The waiver allows California to mandatorily enroll seniors and persons with disabilities (SPDs) into Medi-Cal managed care. The waiver also includes a pilot program for the California Children’s Services (CCS) program. Last spring, the Administration discussed trying to include a project focused on individuals dually eligible for Medi-Cal and Medicare; however, nothing focused on duals was ultimately included in the final waiver.

Seniors and Persons with Disabilities
Under the waiver, California will be able to mandatorily enroll approximately 380,000 seniors and persons with disabilities into Medi-Cal managed care. These are seniors and persons with disabilities who are not enrolled in Medicare or do not have an unmet share of cost or other health coverage.

The terms and conditions include a number of requirements on the state related to the mandatory enrollment of seniors and persons with disabilities into Medi-Cal managed care:

- Enrollment will begin in June 2011 and continue for a year.
- CMS must approve the plan contracts prior to the state enrolling seniors and persons with disabilities. California must submit its contracts to CMS by April 1, 2011.
- The state is required to use appropriate risk adjustment in the development of its capitation payments.
- CMS is requiring the state to maintain a managed care advisory group comprised of individuals and interested parties impacted by the mandatory enrollment of seniors and persons with disabilities into Medi-Cal managed care. This advisory group will meet throughout the life of the waiver.
- By December 2010, the state must submit an initial outreach and communication strategy and an ongoing outreach and communication strategy by March 2011. CMS is requiring review of any written communication to enrollees prior to the state sending to beneficiaries.
- By November 2010, the state must submit to CMS proposed SPDs sensitivity training curriculum, including anticipated target audiences.
- By November 2010, the state must submit to CMS informational and educational materials to explain the change in service delivery.
- By February 2011, the state must submit to CMS California’s proposed Community Presentation. All such presentations must be completed by May 2011.
- The state must submit to CMS its approach for plan default (when a beneficiary does not choose plan, a plan must be assigned).
- Requires the state to work with CMS on its Money Follows the Person Demonstration, “California Community Transitions,” to increase opportunities for eligible individuals to
access home and community based services upon discharge from hospitals and nursing facilities.

- Other requirements include care continuity, person-centered planning and service design, sufficient specialty health care provider pool, geographic accessibility, physical accessibility, interpreter services and transportation.

Additionally, please note that public hospitals are continuing to work with DHCS on the workability of providing IGTs as part of the funding mechanism to provide payments to health plans for the mandatory enrollment of Seniors and Persons with Disabilities into Medi-Cal Managed care.

**California Children’s Services (CCS)**
The waiver allows California to submit a plan to test up to four health care delivery models for children enrolled in the California Children's Services (CCS) program. The state must provide CMS with 180-days notice and CMS must approve the plans. In addition, the plan shall include a sufficient network of appropriate providers and timely access to out of network care. The plan shall also include specific criteria for evaluating the models. The CCS pilots shall be eligible for FFP from the date of CMS approval through December 31, 2015.

The four models of care delivery include:

- An enhanced primary care case management (EPCCM) program
- A provider-based accountable care organization (ACO)
- A specialty health care plan (SHCP)
- Utilization of existing Medi-Cal managed care plans.

The state will be developing a Request for Proposal (RFP) for the CCS pilots.