



Administration Division

The Administration Division provides an array of central support services to achieve Department of Health Care Services (DHCS) program and operations objectives. Staff provide management information and business control functions for the department, helping ensure that the most effective and efficient level of service is achieved. The Administration Division endeavors to streamline and simplify policies and procedures, stressing collaboration and improved communication with program staff by:

- Ensuring fiscal accountability of programs by overseeing the financial management of DHCS, including budget development and oversight.
- Providing responsive and reliable employee support and human resource management systems.
- Providing guidance and consultation on contract and purchasing services.
- Managing DHCS physical resources through facilities and telecommunications business services.
- Supporting the protection and wellness of DHCS employees through the Health and Safety Office.
- Evaluating business processes with attention to improvements in department-wide support functions.

Audits & Investigations Division (A&I)

The mission of A&I is to help ensure the fiscal integrity of the health programs administered by DHCS and assure quality of care is provided to the beneficiaries of these programs. The overall goal of A&I is to improve the efficiency, economy, and effectiveness of DHCS and the programs it administers. To carry out its mission, A&I:

- Performs special audits as needed by DHCS program managers, executive staff, the California Health and Human Services Agency, or Governor's Office.

- Performs internal audits of DHCS organizations to ensure that various internal controls are operating and effective.

Performs medical reviews of Medi-Cal and public health providers.

Provides technical assistance (financial and medical) in the development and expansion of the Medi-Cal managed care program.

- Identifies and investigates Medi-Cal beneficiary and provider fraud and abuse, emphasizing fraud prevention.
- Participates in the development or modification of DHCS policies.

A&I is divided into three branches. Along with Internal Audits, the division includes the Administrative Management Services Section and Information Technology Unit (ITU). The ITU provides centralized administrative functions and technology services to A&I.

Benefits Division

The Benefits Division is responsible for managing and ensuring the uniform application of federal and state laws and regulations regarding Medi-Cal-covered benefits, services, and policies affecting more than 150,000 providers of medical services for 13.5 million Medi-Cal recipients. The division adds, limits, modifies, or eliminates services to increase patient safety, reduce risk, and reduce cost of care. The division is one of DHCS' primary liaisons with the federal Centers for Medicare & Medicaid Services for amendments to the Medicaid State Plan. As such, it coordinates with other divisions within DHCS and state departments to ensure compliance with state and federal requirements under the State Plan. The division includes medical consultants, nurse consultants, and a research scientist who review medical evidence, including studies published in peer-reviewed health journals as well as evidence-based treatment and clinical practice guidelines published by professional organizations and scientific societies, to determine which treatments and medicines are most effective and provide the highest quality of care. The Every Woman Counts (EWC) program is part of the division. It is the largest breast cancer detection program in the nation and serves several thousand women annually. EWC provides breast clinical services, such as mammograms, clinical breast exams, and diagnostic tests, to low-income California women ages 40 and older with inadequate or no health coverage. EWC also provides cervical clinical services, such as pap smears, HPV (Human Papilloma Virus) tests, and cervical diagnostic tests, for low-income, uninsured, and underinsured California women ages 21 and older. In addition, EWC promotes the importance of screening and the availability of these services for disparate high-risk populations. Also, the division administers the IMPACT (IMProving Access, Counseling & Treatment for Californians with Prostate Cancer) program. IMPACT provides free prostate cancer treatment services for low-income men who are uninsured or underinsured.

California Medicaid Management Information System (CA-MMIS) Division

The CA-MMIS Division operates and maintains CA-MMIS, processing and paying approximately \$19 billion annually to health care providers in the Medi-Cal fee-for-service program. The division is responsible for the overall administration, management, oversight, and monitoring of the fiscal intermediary (FI) contract and all services provided under the contract. The CA-MMIS contract is one of the largest and most complex contracts in state government. Under the CA-MMIS contract, the FI adjudicates both Medi-Cal and non-Medi-Cal claims for the state and delivers other FI services to program providers, beneficiaries, and federal and state users of the system. The FI vendor is also responsible for operating CA-MMIS by providing information technology system maintenance and operations and FI business operations services. CA-MMIS services include overall administration, management, and monitoring of a telephone service center and provider relations functions (publications, outreach, and training); system operations, updates, and enhancements; and processing eligibility inquiry transactions, Treatment Authorization Requests, and service authority requests. The CA-MMIS Division provides critical information technology and business operations support to both state and federal oversight agencies and stakeholders, ensuring that approximately 13.5 million Medi-Cal beneficiaries receive the health care services they need.

Capitation Rates Development Division (CRDD)

CRDD is responsible for developing and implementing managed care organization (MCO) capitation rates in compliance with contractual, state, and federal regulatory requirements. The Actuary Unit calculates and certifies capitation rates by county or geographical region for each Medi-Cal population aid category. Capitation rates are developed to provide reasonable, appropriate, and attainable costs for Medi-Cal services under each MCO's contract. CRDD collaborates with the federal Centers for Medicare & Medicaid Services to obtain federal approval to implement the capitation rates. CRDD partners with MCOs, hospital associations, and other DHCS divisions to implement various managed care financing policies to comply with new state or federal requirements governing Medicaid managed care rate setting and financing. CRDD performs budget analyses for policies for the biannual Medi-Cal Estimate and analyzes legislative impacts on Medi-Cal managed care program costs. Furthermore, CRDD ensures the timely reporting of financial and accounting data of MCOs and conducts financial analyses to evaluate the financial health and viability of each MCO.

Clinical Assurance and Administrative Support Division (CAASD)

CAASD provides utilization review and post-claims oversight for services provided to fee-for-service Medi-Cal beneficiaries through its network of medical, pharmacy, and administrative units located throughout the state. This oversight includes the following: (1) Post-claims review of inpatient hospital services delivered at California's Designated Public Hospitals (DPH), which utilize an evidence-based standardized tool to determine medical necessity for hospital days and services; (2) Oversight of the municipal public hospitals and private hospitals, which claim for services under a Diagnosis Related

Group (DRG) methodology (these hospitals will also gradually transition to a post-payment utilization review process using an evidence-based standardized tool by October 2017); (3) Review and adjudication of Treatment Authorization Requests (TAR) for certain medical procedures, services, and drugs for fee-for-service Medi-Cal beneficiaries; and (4) Review of all TAR appeals and DPH and DRG disputes submitted by providers. CAASD's post-claims oversight activities and cost-effective utilization controls ensure compliance with Medi-Cal policies and applicable state and federal requirements. In addition, CAASD provides administrative support services to a variety of DHCS divisions, with an emphasis on customer service.

Enterprise Innovation Technology Services (EITS)

EITS is responsible for designing, building and delivering secure innovative solutions and services that drive health care quality and for information technology strategy formulation, enterprise architecture, enterprise portfolio management, and enterprise governance. EITS delivers customer service by providing a secure, reliable information technology environment to support the program and administrative objectives of DHCS, the Health and Human Services Agency, Office of Health Information Integrity, and Office of the Patient Advocate. EITS establishes information technology policy and standards and ensures compliance with state and federal laws and regulations regarding the use of information technology and the safeguarding of electronic information; supports a complex portfolio of program systems, including the Medi-Cal Eligibility Data System (MEDS), California Medicaid Management Information System (CA-MMIS), California Dental Medicaid Management Information System (CD-MMIS), Behavior Health Systems, Health Care Options (HCO), Access for Infants & Mothers (AIM), and Medi-Cal for Families (MFP); supports and provides oversight of the ongoing maintenance and operation of the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS); provides quality application and data services to DHCS programs; facilitates the successful completion of business and information technology projects undertaken by DHCS; and manages the design, installation, upgrade, and support of a complex technology infrastructure, including network, servers, desktops, network devices, messaging systems, websites, web applications, and databases.

Fee-For-Service Rates Development Division (FFSRDD)

The FFSRDD is responsible for developing Medi-Cal reimbursement rates for non-institutional and long-term care services, performing analyses for General Fund cost savings/avoidance proposals and rate methodologies, and assisting the Office of Legal Services (OLS) in defending DHCS in legal actions. The FFSRDD serves as a point of contact regarding Medi-Cal rate policies and issues pertaining to Medi-Cal's non-institutional and long-term care rate setting matters. The FFSRDD works with health care provider representatives, patient advocates, external state agencies, representatives of county, state and federal governments, industry representatives, special interest groups, the media, and other high-level officials in negotiations and/or meetings regarding Medi-Cal rate policies and issues. The FFSRDD also crafts

legislation and submits State Plan Amendments regarding changes to provider reimbursements. Additionally, the FFSRDD administers a Quality Assurance fee program that collects more than \$500 million annually and is a partner with the California Department of Public Health in administering the Quality and Accountability Supplemental Payments program for freestanding skilled nursing facilities.

Health Policy Unit (HPU)

Under the leadership of the Associate Director, the HPU facilitates collaborative projects across multiple DHCS divisions in support of DHCS' mission, quality strategy, and Triple Aim. The HPU may be asked to initiate special projects on behalf of the Director or Chief Deputy Directors, so the focus of the unit varies based upon the emerging needs of DHCS. As of September 2016, recent projects include reporting activities for the Medi-Cal 2020 Section 1115 waiver; policy development for SB 1004 palliative care services; contract management for enrollment assistance for certain beneficiaries receiving Behavioral Health Treatment services; strategic planning for the DHCS mobile app; coordination with philanthropic foundations to develop new partnership opportunities; and serving as the business lead for DHCS' Medicaid Information Technology Architecture (MITA) efforts.

Information Management Division (IMD)

The IMD supports department-wide efforts for accurate and timely information for DHCS programs. Its programs support information access and sharing that considers data as an asset and data as a service. The IMD consists of the Chief Medical Information Officer's (CMIO) Office, Office of HIPAA Compliance (OHC), and Office of Health Information Technology (OHIT). The CMIO's Office supports Medi-Cal Quality Care Improvement efforts, the DHCS Data and Research Committee, the Medicaid Statistical Information System, and analytic efforts using the Management Information System/Decision Support System. The OHC is responsible for leadership and oversight related to the implementation and maintenance efforts of a range of federally required initiatives, such as the Health Insurance Portability and Accountability Act (HIPAA), to simplify and standardize the administration of health care while protecting the privacy of patients served by DHCS programs. The OHC also serves as the DHCS lead for measuring and monitoring progress against the MITA framework. The OHIT is responsible for administration of the Medi-Cal Electronic Health Record Incentive Program. This incentive program is improving the quality, safety, and efficiency of health care by Medi-Cal hospitals and professionals through incentive payments to encourage the meaningful use of electronic health records.

Long-Term Care Division (LTCD)

LTCD is an integral component of California's Olmstead Plan by ensuring the provision of long-term services and supports to Medi-Cal-eligible frail seniors and persons with disabilities to allow them to live in their own homes or community-based settings instead of in facilities. LTCD is responsible for ensuring compliance with the federal home- and community-based services (HCBS) final rule, which allows Medi-Cal

members opportunities to live independent and socially integrated lives with other members of their community. LTCD directly operates and/or administers three HCBS waivers on behalf of DHCS, as the single state Medicaid agency. LTCD also ensures compliance with federal reporting requirements and provides monitoring and oversight for the HCBS waivers, including the 1915(i) for persons with developmental disabilities and the In-Home Supportive Services state plan benefits and Community-Based Adult Services operated by sister departments, including the California Departments of Social Services, Aging, Public Health, and Developmental Services. LTCD administers two managed care programs – the Program of All-inclusive Care for the Elderly (PACE) and Senior Care Action Network (SCAN) – and the California Partnership for Long-Term Care, a long-term care insurance program. In addition, LTCD administers a federal Money Follows the Person grant to transition Medi-Cal-eligible residents from long-term care settings back to community living arrangements. LTCD works collaboratively with the Medi-Cal Managed Care Division as policy consultants to integrate long-term services and supports for seniors and persons with disabilities and Medicare/Medi-Cal dual eligible beneficiaries in a managed care delivery system.

Medi-Cal Dental Services Division (MDSD)

MDSD is responsible for the provision of dental services to Medi-Cal beneficiaries and within the Medi-Cal program. Services are provided under fee-for-service (FFS) and dental managed care (DMC) models. The division contracts with a dental fiscal intermediary for the dental FFS delivery system and three managed care contractors for the DMC program. The FFS contract is held by one contractor that administers the dental FFS program, while the DMC component encompasses three Geographic Managed Care (GMC) plans and three Prepaid Health Plans (PHP) to collectively provide dental care to approximately 13.5 million Medi-Cal beneficiaries. The FFS program is statewide, dental GMC is mandatory in Sacramento County, and dental PHP is voluntary in Los Angeles County. MDSD is responsible for the contract oversight and monitoring of all dental FFS and DMC contracts for the provision of services. This includes the beneficiary and dental provider outreach functions, dental performance and reporting measures, and dental provider enrollment.

Medi-Cal Eligibility Division (MCED)

MCED develops statewide eligibility policies, procedures, and regulations governing Medi-Cal and the Children's Health Insurance Program (CHIP) and ensures eligibility is determined accurately and timely in accordance with state and federal requirements. MCED performs Medi-Cal quality control reviews of county compliance with state and federal eligibility requirements for program integrity and works with the California Health Benefit Exchange, county social services agencies, Statewide Automated Welfare System (SAWS) consortiums, California Healthcare Enrollment, Eligibility and Retention System (CalHEERS), and Enterprise Innovation and Technology Services Division to develop the business rules necessary to implement eligibility policy and maintain the records of beneficiaries in SAWS, CalHEERS, and DHCS' Medi-Cal Eligibility Data System. MCED provides policy direction to county social service agencies via All County Welfare Directors Letters and Medi-Cal Eligibility Information Letters that

implement Medi-Cal eligibility policies and procedures, and coordinates such policies and procedures, as applicable, with the California Department of Social Services. MCED consists of four branches – Policy Development, Policy Operations, Access Program and Policy, and Program Review.

Managed Care Quality and Monitoring Division (MCQMD)

MCQMD monitors and oversees California's Medi-Cal managed care health plans, and its Cal MediConnect health plans. The division also handles policy development and interpretation to meet the needs of providing health care to approximately 10.5 million Medi-Cal managed care beneficiaries in all 58 California counties, and approximately 117,370 Cal MediConnect enrollees in the seven Coordinated Care Initiative counties: Los Angeles, Orange, Riverside, Santa Clara, San Mateo, San Bernardino, and San Diego. MCQMD is comprised of two branches – the Program Monitoring and Compliance Branch and the Policy and Medical Monitoring Branch. The key functions of these branches include plan monitoring, data analysis and reporting, policy development and interpretation, maintenance of the Medi-Cal managed care performance dashboard, encounter data reporting compliance, ensuring network adequacy, and quality improvement efforts.

Managed Care Operations Division (MCOD)

MCOD oversees the operational and program activities to meet the needs of providing health care to approximately 10.5 million Medi-Cal beneficiaries in all 58 California counties. MCOD focuses on contract management of the health plans operating under seven main models of managed care – Two-Plan, Geographic Managed Care, County Organized Health System, Regional, Imperial, Cal MediConnect health plans, and San Benito – and oversees the activities necessary when transitioning populations into a managed care delivery system. The division comprises two branches – the Managed Care Systems & Support Branch and the Managed Care Operations Branch. The key functions of these branches include the Office of the Ombudsman, plan enrollment systems, payment systems, contract processing, internal operations support for managed care, and acting as a liaison between the division and CalHEERS.

Mental Health Services Division (MHSD)

MHSD consists of three branches: Program Policy and Quality Assurance; Fiscal Management and Outcomes Reporting; and Program Oversight and Compliance. MHSD administers, oversees, and monitors community mental health program service delivery and compliance for the Medi-Cal Specialty Mental Health Services program and Mental Health Services Act (MHSA). The division implements program changes related to community mental health services required by state and federal legislation, which includes health care reform. MHSD is the single state liaison with the federal Centers for Medicare & Medicaid Services for mental health services in California and provides mental health program subject matter expertise and technical assistance to other state departments and agencies, mental health plans and other local mental health programs, and managed care health plans. MHSD also provides ombudsman

support to Medi-Cal members receiving mental health services. MHSD facilitates county and federal reimbursement processes, establishes program and fiscal policies, administers and distributes federal grants, and oversees the state's fiscal and outcomes responsibilities for specialty mental health services and the MHSA. MHSD is responsible for state oversight of community mental health programs, facilities, and providers to ensure compliance with state and federal requirements.

Office of Administrative Hearings and Appeals (OAHA)

OAHA provides an equitable and impartial quasi-judicial administrative forum in which providers, health plans, and contractors may seek resolution when they dispute an action taken by DHCS. The decisions issued by OAHA impact the financial stability and viability of the 150,000 health care providers enrolled in the Medi-Cal program. The administrative adjudication process implemented by OAHA is governed by strict statutory timeframes and, in Medi-Cal audit cases, monetary penalties are imposed if the dispute is not resolved in a timely manner. OAHA provides two levels of hearings – formal and informal. The formal hearings are held before an Administrative Law Judge and are conducted in accordance with the Administrative Procedure Act and other program-specific statutes and regulations. Informal hearings are conducted by hearing auditors, who have extensive experience in hospital reimbursement principles and cost accounting. OAHA currently employs professionals, paraprofessionals, managerial, and administrative staff and has two office locations, one in Sacramento and one in Los Angeles. Hearings are conducted statewide, and OAHA processes more than 40 different types of appeals, often consisting of intricate, legally complex, and politically sensitive issues. Appeals before OAHA frequently involve financial provider audits and rate determinations; renewal, suspension, or revocation of licenses triggering heightened scrutiny; propriety of fiscal sanctions; denials of eligibility or services for children with special health care needs; suspension of Medi-Cal providers; and denials of Medi-Cal provider enrollment applications. Through interagency agreements, OAHA also provides a quasi-judicial forum to hear disputes arising from actions taken by sister agencies, such as the California Departments of Public Health and Social Services.

Office of Civil Rights (OCR)

OCR is responsible for developing policies, processes, and procedures to ensure DHCS complies with all state and federal laws, regulations, and executive orders related to civil rights and equal employment opportunities. OCR administers: an External Civil Rights Compliance Program to help ensure non-discrimination in the delivery of and access to all health care services provided or administered by DHCS and its contractors; the Internal Equal Employment Opportunity Program for all DHCS employees designed to prevent, investigate, and correct any harassing conduct or discriminatory employment actions; and a Reasonable Accommodation Program to ensure employees with disabilities are provided an equal opportunity to succeed.

Office of Family Planning (OFP)

OFP is charged by the Legislature to make available to citizens of the state who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families. The purpose of family planning is to provide women and men a means by which they decide for themselves the number, timing, and spacing of their children. OFP administers the Family Planning, Access, Care, and Treatment (Family PACT) program. Family PACT is California's innovative approach to provide comprehensive family planning services to eligible low-income (under 200% of the federal poverty level) men and women. In addition, OFP has responsibility over family planning policy development for the Medi-Cal program.

Office of Legal Services (OLS)

OLS provides comprehensive preventive, strategic, and litigation support services to the directorate, DHCS employees, and all departmental programs. Also, OLS often is tasked with providing DHCS legal analyses to control agencies. OLS attorneys and paralegals regularly interface with the Attorney General's Office on all DHCS-related litigation. OLS' 85 attorneys and 12 paralegals are distributed among five large legal teams and two smaller units, each of which focuses on particular areas of departmental legal work:

- The Administrative Litigation Team represents DHCS in administrative hearings before the Office of Administrative Hearings and Appeals, the State Personnel Board, and other state entities. It liaisons with the Attorney General's Office when administrative litigation decisions are challenged, and it handles the bulk of DHCS' legal personnel functions, which include house counsel personnel support to all programs, including the Human Resources Branch, Office of Civil Rights, and Director's Office, on employment-related and conflict of interest-related legal issues.
- The Health Care Benefits and Eligibility Team is responsible for providing a broad spectrum of legal support services to the Director, the Chief Deputy Directors, the Deputy Director for Health Care Benefits and Eligibility, and the Chiefs of the Medi-Cal Eligibility Division, Primary and Rural Health Division, Pharmacy Benefits Division, Medi-Cal Dental Services Division, Medi-Cal Benefits Division, Office of Family Planning, and other divisions as needed.
- The Health Care Delivery Systems Team provides advice and consultation on a broad spectrum of legal issues to the Director, Chief Deputy Directors, and Deputy Directors for Managed Care Delivery, Long-Term Care, Systems of Care, Audits and Investigation, Provider Enrollment, and Third Party Liability divisions.
- The Mental Health and Substance Use Disorder Services team provides legal support services to the Director, Chief Deputy Directors, Deputy Director for Mental Health and Substance Use Disorder Services, and all programs under the Mental Health Services Division and the Substance Use Disorder divisions.

- The Health Care Financing and Rates Team provides advice and consultation on legal issues and manages litigation support on financing and rates matters for all DHCS divisions. In addition, this team supports as house counsel the following divisions within DHCS: Capitated Rates Development, Fee-For-Service Rates Development, and Safety Net Financing.

OLS also contains two sub-specialty Units: the Privacy Office, which is staffed by attorneys dedicated to privacy and information security issues and solutions; and the Office of Regulations, which is responsible for ensuring the consistency and accuracy of all emergency and permanent regulations that DHCS promulgates.

Office of Legislative & Governmental Affairs (LGA)

LGA facilitates, coordinates, and advocates for the development and enactment of legislation in the interest of public health. As a key player in carrying out DHCS' mission to preserve and improve the health status of all Californians, LGA assists in the development and refinement of the state's health care laws. LGA performs its role through various functions.

- Develops strategies for introducing and promoting legislation to implement DHCS' sound public health principles.
- Monitors the state's political pulse through interactions with legislators and their staff, public and private agencies, the health professional community, consumers, constituency groups, and educational partners who express interest in public health. LGA uses this information as it advises the California Health and Human Services Agency and Governor on public health policy.
- Articulates DHCS and Administration policies to the Legislature, in coordination with the California Health and Human Services Agency and the Governor.
- Provides technical assistance to state legislators and their staff on DHCS' various programs through briefings, testimony at informational hearings, individual meetings, periodic newsletters, fact sheets, etc.
- Builds and fosters strong partnerships for health with state legislators and their staff.

LGA also provides consultative and technical assistance to DHCS programs and the public; ensures that DHCS' bill analyses provide a sound basis for effective legislative advocacy; ensures that DHCS' bill analyses synthesize the policies, activities, and resource needs of its numerous programs; and facilitates DHCS responses to constituent-related inquiries received from state legislators and their staff.

Office of Medi-Cal Procurement (OMCP)

OMCP is an internal consulting and advisory group within DHCS. OMCP's function is to conduct major procurements and write contracts in support of the various divisions and offices of the Medi-Cal program. These procurements may take the form of Requests for Proposal (RFP) and Requests for Application (RFA), depending upon the services being sought. OMCP is responsible for the entire process from the development of the procurement documents to the evaluation of any proposals received in response to those documents through to the development and approval (from the Department of General Services and Centers for Medicare & Medicaid Services) of the contract documents. All Medi-Cal procurement and contracting procedures are conducted with the highest integrity, with the goal of producing procurement documents and contracts that are effective and cost-efficient for the Medi-Cal program.

Office of Public Affairs (OPA)

OPA is responsible for the overall communications and outreach activities of DHCS. Its efforts are intended to communicate the department's mission and agenda to the general public and a wide variety of health care, community, business, academic, legislative, and other groups, including the media, intergovernmental organizations, and public advocacy groups. OPA serves as the central conduit of information for the department, working to provide clear, concise information about complex subject matters pertaining to DHCS activities. OPA develops and executes public affairs strategies to support the goals and objectives of the department, and serves as the central channel for information to the department's various stakeholders, public, and media. OPA is the primary point of contact for the news media, providing reporters with information and clarifications, as well as arranging interviews with DHCS leadership and program experts. OPA crafts statements and press releases, conducts interviews and background briefings, and stages press conferences. OPA also reviews the content and look of DHCS' public education and outreach programs, and the OPA Web Unit oversees the department's public website, managing its look, usability, and content. The Web Unit develops and oversees the policy and standards for publishing online content, including accessibility according to the American with Disabilities Act. Additionally, OPA works with program staff on stakeholder engagement efforts to ensure interaction with stakeholder groups is clear, consistent, and timely.

Office of the Medical Director (OMD)

OMD works with divisions and offices across DHCS to improve population health, enhance clinical quality, and reduce per capita costs. OMD coordinates the DHCS Strategy for Quality Improvement in Health Care (DHCS Quality Strategy), which is a blueprint to advance these three linked goals. The DHCS Quality Strategy documents DHCS' progress in population health and clinical quality as well as future areas of program development. OMD provides clinical, policy, analytic, Lean management, and quality improvement support to a variety of departmental programs, including the Medi-Cal 2020 waiver. It also has used competitive grant funding in several areas to advance DHCS Strategic Plan. Areas of focus include prevention, clinical quality patient safety, population health, and eliminating health disparities and inequities.

Office of Workforce Planning and Development (OWPD)

OWPD provides organizational development, training, recruitment, retention, and leadership development services to DHCS as a whole and to DHCS' many divisions, offices, and teams. OWPD works to ensure that DHCS has a knowledgeable, committed workforce of skilled professionals to fulfill DHCS' strategic commitments to the people we serve, the public, and our employees.

Pharmacy Benefits Division (PBD)

PBD is responsible for DHCS' Medi-Cal fee-for-service (FFS) drug program and for the management of the Medi-Cal managed care pharmacy program. PBD comprises four branches: Pharmacy Policy, Enteral and Medical Supplies, Drug Contracting and Drug Rebates. In addition, the FFS Vision Services program falls under the purview of the division. PBD has primary responsibility for ensuring outpatient prescription drug coverage is provided to FFS Medi-Cal beneficiaries. PBD contracts with drug and medical supply manufacturers as well as providers to ensure they meet specific criteria, including safety, effectiveness and essential need, and to eliminate the potential for misuse. In exchange for the ability to contract with Medi-Cal, manufacturers provide rebates to the program. California's rebate program is considered one of the most aggressive in the country.

Primary, Rural and Indian Health Division (PRIHD)

The mission of PRIHD is to improve the health status of diverse population groups living in medically underserved urban and rural areas. PRIHD administers seven programs that seek to improve and make accessible comprehensive primary care services and other public health services for persons at risk, including the uninsured or indigent, and those who would otherwise have limited or no access to services due to geographical, cultural or language barriers. Those programs are: Rural Health Services Development (RHSD), Seasonal and Agricultural Workers (SAMW), Indian Health (IH), California State Office of Rural Health (CaSORH), Medicare Rural Hospital Flexibility/Critical Access Hospital (FLEX/CAH), Small Rural Hospital Improvement (SHIP) and J-1 Visa Waiver. The division functions as the primary liaison for providers and other stakeholders concerned with rural health, Indian health and primary care clinics. PRIHD works with rural health constituents to provide training and technical assistance to strengthen the rural health care infrastructure. PRIHD has lead responsibility in ensuring that DHCS complies with federal requirements to seek regular and ongoing advice from tribes and Indian health program designees on proposed changes to the Medi-Cal program that have a direct impact on Indians and Indian health providers. PRIHD also provides training and technical assistance to Indian health programs as well as administers the American Indian Infant Health Initiative (AIIHI) and Federal Emergency Preparedness activities. Additionally, PRIHD assists in the development of Medi-Cal policies affecting Federally Qualified Health Centers, Rural Health Clinics and Indian Health clinics.

Provider Enrollment Division (PED)

PED is responsible for the enrollment and re-enrollment of fee-for-service health care service providers into the Medi-Cal program. There are approximately 150,000 Medi-Cal providers who serve the medically necessary needs of the Medi-Cal population. PED is also responsible for developing enrollment policy and updating and maintaining provider information in the Provider Master File database that is used in the claims payment process.

Research and Analytic Studies Division (RASD)

RASD compiles official statistics and disseminates knowledge that informs policy and assists DHCS in achieving its mission and goals. As DHCS' statistical bureau, RASD is dedicated to fostering data-driven policy and providing DHCS with information and knowledge that can be utilized throughout the department and by interested stakeholders. RASD adheres to four important principles as outlined in the National Academies' *Principles for the Professional Practice of a Statistical Bureau*: Relevance to Policy Issues, Credibility Among Data Users, Trust Among Data Providers, and A Strong Position of Independence. As the economy grows more complex and the population becomes more diverse, increasingly detailed data and analyses are required in order to match policies with economic, political, and demographic realities. This is true not only for policy making, but also for policy assessment and evaluation. A program such as Medi-Cal learns how well policies are working by comparing their intended effects with the actual outcomes. These comparisons draw on statistical information and analyses. RASD was designed to meet this challenge and provide those guiding the Medi-Cal program, as well as various stakeholders, with objective statistics and information they need to make informed decisions. RASD's organizational placement within DHCS' Administration Division separates its activities from those undertaken within DHCS programs. This separation from policy development and advocacy is vitally important and allows RASD to remain an objective purveyor of statistics.

Safety Net Financing Division (SNFD)

SNFD administers approximately 30 supplemental payment programs in accordance with Section 1115 Medicaid waivers and the Medi-Cal State Plan, oversees school-based health care programs, monitors subacute facilities to ensure contract compliance, develops, updates, and monitors annual Diagnosis Related Group (DRG) rates and reimbursements, monitors several county-based programs, and conducts non-contract hospital audits. Specifically, the Medi-Cal Supplemental Payment Section processes and monitors payments for various provider types for numerous supplemental programs and administers the Hospital Quality Assurance Fee program. The Hospital/Uninsured Demonstration Section evaluates Designated Public Hospital (DPH) costs and rates, oversees the development of the fiscal aspects of California's comprehensive waiver, oversees the DPH's inpatient hospital reimbursement methodology, and oversees

county realignment calculations. The Medi-Cal Claiming and Subacute Services Section provides federal reimbursement to school districts for administrative activities and certain medically necessary school-based services, as well as administers the subacute contracting program. The Medi-Cal Claiming and Inmate Services Section provides federal reimbursement for certain county administrative activities, monitors the Targeted Case Management Program, and oversees the fiscal aspect of several inmate services programs. The Disproportionate Share Hospital (DSH) Financing and Non-Contract Hospital Recoupment Section reimburses DSH-eligible hospitals for uncompensated care costs for hospital services, processes supplemental payments for outpatient hospital services, and recoups overpayments for inpatient hospital services provided by non-contract hospitals. The DRG Section monitors the financial performance of payments to maintain budget neutrality and ensure the integrity of DRG reimbursement.

Substance Use Disorder Compliance Division (SUDCD)

The SUDCD is responsible for ensuring that licensed and certified SUD providers comply with state and federal laws, regulations, and other governing requirements. SUDCD oversees the licensing and certification functions, which include approval of initial applications, renewals, licensing and certification fines and fees, monitoring, site visits, technical assistance, complaint investigations, and death investigations. SUDCD also enacts all licensing and certification actions, including deficiencies, corrective action plans, appeals, suspensions, revocations, and court actions. The licensing and certification functions are for Driving Under the Influence programs, Narcotic Treatment Programs, and outpatient and residential SUD providers. In addition, SUDCD is responsible for implementing the Drug Medi-Cal Organized Delivery System 1115 waiver. Furthermore, SUDCD ensures compliance with the statewide criminal justice treatment programs, coordinates the annual SUD conference, and oversees the SUD counselor certification system.

SUD Program, Policy & Fiscal Division (SUD-PPFD)

The SUD-PPFD is responsible for the administration, planning, development, and monitoring of statewide SUD prevention, treatment, and recovery systems. The division oversees and sets policy for the administration of the federal Substance Abuse Prevention and Treatment Block Grant and discretionary grants from the Substance Abuse and Mental Health Services Administration. In addition, the division develops programmatic and fiscal policy for the Drug Medi-Cal (DMC) program and contracts with counties and/or certified providers for the delivery of treatment services to eligible beneficiaries. The division is responsible for conducting monitoring and compliance reviews to ensure fiscal responsibility and quality assurance of prevention and treatment services. SUD-PPFD is the single state liaison with the federal Centers for Medicare & Medicaid Services for DMC services in California and provides program subject matter expertise and technical assistance to state departments and agencies, counties, and other local and community SUD programs. SUD-PPFD also conducts post-service post-payment utilization monitoring reviews of DMC treatment

providers to ensure program integrity and adherence to applicable statutes and regulations.

Systems of Care Division (SCD)

The SCD is responsible for the administration and oversight of programs for children with or at risk of special health care needs, and adults with certain high-risk genetic conditions. SCD creates effective comprehensive systems of care for vulnerable populations with chronic conditions to better improve or maintain their health care status and to reduce health care costs. SCD has oversight of several programs:

- The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to approximately 180,000 children under age 21 with one or more CCS-eligible medical conditions.
- The CCS Medical Therapy Program provides physical therapy and occupational therapy services to approximately 25,000 children in medical therapy units placed on school sites.
- The High Risk Infant Follow-Up Program identifies and follows infants who might develop CCS-eligible conditions after discharge from a Neonatal Intensive Care Unit.
- The Genetically Handicapped Persons Program provides primary, specialty, and preventive health care services for approximately 1,800 clients over age 21 with an eligible inherited health condition.
- The Newborn Hearing and Screening Program oversees the hearing screening of 500,000 newborns and administration of follow-up services for infants who do not pass screening and infants identified with hearing loss.
- The Child Health and Disability Prevention Program provides policy guidance and direction to local county programs overseeing preventive health assessments for approximately 200,000 children and youth.
- The Health Care Program for Children in Foster Care oversees the public health nursing program for approximately 65,000 children and youth in foster care.
- The Pediatric Palliative Care Waiver Program provides in-home and community-based palliative care services to approximately 200 eligible children who have life threatening or life-limiting conditions.

The SCD is also responsible for the development of the CCS demonstration pilot program as a component of DHCS' 1115 Medi-Cal 2020 waiver.

Third Party Liability and Recovery Division (TPLRD)

TPLRD ensures that the Medi-Cal program complies with state and federal laws and regulations requiring that Medi-Cal be the payer of last resort. TPLRD accomplishes this by recovering Medi-Cal expenses from liable third parties and avoiding Medi-Cal cost by identifying or purchasing alternative health care coverage. TPLRD's recovery programs (i.e., Estate Recovery, Personal Injury, Worker's Compensation, Special Needs Trust, and Overpayments) account for approximately \$450 million in annual revenue. Additionally, TPLRD's cost-avoidance programs annually process more than 400 million commercial insurance records and pay Medicare premiums for 1.4 million dual eligible beneficiaries, avoiding billions in Medi-Cal costs. TPLRD is also responsible for the collection of provider Quality Assurance fees totaling approximately \$4 billion annually.