



An Advocate's Guide to Medi-Cal Services

Updated December 2025

Chapter X: Long-Term Services and Supports

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

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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, which includes both facility-based care (long-term care, LTC) and home and community-based services.¹ Medi-Cal pays for 61% of LTC, and 85% of LTSS users receive these services at home or in the community.² 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.³ Since Medicare's coverage of LTSS is very limited, most low-income Californians rely on Medi-Cal for these services.

A. Medi-Cal Funding for Long-Term Services and Supports through CalAIM

Historically, LTC was delivered through the Medi-Cal Fee for Service (FFS) system. The California Advancing and Innovating Medi-Cal (CalAIM) initiative includes multi-phased changes to the delivery of facility-based LTC services.⁴ By 2027, almost all LTC benefits will be provided by Medi-Cal managed care plans (MCPs).⁵

1. LTC Carve-In

Starting January 1, 2023, Medi-Cal managed care plans began covering LTC benefits for skilled nursing facilities (including a distinct part or unit of a hospital), intermediate care facilities, and subacute facilities.⁶ Prior to CalAIM, except for certain counties, Medi-Cal managed care only covered LTC for a limited time before individuals were disenrolled from their Medi-Cal MCP and transferred to FFS Medi-Cal. Now, accessing LTC services is 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

Beginning in January of 2023, people who were dually eligible for both Medi-Cal and Medicare began experiencing changes in the way they received LTC benefits.

First, dual eligible beneficiaries who were not already enrolled in a Medi-Cal MCP have been transitioned to managed care.⁷ This statewide enrollment in managed care was designed to 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 changed. Individuals are now 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 is operated by the same parent insurer as the beneficiary’s Medi-Cal plan. For individuals residing in the counties of Los Angeles, Santa Clara, San Bernardino, Riverside, San Mateo,

ADVOCACY TIP:

- ✓ Dual eligible beneficiaries can choose to remain in their original Medicare plan rather than enroll in a MMP. In some cases, people with disabilities or more complex health conditions may benefit from staying enrolled in original Medicare in order to access tertiary care hospitals and additional specialists.

Orange, or San Diego (i.e., the Coordinated Care Initiative (CCI) counties), the transition to MMPs occurred in 2023.⁸ For individuals in all other counties, the transition will occur by 2026.⁹ This change will align the beneficiaries' Medi-Cal and Medicare benefits into the same managed care organization, with the goal of making access to care simpler. Under this model, dual eligible beneficiaries will receive a single health plan card.

B. 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.¹⁰ Medi-Cal does not pay for room and board expenses in assisted living facilities, which differ from skilled nursing facilities because residents in such assisted living 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 C of this chapter or through CalAIM community supports, discussed in detail in Chapter XIII of this guide.

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.¹¹ 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.¹²

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,” “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).¹³ 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.¹⁴

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 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.¹⁵

ADVOCACY TIP:

- ✓ Individuals in LTC who have a Share of Cost (SOC) can pay for necessary, non-covered, medical or remedial-care services, supplies, equipment and drugs that are prescribed by their physician and part of their plan of care as a way of eliminating their share of cost.¹⁶

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

SNF/STPs are skilled nursing facilities that serve patients who have a chronic mental health disability 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, and use of community resources.¹⁷

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 65.¹⁸ SNFs/STPs 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.¹⁹

3. Subacute care facilities

Subacute care facilities are specialized units which are often in a distinct part of a nursing facility or hospital. The focus of these facilities is on intensive rehabilitation, complex wound care, and post-surgical recovery for individuals who do not require hospital acute care but require more intensive care than is generally provided in a skilled nursing facility.²⁰ Subacute care facilities provide care for individuals who are medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, use of a ventilator to breathe, 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.²¹ Children are also served in Pediatric Subacute Facilities. Pediatric Subacute care is available for children under 21 years of age who use a medical technology that compensates for the loss of a vital bodily function.²²

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

ICFs/IID are health facilities that provide ongoing evaluation, planning, 24-hour supervision, care coordination, and integration of health or rehabilitative services to individuals with intellectual or developmental disabilities. 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. ²³
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. ²⁴
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. ²⁵
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. ²⁶

C. Home and Community-Based Services (HCBS)

HCBS programs are intended to serve individuals who need services and supports to remain living at home and in the community, or to return home from institutions. California has a number of HCBS programs, including six 1915(c) HCBS waiver programs, the California Community Transitions (CCT) Program, Community-Based Adult Services (CBAS), Community Supports, the In-Home Supportive Services (IHSS) program, and the Program of All-Inclusive Care for the Elderly (PACE). These services provide supports that enable people to live and participate in their communities rather than institutions.²⁷

The scope of HCBS varies based on the specific program in which an individual is enrolled. For instance, the HCBA Waiver offers the following services:²⁸

- Case Management
- Habilitation Services
- Home Respite
- Waiver Personal Care Services (WPCS)
- Paramedical Services
- Assistive Technology
- Community Transition Services
- Comprehensive Care Management
- Continuous Nursing and Supportive Services
- Environmental Accessibility
- Respite
- Family/Caregiver Training
- Medical Equipment Operating Expense
- Personal Emergency Response (PERS) Installation and Testing
- Personal Emergency Response Systems (PERS)
- Private Duty Nursing - Including Home Health Aide and Shared Services
- Transitional Case Management

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. Section 1915(c) waivers allow states to "waive" certain Medicaid rules, including a waiver of the "comparability" requirement that typically mandates that states provide comparable services to all Medicaid beneficiaries; a waiver of requirement that services be statewide; and a waiver of income and resource rules.²⁹

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, California has long waiting lists for some of the HCBS waiver programs. HCBS waiver services and eligibility requirements are summarized in the table below.³⁰ 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 Waiver³¹	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 individuals living in independent publicly subsidized housing.	<ul style="list-style-type: none"> • Adults with disabilities age 21 or older • Nursing facility level of care • Waiting List
Multipurpose Senior Services Program Waiver³²	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 age 65 or older • Nursing facility level of care • Waiting List
<i>Medically Fragile/ Technology Dependent Waivers</i>		
Home and Community-Based Alternatives Waiver³³	Case Management, Habilitation Services, Home Respite, Waiver Personal Care Services (WPCS), Paramedical Services, Assistive Technology, Continuous Nursing and Supportive Services, Environmental Accessibility, Respite, Private Duty Nursing - Including Home Health Aide and Shared Services and other HCBS.	<ul style="list-style-type: none"> • Individuals who are medically fragile or technology dependent of any age • Hospital, subacute, nursing facility, or intermediate care facility level of care • Waiting List
<i>Developmentally/ Intellectually Disabled Waivers</i>		
HCBS Waiver for Californians with Developmental Disabilities³⁴	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 • Regional Center Eligible • No Waiting List³⁵

Figure 2 (continued)

<p>Self-Determination Program for Individuals with Developmental Disabilities³⁶</p>	<p>Community living supports, employment supports, homemaker, live-in caregiver, prevocational supports, respite services, acupuncture services, financial management service, independent facilitator, behavioral intervention services, communication support, community integration supports, and other HCBS. This waiver is self-directed, and participants have a set budget that pays for services.</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 • Regional Center Eligible • No Waiting List³⁷
<p><i>HIV/AIDS Waivers</i></p>		
<p>Medi-Cal Waiver Program (MCWP)³⁸</p>	<p>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.</p>	<ul style="list-style-type: none"> • Individuals with HIV or AIDS of any age • Hospital or nursing facility level of care • Waiting List

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-DD Waiver. 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.³⁹ Services provided include, but are not limited to, Habilitation; Respite Care; Behavioral Intervention Services; Personal Care; Personal Emergency Response Systems; and Vehicle Modification and Adaptation.⁴⁰

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.⁴¹ IHSS currently serves over 850,000 recipients in California.⁴² 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.⁴³ To be eligible for IHSS, individuals must be 65 years or older, disabled, or blind. Children with disabilities are also eligible for IHSS.⁴⁴ Eligibility for IHSS is not impacted by 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. The four programs are:

- The Personal Care Services Program (PCSP), which serves people who are categorically eligible for Medi-Cal. Approximately 42% IHSS recipients are enrolled in PCSP.⁴⁵ Individuals in PCSP cannot have a spouse or parent provider.
- The Community First Choice Option (CFCO), which serves individuals who meet a nursing facility level of care.⁴⁶ Approximately 52% of IHSS beneficiaries are enrolled in the program.⁴⁷
- The IHSS Plus Option (IPO), which serves 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).⁴⁸ Approximately 3 percent of California's IHSS population is enrolled in IPO.⁴⁹
- IHSS-R, which serves individuals who do not qualify for federally-funded Medi-Cal, including those who do not qualify due to immigration status. IHSS-R 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. Approximately 3 percent of California's IHSS population is enrolled in IHSS-R.⁵⁰

IHSS services are provided under California's Medicaid State Plan, not under waivers, and therefore different legal requirements apply to IHSS than waiver programs.⁵¹ 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. Additionally, Medi-Cal beneficiaries can qualify for State Plan HCBS covered under IHSS even if they do not meet an institutional level of care.⁵²

The IHSS program generally covers non-medical personal care services. This means that medical services available under some HCBS waivers, such as nursing care, are not covered under IHSS. However, IHSS does include paramedical services, which are skilled tasks necessary to maintain the recipient's health and which but for their disability, the recipients would perform themselves.⁵³ Examples are administration of medication, inserting medical devices, and puncturing the skin. Finally, in terms of eligibility, IHSS is available only to individuals receiving care in their own home.⁵⁴ IHSS does not cover services for those residing in institutional settings, such as assisted living facilities and congregate living health 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 skilled nursing facilities).⁵⁵ For more information about the IHSS program, please consult Justice in Aging's and Disability Rights California's IHSS advocates manual.⁵⁶

ADVOCACY TIP:

- ✓ As of February 19 2024, there are no longer rules restricting when a parent can be an IHSS provider for their child.⁵⁷ This means that any eligible provider can be hired to provide care to a recipient, which significantly simplifies the IHSS provider process for parents.

3. California Community Transitions (CCT)

CCT is California's Federal Money Follows the Person (MFP) Rebalancing Demonstration Program.⁵⁸ Through CCT, individuals who have been in an institution for 90 days⁵⁹ can receive services to assist them to move into the community with supports.⁶⁰ CCT essentially reaches in to the institution to provide intensive case management to connect eligible Medi-Cal beneficiaries with HCBS programs in the community (e.g., IHSS, MSSP, the HCBA Waiver, and Community Based Adult Services (CBAS)). CCT can pay for the cost of setting up a house or apartment, home modifications, vehicle adaptations, and assistive devices, as well as help people search for housing and apply for HCBS programs.⁶¹

4. Community-Based Adult Services

Community-Based Adult Services (CBAS) is a community-based day health program which provides services to individuals with disabilities who are 18 and older. To be eligible for CBAS, individuals must have health conditions and/or disabilities that make them at risk of needing institutional care. CBAS provides professional nursing services, physical, occupational, and speech therapies, mental health services, case management, meals, and transportation to and from the CBAS center.⁶² CBAS is authorized through the CalAIM 1115 Waiver.⁶³

5. Community Supports

Under CalAIM, In Lieu of Services (ILOS), known in California as Community Supports, are available to help individuals leave institutional settings, or get the services that they need to stay in the community.⁶⁴ MCPs may offer Community Supports as alternatives to services covered under the Medi-Cal State Plan. Community Supports are designed to help managed care members meet social needs, such as housing, food support, and community transition services. Community Supports that may benefit members in the LTC 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; Personal Care and Homemaker Services; transitional rent; and medically supportive meals.⁶⁵ Community Supports are discussed in detail in Chapter XIII of this Guide.

6. Program of All-Inclusive Care for the Elderly (PACE)

The PACE program⁶⁶ provides all-inclusive care for individuals who are 55 and older and qualify for nursing facility level of care but are able to live safely in the community with PACE services.⁶⁷ Individuals who are dually eligible, or Medi-Cal only or Medicare only can enroll in PACE. Individuals enrolled in PACE receive all of their care through PACE. PACE services include but are not limited to adult day health care (including transportation to and from home), dental services, home care, physical and occupational therapies, emergency services and hospital coverage, and nursing facility care. PACE programs provide social and medical services primarily in an adult day health care center, supplemented by in-home and referral services in accordance with the participant's needs.⁶⁸ The PACE service package must include all Medicare and Medicaid covered services, and other services determined necessary by the interdisciplinary team for the care of the PACE participant.

ADVOCACY TIP:

- ✓ Because the PACE program is all inclusive, individuals who enroll in PACE cannot access other services outside the program like IHSS or HCBS Waivers. For individuals who need a high number of hours of IHSS, PACE may not be the best option.

Endnotes

- ¹ Congressional Research Service IN FOCUS, *Who Pays for Long-Term Services and Supports?* (Sept. 2023), <https://www.congress.gov/crs-product/IF10343>.
- ² Kaiser Fam. Found., *Medicaid in California* (May 2025), <https://files.kff.org/attachment/fact-sheet-medicaid-state-CA>; Cal. Dep't Health Care Servs., *California Long Term Services and Supports Dashboard: Initial Release Fact Sheet* (Dec. 2022), <https://www.dhcs.ca.gov/services/Documents/LTSS-Dashboard-Fact-Sheet-Dec2022.pdf>.
- ³ Cal. Dep't Health Care Servs., *Medi-Cal Long Term Services and Supports Dashboard*, <https://www.dhcs.ca.gov/dataandstats/dashboards/Pages/LTSS-Dashboard.aspx> (55% of LTSS users are dual eligible) (last visited Nov. 3, 2025).
- ⁴ See CMS, *CalAIM Demonstration Approval Technical Correction Attachment* (Jan. 17 2025), <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-dmnrn-appvl-thncl-crctn-atcmnt-ca-01172025.pdf> [hereinafter *CalAIM Demonstration Approval*]; see also Cal. Dep't Health Care Servs., *CalAIM: Transforming Medi-Cal*, <https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM.aspx> (last visited Nov. 3, 2025). In addition to facility-based LTC, a number of HCBS benefits are now part of CalAIM, through the provision of Community Supports, discussed in detail in Chapter XIII of this Guide.
- ⁵ Cal. Dep't. Health Care Servs., *Section 1915(b) Waiver Proposal for California Advancing and Innovating Medi-Cal (CalAIM)* (2023), <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1915bWaiver-CA-0017-R10-01-Application.pdf> [hereinafter *CalAIM 1915(b) Waiver*].
- ⁶ Skilled Nursing Facilities were carved into managed care starting January 1, 2023. As of January 1, 2024, Medi-Cal managed care plans (MCP) are required to cover care in ICF/DD, ICF/DD-H, ICF/DD-N, Adult Subacute Care, and Pediatric Subacute Care facilities. 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 Nov. 3, 2025); Cal. Dep't Health Care Servs., *All Plan Letter No. 22-018* (Oct. 25, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-018.pdf>.
- ⁷ Cal. Dep't Health Care Servs., *All Plan Letter No. 21-015* (Oct. 2021), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-015.pdf>.

- ⁸ 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 Nov. 3, 2025).
- ⁹ CalAIM 1915(b) Waiver, *supra* note 5. Note that DHCS refers to MMPs as Medi-Medi Plans, see, Cal. Dep't Health Care Servs., California Expands Medi-Medi Plans to 29 New Counties as Medicare Open Enrollment Begins, <https://www.dhcs.ca.gov/formsandpubs/publications/oc/Pages/2025/25-25-Medi-Medi-Plan-Expansion-10-15-25.aspx#:~:text=Medi%2DMedi%20Plans%20combine%20Medicare.and%20home%20modifications%20when%20available> (last visited Nov. 3, 2025).
- ¹⁰ 42 U.S.C. § 1396r(a)(1).
- ¹¹ See CAL. CODE REGS. tit. 22, §§ 51334 (ICFs), 51335 (SNFs).
- ¹² 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* (2024), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/12012877-1AAE-426D-A77D-10EDB30F9D3E/tarcompltc.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO; Cal. Dep't Health Care Servs., DHCS Medi-Cal Authorizations for Long-Term Care Providers (2024) <https://www.dhcs.ca.gov/Documents/MCQMD/Medi-Cal-LTC-Authorizations-LTC-Resource.pdf>; Cal. Dep't Health Care Servs., All Plan Letter No. 24-009, (Sept. 16, 2024), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-009.pdf>.
- ¹³ CAL. CODE REGS. tit. 22, § 51123.
- ¹⁴ CAL. CODE REGS. tit. 22, § 51335; Dep't Health Care Servs., All Plan Letter No. 25-002 (Jan. 2025), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-002.pdf>.
- ¹⁵ CAL. CODE REGS. tit. 22, § 51335(j).
- ¹⁶ Cal. Dep't Health Care Servs., Skilled Nursing Facility Long-Term Care Carve-In Frequently Asked Questions (FAQ) (2024), <https://www.dhcs.ca.gov/Documents/MCQMD/SNF-Carve-In-FAQs.pdf>; Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Share of Cost (SOC): UB-04 for Long Term Care* (2024), https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/B45119CA-A84B-4828-A38D-2638562E19A6/shareltc.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO; Cal. Dep't Health Care Servs., All County Welfare Director's Letter No. 89-54 (July 24, 1989), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c89-54.pdf>.
- ¹⁷ CAL. CODE REGS. tit. 22, § 72445.

- ¹⁸ 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 V of this Guide on SUD Services provides more information on the current waiver.
- ¹⁹ CAL. CODE REGS. tit. 22, § 72443(b).
- ²⁰ CAL. CODE REGS. § 51124.5; Cal. Dep’t Health Care Servs., All Plan Letter No. 23-027 (Sept. 2023), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-027.pdf>; Cal. Dep’t Health Care Servs., CalAIM Subacute Care Facility Long-Term Care Carve-In, <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM-Subacute-Care-Facility-Long-Term-Care-Carve-In.aspx> (last visited Nov. 3, 2025).
- ²¹ CAL. CODE REGS. tit. 22, §51124.5.
- ²² CAL. WELF. & INST. CODE § 14132.25(e.)
- ²³ CAL. HEALTH & SAFETY CODE § 1250(g); CAL. CODE REGS. tit. 22 § 51343.
- ²⁴ CAL. HEALTH & SAFETY CODE § 1250(e); CAL. CODE REGS. tit. 22 § 51343.1.
- ²⁵ CAL. HEALTH & SAFETY CODE § 1250(h); CAL. CODE REGS. tit. 22 § 51343.2.
- ²⁶ CAL. WELF. & INST. CODE § 14495.10. ICF DD-CNC facilities are not carved into managed care but are provided through the Home and Community Based Alternatives (HCBA) Waiver. In 2025 DHCS submitted an amendment to the HCBA Waiver as well as a State Plan Amendment to remove ICF DD-CNCs from the Waiver and make coverage available as a State Plan benefit.
- ²⁷ With the exception of Community Supports and PACE, none of these HCBS programs are administered through Managed Care.
- ²⁸ Cal. Dep’t Health Care Servs., Application for a § 1915(c) Home and Community-Based Services Waiver (2024), <https://www.dhcs.ca.gov/services/ltc/Documents/HCBA-Waiver-CAR0605.pdf> [hereinafter, HCBA Waiver].
- ²⁹ 42 U.S.C. §§ 1396a(a)(10)(B)); 1396a(a)(1); 1396a(a)(10)(C)(i)(III).
- ³⁰ For a description of all approved waivers in California, see CMS, State Waivers List, <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html> and select “California” (last visited Nov. 3, 2025).
- ³¹ Cal. Dep’t Health Care Servs., Application for Assisted Living Waiver (ALW) (2024), <https://www.dhcs.ca.gov/services/ltc/Documents/Application-for-1915c-HCBS-Waiver-CA0431R0400-March2024.pdf>.

- ³² See Cal. Dep't Health Care Servs., Application for Multipurpose Senior Services Program (MSSP) (2024), <https://www.dhcs.ca.gov/services/medi-cal/Documents/CA0141R0700-MSSP-Waiver-Renewal.PDF>.
- ³³ HCBA Waiver, *supra* note 28.
- ³⁴ Cal. Dep't Health Care Servs., Application for Home and Community-Based Services Developmental Disability Waiver (2025), <https://www.dhcs.ca.gov/services/ltc/Documents/CA-0336R05-10-HCBS-Waiver.PDF> [hereinafter HCBS-DD Waiver].
- ³⁵ While the HCBS-DD Waiver technically has a cap, DDS increases slots as necessary. *Id.* at 47.
- ³⁶ CMS, CA Self Determination Program for Individuals with Developmental Disabilities, <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81096> (last visited Nov. 4, 2025) [hereinafter Self Determination Waiver].
- ³⁷ While the Self Determination Waiver technically has a cap, DDS increases slots as necessary. *Id.* at 33.
- ³⁸ Cal. Dep't Health Care Servs., Application for Medi-Cal Waiver Program (2023), <https://www.dhcs.ca.gov/services/ltc/Documents/MCWP-Renewal-2023-2027.pdf> [hereinafter MCWP]; see also Cal. Dep't Pub. Health, Office of Aids Medi-Cal Waiver Program, https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_care_mcwp.aspx# (last visited Nov. 4, 2025).
- ³⁹ Cal. Dep't Health Care Servs., 1915(i) State Plan (2024), <https://www.dhcs.ca.gov/SPA/Documents/Attachment-3-1-i-169p-full-file.pdf>.
- ⁴⁰ *Id.*
- ⁴¹ CAL. WELF. & INST. CODE § 12300; Cal. Dep't Soc. Servs., *Manual of Policies and Procedures* § 30-700, <https://www.cdss.ca.gov/inforesources/letters-regulations/legislation-and-regulations/adult-services-regulations> (last visited Nov. 4, 2025) [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 Nov. 4, 2025) [hereinafter *IHSS Program Webpage*].
- ⁴² Cal. Dep't Soc. Servs., In-Home Supportive Services (IHSS) Program Data, May 2025, <https://www.cdss.ca.gov/inforesources/ihss/program-data> (last visited Nov. 4, 2025) [hereinafter *IHSS Data Webpage*].
- ⁴³ CAL. WEL. & INST. CODE § 12300; *Manual of Policies and Procedures*, *supra* note 41, at § 30-756.
- ⁴⁴ CAL. WEL. & INST. CODE §§ 12305.5–12305.6.

- ⁴⁵ CAL. WEL. & INST. CODE § 14132.95; *Manual of Policies and Procedures*, *supra* note 41, at § 30-780, and 42 U.S.C. § 1396n(i)(1). Dep't Soc. Servs., All County Letter No. 93-21 (Mar. 16, 1993), <https://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl93/93-21.PDF>; IHSS Program Webpage, *supra* note 41.
- ⁴⁶ 42 U.S.C. § 1396n(k)(1); 42 C.F.R. § 441.510(c). Cal. Dep't Soc. Servs., All County Letter No. 14-60 (Aug. 29, 2014), <https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-60.pdf>.
- ⁴⁷ CAL. WEL. & INST. CODE §§ 12305.5–12305.6.
- ⁴⁸ CAL. WELF. & INST. CODE § 14132.952; *Manual of Policies and Procedures*, *supra* note 41, at § 30-700; Cal. Dep't Soc. Servs., All County Letter No. 11-19 (Feb. 23, 2011) <https://cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-19.pdf>.
- ⁴⁹ CAL. WEL. & INST. CODE §§ 12305.5–12305.6.
- ⁵⁰ *Id.*
- ⁵¹ 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 No. I-33-10 (April 21, 2010), https://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2010/I-33_10.pdf.
- ⁵² See 42 U.S.C. § 1396n(i)(1).
- ⁵³ CAL. WELF. & INST. CODE § 12300.1.
- ⁵⁴ *Manual of Policies and Procedures*, *supra* note 41, at § 30-755.11; Cal. Dep't Soc. Servs., All County Information Notice No. I-19-20 https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2020/I-19_20.pdf.
- ⁵⁵ Under the HCBA Waiver, Waiver Personal Care Services (WPCS) are available for a limited time when a beneficiary is hospitalized. Cal. Dep't Health Care Servs., Waiver Personal Care Services Frequently Asked Questions 3, <https://www.dhcs.ca.gov/services/ltc/Documents/WPCS-FAQ-Providers.pdf> (last visited Nov. 4, 2025).
- ⁵⁶ Disability Rts. Cal. & Justice in Aging, *In-Home Supportive Services (IHSS): A Guide for Advocates* (2019), <https://www.disabilityrightsca.org/publications/in-home-supportive-services-ihss-advocates-manual>.
- ⁵⁷ Cal. Dep't Soc. Servs., All County Letter No. 23-106 (Dec. 21, 2023), <https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACLs/2023/23-106.pdf?ver=2023-12-29-152322-403>.

- ⁵⁸ Section 6071 of Public Law 109-171; see *also* Cal. Dep't Health Care Servs., California Community Transition Program, <https://www.dhcs.ca.gov/services/ltc/Pages/CCT.aspx> (last visited Nov. 4, 2025) [hereinafter CCT Program Website].
- ⁵⁹ CAL. WELF. & INST. CODE § 14196.2 provides that individuals who have resided in a facility for 60 days can access state only funded CCT through the end of 2025.
- ⁶⁰ To find a CCT program, see Cal. Dep't Health Care Servs., California Community Transitions (CCT) Lead Organizations' Contact Information (updated Mar. 2025), <https://www.dhcs.ca.gov/services/ltc/Documents/CCT-LO-Website-List.pdf>.
- ⁶¹ CCT Program Website, *supra* note 58.
- ⁶² To find a local CBAS Center, see Cal. Dep't Aging, Community-Based Adult Services (CBAS), https://aging.ca.gov/Programs_and_Services/Community-Based_Adult_Services/ (last visited Nov. 4, 2025).
- ⁶³ See *CalAIM Demonstration Approval*, *supra* note 4, at 23.
- ⁶⁴ CAL. WELF. & INST. CODE § 14184.206.
- ⁶⁵ See Cal. Dep't Health Care Servs., *Medi-Cal Community Supports Policy Guide Volume 1, Updated* (updated April 2025), <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>.
- ⁶⁶ CAL. WELF. & INST. CODE § 14591; 42 U.S.C. § 1395eee.
- ⁶⁷ Cal. Dep't Health Care Servs., PACE Policy Letter 02-14 (2014), <https://www.dhcs.ca.gov/services/ltc/Documents/PACE-PL-02-14.pdf>.
- ⁶⁸ To find a PACE program, see CalPACE, PACE Organizations, <https://calpace.org/our-members/pace-organizations/> (last visited Nov. 4, 2025).