



An Advocate's Guide to Medi-Cal Services

December 2022

Chapter IX: Long-Term Services and Supports

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Outline of Medi-Cal Long-Term Services and Supports*

- Facility-Based Long-Term Care
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 - Intermediate-Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)
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*This is a non-exhaustive list of services. It may not include all available services.

Medi-Cal is the primary payer of long-term services and supports (LTSS) in California, and long-term care (LTC) accounts for about one-third of Medi-Cal fee-for-service (FFS) spending annually.¹ LTSS provided by Medicaid is generally provided in two types of settings: institutional facilities, such as nursing homes and intermediate-care facilities; and home and community settings, such as individuals' homes, community centers, or assisted living facilities. When LTSS is provided in home and community settings, it is known as Home and Community-Based Services (HCBS).

The majority of beneficiaries receiving LTSS through Medi-Cal are dual Medi-Cal and Medicare beneficiaries. Since Medicare's coverage of LTSS is very limited, most low-income Californians rely on Medi-Cal for these services.

A. Facility-Based Long-Term Care

LTC may encompass stays in a number of different types of facilities. Medi-Cal pays for nursing facility services for individuals who need skilled nursing care or rehabilitation services or who require health-related services on a regular basis due to a mental or physical disability.² Medi-Cal does not pay for room and board expenses in assisted living facilities, which differ from skilled nursing facilities because residents in such facilities do not routinely receive skilled nursing care (although certain services provided to residents of assisted living facilities may be covered under a HCBS waiver program, as discussed in Section B of this chapter).

In order to qualify for facility-based LTC, a beneficiary or the beneficiary's representative must provide information showing that the beneficiary is financially eligible for LTC and that the beneficiary meets the clinical qualifications for such care. Whether a beneficiary meets the clinical qualifications for facility-based LTC depends on the type of facility to which the beneficiary is seeking admission. A beneficiary always needs to obtain prior authorization from Medi-Cal before obtaining admission to a LTC facility.³ The Long-Term Care Treatment Authorization Request (LTC TAR, form 20-1) is used to request authorization for all Medi-Cal recipients seeking LTC facility coverage. The form is initiated by the nursing facility.⁴

Below is a summary of the types of facilities Medi-Cal covers under the LTC benefit.

1. Skilled Nursing Facilities (SNFs)

Also called “skilled nursing homes,” “convalescent hospitals,” “nursing homes,” or “nursing facilities,” these facilities provide comprehensive nursing care for chronically ill or short-term residents of all ages, along with rehabilitation and other services (for example, dietary assistance, pharmaceutical services, and an activity program).⁵ Skilled nursing facility services covered by Medi-Cal include nursing and related care services, room and board, and commonly used items of equipment, supplies, and services used for the medical and nursing benefit of patients.⁶

Skilled Nursing Facilities (SNFs) offer the level of care needed by patients who do not require the full range of health care services provided in a hospital as hospital acute care or hospital extended care, but who require the continuous availability of skilled nursing care. Medi-Cal considers various clinical criteria in determining the need for services, such as the need for observation and medications that cannot be self-administered and require skilled nursing services. Among other requirements, an individual must need physician visits at least every 60 days and constantly available skilled nursing services.⁷

2. Skilled Nursing Facility Special Treatment Programs (SNF/STPs)

SNF/STPs are skilled nursing facilities that serve patients who have a chronic psychiatric impairment and whose skills for handling common demands of everyday life are impaired. STP services include therapeutic services, such as self-help skills, behavioral adjustment, pre-vocational preparation and pre-release planning. Other program services include group and individual counseling, instruction on personal care and medication management, use of community, and personal resources.⁸

SNFs/STP are designed to serve individuals who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. To be eligible for STP services, the individual's condition should be responsive to STP

services and not appropriate for placement in a skilled nursing facility.¹⁰

3. Subacute-care facilities

These are specialized units often in a distinct part of a nursing facility that focus on intensive rehabilitation, complex wound care, and post-surgical recovery for patients who do not require hospital acute care but require more intensive care than is generally provided in a skilled nursing facility.¹¹ Subacute-care facilities provide care for individuals that are medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care. Patients must meet a “subacute level of care criteria,” which is determined by the treating physician and approved by Medi-cal.¹²

ADVOCACY TIP:

✓ SNF/STPs typically are considered Institutions for Mental Disease (IMDs) under federal law and therefore are subject to the IMD exclusion, which prohibits Medi-Cal coverage of their services if the beneficiary is older than 21 and younger than 65.⁹

4. Intermediate-Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

ICFs/IID are health facilities that provide, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, care coordination, and integration of health or rehabilitative services to help each resident function at his or her greatest ability. ICFs are designed to provide services to individuals requiring protective and supportive care because of a mental or physical condition or both. Individuals requiring assistance with multiple personal care tasks may benefit from ICFs. These individuals are stable but may require daily, if not 24-hour, nursing supervision. Many factors are considered in determining appropriate placement in ICFs, such as the need for skilled nursing care or observation on an ongoing or intermittent basis and 24-hour supervision to meet the individual’s health needs.

There are four types of ICFs, all of which provide services to beneficiaries with developmental disabilities:

Figure 1

ICF/DD (Developmentally Disabled)	Provides 24-hour personal care, habilitation, developmental, and supportive health services to individuals with developmental disabilities whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services. ¹³
ICF/DD-H (Habilitative)	Provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer individuals with developmental disabilities who have intermittent recurring needs for nursing services but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care. ¹⁴
ICF/DD-N (Nursing)	Provides 24-hour personal care, developmental services, and nursing supervision for individuals with developmental disabilities who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. ¹⁵
DD-CNC (Continuous Nursing Care)	Facilities that are licensed as an ICF/DD-N, but the license is suspended while the facility operates under a Home and Community Based Waiver program. DD/CNC differs from the other three types of ICFs in that the individual must have a continuous, not intermittent, need for skilled nursing services.

B. Home and Community-Based Services (HCBS)

HCBS programs are intended to support individuals who need assistance to remain living at home and in the community. California has a number of HCBS programs, including several HCBS waiver programs and the Medi-Cal In-Home Supportive Services (IHSS) program. The availability of such services helps promote independence and provides supports that enable people to live outside of institutions and participate in their communities.

The scope of HCBS varies based on the specific program in which an individual is enrolled. HCBS may include the following services:¹⁶

- Adult Day Health Services
- Behavioral Intervention Services
- Case Management
- Chore Services

- Communication Aides
- Community-Based Adult Services
- Community-Based Training Services
- Dental Services
- Enhanced Habilitation-Supported Employment Individual and Group Prevocational Services
- Environmental Accessibility Adaptations
- Financial Management Service
- Habilitation-Community Living Arrangement Services, Day Services
- Home Health Aide Services
- Homemaker Services
- Non-Medical Transportation
- Nutritional Consultation
- Optometric/Optician Services
- Personal Care Services
- Personal Emergency Response Systems
- Prescription Lenses and Frames
- Psychology Services
- Respite Care
- Skilled Nursing
- Specialized Medical Equipment and Supplies
- Specialized Therapeutic Services
- Speech, Hearing and Language Services
- Transition/Set-Up Expenses
- Vehicle Modification and Adaptation

1. HCBS Waiver Programs

Medi-Cal’s HCBS waiver programs, operating under Section 1915(c) of the Social Security Act, vary in terms of the populations served and the services provided. Some waiver programs are generally available to older adults or individuals with disabilities, while others target a subset of these populations, such as individuals with HIV/AIDS. HCBS waiver programs operate under federal statutes that allow for the waiver of certain Medicaid rules, such as a waiver of the “comparability” requirement that typically mandates that states provide comparable services to all Medicaid beneficiaries.

A Medi-Cal beneficiary may be enrolled in only one HCBS waiver program at a time. Because the waiver programs typically limit enrollment to a certain number of beneficiaries, the State may maintain a wait list for the HCBS waiver programs. HCBS waiver services and qualifications are summarized in the table below.¹⁷ This table is intended to provide only an overview of the waiver programs, and other limitations may be applicable.

Figure 2

Waiver	Services Covered	Target Population/ Eligibility
<i>General/ Physical Disability Waivers</i>		
Assisted Living Waiver	Homemaker, home health aide, personal care, care coordination, residential habilitation, augmented plan of care development and follow-up, nursing facility transition care coordination, and other HCBS for residents of assisted living facilities (residential care facilities for the elderly) or independent publicly subsidized housing private residences.	<ul style="list-style-type: none"> • Individuals 65 or older • Adults with disabilities ages 21 or older • Nursing facility level of care
Multipurpose Senior Services Program Waiver ¹⁸	Care management, respite care, supplemental personal care, adult day care, communication, housing assistance, nutritional services, protective services, purchased care management, supplemental chore, supplemental health care, supplemental protective supervision, and transportation.	<ul style="list-style-type: none"> • Individuals ages 65 or older • Nursing facility level of care
Community-Based Adult Services (CBAS) ¹⁹	Professional nursing, physical, occupational and speech therapies, mental health services, social services, personal care, meals, nutritional counseling, and transportation to and from the individual's residence to the CBAS Center (CBAS replaced the Adult Day Health Care (ADHC) benefit. CBAS services are provided in community settings.)	<ul style="list-style-type: none"> • Individuals 65 or older • Adults with disabilities 18 or older
<i>Medically Fragile/ Technology Dependent Waivers</i> ²⁰		
Home and Community-Based Alternatives Waiver (previously titled "Nursing Facility/ Acute Hospital Waiver")	<p>Case management, habilitation services, home respite, personal care services, community transition services, developmentally disabled/continuous nursing care non-ventilator dependent services and other HCBS.</p> <p>Case management/coordination, habilitation services, home respite, personal care, community transition, environmental accessibility adaptations and other HCBS.</p> <p>Note: This waiver is scheduled to sunset at the end of 2019, and beneficiaries will be given the option to enroll in the HCB Alternatives Waiver instead.²¹</p>	<ul style="list-style-type: none"> • Individuals who are medically fragile or technology dependent of any age • Hospital, nursing facility, or intermediate care facility level of care • Individuals who are medically fragile or technology dependent of any age • Nursing facility level of care

Figure 2 (continued)

Waiver	Services Covered	Target Population/ Eligibility
<i>Developmentally/ Intellectually Disabled Waivers</i>		
HCBS Waiver for Californians with Developmental Disabilities²⁴	Behavioral intervention services, community living arrangement services, day service, homemaker, communication aides, community-based training service, environmental accessibility adaptations, family support services, and other HCBS.	<ul style="list-style-type: none"> • Individuals with autism, a developmental disability, or an intellectual disability of any age • Intermediate care facility level of care
Self-Determination Program for Individuals with Developmental Disabilities²²	<p>Community living supports, employment supports, homemaker, live-in caregiver, prevocational supports, respite services, acupuncture services, chiropractic service, dental services, home health aide, lenses and frames, occupational therapy, optometric/optician services, physical therapy, psychology services, speech, hearing and language services, financial management service, independent facilitator, behavioral intervention services, communication support, community integration supports, and other HCBS.</p> <p>The waiver allows beneficiaries the opportunity to accept greater control and responsibility regarding the delivery of needed services, including managing their service mix within an individual budget amount</p>	<ul style="list-style-type: none"> • Individuals with autism, a developmental disability, or an intellectual disability of any age • Intermediate care facility level of care
<i>HIV/AIDS Waivers</i>		
California HIV/AIDS Waiver	Enhanced case management, homemaker, skilled nursing, attendant care, home-delivered meals / nutritional supplements, minor physical adaptations to the home, non-emergency medical transportation, nutritional counseling, psychotherapy, and specialized medical equipment.	<ul style="list-style-type: none"> • Individuals with HIV or AIDS of any age • Hospital or nursing facility level of care

In addition to these HCBS waivers, California operates an HCBS program under its state plan that provides services to individuals with developmental disabilities. This program, which operates under Section 1915(i) of the Social Security Act, is administered by the Department of Developmental Services and utilizes the same provider types as the HCBS Waiver for Persons with Developmental Disabilities. Unlike the waiver, however, an individual does not need to have an institutional level of care in order to qualify for services under the state plan.²³

2. In-Home Supportive Services (IHSS)

Certain aged, blind, and disabled individuals may qualify for IHSS—a program that provides in-home assistance as an alternative to out-of-home care and enables recipients to remain safely in their own homes. IHSS currently serves over 580,000 recipients.²⁴ The types of services that can be authorized through IHSS are housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, and grooming), paramedical services, accompaniment to medical appointments, and protective supervision for the mentally impaired.²⁵ To be eligible for IHSS, individuals must be 65 years or older, disabled, or blind. Children with disabilities are potentially eligible for IHSS.²⁶ Receipt of IHSS does not impact a child's eligibility for services under Medi-Cal, including services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

IHSS is actually four different programs in one. The services available under the programs are largely the same, but their eligibility requirements differ. Three of the programs are for Medi-Cal beneficiaries, with the fourth providing services to individuals who do not qualify for federally-funded full-scope Medi-Cal. The three IHSS Medi-Cal programs are:

- The Personal Care Services Program (PCSP) is for individuals who do not need an institutional level of care. Approximately half of IHSS recipients is enrolled in PCSP.²⁷
- The Community First Choice Option (CFCO) is for individuals who need an institutional level of care.²⁸ Approximately 43% of IHSS beneficiaries are enrolled in the program.²⁹
- The IHSS Plus Option (IPO) is for individuals who cannot qualify for PCSP or CFCO because of restrictions in those programs but do not need to be at an institutional level of care. In particular, IPO is for an individual who has a personal care attendant who is the individual's parent or spouse, or for an individual who receives Advance Pay (AP) or a Restaurant Meal Allowance (RMA).³⁰

In addition, individuals who do not qualify for federally-funded Medi-Cal, including those who do not qualify due to immigration status, can receive HCBS through the Residual IHSS Program (IHSS-R), which provides a maximum of 283 hours of services per month for people with severe disabilities and a maximum of 195 hours for people with disabilities that are not severe. A small percentage of California's IHSS population is enrolled in IHSS-R.³¹

IHSS services are provided under the Medicaid State Plan, not under waivers, and therefore different legal requirements apply to IHSS than waiver programs.³² For example, IHSS programs are not subject to wait lists, meaning that IHSS is available to all persons who meet the income and benefit eligibility

criteria.³³ Additionally, Medi-Cal beneficiaries can qualify for state plan HCBS covered under IHSS even if their conditions are not severe enough to require institutionalization.³⁴

The scope of services provided under IHSS is narrower than that provided under HCBS waivers in that the IHSS program generally covers non-medical attendant services. This means that medical services available under some HCBS waivers, such as nursing care, are not covered under IHSS. However, coverage of IHSS services do extend to paramedical services, which are skilled tasks necessary to maintain the recipient's health and which but for their disability, the recipients would perform themselves.³⁵ Examples are administration of medication, inserting medical devices, and puncturing the skin. Finally, in terms of eligibility, IHSS is available only to individuals while receiving care in their "own home."³⁶ IHSS does not cover services for those residing in institutional settings, such as assisted living facilities and skilled nursing facilities, in contrast to some HCBS waivers that do cover services to individuals while they are in those settings (neither IHSS nor HCBS waivers cover services provided in institutions such as hospitals or nursing homes).

For more information about the IHSS program, please consult Justice in Aging's and Disability Rights California's IHSS advocates manual.³⁷

C. CalAIM Changes to Long-Term Care

The California Advancing and Innovating Medi-Cal (CalAIM) Initiative includes multi-phased changes to the delivery of LTSS services.³⁸ By 2027, all LTSS benefits will transition to statewide delivery, rather than the fragmented delivery models by county that are currently in place.

1. LTC Carve-In

Starting January 1, 2023, Medi-Cal managed care plans in all counties will cover LTC benefits for skilled nursing facilities (including a distinct part or unit of a hospital), intermediate care facilities, and subacute facilities.³⁹ Prior to CalAIM, Medi-Cal managed care only covered LTC for a limited time before individuals were disenrolled from Medi-Cal Managed Care plans (MCPs) and transferred to FFS Medi-Cal, except for certain counties. Now, accessing LTC services will be more standardized and streamlined across counties, preserving continuity of coverage for individuals who need LTSS services.

2. Mandatory MCP Enrollment and Statewide Transitions for Dual Eligible Beneficiaries

People who are dually eligible for both Medi-Cal and Medicare will also experience changes in the way they receive LTSS benefits, beginning January 1, 2023.

First, dual eligible beneficiaries who are not already enrolled in a Medi-Cal MCP will transition to managed care.⁴⁰ This statewide enrollment in managed care will enhance coordination of care, reduce the complexity of the Medi-Cal program, and make it easier for beneficiaries to transfer their benefits when they move to a different county.

Second, the type of health plan that dual eligible beneficiaries are enrolled in will change. Individuals will be enrolled in a “Medi-Cal Medicare Plan” (MMP), also called an “Exclusively Aligned Enrollment Dual Eligible Special Needs” plan (EAE D-SNP). MMPs or EAE D-SNPs are a type of Medicare Advantage plan that will be operated by the same parent insurer as the beneficiary’s Medi-Cal plan. For individuals residing in Los Angeles, Santa Clara, San Bernardino, Riverside, San Mateo, Orange County, or San Diego County (i.e., the Coordinated Care Initiative (CCI) counties), the transition to MMPs will occur in 2023.⁴¹ For individuals in all other counties, the transition will occur by 2026. This change will align the beneficiaries’ Medi-Cal and Medicare benefits into the same managed care organization, making it simpler to access LTSS services. Under this model, dual eligible beneficiaries will receive a single health plan card.

ADVOCACY TIP:

- ✓ Other CalAIM initiatives will impact Long-Term Populations. For example, CalAIM introduced Community Supports, which are community-based services or settings that MCPs may offer as alternatives to those covered under the California Medicaid State Plan. These services are designed to help managed care beneficiaries meet social needs, such as housing, food support, and community transition services. Community Supports that may benefit members in the Long-Term Care populations include: Nursing Facility Transition/Diversion to Assisted Living Facilities; Community Transition Services/Nursing Facility Transition to a Home; Environmental Accessibility Adaptations (Home Modifications); Respite Services; and Personal Care and Homemaker Services⁴²

Endnotes

¹ Kaiser Fam. Found., Distribution of Medicaid Spending by Service, <https://www.kff.org/medicaid/state-indicator/distribution-of-medicaid-spending-by-service/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited Dec. 13, 2022).

² 42 U.S.C. § 1396r(a)(1).

³ See CAL. CODE REGS. tit. 22, §§ 51334 (ICFs), 51335 (SNFs).

⁴ For more information on treatment authorization, see Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Long Term Care, TAR Completion for Long-Term Care* (2021), <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/tarcompltc.pdf>. Note that managed care changes these processes.

⁵ CAL. CODE REGS. tit. 22, § 51122.

⁶ For additional information on the criteria considered appropriate placement, see CAL. CODE REGS. tit. 22, § 51335.

⁷ CAL. CODE REGS. tit. 22, § 51335(j).

⁸ See also Cal. Dep't Health Care Servs., Continuum of Mental Health Care Section, <https://www.dhcs.ca.gov/services/MH/Pages/Continuum-of-Mental-Health-Care-Section.aspx> (last visited Dec. 13, 2022).

⁹ 42 C.F.R. § 435.1009(a)(2). An IMD is defined as “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 medical attention, nursing care and related services.” 42 C.F.R. § 435.1010. As part of California’s Section 1115 waiver, the Centers for Medicare and Medicaid Services (CMS) waived the IMD exclusion for individuals receiving substance use disorder (SUD) treatment in these facilities. For all other services, the exclusion continues to apply. Chapter IV of this Guide on SUD Services provides more information on the current waiver.

¹⁰ CAL. CODE REGS. tit. 22, § 72443(b).

¹¹ *Id.* at § 51124.5

¹² *Id.*

¹³ *Id.* at § 51343.

¹⁴ *Id.* at § 51343.1.

¹⁵ *Id.* at § 51343.2.

- ¹⁶ For more information, see Cal. Dep't Health Care Servs., Home & Community-Based Alternative Waivers, [https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-\(HCB\)-Alternatives-Waiver.aspx](https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx) (last visited Dec. 13, 2022).
- ¹⁷ For a list and description of all approved waivers in California see CMS, California Waiver Factsheet, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/CA> (last visited Dec. 13, 2022). The text of the approved waiver applications, which provide detailed information on eligibility requirements and services available under each waiver, may be obtained from <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html> and selecting "California."
- ¹⁸ See Cal. Dep't Health Care Servs., Multipurpose Senior Services Program, <https://www.dhcs.ca.gov/services/medi-cal/Pages/MSSPMedi-CalWaiver.aspx> (last visited Dec. 13, 2022).
- ¹⁹ CBAS is not provided under a 1915(c) waiver, but is instead included under the Section 1115(a) demonstration waiver. See CMS, Special Terms and Conditions for California Medi-Cal 2020 Demonstration (Nov. 22, 2016), <https://www.dhcs.ca.gov/provgovpart/Documents/Medi-Cal2020STCs11-22-16.pdf>. See also Cal. Dep't Health Care Servs., Community-Based Adult Services, [https://www.dhcs.ca.gov/services/Pages/Community-BasedAdultServices\(CBAS\)AdultDayHealthCare\(ADHC\)Transition.aspx](https://www.dhcs.ca.gov/services/Pages/Community-BasedAdultServices(CBAS)AdultDayHealthCare(ADHC)Transition.aspx) (last visited Dec. 13, 2022).
- ²⁰ In addition to these waivers, up until 2018 Medi-Cal offered a Pediatric Palliative Care waiver to medically fragile or technology dependent children who had a life-threatening condition. At the beginning of 2019, DHCS transitioned the services offered under such waiver to managed care plans and the fee-for-service delivery system. See Cal. Dep't Health Care Servs., Partners for Children, A Pediatric Palliative Care Waiver Program, <https://www.dhcs.ca.gov/services/ppc> (last visited Dec. 13, 2022).
- ²¹ Cal. Dep't Health Care Servs., *Statewide Transition Plan for Compliance with Home and Community Based Settings Rules 12* (2021), <https://www.dhcs.ca.gov/services/ltc/Documents/CASTP-5.12.21.pdf>.
- ²² See also Cal. Dep't Soc. Servs. All County Letter No. 00-83 (Dec. 7, 2000), <https://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl00/pdf/00-83.PDF>.
- ²³ Cal. Dep't Health Care Servs., *supra* note 21, at 7.
- ²⁴ CAL. WELF. & INST. CODE § 12300; Cal. Dep't Soc. Servs., *Manual of Policies and Procedures* § 30-700, <https://www.cdss.ca.gov/ord/entres/getinfo/pdf/ssman1.pdf> [hereinafter *Manual of Policies and Procedures*]. See also Cal. Dep't Soc. Servs., In Home Supportive Services (IHSS) Program, <https://www.cdss.ca.gov/inforesources/ihss> (last visited Dec. 13, 2022) [hereinafter IHSS Program Webpage].

- ²⁵ CAL. WELF. & INST. CODE § 12300; *Manual of Policies and Procedures*, *supra* note 24, at § 30-756.
- ²⁶ CAL. WELF. & INST. CODE §§ 12305.5–12305.6.
- ²⁷ CAL. WELF. & INST. CODE § 14132.95; *Manual of Policies and Procedures*, *supra* note 24, at § 30-780.
- ²⁸ 42 U.S.C. § 1396n(k)(1); 42 C.F.R. § 441.510(c). From a beneficiary’s perspective, PCSP and CFCO are largely the same, but states receive an enhanced federal match for services provided under CFCO. Cal. Dep’t Soc. Servs., All County Letter 14-60 (Aug. 29, 2014), <https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-60.pdf>.
- ²⁹ IHSS Program Webpage, *supra* note 24.
- ³⁰ CAL. WELF. & INST. CODE § 14132.952; *Manual of Policies and Procedures*, *supra* note 24, at § 30-700.
- ³¹ IHSS Program Webpage, *supra* note 24.
- ³² CFCO operates under Social Security Act Section 1915(k), a new option for HCBS that was established under the Affordable Care Act. IPO operates under Section 1915(j) of the Social Security Act. CAL. WELF. & INST. CODE § 14132.952. See also Cal. Dep’t Soc. Servs., All-County Information Notice I-33-10 (April 21, 2010), https://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2010/I-33_10.pdf.
- ³³ HHS, *Analysis of the California In-Home Supportive Service (IHSS) Plus Waiver Demonstration Program 1* (2008), <https://aspe.hhs.gov/sites/default/files/private/pdf/75596/IHSSPlus.pdf>.
- ³⁴ See 42 U.S.C. § 1396n(i)(1).
- ³⁵ CAL. WELF. & INST. CODE § 12300.1.
- ³⁶ *Manual of Policies and Procedures*, *supra* note 24, at § 30-755.11.
- ³⁷ Disability Rts. Cal. & Justice in Aging, *In-Home Supportive Services (IHSS): A Guide for Advocates* (2019), https://www.justiceinaging.org/wp-content/uploads/2019/06/Final_IHSS-Adocate-Manual.pdf.
- ³⁸ Cal. Health Care Servs., *California Advancing & Innovating Medi-Cal (CalAIM) Proposal* (Jan. 2021), <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf>.
- ³⁹ Cal. Dep’t Health Care Servs., All Plan Letter 22-018 (Oct. 25, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-018.pdf>; See also Cal. Dep’t Health Care Servs., CalAIM Long Term Care Carve-In Transition, <https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx> (last visited Dec. 13, 2022).

- ⁴⁰ Cal. Dep't Health Care Servs., All Plan Letter 21-015 (Oct. 2021), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-015.pdf>.
- ⁴¹ For more information on the CCI program, see Cal. Dep't Health Care Servs., Coordinated Care Initiative and Cal MediConnect, <https://www.dhcs.ca.gov/provgovpart/Pages/CoordinatedCareInitiative.aspx> (last visited Dec. 14, 2022).
- ⁴² See Cal. Dep't Health Care Servs., CalAIM Enhanced Care Management, Community Supports, and Incentive Payment Program Programs Initiatives, <https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx> (last visited Dec. 14, 2022). See *also* Chapter XI of this Guide on Case Management and Related Community-Based Services.