicaid – Two Plan Model	2,049,452
Anthem Blue Cross of CA	Commercial	1,966,035
United Health ASO	Commercial ASO	1,506,755
Aetna ASO	Commercial ASO	1,434,223
Health Net Medi-Cal To Plan Model	Medicaid	1,234,549

\*Medicare enrollment as of December 2019; Medicaid as of December 2019; Commercial as of 4<sup>th</sup> quarter 2019

## B.6. Largest Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	3,298,159	471,637
Medicaid FFS	Medicaid	2,368,184	210,768
L.A. Care	Medicaid – Two Plan Model	2,049,452	182,401
Kaiser Permanente Senior Advantage	Medicare Advantage	1,213,869	173,583
Kaiser Foundation Health Plan CA	Commercial	6,807,606	156,437
Anthem Blue Cross Life & Health Insurance Company	Commercial	5,341,406	122,852
Health Net	Medicaid – Two Plan Model	1,234,549	109,875
Inland Empire Health Plan	Medicaid – Two Plan Model	1,219,492	108,535
California Physicians' Service	Commercial	3,227,340	74,229
CalOPTIMA / Orange	Medicaid – Community Organized Health System	742,386	66,072

\*Medicare enrollment as of December 2019; Medicaid as of December 2019; Commercial as of 4th quarter 2019.



## B.7. Health Insurance Marketplace

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

2020 Individual Market Health Plans	
1.	Anthem Blue Cross Of California
2.	Blue Shield of California
3.	Chinese Community Health Plan
4.	Health Net
5.	Kaiser Permanente
6.	L.A. Care Health Plan
7.	Molina Healthcare
8.	Oscar Health Plan Of California
9.	Sharp Health Plan
10.	Valley Health Plan
11.	Western Health Advantage

2020 Small Group Market Plans	
1.	Blue Shield Of California
2.	Chinese Community Health Plan
3.	Health Net
4.	Kaiser Permanente
5.	Sharp Health Plan

## B.8. ACOs

Medicare Shared Savings Program		Other Medicare Programs	
<ol style="list-style-type: none"> <li>1. Accountable Care Alliance Of Ventura, LLC</li> <li>2. Advanced Premier Physicians ACO</li> <li>3. Akira Health Of Fresno, Inc.</li> <li>4. Allied Physicians ACO, LLC</li> <li>5. Antelope Valley ACO</li> <li>6. ApolloMed ACO</li> <li>7. AppleCare ACO</li> <li>8. Bay Area Medical Associates Accountable Care Organization, LLC</li> <li>9. Brown &amp; Toland Physicians</li> <li>10. Cedars-Sinai Accountable Care, LLC</li> <li>11. Empire State Health Partners ACO</li> <li>12. Foothill Accountable Care Medical Group, Inc.</li> <li>13. Foundation Accountable Care Network</li> <li>14. Huntington Care Network ACO, LLC</li> <li>15. John Muir Health ACO</li> </ol>		<b>Advanced Payment Model</b> <ol style="list-style-type: none"> <li>1. ACO Health Partners</li> <li>2. Golden Life Healthcare, LLC ACO</li> </ol>	
<ol style="list-style-type: none"> <li>16. Medical Benefits Administration, Inc. ACO</li> <li>17. Meridian Health Systems ACO Corporation</li> <li>18. Meritage ACO</li> <li>19. National Rural ACO</li> <li>20. North Coast Medical ACO</li> <li>21. North State Quality Care Network</li> <li>22. Pacific Accountable Care</li> <li>23. Physicians Accountable Care Solutions, LLC</li> <li>24. Premier Choice ACO, Inc.</li> <li>25. Prime Healthcare ACO, LLC</li> <li>26. Redwood Community Care Organization, LLC</li> <li>27. Renown Accountable Care</li> <li>28. Southern California Integrated Care Network, LLC</li> <li>29. UC San Diego Health Accountable Care Network, Inc.</li> <li>30. UCLA Health ACO</li> <li>31. Ventura County Foundation for Medical Care</li> </ol>		<b>Investment Model</b> <ol style="list-style-type: none"> <li>1. Akira Health, Inc.</li> <li>2. Akira Health Of Los Angeles, Inc.</li> <li>3. California ACO</li> <li>4. High Sierras-Northern Plains ACO</li> <li>5. Texas Rural ACO</li> </ol>	
		<b>Next Generation Model</b> <ol style="list-style-type: none"> <li>1. APA ACO</li> <li>2. HealthCare Partners ACO California, LLC</li> <li>3. Heritage California ACO</li> <li>4. Hill Physicians Medical Group</li> <li>5. MemorialCare Regional ACO, LLC</li> <li>6. Monarch Healthcare</li> <li>7. National ACO, LLC</li> <li>8. Sharp HealthCare ACO</li> <li>9. Torrance Memorial Integrated Physicians, LLC</li> </ol>	

## B.8. ACOs (Continued)

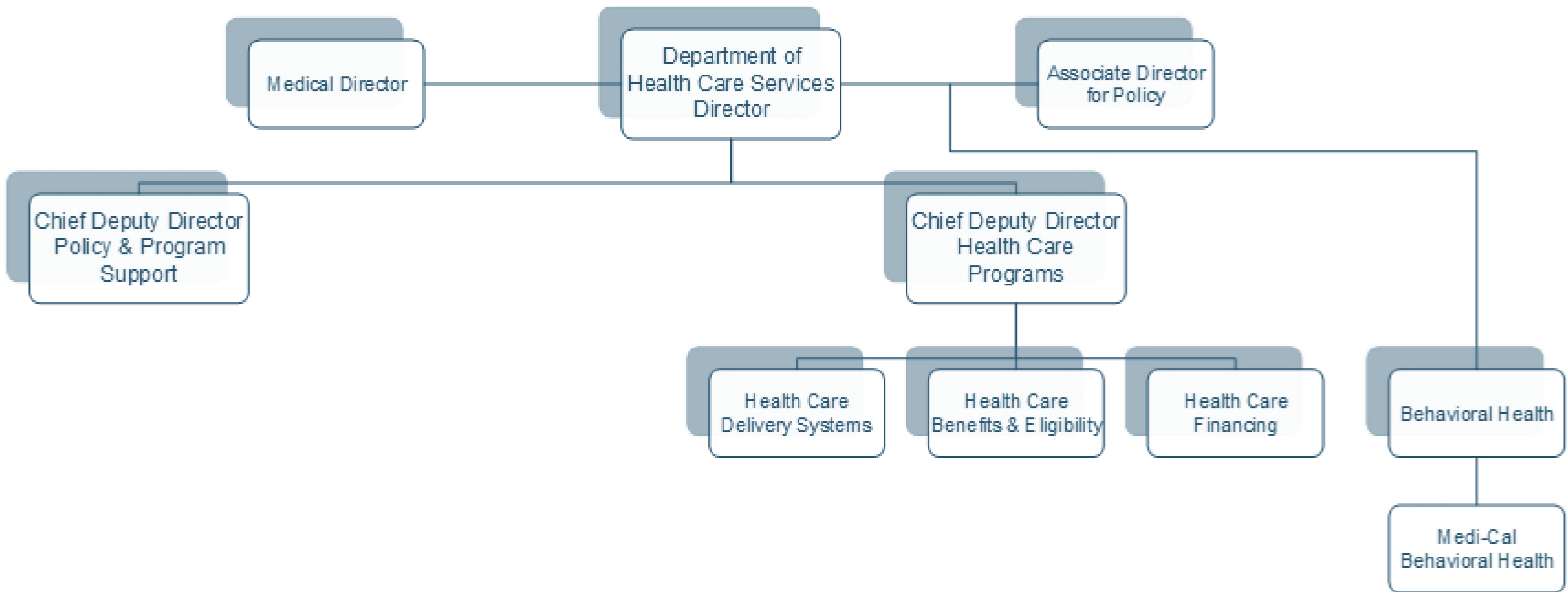
Commercial	
ACO	Commercial Insurer
Access Medical Group/St. John's Health Center/NantWorks	BlueShield
Brown & Toland Physicians	UnitedHealthcare, Cigna, BlueShield
Heritage California ACO	Anthem BlueCross BlueShield Of California
Hill Physicians Medical Group	Health Net, BlueShield
St Joseph Hoag Health Alliance CHOC	BlueShield
University Of California Los Angeles Medical Group	Cigna

## C. Medicaid Administration, Governance, & Operations



## C.1. Medicaid Governance

### Organization Chart



## C.2. Medicaid Governance

### Key Leadership

Name	Position	Department
Richard Figueroa	Acting Director	Department of Health Care Services (DHCS)
Mari Cantwell	Chief Deputy Director/Medicaid Director	DHCS, Health Care Programs
Erika Sperbeck	Chief Deputy Director	DHCS, Policy and Program Support
Karen Mark, M.D., Ph.D.	Medical Director	DHCS
Anastasia Dodson	Associate Director for Policy	DHCS
Brenda Grealish	Chief	Medi-Cal Behavioral Health
Sarah Brooks	Deputy Director	DHCS, Health Care Delivery Systems
Rene Mollow	Deputy Director	DHCS, Health Care Benefits and Eligibility
Lindy Harrington	Deputy Director	DHCS, Health Care Financing

## C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	<ul style="list-style-type: none"><li>• Yes</li></ul>
Date Of Expansion	<ul style="list-style-type: none"><li>• January 2014</li></ul>
Medicaid Eligibility Income Limit For Able-bodied Adults	<ul style="list-style-type: none"><li>• 133% of FPL</li><li>• Note: The PPACA requires that 5% of income be disregarded when determining eligibility</li></ul>
Legislation Used To Expand Medicaid	<ul style="list-style-type: none"><li>• Senate Bill 26, 98th General Assembly</li></ul>
Number Of Individuals Enrolled In The Expansion Group (December 2019)	<ul style="list-style-type: none"><li>• 3,733,737</li></ul>
Number Of Enrollees Newly Eligible Due To Expansion	<ul style="list-style-type: none"><li>• 3,733,737</li></ul>
Benefits Plan For Expansion Population	<ul style="list-style-type: none"><li>• The alternative benefit plan is based on the state plan; however, LTSS are not included</li><li>• Medically frail individuals must be offered the full array of state plan services</li><li>• Individuals with SMI or chronic addiction are considered to be medically frail</li></ul>

## C.4. Medicaid Program Benefits

### Federally Mandated Services

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

### California's Optional Services

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



## D. Medicaid Financing & Delivery System



# D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid FFS	Medicaid Managed Care
Enrollment (December 2019)	2,712,619	10,045,458
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 68% of the SMI population is enrolled in managed care	
Management	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health: DHCS</li> <li>Specialty behavioral health: County MHPs</li> </ul>	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health:               <ol style="list-style-type: none"> <li>COHS: Counties</li> <li>GMC: Health plans</li> <li>Imperial Model: Health plans</li> <li>Regional Model: Health plans</li> <li>San Benito Model: Health plan</li> <li>Two Plan Model: County and health plan</li> </ol> </li> <li>Specialty behavioral health: County MHPs</li> </ul>
Payment Model	All services: FFS	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health all models: Capitated payment</li> <li>Specialty behavioral health: FFS</li> </ul>
Geographic Service Area	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health: Statewide, except where the COHS is in place</li> <li>Specialty behavioral health: Statewide, by county</li> </ul>	<ul style="list-style-type: none"> <li>Physical and traditional behavioral health               <ol style="list-style-type: none"> <li>Selected counties</li> <li>Sacramento and San Diego counties</li> <li>Selected counties</li> <li>Selected counties</li> <li>San Benito county</li> <li>Imperial county</li> </ol> </li> <li>Specialty behavioral health: Statewide, by county</li> </ul>

## D.2. Medicaid Service Delivery System

### Enrollment By Eligibility Group

California provides managed care through six different models, which are 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 / Managed Care	Mandatory Managed Care Enrollment
COHS	<ul style="list-style-type: none"> <li>Partial benefit dual eligibles</li> </ul>	N/A	<ul style="list-style-type: none"> <li>Families and children</li> <li>Aged and disabled populations</li> <li>Expansion population</li> <li>Full-benefit dual eligibles</li> <li>Pregnant women</li> <li>Breast and cervical cancer program</li> <li>Foster care youth and adoption assistance</li> <li>Medically needy individuals</li> <li>Refugee assistance</li> </ul>
San Benito	<ul style="list-style-type: none"> <li>Medically needy individuals</li> <li>Individuals needing long-term care</li> <li>Individuals enrolled in the In-Home Operations waiver program</li> <li>Developmental disabilities waiver program individuals with cost share</li> <li>Partial benefit dual eligibles</li> </ul>	<ul style="list-style-type: none"> <li>Families and children</li> <li>Aged and disabled populations</li> <li>Expansion population</li> <li>Full-benefit dual eligibles</li> <li>Foster care youth and adoption assistance</li> <li>Breast and cervical cancer program</li> <li>Refugee assistance</li> </ul>	N/A
<ul style="list-style-type: none"> <li>GMC</li> <li>Imperial</li> <li>Regional</li> <li>Two Plan</li> </ul>	<ul style="list-style-type: none"> <li>Medically needy individuals</li> <li>Individuals needing long-term care</li> <li>Individuals enrolled in the In Home Operations waiver program</li> <li>Developmental disabilities waiver program individuals with cost share</li> <li>Partial benefit dual eligibles</li> </ul>	<ul style="list-style-type: none"> <li>Full-benefit dual eligibles in non-demonstration counties</li> <li>Breast and cervical cancer program</li> <li>Foster care youth and adoption assistance</li> </ul>	<ul style="list-style-type: none"> <li>Families and children</li> <li>Aged and disabled populations</li> <li>Expansion population</li> <li>Full-benefit dual eligibles in demonstration counties</li> <li>Pregnant women</li> <li>Refugee assistance</li> </ul>

## D.3. Medicaid FFS Program Overview

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- California calls its state Medicaid program Medi-Cal
- FFS enrollment as of June 2019 was 2,712,619



## D.4. Medicaid FFS Program

### Behavioral Health Overview

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- 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 DMC
- The DHCS 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 DMC-ODS program authorized in the California Medi-Cal 2020 section 1115 demonstration waiver is underway
  - Under the program, the counties have the option to act as non-risk prepaid inpatient health plans for addiction treatment services
  - As of July 2019, the program was live in 30 of California's 58 counties

## D.5. 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

#### 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. Patient education
9. Crisis intervention
10. Treatment planning and discharge services
11. Residential treatment (perinatal population only)

#### Additional DMC-ODS Benefits Provided FFS By Participating Counties Only

1. Early Intervention
2. Residential services, with no imposed IMD bed limit exclusion
3. Withdrawal management
4. Recovery services
5. Case management
6. Physician consultation
7. Partial hospitalization (optional by county)
8. Additional MAT (optional by county)

## D.6. Medicaid FFS Program

### SMI Population

- SMI population enrollment in managed care varies by county based on the managed care model employed. Individuals in the SMI population are not specifically exempted from managed care enrollment under any of the six models, but may meet other criteria for FFS enrollment
- *OPEN MINDS* estimates that 32% 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 MHPs, operated at the county level through contracts with the DHCS
  - 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 MHPs

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.7. Medicaid Managed Care Program Overview

- Managed care enrollment as of December 2019 was 10,045,458\*
- California provides managed care through six different models; each county is able to choose one of the six models
  - COHS
  - GMC
  - Imperial
  - Regional
  - San Benito
  - Two Plan
- None of the models require the health plans to adopt value-based payment arrangements



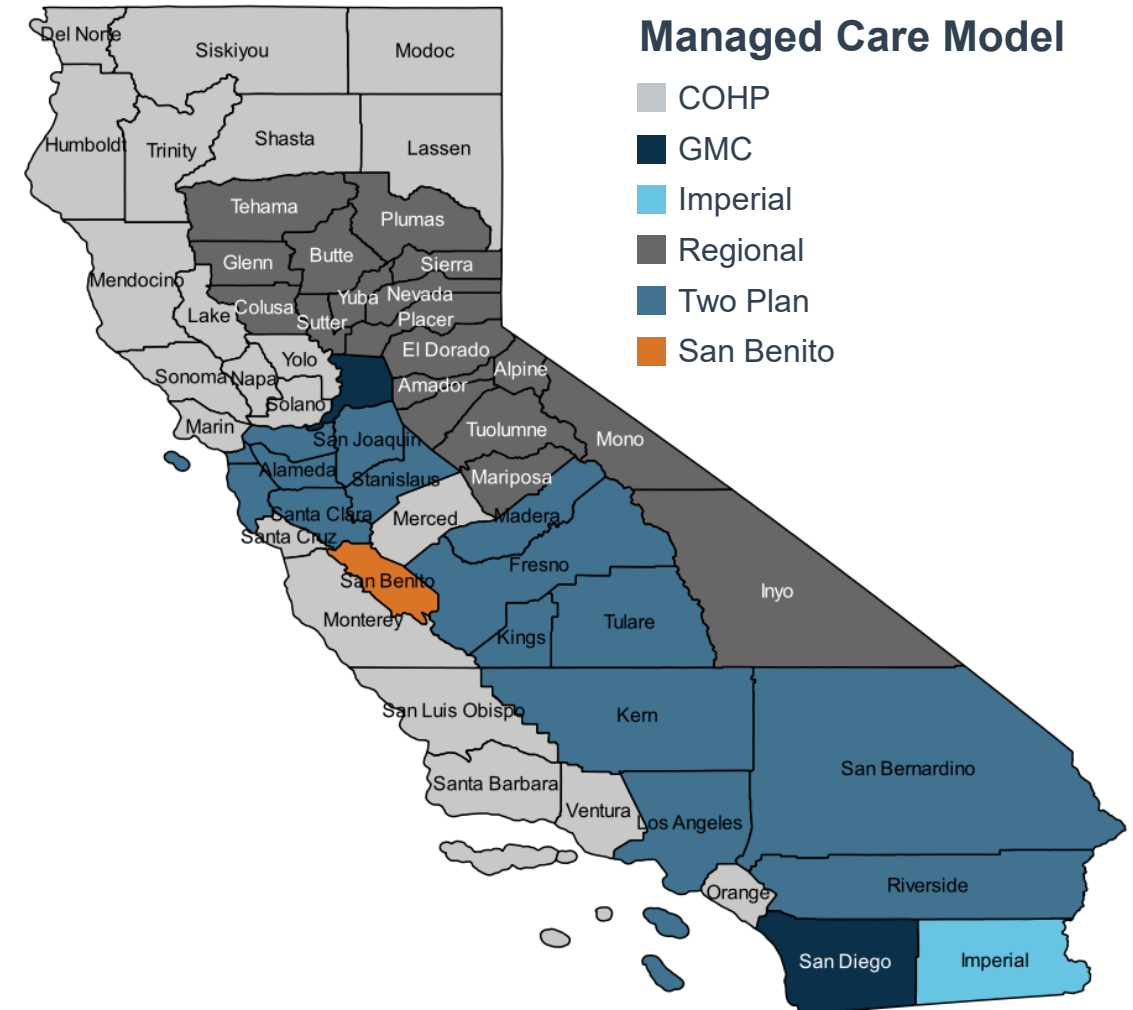
\*Does not include the 106,933 persons enrolled in the dual eligible capitated demonstration program



## D.8. Medicaid Managed Care Program

### Managed Care Models By County

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



## D.9. Medicaid Managed Care Program

### COHS

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

Health Plan	County	Enrollment
Partnership Health Plan Of CA	Del Norte	11,073
	Humboldt	51,820
	Lake	29,484
	Lassen	7,086
	Marin	36,703
	Mendocino	35,279
	Modoc	3,198
	Napa	7,655
	Shasta	58,308
	Siskiyou	16,859
	Solano	104,395
	Sonoma	102,174
	Trinity	4,096
	Yolo	49,922
	<b>Total</b>	<b>538,052</b>

Health Plan	County	Enrollment
Central California Alliance For Health	Merced	120,125
	Monterey	148,602
	Santa Cruz	64,312
	<b>Total</b>	<b>333,039</b>
CenCal	San Luis Obispo	50,827
	Santa Barbara	122,985
	<b>Total</b>	<b>173,812</b>
Health Plan Of San Mateo	San Mateo	100,483
	<b>Total</b>	<b>100,483</b>
Gold Coast Health Plan	Ventura	192,824
	<b>Total</b>	<b>192,824</b>
CalOptima	Orange	715,592
	<b>Total</b>	<b>715,592</b>

**Total COHS enrollment as of November 2019: 2,053,802**

## D.10. Medicaid Managed Care Program

### GMC

- 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	178,516
	Health Net	105,494
	Kaiser Foundation	85,651
	Molina Healthcare	54,933
	Aetna Better Health	4,247
San Diego	Community Health Group	263,897
	Molina Healthcare	221,175
	Care 1st Health Plan	83,114
	Health Net	69,870
	Kaiser	50,602
	UnitedHealthcare Community Plan	7,843
	Aetna Better Health	6,810

**Total GMC enrollment as of December 2018: 1,100,640**

## D.11. Medicaid Managed Care Program

### Two Plan System

- The Two Plan System is a hybrid of the COHS and GMC model where the county operates one 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
Alameda	Alameda Alliance for Health	244,385
	Anthem Blue Cross	57,267
Contra Costa	Contra Costa Health Plan	172,122
	Anthem Blue Cross	25,940
Fresno	CalViva Health	285,402
	Anthem Blue Cross	25,940
Kern	Kern Health Systems	259,069
	Health Net	64,345
Kings	CalViva Health	29,448
	Anthem Blue Cross	19,112
Los Angeles	L.A. Care	2,011,138
	Health Net	944,365
Madera	CalViva Health	37,266
	Anthem Blue Cross	19,402

County	Health Plan	Enrollment
Riverside	Inland Empire Health Plan	606,956
	Molina Healthcare	80,979
San Bernardino	Inland Empire Health Plan	613,482
	Molina Healthcare	64,339
San Francisco	San Francisco Health Plan	125,966
	Anthem Blue Cross	17,461
San Joaquin	Health Plan of San Joaquin	207,466
	Health Net	19,629
Santa Clara	Santa Clara Family Health	236,966
	Anthem Blue Cross	64,212
Stanislaus	Health Plan of San Joaquin	127,378
	Health Net	60,662
Tulare	Anthem Blue Cross	108,472
	Health Net	91,868

**Total Two Plan enrollment as of December 2019: 6,698,176**

## D.12. Medicaid Managed Care Program

### Regional System

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

Health Plan	Counties	Enrollment
Anthem Blue Cross	<ul style="list-style-type: none"> <li>Alpine</li> <li>Amador</li> <li>Butte</li> <li>Calaveras</li> <li>Colusa</li> <li>El Dorado</li> <li>Glenn</li> <li>Inyo</li> <li>Mariposa</li> <li>Mono</li> <li>Nevada</li> <li>Placer</li> <li>Plumas</li> <li>Sierra</li> <li>Sutter</li> <li>Tehama</li> <li>Tuolumne</li> <li>Yuba</li> </ul>	142,269
CA Health & Wellness		134,770
Kaiser	Amador, El Dorado, and Placer counties only	10,097

**Total Regional System enrollment as of November 2019: 287,136**

## D.13. Medicaid Managed Care Program

### Unique County Systems

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

County	Health Plan	Enrollment
Imperial	Molina Healthcare	13,745
	CA Health & Wellness	61,085
Total Imperial County Enrollment as of November 2019: 74,830		
San Benito	Anthem Blue Cross	7,686
Total San Benito County Enrollment as of November 2019: 7,686		

# D.14. 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 MHPs, which are funded with county, state, and federal resources; overseen by the state; and operated at the county level
  - The health plans must enter into memoranda of understanding with every county mental health plan in their service areas to establish mutually agreed upon, state-approved tools for determining the appropriate care level needed
- Medicaid addiction treatment services are excluded from the health plan's capitation rate and delivered through DMC, the Medicaid addiction treatment program
  - The DHCS provides administrative and fiscal oversight for the DMC 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 excluded from the health plan's capitation rate and are covered FFS by the state; general pharmacy drugs are included in the health plan's capitation rate
  - In January of 2019, Governor Newsom signed an Executive Order moving all managed care prescription drug coverage to FFS no later than January 2021
- Implementation of a new 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 July 2019, the program was live in 30 of California's 58 counties

## D.15. 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 MHPs	DMC Benefits Provided FFS Through The Counties	Additional DMC-ODS Benefits Provided FFS By Participating Counties Only
<ol style="list-style-type: none"> <li>1. Inpatient services</li> <li>2. Evaluation and testing</li> <li>3. Individual, group, and family counseling</li> <li>4. Psychiatric consultation</li> <li>5. Outpatient drug therapy monitoring</li> <li>6. Outpatient laboratory, drugs, supplies, and supplements</li> </ol>	<ol style="list-style-type: none"> <li>1. Inpatient detoxification</li> <li>2. Intensive outpatient treatment</li> <li>3. Naltrexone treatment</li> <li>4. Narcotic treatment program</li> <li>5. Outpatient treatment</li> <li>6. Group and individual counseling</li> <li>7. Medical psychotherapy</li> <li>8. Patient education</li> <li>9. Crisis intervention</li> <li>10. Treatment planning and discharge services</li> <li>11. Residential treatment (perinatal population only)</li> </ol>	<ol style="list-style-type: none"> <li>1. Inpatient detoxification</li> <li>2. Intensive outpatient treatment</li> <li>3. Naltrexone treatment</li> <li>4. Narcotic treatment program</li> <li>5. Outpatient treatment</li> <li>6. Group and individual counseling</li> <li>7. Medical psychotherapy</li> <li>8. Patient education</li> <li>9. Crisis intervention</li> <li>10. Treatment planning and discharge services</li> <li>11. Residential treatment (perinatal population only)</li> </ol>	<ol style="list-style-type: none"> <li>1. Early Intervention</li> <li>2. Residential services, with no imposed IMD bed limit exclusion</li> <li>3. Withdrawal management</li> <li>4. Recovery services</li> <li>5. Case management</li> <li>6. Physician consultation</li> <li>7. Partial hospitalization (optional by county)</li> <li>8. Additional MAT (optional by county)</li> </ol>



## D.16. Medicaid Managed Care Program SMI Population

- SMI population enrollment in managed care varies by county based on the managed care model employed
  - Individuals in the SMI population are not specifically exempted from managed care enrollment under any of the six models, but may meet other criteria for FFS enrollment
- *OPEN MINDS* estimates that 68% of the SMI population is enrolled in managed care
- Under the state specialty mental health program, beneficiaries with SMI receive treatment through Medi-Cal MHPs operated at the county level



## D.17. Medicaid Managed Care Program

### Care Coordination Initiatives



#### ACO Program

- None



#### ACA Health Home

- CMS approved California's chronic conditions health homes SPA with an effective date of July 2018
- The state began implementing health homes for individuals with SMI or SED beginning in January 2019



#### PCMH

- None



#### Other Care Coordination Initiatives

- California operates two PCCM programs, one for persons with HIV/AIDS, and one for at-risk children and youth
- These programs coordinate care for a total of 691 individuals

## D.18. Medicaid Program

### Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
California Medi-Cal 2020 (Formerly Bridge To Health Reform)	<ul style="list-style-type: none"> <li>Encompasses a variety of reforms described on the following slides, including the Whole Person Care Initiative, the DMC-ODS program, PRIME, and the CCI</li> <li>Restricts the health home program to delivery through managed care</li> </ul>	1115	None	09/01/05	12/31/20
Specialty Mental Health Service Consolidation- Medi-Cal (CA-17)	<p>Authorizes the counties to provide specialty behavioral health services for developmentally disabled and mentally ill individuals</p> <ul style="list-style-type: none"> <li>The counties provide specialty mental health services to adults with SMI and children with SED</li> <li>Individuals with less severe mental health symptoms receive mental health services through the FFS or managed care delivery system</li> <li>Specialty mental health services include, but are not limited to: psychiatric hospital inpatient services, intensive day treatment, crisis stabilization, crisis intervention, day rehabilitation, targeted case management, and medication support</li> <li>DHCS reimburses the county MHPs for these services on a FFS basis</li> </ul>	1915 (b)	None	07/01/13	06/30/20

# D.19. Medicaid Demonstration & Care Management Waivers

## CCI

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

## D.20. Medicaid Demonstration & Care Management Waivers

### PRIME

- The PRIME program—authorized by the five-year, section 1115 waiver, California Medi-Cal 2020—is the second iteration of California’s DSRIP program
- The PRIME program seeks to implement APMs at DPHs and DPHMs throughout the state
  - By 2020, the goal is for 60% of managed care beneficiaries at DPHs or DPMHs to receive all or a portion of their care through APMs
- The program is implemented through five-year plans submitted by the hospitals
  - Over the five-year period, the hospitals may receive up to \$7.4 billion in incentive payments for achieving performance goals
  - 264 DSRIP projects were selected for implementation from the five-year plan applications submitted by the 54 participating hospitals
  - 23 of the selected DSRIP projects include the integration of physical and behavioral health care

# D.21. Medicaid Demonstration & Care Management Waivers

## Whole Person Care

- The California Medi-Cal 2020 section 1115 demonstration waiver authorizes the creation of the Whole Person Care program; the program is a county-based pilot to coordinate physical health, behavioral health, and social services for persons with high utilization of services
- As of June 2019, 25 counties plus the city of Sacramento participated in the program, and served 134,417 individuals
- Each pilot program designates a lead entity that can be a county and/or city agency, a health or hospital authority, a public hospital, a district municipal public hospital, or a public hospital and/or agency consortium
  - A city or county agency is the lead entity for 25 of the pilots. The Riverside University Health System serves as the lead entity for Riverside County.
  - Each pilot program must also include at least one Medi-Cal health plan, the health services agency, the specialty mental health agency, one other public agency or department, and two community partners
- The pilot programs determine the specific services to be provided to meet the program goals of care integration, appropriate utilization, quality and administrative improvement, data sharing, housing access, and health outcome improvement
- Available financing over the five-year demonstration period includes \$1.5 billion in federal expenditures to match local funding provided by the lead entities; payments are made semi-annually to the lead entities based on an approved five-year budget

# D.22. Medicaid Demonstration & Care Management Waivers

## DMC-ODS

- The California Medi-Cal 2020 section 1115 waiver authorizes a pilot program called DMC-ODS to implement a county-operated delivery system for Medicaid beneficiaries with addiction; the program increases local control and accountability for DMC services
- County participation in DMC-ODS is optional; 38 out of the 58 counties have submitted plans to implement DMC-ODS and 30 have gone live
- The program provides services modeled on the 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 IMD bed limit exclusion
  - Narcotic treatment program
  - Withdrawal management
  - Recovery services
  - Case management
  - Physician consultation
  - Partial hospitalization (optional by county)
  - Additional MAT (optional by county)
- Counties opting into the program must enter into memoranda of understanding with the health plans to address comprehensive screening, beneficiary engagement, shared treatment planning, case management, dispute resolution, care coordination, referral tracking, and navigation support
- Rates are set by the state; however, the counties may negotiate with the state for rate changes for all except narcotic treatment program services

# D.23. Medicaid Demonstration & Care Management Waivers

## DMC-ODS Map



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



## D.24. Medicaid Program

### Section 1915 (c) HCBS Waivers

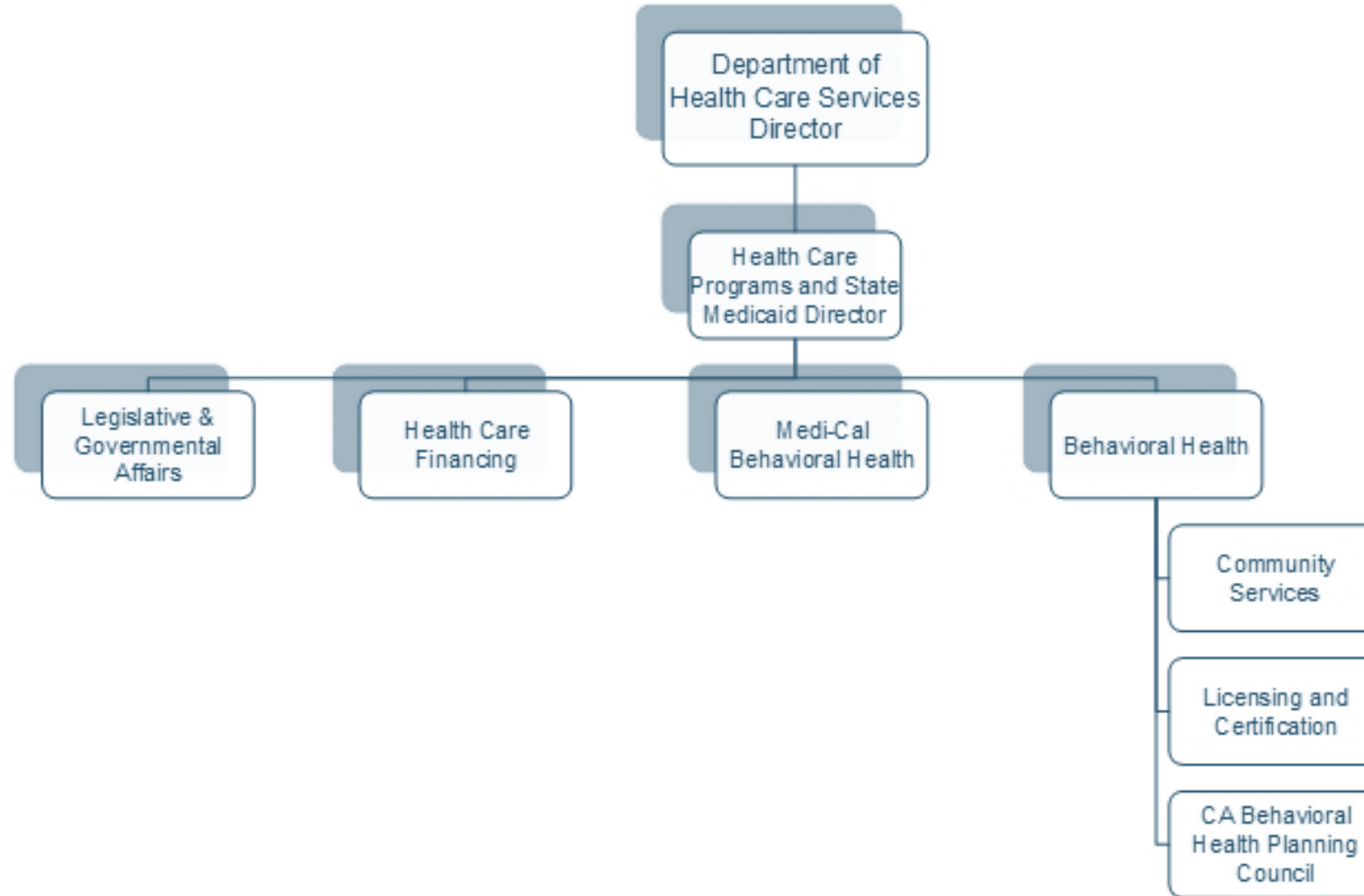
Waiver Title	Target Population	2018 Enrollment Cap	Operating Unit	Concurrent Management Authority
CA HCBS Waiver for Californians w/DD (0336.R03.00)	Individuals of all ages with autism or I/DD	135,000	California Department of Developmental Services	None
CA Multipurpose Senior Services Program (0141.R05.00)	Individuals age 65 and over	9,283	California Department of Aging	1115
CA Nursing Facility/Acute Hospital Waiver (0139.R05.00)	Medically fragile and technology dependent individuals of all ages	8,250	Long-Term Care Division	None
CA Assisted Living (0431.R02.00)	Individuals age 65 and over, and physically disabled individuals age 21 to 64	5,744	Health Care Delivery Systems	None
CA HIV/AIDS Waiver (0183.R04.00)	Individuals of all ages with HIV or AIDS	1,873	California Department of Public Health	None
CA In-Home Operations (0457.R02.00)	Medically fragile and technology dependent individuals of all ages	106	Long-Term Care Division	None
CA Self-Determination Program for Individuals with Developmental Disabilities (1166.R00.00)	Provides supports for individuals with developmental disabilities with no age restriction	2500	California Department of Developmental Services	None

## **E. State Behavioral Health Administration & Finance System**



## E.1. DHCS

### Organization Chart



## E.2. DHCS

### Key Leadership

Name	Position	Department
Richard Figueroa	Acting Director	DCHS
Mari Cantwell	Deputy Director	DHCS Mental Health & Substance Use Disorder Services
Dina Kokkos-Gonzales	Chief	DHCS Mental Health Services
Kelly Pfeifer	Deputy Director	Behavioral Health
Brenda Grealish	Chief	Medi-Cal Behavioral Health
Lindy Harrington	Deputy Director	Health Care Financing
Carol Gallagos	Deputy Director	Legislative and Governmental Affairs

## E.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

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

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- The DHCS 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 DHCS 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

## E.5. County MHPs

### County MHPs

- |  |   |
|--|---|
| 1. Alameda County Behavioral Health Care Services                                | 18. Lassen County Mental Health                             |
| 2. Alpine County Behavioral Health Services                                      | 19. Los Angeles County Mental Health                        |
| 3. Amador County Behavioral Health   | 20. Madera County Behavioral Health Services                |
| 4. Butte County Mental Health Plan   | 21. Marin County Community Mental Health Services           |
| 5. Calaveras County Behavioral Health Services                                   | 22. Mariposa County Mental Health                           |
| 6. Colusa County Department Of Behavioral Health                                 | 23. Mendocino County Mental Health                          |
| 7. Contra Costa Mental Health  | 24. Merced County Mental Health                             |
| 8. Del Norte County, Department Of Health & Human Services, Mental Health Branch | 25. Modoc County Behavioral Health                          |
| 9. El Dorado County Mental Health Plan   | 26. Mono County Mental Health Services                      |
| 10. Fresno County Department Of Behavioral Health                                | 27. Monterey County Behavioral Health                       |
| 11. Glenn County   | 28. Napa County Health & Human Services                     |
| 12. Humboldt County Health & Human Services                                      | 29. Nevada County Behavioral Health                         |
| 13. Imperial County Behavioral Health Services                                   | 30. Orange County Mental Health Plan                        |
| 14. Inyo County Behavioral Health  | 31. Placer County Adult Systems Of Care                     |
| 15. Kern County Mental Health Plan   | 32. Plumas County Mental Health Services                    |
| 16. Kings County Behavioral Health Administration                                | 33. Riverside County Department Of Mental Health            |
| 17. Lake County Mental Health Department   | 34. Sacramento County Department Of Health & Human Services |
|  | 35. San Benito County Behavioral Health                     |

## E.5. County MHPs (Continued)

County MHPs	
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 & 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 & 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 & Substance Abuse Services	56. Ventura County Behavioral Health Department
45. Shasta County Health & Human Services Agency, Mental Health, Alcohol, & Drug Department	57. Yolo County Department Of Alcohol, Drug, & Mental Health Services
46. Sierra Mental Health	
47. County Of Siskiyou Behavioral Health Services	



## F. Appendices



# F.1. Acronym Legend

Acronym	Term	Acronym	Term	Acronym	Term	Acronym	Term
ACA / PPACA	Patient Protection & Affordable Care Act	COPD	Chronic Obstructive Pulmonary Disease	GMC	Geographic Managed Care	MHP	Mental Health Plans
ACO	Accountable Care Organization	DHCS	Department Of Health Care Services	HCBS	Home- & Community-Based Services	MSA	Metropolitan Statistical Area
APM	Alternative Payment Model	DMC	Drug Medi-Cal	HEDIS	Healthcare Effectiveness Data & Information Set	MSSP	Multipurpose Senior Services Program
ASAM	American Society Of Addiction Medicine	DMC-ODS	Drug Medi-Cal Organized Delivery System	HIV / AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome	PCCM	Primary Care Case Management
ASO	Administrative Services Organization	DPH	Designated Public Hospital	I/DD / DD	Intellectual / Developmental Disability	PCMH	Patient-Centered Medical Home
CA	California	DPMH	Designated Municipal Hospitals	ICF	Intermediate Care Facility	PRIME	Public Hospital Redesign & Incentives In Medi-Cal
CB-CME	Community-Based Care Management Entity	DSRIP	Delivery System Reform & Incentive Payment	IHSS	In-Home Supportive Services	SED	Serious Emotional Disturbance
CCI	Coordinated Care Initiative	EPSDT	Early & Periodic Screening & Diagnosis & Treatment	IMD	Institution For Mental Disease	SMI	Serious Mental Illness
CMS	Centers For Medicare & Medicaid Services	FFS	Fee-For-Service	LTSS	Long-Term Services & Supports	SPA	State Plan Amendment
COHP	County Operated Health Plan	FPL	Federal Poverty Level	MAT	Medication-Assisted Treatment	US	United States
COHS	County Organized Health System	FQHC	Federally-Qualified Health Center				

## F.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 providers—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of consumers. 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 organization bears the risk for all claims.
Capitation		A set amount of money paid per enrollee, per month to a health care entity to cover the cost of health care services. Generally the entity assumes full-risk for the cost of each enrollee's care.
Cal MediConnect		California's dual eligible demonstration program.
Carve-Out		A Medicaid financing model where some portion of Medicaid behavioral health benefits— mental health outpatient, psychiatric inpatient, addictions, pharmacy, etc. —is separately managed and/or financed. This can either be 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 substance abuse disorder services, advance integration of behavioral health with physical health care, and provide care coordination across the full spectrum of health services.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) 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.
Coordinated Care Initiative	CCI	California's initiative to implement a dual eligible demonstration, to require dual eligibles to enroll in managed care, and to include LTSS in managed care plans. It is currently being implemented in seven counties.
County Organized Health System	COHS	A Medicaid model where a county or group of counties form and operate an at-risk health plan. There is only one plan in the designated county or region, and it provides care for all Medi-Cal recipients in that county or region with no exemptions.
Delivery System Reform Incentive Payment	DSRIP	A program that administers federal and state 1115 waiver savings to provider organizations to develop and implement transformative delivery systems through infrastructure development and innovative care models. The goals of these transformations is to improve care for individuals, improve care for populations, and lower costs through efficiencies.
Disproportionate Share Hospital	DSH	Hospitals that serve an above average number of low-income and uninsured patients. State Medicaid programs provide DSH payments to these hospitals to ease the burden of serving low-income and uninsured patients.
Drug Medi-Cal	DMC	California Medicaid's delivery system for substance abuse treatment services. The state primarily contracts with the counties and provides payment on a fee-for-service basis.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Drug Medi-Cal Organized Delivery System	<b>DMC-ODS</b>	California's pilot program to test an integrated delivery system at the county level for treatment of Medicaid beneficiaries with substance use disorders. Counties have the option to participate in the DMC-ODS pilot program.
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	<b>FPL</b>	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 2017, the FPL is \$12,060 for an individual and \$24,600 for a family of four.
Fee-For-Service	<b>FFS</b>	A system in which provider organizations are reimbursed for each covered service such as an office visit, test, or procedure according to rates set by the payer.
Geographic Managed Care	<b>GMC</b>	Used in Sacramento and San Diego counties, a managed care model in which Medicaid enrollees have a choice of two or more commercial health to provide benefits.
Health Home		A 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 Insurance Marketplace	<b>HIM</b>	Created by the PPACA, the health insurance marketplace is an online service 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.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
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 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 substance abuse. 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 residential addiction 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 daily self-care activities as a result of cognitive disabilities, physical impairments, and/or disabling chronic conditions.
Managed Care/ Managed Care Organization	MCO	A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with managed care organizations (MCOs), which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The MCO generally assumes full-risk for the cost of treatment, and therefore usually contracts with a network of providers to provide care at the most efficient rate possible while still maintaining member health.
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.
Medi-Cal		California's name for its Medicaid program.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Medicaid Waiver Section 1115	<b>1115 Waiver</b>	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)	<b>1915(b) Waiver</b>	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit people's choice of providers.
Medicaid Waiver Section 1915(c)	<b>1915(c) Waiver</b>	States can apply for waivers to provide long-term care services in home and community-based settings, rather than institutional settings.
Medicaid Waiver Concurrent Section 1915(b) & 1915(c)		States can apply to simultaneously implement two types of waivers to provide a continuum of services to the elderly and people with disabilities, as long as all Federal requirements for both programs are met.
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	<b>MA</b>	See Medicare Part C.
Medicare Advantage Special Needs Plan	<b>SNP</b>	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.

## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid State Plan in order to test out new ways to deliver health coverage. Importantly, the waivers must be budget neutral.
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.
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.
Pay-For-Performance	P4P	A health care payment model that offers financial rewards to organizations that meet or exceed pre-determined quality benchmarks.
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. Some states consider PCCM a managed care delivery model, while other states consider it an FFS delivery model.



## F.2. Glossary Of Terms (Continued)

Word	Abbreviation	Definition
Program Of All Inclusive Care For The Elderly	<b>PACE</b>	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 service regions within states.
Public Hospital Redesign & Incentives In Medi-Cal	<b>PRIME</b>	California's second five-year DSRIP program, which will operate from 2016 to 2020.
Regional Model		A California Medicaid managed care model in place in 18 counties, wherein DHCS contracts with two private health plans for the entire region.
Serious Mental Illness	<b>SMI</b>	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.
Two Plan Model		A California Medicaid managed care model wherein one commercial health plan and one county-initiated plan are available for eligible beneficiaries.
Value-Based Reimbursement	<b>VBR</b>	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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#### [A.2. Physical Health Care Coverage Map Medicaid Managed Care Programs](#)

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#### [A.3. Medicaid System Overview](#)

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