

Summary of the Low Income Health Program Applications

California's Section 1115 Medicaid waiver creates the opportunity for counties to develop Low Income Health Programs (LIHPs) to provide coverage for childless adults not otherwise eligible for Medi-Cal, with incomes up to 200 % of the federal poverty level (FPL). The waiver envisions that these programs will be authorized as early as June 1, 2011, and will operate until January 1, 2014, when the coverage expansions enacted in the Affordable Care Act are fully implemented.

As of April 2011, 24 counties, the City of Pasadena, the California Rural Indian Health Board (CRIHB) and the County Medical Services Program (CMSP), which includes 34 primarily small and rural counties, have submitted applications to the Department of Health Care Services to develop and implement a Low Income Health Program. Collectively, these applications cover every county in the state.

Eligible entities were encouraged to submit applications that included the best available estimates for projecting annual program enrollment and spending. The summary of these applications provided below is based on extraction of information directly from the applications posted on the Department of Health Care Services' website, and does not include updates or amendments to any information since the application's original submission. This is preliminary information that may change as the applicants reach final agreement with the state about program details. Additional details on each application are contained in the appendix.

Program Details

A Low Income Health Program must include a Medicaid Coverage Expansion (MCE) component, which provides coverage for individuals 19 to 64 who are not pregnant, who have family incomes at or below 133 % of the FPL, who are not eligible for Medi-Cal or Healthy Families, and who are citizens or have satisfactory immigration status. At a county's option, it may also implement a Health Care Coverage Initiative (HCCI) for childless adults with family incomes up to 200 % of FPL. A county may implement an HCCI only if the upper income limit for its MCE is set at 133 % of FPL.

Medicaid Coverage Expansion (MCE) program

With respect to MCE programs, upper income limits proposed by 26 of the 27 applicants range from 50% FPL up to 133% FPL. Of the applicants:

- 13 have set upper income limits at 133% FPL
- 1 county, Fresno, has set an upper income limit of 114 % FPL
- 9 have set upper income limits of 100% FPL
- 3 have set upper income limits below 100% FPL
- 1 county, San Joaquin, has not yet determined the upper income limit for its MCE

133% FPL	100%-132% FPL*	<100% FPL
Alameda City of Pasadena	CMSP Fresno (114%)	Santa Clara (75%) Sacramento (67%)
Contra Costa CRIHB	Kern Merced	Stanislaus (50%)
Los Angeles	Monterey	
Orange	Placer	
Riverside San Diego San Francisco San Luis Obispo San Mateo	San Bernardino Santa Barbara Santa Cruz Tulare	
Ventura Yolo	*All are 100% FPL, except Fresno	

Health Care Coverage Initiative (HCCI) program

Of the 27 applications submitted, 8 counties and the City of Pasadena indicated that they plan to implement an HCCI in addition to their MCE.

All of the applicants planning for an HCCI indicated that the upper income limit will be 200% FPL, with the exception of Los Angeles, which has not yet determined its upper income limit.

Of the applicants planning an HCCI, five counties (Alameda, Contra Costa, Los Angeles, Orange, and Ventura) have existing HCCIs that will be grandfathered into the new HCCI. In addition, five counties with existing HCCIs will continue to cover their existing HCCI populations as part of their MCE-only LHP (Kern, San Diego, San Francisco, San Mateo, Santa Clara).

Proposed HCCIs
Alameda
City of Pasadena
Contra Costa
Los Angeles
Orange
Riverside
San Luis Obispo
Ventura
Yolo

Projected Enrollment and Budget Levels by Program Year (PY)

Based on the 27 submitted applications, more than 550,000 individuals will benefit from the program by the third year, at a projected cost of over \$1.8 billion in county and federal funds. Enrollment and expenditures will ramp up over the first three years, and appear to slightly decrease in PY4. This decrease is likely due to missing data from several applicants that did not provide PY4 data, rather than projected estimates of lower enrollment in the final year.

	Estimated Enrollees			Projected Budget Levels		
	MCE	HCCI	Total	MCE	HCCI	Total
PY1	217,741	32,598	250,339	\$557,430,571	\$127,083,268	\$684,513,839
PY2	387,712	38,777	426,489	\$1,271,689,694	\$141,294,041	\$1,412,983,735
PY3	505,925	50,691	556,616	\$1,666,684,330	\$167,128,589	\$1,833,812,919
PY4	480,232	51,490	531,722	\$1,353,589,990	\$109,047,929	\$1,462,637,919
Total	1,591,610	173,556	1,765,166	\$4,849,394,585	\$544,553,827	\$5,393,948,412

Notes:

(1) Definitions of Program Year varied among the applicants. For example, multiple dates were designated for "PY1", ranging from 11/1/10-6/30/11 for counties with existing HCCIs, while others indicated that PY1 begins the start date of their LHP (7/1/11 or later).

(2) Three applicants did not specify enrollment or expenditure figures in their application.

Health Care and Mental Health Services in the LHP

Every LHP is required to provide a minimum core set of healthcare and mental health services. In addition, LHPs may provide certain add-on health, mental health or substance abuse services, as detailed below. The core set of healthcare services for MCE enrollees includes physician services, inpatient and outpatient hospital care, emergency services including transportation, prior-authorized nonemergency medical transportation when medically necessary, radiology, physical therapy, lab services, prescription drugs, medical equipment, podiatry, and prosthetic and orthotic appliances. HCCI enrollees will receive a similar set of healthcare services but will not be eligible for prior-authorized nonemergency medical transportation, emergency transportation and podiatry.

Mental health services are included as a mandatory benefit for all MCE enrollees. The minimum benefits outlined for MCE enrollees include: up to 10 days per year of acute inpatient hospitalization in an acute care hospital, psychiatric hospital, or psychiatric health facility; up to 12 outpatient encounters per year; and psychiatric pharmaceuticals. Counties may elect to add benefits to the minimum benefits for MCE enrollees, and, if applicable, extend mental health benefits to their HCCI enrollees.

Applicants were asked to identify the delivery network for their mental health services, and whether it would be included as part of the overall LIHP delivery system, or operated as a separate network (carve out). Sixteen (16) applicants are proposing to carve out their mental health delivery network from the overall LIHP delivery system. Nine applicants have included their mental health network in their overall delivery network, and 2 applicants have not yet determined whether or not to carve out their mental health delivery network.

Add-on Services

Applicants were asked to provide information about add-on health care services, mental health services and substance abuse services for the MCE and HCCI, if applicable. These are services that a county proposes to offer that go beyond the minimum medical and mental health services required by the waiver.

Health Care Services

Twelve of the 27 applicants are proposing add-on health care services for their MCE population, with 2 other applicants considering additional health care services. For the HCCI, five of the nine applicants proposing an HCCI have outlined additional health care services that will be covered benefits. The following table outlines the most common add-on health care services for MCE and HCCI:

Add-on Health Care Services	
MCE	HCCI
Dental	Dental
Audiology	Non-Emergency Transportation
Case Management	Podiatry
Speech Therapy	Optometry
Home Health Services	Audiology
Podiatry	Home Health Services
Health Education	

Mental Health Services

Add-on mental health services are being proposed by 13 applicants, eight of which plan to offer add-on benefits for both MCE and HCCI populations (new and grandfathered). The applicants with HCCIs plan to offer core MCE benefits, plus additional services. Key add-on mental health services include: case management, crisis stabilization, crisis residential, transitional residential, and day rehabilitation. Four applicants have not yet determined whether or not they will include additional mental health services.

Substance Abuse Services

Eight of the 27 applicants indicated they would offer add-on substance abuse services. Of these eight, five will offer substance abuse services to their HCCI populations (new or grandfathered). Key substance abuse services to be offered include: individual and/or group counseling, residential detoxification, short-term stabilization, medication assisted treatment, and case management. Four applicants have not yet determined whether or not they will include substance abuse services.

LHP Application Detail Summary

(FOR BETTER READABILITY, ZOOM IN TO AT LEAST 200%)

County/Entities	Applicant Name	Contact Person	LHP Name	Program Implementation Date		Upper Income Limit for LHP		Projected Budget Levels- PY1		Projected Budget Levels- PY2		Projected Budget Levels- PY3		Projected Budget Levels- PY4		Estimated number of enrollees- PY 1		Estimated number of enrollees- PY 2		Estimated number of enrollees- PY 3		Estimated number of enrollees- PY 4		Will retroactive eligibility period be allowed? (Yes/No). If yes, for what period?		Reimbursement Mechanism (MCE)		Reimbursement Mechanism (HCCI)		Will delivery system for mental health services be carved out from applicant's network?	Proposed add-on health care services		Proposed add-on mental health services	Proposed add-on substance abuse services	
				MCE	HCCI	MCE	HCCI (133%-?)	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI		CPE's	Actuarially Sound Capitated Rate			CPE's
Alameda County	Alameda County Health Care Services Agency	Rachel Metz	TBD	7/1/2011	7/1/2011	133%	200%	35,000,000	25,000,000	60,000,000	37,000,000	60,000,000	37,000,000	30,000,000	18,500,000	27,114	8,942	29,684	9,564	32,280	10,247	35,136	10,999	No	No	PY1 & 2	PY3 & 4 TBD	PY1 & 2	PY3 & 4 TBD	Yes	Dental; Optometry; Services for frequent users	Dental; optometry; non-emergency transportation; podiatry; services for frequent users	HCCI: Day rehabilitation; crisis stabilization; crisis residential treatment; targeted case management	N/A	
City of Pasadena	Pasadena Public Health Department	Angelica Palmeros	Pasadena Access to Health	10/15/2011	11/15/2011	133%	200%	400,000	550,000	600,000	700,000	600,000	700,000	?	?	2,000	1,000	2,500	1,500	2,500	1,500	?	?	1 month	2 mos.	PY1, 2, & 3	PY1, 2, & 3			No					
Contra Costa County	Contra Costa Health Services	Patrick Godley	Contra Costa Community Plan	11/1/2010	11/1/2010	133%	200%	75,769,200	27,300,000	83,343,000	30,030,000	87,516,000	31,527,600	91,891,800	33,111,000	9,714	3,500	10,685	3,850	11,220	4,042	11,781	4,245	No	No	PY1	PY2, 3, & 4	PY1	PY2, 3, & 4	No	Dental emergency services	Dental emergency services	HCCI: Inpatient acute care in excess of 10 days; Outpatient MH in excess of 12 days; crisis stabilization; adult crisis residential; adult transitional residential; targeted case management; lab studies	N/A	
County Medical Services Program (CMSP)	County Medical Services Program (CMSP)	Lee Kemper	TBD	1/1/2012	N/A	100%	N/A	0	N/A	0	N/A	326,500,000	N/A	382,700,000	N/A	0	N/A	0	N/A	64,500	N/A	73,400	N/A	Yes, 10 days for ER only	N/A	PY 3, 4		N/A	N/A	TBD	Audiology, Bariatric Surgery, Dental, Organ Transplants, Speech Therapy, Vision	N/A	1 Assessment by Psych, MFT or LCSW; 10 individual or group counseling sessions; additional TBD		
CRIB	California Rural Indian Health Board	James Allen Crouch	CRIB Care	TBD	N/A	133%	N/A									0	N/A	26,000	N/A	56,000	N/A			No	N/A		TBD	N/A	N/A	No	Podiatry; Adult dental health		TBD	TBD	
Fresno County	Fresno County	Kathleen Grassi	Fresno county Low Income Health Program	7/1/2011	N/A	114%	N/A	0	N/A	56,076,898	N/A	56,076,898	N/A	28,038,449	N/A	0	N/A	12,000	N/A	12,000	N/A	12,000	N/A	1 month	N/A	PY2,3, & 4		N/A	N/A	Yes	N/A	N/A	TBD	N/A	
Kern County	Kern Medical Center	Jacey Cooper	Kern Medical Center Health Plan	6/1/2011 or ASAP	N/A	100%	N/A	20,000,000	4,000,000	28,000,000	4,000,000	36,500,000	3,500,000	20,250,000	1,750,000	7,300	1025 (existing)	9,075	925 (existing)	13,170	830 (existing)	14,250	750 (existing)	No	No	PY1, 2, 3, & 4		PY1, 2, 3, & 5		Home health care	Home health care; podiatry; non-emergency medical transportation	Case management	Assessment; individual counseling; group counseling; detox; sober living; residential treatment		
Los Angeles County	County of Los Angeles	Irene Dyer	Healthy Way LA	7/1/2011	7/1/2012	133%	TBD	200,000,000	0	300,000,000	0	325,000,000	25,000,000	175,000,000	12,000,000	70,000	0	130,000	0	140,000	10,000	150,000	11,000	5 calendar days prior to date of application	Not provided	PY1	PY2, 3, & 4			PY3, 4	Yes	Ambulatory surgery center services; non-physician medical practitioner services; targeted case management for homeless	N/A	All Medi-Cal reimbursable services under the Rehab Option	N/A
Merced County	Merced County Department of Public Health	Tammy Moss Chandler	Merced County Low Income Health Program	6/1/2011	N/A	100%	N/A	0	N/A	5,400,000	N/A	5,800,000	N/A	3,100,000	N/A	1,400	N/A	1,600	N/A	1,700	N/A	1,800	N/A	No	N/A	PY1, 2, 3, & 4		N/A	N/A	Yes	N/A	N/A	N/A	N/A	
Monterey County	County of Monterey	Carol Adams	Monterey County Low Income Coverage Plan	7/1/2011	N/A	100%	N/A	13,075,000	N/A	13,075,000	N/A	13,075,000	N/A	13,075,000	N/A	1000-1500	N/A	1000-1500	N/A	1000-1500	N/A	1000-1500	N/A	No	N/A	PY1, 2, 3, & 4		N/A	N/A	No	Case Management	N/A		N/A	
Orange County	County of Orange	Dan Castillo	Medical Services Initiative	3/1/2011	3/1/2011	133%	200%	52,156,225	49,640,444	116,258,670	29,064,668	116,248,165	29,062,041	58,140,896	14,535,224	36,505	9,126	42,288	10,572	47,584	11,896	50,479	12,620	3 mos.	3 mos.	PY1, 2, 3, & 4		PY1, 2, 3, & 4		Yes	N/A	N/A	TBD: county will provide additional services as needed	SA treatment services for seriously mentally ill; includes outpatient counseling; NRT; residential perinatal treatment; day care rehab and other medication assisted treatment	
Placer County	Placer County Health and Human Services	Mark Starr	Placer County Low Income Health Program	2/15/2011	N/A	100%	N/A	6,150,000	N/A	11,700,000	N/A	12,300,000	N/A	6,300,000	N/A	3,200	N/A	4,000	N/A	4,100	N/A	4,200	N/A	3 mos.	N/A	PY1, 2, 3, & 4		N/A	N/A	Yes	N/A	N/A	For those meeting medical necessity: additional hospitalization, adult crisis residential, targeted case management, collateral, rehab, plan development, adult residential	N/A	

County/Entities	Applicant Name	Contact Person	LHP Name	Program Implementation Date		Upper Income Limit for LHP		Projected Budget Levels- PY1		Projected Budget Levels- PY2		Projected Budget Levels- PY3		Projected Budget Levels- PY4		Estimated number of enrollees- PY 1		Estimated number of enrollees- PY 2		Estimated number of enrollees- PY 3		Estimated number of enrollees- PY 4		Will retroactive eligibility period be allowed? (Yes/No), if yes, for what period?		Reimbursement Mechanism (MCE)		Reimbursement Mechanism (HCCI)		Will delivery system for mental health services be carved out from applicant's network?	Proposed add-on health care services		Proposed add-on mental health services	Proposed add-on substance abuse services
				MCE	HCCI	MCE	HCCI (133%-?)	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI	MCE	HCCI		CPE's	Actuarially Sound Capitated Rate		
Stanislaus County	Stanislaus County Health Services Agency	Kathy Passanisi	TBD	1/1/2012	N/A	50%	N/A	12,000,000	N/A	12,000,000	N/A	12,000,000	N/A	12,000,000	N/A	5,635	N/A	5860	N/A	6,086	N/A	6,311	N/A	No	N/A	PY 1, 2, 3, & 4	N/A	N/A	No	TBD	N/A	TBD	TBD	
Tulare County	County of Tulare, Health and Human Services Agency	John Davis	Tulare County Medicaid Expansion Project (TCMEP)	10/1/2011	N/A	100%	N/A	TBD	N/A	TBD	N/A	TBD	N/A	TBD	N/A	TBD	N/A	TBD	N/A	TBD	N/A	TBD	N/A	3 months	N/A	PY2 TBD - PY 3 & 4	N/A	N/A	Yes	N/A	N/A	N/A	TBD: Problem identification and referral; aftercare; perinatal primary medical care; perinatal pediatric medical care; behavioral health integration-therapeutic counseling	
Ventura County	Ventura County Health Care Agency	Terrie Stanley	Access, Coverage Enrollment (ACE) Program	7/1/2011	7/1/2011	133%	200%	12,200,000	4,050,000	22,500,000	7,500,000	22,500,000	7,500,000	22,500,000	7,500,000	6,539	2,180	7,005	2,335	7,005	2,335	7,005	2,335	No	No	PY1 TBD - PY 2, 3 & 4	TBD - PY 2, 3 & 4	PY1 TBD - PY 2, 3 & 4	TBD - PY 2, 3 & 4	No	Basic dental services	Basic dental services	24 hour: hospital inpatient, hospital administrative day, psychiatric health facility, adult crisis residential, adult residential, Day, crisis stabilization, treatment intensive, rehab; Outpatient: case management, mental health services, medication support, crisis intervention	
Yolo County	Yolo County Health Department	Pat Billingsley	Yolo County Low Income Health Program (YCLHP)	6/1/2011	6/1/2011	133%	200%	1,771,200	191,880	5,618,246	644,717	5,938,763	766,292	3,125,513	423,376	1,200	130	1,220	140	1,245	160	1,255	170	3 months	3 months	PY1 - \$1,180,800 PY2 - \$3,745,498 PY3 - \$3,959,175 PY4 - \$2,083,676	PY1 - \$127,920 PY2 - \$429,811 PY3 - \$510,861 PY4 - \$282,251	Yes	N/A	N/A	TBD	TBD		