



**Coordinated Care Initiative
Participating Populations for Cal MediConnect**

Population in 8 CCI Counties: Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside, and San Bernardino	Duals Demonstration (CA Welfare and Institutions Code Section 14132.275)
Everyone eligible for the demonstration must be a full-benefit dual eligible (member has Medicare Part A and B) ¹	Included
Beneficiaries in rural zip codes excluded from managed care	Excluded
Beneficiaries with Other Health Coverage – Two-Plan/Geographic Managed Care (GMC) county	Excluded
Beneficiaries with Other Health Coverage – County Organized Health System (COHS) county	Excluded
Beneficiaries under age 21	Excluded
Beneficiaries in the following 1915(c) waivers: Nursing Facility/Acute Hospital Waiver, HIV/AIDS Waiver, Assisted Living Waiver, and In Home Operations Waiver	Excluded
Developmentally disabled beneficiaries receiving services through a DDS 1915(c) waiver, regional center, or state developmental center	Excluded
ICF-DD Residents	Excluded
Beneficiaries with end stage renal disease (ESRD) – Those currently diagnosed with ESRD at the time of enrollment	Excluded (except in San Mateo and Orange Counties)
Beneficiaries with ESRD – subsequent diagnosis (If a person is diagnosed with ESRD after enrollment, the person will remain in the demonstration unless they choose to disenroll)	Included
Beneficiaries with a Share of Cost – in skilled nursing facility, MSSP, or IHSS and continuously certified to meet share of cost	Included
Beneficiaries with a Share of Cost – in community and not continuously certified	Excluded
Resident of veterans home of California	Excluded
American Indian Medi-Cal beneficiaries	Included
Beneficiaries with HIV/AIDS	Included
Program of All-Inclusive Care for the Elderly (PACE) enrollees	Exempt from passive enrollment (may enroll in demo if first disenrolls from PACE)
AIDS Healthcare Foundation enrollees	Exempt from passive enrollment (may enroll in demo if first disenrolls from AHF)
Individuals enrolled in a prepaid health plan that is a non-profit health care service plan with at least 3.5 million enrollees statewide, that owns or operates its own pharmacies and that provides medical services to enrollees in specific geographic regions through an exclusive contract with a single medical group in each specific geographic region in which it operates to provide services to enrollees.	Exempt from passive enrollment (but may voluntarily enroll)
Medicare Advantage and Special Needs Plan members	Exempt from passive enrollment in 2014

¹ This chart does not include partial-benefit dual eligibles; they are excluded from participating in the demonstration.

Coordinated Care Initiative Participating Populations for Managed Long Term Services and Supports (MLTSS)

Population: Medi-Cal beneficiaries in Alameda, San Mateo, Santa Clara, Los Angeles, Orange, San Diego, Riverside, and San Bernardino ²	Long-term services and supports (LTSS) via Mandatory Medi-Cal Managed Care (WIC 14182.16 & 14186.1)
Full-Benefit dual eligibles	Included
Partial-benefit dual eligibles	Included
Medi-Cal-only seniors and persons with disabilities (SPDs)	Included
Medi-Cal-only beneficiaries exempt from managed care due to approved Medical Exemption Request (MER)	Excluded
Beneficiaries in rural Zip Codes excluded from managed care	Excluded
Beneficiaries with Other Health Coverage – Two-Plan/Geographic Managed Care (GMC) county	Excluded
Beneficiaries with Other Health Coverage – County Organized Health System (COHS) county	Included
Beneficiaries under age 21	Excluded
Beneficiaries in the following 1915(c) waivers: Nursing Facility/Acute Hospital Waiver, HIV/AIDS Waiver, Assisted Living Waiver, and In Home Operations Waiver	Included ³
Developmentally disabled beneficiaries receiving services through a DDS 1915(c) waiver, regional center, or state developmental center	Included
ICF-DD Residents	Excluded in Two-Plan/GMC County
Beneficiaries with end stage renal disease (ESRD) – Those currently diagnosed with ESRD at the time of enrollment.	Included
Beneficiaries with ESRD – subsequent diagnosis (If a person is diagnosed with ESRD after enrollment, the person will remain in the MLTSS plan)	Included
Beneficiaries with a Share of Cost – in skilled nursing facility, MSSP, or IHSS and continuously certified to meet share of cost	Included
Beneficiaries with a Share of Cost – in community and not continuously certified	Included
Resident of veterans home of California	Excluded
American Indian Medi-Cal beneficiaries ⁴	Included, but may opt out any time
Beneficiaries with HIV/AIDS	Included, but may opt out any time
Program of All-Inclusive Care for the Elderly (PACE) or AIDS Healthcare Foundation enrollees	Exempt

² Includes all dual eligibles and Medi-Cal only SPDs unless otherwise noted.

³ Beneficiaries will remain in the waiver programs and health plans will coordinate services with waiver providers.

⁴ Indian Medi-Cal beneficiaries can access services through Indian Health programs and providers as provided by current law.