

Appendix A:

The Section 1115 and 1915(b) waivers enable California to use managed care to deliver services by waiving the specific federal Medicaid requirements as follows:

Medicaid Act/Regulation Provision Waived	1915(b) for County Specialty Mental Health Plans	Medi-Cal 2020 Section 1115 Waiver for Medi-Cal Managed Care (MCMC) plans
<p>Statewideness - The Medicaid Act requirement that Medicaid State plan be in effect in all political subdivisions of the State.</p> <p>Section 1902(a)(1)</p>	<p>The waiver program is not available throughout the State, and service delivery varies, including as described in “comparability of services” below.</p>	<p>To enable the State to operate the demonstration on a county-by-county basis and to provide managed care plans only in certain geographic areas.</p>
<p>Comparability of services - The Medicaid the Act requires all services for categorically needy individuals to be equal in amount, duration, and scope.</p> <p>Section 1902(a)(10)(B)</p>	<p>The waiver program includes additional benefits such as case management and health education that will not be available to other Medicaid beneficiaries not enrolled in the waiver program.</p> <p>In addition, certain populations will receive additional services (such as a case management), and enrollees of certain plans (such as Kaiser in Sacramento and Solano County, Family Mosaic Project in San Francisco, Program for All-Inclusive Care for the Elderly (PACE) and the Senior Care Action Network (SCAN) will receive services outside of the waiver.</p>	<p>To enable the State to authorize Whole Person Care (WPC) pilots which may make available certain services, supports or interventions to certain high-risk, vulnerable populations targeted under an approved WPC pilot program that are not otherwise available to all beneficiaries in the same eligibility group.</p> <p>To enable the State to provide certain services, supports and other interventions to eligible individuals with substance use disorders under the Drug Medi-Cal Organized Delivery System program that are not otherwise available to all beneficiaries in the same eligibility group.</p>
<p>Freedom of Choice - The Medicaid Act requires Medicaid State Plans to permit all individuals eligible for Medicaid to obtain medical assistance from any qualified provider in the State; this is known as (“freedom of choice”).</p> <p>Section 1902(a)(23)(A)</p>	<p>Free choice of providers is restricted as beneficiaries must receive services through the county mental health plan in their county.</p>	<p>To enable the State to require participants to receive benefits through certain providers and to permit the State to require that individuals receive benefits through managed care providers who could not otherwise be required to enroll in managed care.</p>
<p>Choice of plans - The Medicaid Act and regulations requires States to offer a choice of more than one plan in each county.</p> <p>Section 1902(a)(4) and 42 CFR 438.52.</p>	<p>California received a waiver of this requirement. The waiver requires the State to contractually require county specialty mental health plans to ensure the availability and accessibility of adequate numbers of institutional facilities, service locations, service sites, and professional, allied and supportive personnel to provide medically necessary services, and ensure the authorization of services for urgent conditions on a one-hour basis.</p>	<p>N/A</p>