<table>
<thead>
<tr>
<th>Features</th>
<th>County Organized Health Systems (COHS) Model</th>
<th>Regional Model</th>
<th>Geographic Managed Care (GMC) Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program type</td>
<td>Comprehensive MCO + MLTSS</td>
<td>Comprehensive MCO</td>
<td>Comprehensive MCO + MLTSS</td>
</tr>
<tr>
<td>Statewide or region-specific?</td>
<td>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</td>
<td>Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba</td>
<td>Sacramento, San Diego</td>
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<tr>
<td>Federal operating authority</td>
<td>1115(a) (Medicaid demonstration waivers)</td>
<td>1115(a) (Medicaid demonstration waivers)</td>
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<td>Program start date</td>
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<td>10/02/2013</td>
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<td>If the program ended in 2019, indicate the end date</td>
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<td>Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)</td>
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<td>Mandatory</td>
<td>Mandatory</td>
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<tr>
<td>Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)</td>
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<td>Populations enrolled: Aged, Blind or Disabled Children or Adults</td>
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<td>Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)</td>
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<td>Mandatory</td>
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<tr>
<td>Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)</td>
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<td>Voluntary</td>
<td>Varies</td>
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<td>Populations enrolled: Full Duals</td>
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<td>Features</td>
<td>County Organized Health Systems (COHS) Model</td>
<td>Regional Model</td>
<td>Geographic Managed Care (GMC) Model</td>
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<tr>
<td>Populations enrolled: Partial Duals</td>
<td>Mandatory</td>
<td>Voluntary</td>
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<tr>
<td>Populations enrolled: Children with Special Health Care Needs</td>
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<td>Mandatory</td>
<td>Mandatory</td>
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<td>Populations enrolled: Native American/Alaskan Natives</td>
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<td>Populations enrolled: Foster Care and Adoption Assistance Children</td>
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<td>Approximately 45 days</td>
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<td>Benefits covered: Inpatient hospital physical health</td>
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<td>Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)</td>
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<td>Benefits covered: Outpatient hospital physical health</td>
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<td>Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)</td>
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<td>Benefits covered: Partial hospitalization</td>
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<td>Benefits covered: Physician</td>
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<tr>
<td>Benefits covered: Nurse practitioner</td>
<td>X</td>
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<tr>
<td>Benefits covered: Rural health clinics and FQHCs</td>
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<tr>
<td>Benefits covered: Clinic services</td>
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<td>Benefits covered: Lab and x-ray</td>
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<tr>
<td>Benefits covered: Prescription drugs</td>
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<td>Benefits covered: Prosthetic devices</td>
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<td>Benefits covered: EPSDT</td>
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<tr>
<td>Benefits covered: Case management</td>
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<tr>
<td>Benefits covered: SSA Section 1945-authorized health home</td>
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<td>Benefits covered: Health home care (services in home)</td>
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<td>Benefits covered: Family planning</td>
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<td>Benefits covered: Dental services (medical/surgical)</td>
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<td>Benefits covered: Personal care (state plan option)</td>
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<tr>
<td>Benefits covered: HCBS waiver services</td>
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<td>Benefits covered: Private duty nursing</td>
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<td>Benefits covered: Non-Emergency Medical Transportation</td>
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<td>Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit</td>
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<td>Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)</td>
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<td>Quality assurance and improvement: HEDIS data required?</td>
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<td>Yes</td>
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<tr>
<td>Quality assurance and improvement: CAHPS data required?</td>
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<tr>
<td>Quality assurance and improvement: Accreditation required?</td>
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<tr>
<td>Quality assurance and improvement: Accrediting organization</td>
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<td>Quality assurance and improvement: EQRO contractor name (if applicable)</td>
<td>Health Services Advisory Group</td>
<td>Health Services Advisory Group</td>
<td>Health Services Advisory Group</td>
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<td>Performance incentives: Payment bonuses/differentials to reward plans</td>
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<td>Performance incentives: Preferential auto-enrollment to reward plans</td>
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<td>Performance incentives: Public reports comparing plan performance on key metrics</td>
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<td>Performance incentives: Withholds tied to performance metrics</td>
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<tr>
<td>Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes</td>
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<tr>
<td>Features</td>
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<td>-----------------------------------------------</td>
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<td>Participating plans: Plans in Program</td>
<td>CenCal Health/San Luis Obispo; CenCal Health/Santa Barbara; Health Plan of San Mateo; Partnership HealthPlan of CA/Northeast; Partnership HealthPlan of CA/Northwest; Partnership HealthPlan/Southeast; Partnership Health Plan/Southwest; Central California Alliance for Health/Merced; Central California Alliance for Health/Monterey Santa Cruz; CalOptima/Orange; Gold Coast Health Plan/Ventura</td>
<td>California Health &amp; Wellness Plan/Imperial; California Health &amp; Wellness Plan/Region 1; California Health &amp; Wellness Plan/Region 2; Molina Healthcare of CA Partner Plan/Imperial; Anthem Blue Cross Partnership Plan/Region 1; Anthem Blue Cross Partnership Plan/Region 2; KP Cal LLC/Amador; KP Cal LLC/Eldorado; KP Cal LLC/Placer; Anthem Blue Cross Partnership Plan/San Benito</td>
<td>Blue Shield of California Promise/San Diego; Community Health Group Partnership Plan/San Diego; Health Net/San Diego; KP Cal LLC/San Diego; Molina Healthcare of CA Partner Plan/San Diego; Aetna Better Health of CA/San Diego; UnitedHealthcare Community Plan/San Diego; Anthem Blue Cross Partnership Plan/Sacramento; Health Net/Sacramento; KP Cal LLC/Sacramento; Molina Healthcare of CA Partner Plan/Sacramento; Aetna Better Health of CA/Sacramento</td>
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<tr>
<td>Notes: Program notes</td>
<td>Full duals are mandatory for managed care enrollment in CCI Counties (Orange and San Mateo) and voluntary for all other Counties. Children with Special Health Care Needs are mandatory in all COHS counties except Ventura County. Children with Special Health Care Needs are voluntary in Ventura County. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.</td>
<td>San Benito is voluntary due to only one commercial plan in the county. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.</td>
<td>Full duals are mandatory for managed care enrollment in CCI Counties (San Diego) and voluntary for all other counties (Sacramento). In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS. The Health Homes Program (HHP) is available in select GMC and Two-Plan counties and available through the Managed Care Plan contracts.</td>
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<tr>
<td>Features</td>
<td>Senior Care Action Network (SCAN)</td>
<td>Program of All-Inclusive Care for the Elderly (PACE)</td>
<td>Dental Managed Care/Los Angeles</td>
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<td>Program type</td>
<td>Comprehensive MCO + MLTSS</td>
<td>Program of All-inclusive Care for the Elderly (PACE)</td>
<td>Dental only (PAHP)</td>
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<td>Statewide or region-specific?</td>
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<td>Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara</td>
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<td>1915(a)</td>
<td>PACE</td>
<td>1915(a)/1915(i)</td>
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<td>Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)</td>
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<td>Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)</td>
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<td>Populations enrolled: Aged, Blind or Disabled Children or Adults</td>
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<td>Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)</td>
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<td>Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)</td>
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<td>Program of All-Inclusive Care for the Elderly (PACE)</td>
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<td>Populations enrolled: Children with Special Health Care Needs</td>
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<td>Populations enrolled: Native American/Alaskan Natives</td>
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<td>Populations enrolled: Foster Care and Adoption Assistance Children</td>
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<td>Populations enrolled: Notes on enrollment choice period</td>
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<tr>
<td>Benefits covered: Inpatient hospital physical health</td>
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<tr>
<td>Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)</td>
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<td>Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)</td>
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<td>Benefits covered: Physician</td>
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<td>Benefits covered: Nurse practitioner</td>
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<td>Benefits covered: Rural health clinics and FQHCs</td>
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<td>Benefits covered: Clinic services</td>
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<tr>
<td>Benefits covered: Lab and x-ray</td>
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<td>Benefits covered: Prescription drugs</td>
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<tr>
<td>Benefits covered: Prosthetic devices</td>
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<td>Features</td>
<td>Senior Care Action Network (SCAN)</td>
<td>Program of All-Inclusive Care for the Elderly (PACE)</td>
<td>Dental Managed Care/Los Angeles</td>
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<tr>
<td>Benefits covered: Case management</td>
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</tr>
<tr>
<td>Benefits covered: SSA Section 1945-authorized health home</td>
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<tr>
<td>Benefits covered: Health home care (services in home)</td>
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<td></td>
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<tr>
<td>Benefits covered: Family planning</td>
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<td>Benefits covered: Dental services (medical/surgical)</td>
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<tr>
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<td>Benefits covered: Personal care (state plan option)</td>
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<tr>
<td>Benefits covered: HCBS waiver services</td>
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<tr>
<td>Benefits covered: Private duty nursing</td>
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<td>X</td>
<td></td>
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<tr>
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<td>X</td>
<td></td>
<td></td>
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<tr>
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<td>X</td>
<td>X</td>
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<tr>
<td>Benefits covered: Non-Emergency Medical Transportation</td>
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<tr>
<td>Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit</td>
<td></td>
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<td>Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)</td>
<td></td>
<td>PACE is responsible for covering all Medicaid services</td>
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<tr>
<td>Features</td>
<td>Senior Care Action Network (SCAN)</td>
<td>Program of All-Inclusive Care for the Elderly (PACE)</td>
<td>Dental Managed Care/Los Angeles</td>
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<tr>
<td>Quality assurance and improvement: HEDIS data required?</td>
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<td>Yes</td>
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<td>Quality assurance and improvement: CAHPS data required?</td>
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<td>No, but accreditation considered in plan selection criteria</td>
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<td>Quality assurance and improvement: Accrediting organization</td>
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<td>NCQA, Private credentialling organizations approved by DHCS</td>
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<td>Quality assurance and improvement: EQRO contractor name (if applicable)</td>
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<td>Performance incentives: Payment bonuses/differentials to reward plans</td>
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<tr>
<td>Performance incentives: Preferential auto-enrollment to reward plans</td>
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<tr>
<td>Performance incentives: Public reports comparing plan performance on key metrics</td>
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<td>Performance incentives: Withholds tied to performance metrics</td>
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<tr>
<td>Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes</td>
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<tr>
<td>Features</td>
<td>Senior Care Action Network (SCAN)</td>
<td>Program of All-Inclusive Care for the Elderly (PACE)</td>
<td>Dental Managed Care/Los Angeles</td>
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<td>Participating plans:</td>
<td>SCAN Health Plan/Los Angeles; SCAN Health Plan Riverside/San Bernardino</td>
<td>Redwood Coast Pace/Humboldt; San Diego PACE; St. Paul's PACE/San Diego; Sutter SeniorCare PACE/Sacramento; AltaMed Senior Buenacare/Los Angeles; Brandman Centers for Senior Care/Los Angeles; CalOptima PACE/Orange; Center for Elders Independence/Alameda; Center for Elders Independence/Contra Costa; Fresno PACE; InnovAge PACE/Riverside; InnovAge PACE/San Bernardino County; On Lok Lifeways/Alameda; On Lok Lifeways/Santa Clara; On Lok Lifeways/San Francisco; Family Health Centers of San Diego; Gary and Mary West PACE of Northern San Diego; Pacific PACE/Los Angeles; Stockton PACE/San Joaquin; Stockton PACE/Stanislaus</td>
<td>Health Net Dental Plan/Los Angeles; Access Dental Plan/Los Angeles; LIBERTY Dental Plan/Los Angeles</td>
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<tr>
<td>Notes: Program notes</td>
<td>In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.</td>
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## California Managed Care Program Features, as of 2019 (3 of 4)

<table>
<thead>
<tr>
<th>Features</th>
<th>Dental Managed Care/Sacramento</th>
<th>Two-Plan Model</th>
<th>Positive Healthcare/Los Angeles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program type</td>
<td>Dental only (PAHP)</td>
<td>Comprehensive MCO + MLTSS</td>
<td>Other Prepaid Health Plan (PHP) (limited benefits)</td>
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<td>Statewide or region-specific?</td>
<td>Sacramento</td>
<td>Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare</td>
<td>Los Angeles</td>
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<td>Federal operating authority</td>
<td>1115(a) (Medicaid demonstration waivers)</td>
<td>1115(a) (Medicaid demonstration waivers)</td>
<td>1937 Alt Benefit Plan, 1945 Health Homes</td>
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<td>Program start date</td>
<td>12/01/1998</td>
<td>01/01/1996</td>
<td>04/01/2002</td>
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<td>Waiver expiration date (if applicable)</td>
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<td>Mandatory</td>
<td>Voluntary</td>
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<td>Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)</td>
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<td>Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)</td>
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<td>Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)</td>
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<td>Populations enrolled: Partial Duals</td>
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<td>Populations enrolled: Children with Special Health Care Needs</td>
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<td>Quality assurance and improvement: CAHPS data required?</td>
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<td>Performance incentives: Preferential auto-enrollment to reward plans</td>
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<tr>
<td>Participating plans: Plans in Program</td>
<td>Health Net Dental Plan/Sacramento; Access Dental Plan/Sacramento; LIBERTY Dental Plan/Sacramento</td>
<td>Health Net/Kern; Health Net/Los Angeles; Health Net/San Joaquin; Health Net/Stanislaus; Health Net/Tulare; CalViva Health/Fresno; CalViva Health/Kings; CalViva Health/Madera; Anthem Blue Cross Partnership Plan/Fresno; Anthem Blue Cross Partnership Plan/Kings; Anthem Blue Cross Partnership Plan/Madera; Anthem Blue Cross Partnership Plan/Alameda; Anthem Blue Cross Partnership Plan/Contra Costa; Anthem Blue Cross Partnership Plan/San Francisco; Anthem Blue Cross Partnership Plan/Santa Clara; Anthem Blue Cross Partnership Plan/Tulare; Kern Family Health Care; L.A. Care Health Plan/Los Angeles; Contra Costa Health Plan; Alameda Alliance for Health; Inland Empire Health Plan/Riverside; Inland Empire Health Plan/San Bernardino; Molina Healthcare of CA Partner Plan/Riverside; Molina Healthcare of CA Partner Plan/San Bernardino; San Francisco Health Plan; Health Plan of San Joaquin/San Joaquin; Health Plan of San Joaquin/Stanislaus; Santa Clara Family Health Plan</td>
<td>Positive Healthcare/Los Angeles</td>
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<td>Features</td>
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<td>Notes: Program notes</td>
<td>Accreditation of dental managed care plans are not required but it is considered in the plan selection criteria. Accreditation of the Dental Health Plans can be done through the NCQA or private credentialing organizations that must be reviewed and approved by DHCS to determine if the contractor meets DHCS requirements for credentialing.</td>
<td>Full duals are mandatory for managed care enrollment in CCI Counties (Los Angeles, Riverside, San Bernardino, and Santa Clara) and voluntary for all other counties (Alameda, Contra Costa, Fresno, Kern, Kings, Madera, San Francisco, San Joaquin, Stanislaus and Tulare). In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS. The Health Homes Program (HHP) is available in select GMC and Two-Plan counties and available through the Managed Care Plan contracts.</td>
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### California Managed Care Program Features, as of 2019 (4 of 4)

<table>
<thead>
<tr>
<th>Features</th>
<th>Family Mosaic Program/San Francisco</th>
<th>Rady Children’s Hospital San Diego (RCHSD)</th>
</tr>
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<tbody>
<tr>
<td>Program type</td>
<td>Behavioral Health Organization (BHO) only (PIHP and/or PAHP)</td>
<td>Comprehensive MCO</td>
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<td>Statewide or region-specific?</td>
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<td>San Diego</td>
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<td>1915(a)</td>
<td>1115(a) (Medicaid demonstration waivers)</td>
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<td>Program start date</td>
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<td>Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)</td>
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<td>Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)</td>
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<td>Populations enrolled: Partial Duals</td>
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<td>Notes: Program notes</td>
<td></td>
<td>Rady Children’s Hospital San Diego (RCHSD) is a new program that began serving special needs children in August 2018. The five CCS eligible conditions for participation are Cystic Fibrosis, Hemophilia, Sickle Cell, Acute Lymphoblastic Leukemia, and Diabetes. In non-COHS plan model types ICF-DD and nursing facility benefits are only covered for a limited period of time (month of admission plus 1 month) and then the member is disenrolled to FFS.</td>
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