

## **Summary of SB 1448 (Kuehl) signed 7/18/06**

**SB 1448** implements California's §1115 waiver to expand coverage for the uninsured. The new federal funding is \$180 million annually for three years, beginning in September 2007.

### **Who can be eligible?**

Low income uninsured individuals not eligible for MediCal, AIM or Healthy Families.

### **What services can be covered?**

Any service that a state can cover in its state Medicaid program.

### **Program goals:**

To expand coverage to the uninsured, strengthen local safety nets, improve access to care and health outcomes, and create program efficiencies.

### **Program requirements:**

Each program must have the following: defined eligibility criteria and a description of the population to be served; a screening and enrollment process to ensure the participants are uninsured and not eligible for other state and federal programs; a medical records system (including electronic medical records), a benefits package that includes preventive and primary care services; case management for the chronically ill and frequent program utilizers; quality monitoring, a list of participating providers, a description of the organized delivery system(s) to be used, coordination with an applicant's care and services to MediCal beneficiaries, promotion of local safety nets and an ability to implement the program by 9/1/07 and fully use each year's allocation.

### **Other required elements:**

The application must also include: the number of heretofore uninsured individuals to be covered by the program, the average cost per individual to be served, the mechanism for making payments, the source of the non-federal share, a description of how services are currently provided to MediCal beneficiaries by the applicant county(ies) and how the program will coordinate with that system.

### **Who can apply?**

Counties, regional consortiums of counties, or health authorities can apply. No applicant can receive more than 30% of the annual funding. The county(ies) are subject to all the requirements of the Special Terms and Conditions attached to the California waiver. (#11-W-00193/9)

### **What is the allocation process?**

The California Department of Health Services ranks all applications based on how well they meet the listed criteria, selects at least 5 programs, and will fund the highest ranked applicants until all funds are exhausted.

**What matching is required?**

The local entity must have certified public expenditures (CPEs)<sup>1</sup> that meet the Special Terms and Conditions attached to the California waiver. IGTs (intergovernmental transfers) might be possible as local matching. The legislation does not permit the state to use State General Funds as match.

**What happens if not all of the funds are spent by the successful applicant(s)?**

The state can re-allocate the funds among the other successful applicants or redirect the funds toward other applying entities that were not initially selected.

**Can the funds replace existing state, federal or local funding?**

No. The funds must supplement existing funds, not replace or supplant them. This is a financial maintenance of effort requirement.

**Urgency measure:**

The bill takes effect immediately.

---

<sup>1</sup> For more information on CPEs and the hospital waiver please see, [www.itup.org/reports/1115waiver](http://www.itup.org/reports/1115waiver)