



DHCS TIMES

JULY 2008

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DEPARTMENT OF HEALTH SERVICES SPLIT—ONE YEAR LATER

One year ago, the former Department of Health Services (DHS) divided, creating the Department of Health Care Services (DHCS) and the Department of Public Health (CDPH). Though there have been growing pains, many at DHCS rate the reorganization (split) a success. The separate departments have managed to work in concert, continuing to advance the mission of improving the health of Californians.

"Because we were one department for many years, we have a sense of cooperation and shared purpose," said DHCS Director Sandra Shewry, an architect of the split. She said the move was a natural and needed evolution. "I didn't feel we could give Californians what they deserved in terms of management attention to public health and health care delivery issues. With the split, more policy successes are possible."

The logistics of the split were daunting. The transition was fairly smooth, but not easy.

"Some people didn't get to go to the department of their choice," said LaVonne Coen, chief of DHCS' Human Resources. "But for the most part, we were able to

accommodate people on a seniority basis. I think the split has been positive."

Coen's staff was one of the most taxed by the split. They worked overtime, weekends and holidays to ensure that all logistics would come together and that important documents were prepared for executive staff review.

Nyla Christopher, former chief of DHCS' Management Information Systems/Decision Support Selection Branch, echoed Coen's assessment. "I think the split was good for the department and my unit. It forced us to reconsider how information is released. We now scrutinize more closely what is released to ensure we protect patient confidentiality."

For Medi-Cal, the split gave upper management more time to focus on this massive program. DHCS Chief Deputy Director Stan Rosenstein began working in Medi-Cal in 1977.

"With the split, we now have a structure in place that focuses solely on Medi-Cal," said Rosenstein. "In all of the years I've been here, this is the most attention the program has received from upper management, which is great."

Rosenstein said the immense scope and public nature of CDPH programs sometimes overshadowed Medi-Cal. "Now, the delivery of benefits to our beneficiaries is our focus," he said. "We can concentrate on being a better purchaser of health care services."

A continuing challenge is the allocation of information technology resources and staff. As part of an interagency agreement, the Information Technology Services Division will serve both departments for the next three years. That makes good communication essential.

"When you divide one organization into two groups, communication becomes more challenging," said Tammy Divine, a security investigations and forensics analyst.

Karen Johnson, chief deputy director of Policy and Program Support, noted tangible successes from the split. "The development of a Strategic Plan that will be released this fall, the migration of the Web site and our improved communication with stakeholders were all improvements for the department. I feel it's been a great success."



(Agency Secretary Kim Belshé, former Senator Deborah Ortiz, DHCS Director Sandra Shewry and CDPH Director Dr. Mark Horton at the split event)



(The new logos are unveiled)

THE DIRECTOR'S CORNER—SANDRA SHEWRY “TAKE A RISK”

Risk is the chance of something going wrong, of injury, damage or loss occurring. None of us wants these outcomes. So why do management courses portray risk as desirable, something toward which we should strive? It's because with each risk there is the possibility of greatness being achieved that otherwise would have been unattainable.

As DHCS director, it's my job to take risks and create an environment in which employees feel safe taking risks. The type of risk I encourage is for employees to be authentic. **Speaking truth to power** is the

professional risk we must take to be a valuable asset to DHCS.

We must risk looking at new ideas and innovative concepts and approach challenges with analytical eyes, minds and hearts. We must risk an honest look at the problems DHCS must solve and risk giving our best assessment of the situation. We must risk open, honest discussions about choices among a murky set of options. We must risk being the one to identify a problem and suggest a solution.

The presumed “low-risk” path is very dangerous for an organization. It's a path lined with employees who

say what they think their boss wants to hear. This path is populated with colleagues who are silent about their own best thinking, waiting to be told what to do without providing options and recommendations. This path prevents the organization from benefiting from each person's full contributions.

Speaking truth to power means being attentive to the issues, assessing options to solve problems the organization faces and communicating those options and recommendations to management.

Does risk always pay off? Certainly not. In some situations, your authentic

“risky” work may not be appreciated. Sometimes your recommendation may be misguided, and the project may fail. My reaction to the inevitable failures is to look at the big picture: an occasional failure happens from time to time; consistent failure is rare.

Taking the risk to come to work alert, engaged and willing to speak truth to power is a sure path toward making a difference in the lives of Californians. As public servants, we touch the lives of many people. This is an honor, and with honor comes great responsibility.

The vitality of our organization and the ability to do great things depends upon your willingness to take risks. For examples of organizational and personal risk-taking behavior, please click [here](#).

MR. MEDI-CAL—STAN ROSENSTEIN

As the state's Medicaid (Medi-Cal) director, I'm often asked about this massive program that touches the lives of nearly 6.6 million Californians each year. But the most common question by far is, “Why is Medi-Cal eligibility so complicated?”

People familiar with Medi-Cal often compare it to a [Rube Goldberg machine](#) or bring out long flow charts to show its complexity. They have a point. There are currently more than 125 aid codes in Medi-Cal. Each aid code represents a population of people who are eligible to receive health care, their

financial participation (share of cost) and the specific benefits they receive. The complexities – the aid codes – are each designed to ensure the eligibility of a specific group of people.

More than 40 years ago, Medi-Cal began as a much simpler program with fewer aid codes and a less diverse service population. Over the years it has expanded to cover many new groups, most of whom would otherwise have no source of health care coverage. Examples of important program expansions since 1990 include:

-Coverage of higher income pregnant women. Medi-Cal covers 40 percent of all pregnancies in California.

-The creation of the 1931(b) program, which provides health coverage to low-income families.

-The 250 percent working disabled program, which allows the disabled with incomes up to 250 percent of federal poverty to work, yet still keep vital health benefits by paying a premium.

-A new program that allows low-income seniors and people with disabilities to obtain no-cost Medi-Cal.

-A new breast and cervical cancer treatment program that funds life-saving treatment otherwise unavailable.

-The new Child Health and Disability Prevention program gateway that provides medical services to more than 800,000 low-income children.

-The Family PACT (Planning, Access, Care and Treatment) program that provides birth control services to more than 1.6 million Californians annually.

Medi-Cal can and should be simplified. However, it is important to keep in mind that its complexity is the reason why we're able to provide health coverage to so many people.

WOMEN'S HEALTH LEADER HONORED BY DHCS AND CDPH

DHCS Director Sandra Shewry and CDPH Director Dr. Mark Horton awarded the annual Helen Rodriguez-Trias Award for Excellence in Community-Based Women's Health Leadership to Dr. Priya Batra, a women's health psychologist with Kaiser Permanente Sacramento.

Dr. Batra was recognized for her distinguished history of leadership and innovation in the area of women's health and well-being.

In her work as the first ever women's health psychologist for the largest HMO in California, Dr. Batra has focused attention on women's health issues and developed a comprehensive set of programs to address such issues as postpartum

depression, sexual health, infertility support and domestic violence.

Dr. Batra was recognized for her advocacy work and community involvement, which includes WEAVE, an organization that advocates, treats and empowers survivors of domestic violence and sexual assault; the Sacramento Healthcare Providers Domestic Violence Network; the Preconception Care Council of California; and the California Intimate Partner Violence Prevention Consortium. Dr. Batra is committed to paving the way for advancement in the prevention and treatment of a variety of women's health issues.

Established by the former DHS in January 2002, the

award is given annually to honor the memory of Dr. Helen Rodriguez-Trias, a nationally recognized health care leader and a strong, effective force in the fight for women's and children's health care, health care rights and reproductive freedom.

The Helen Rodriguez-Trias award is given each May as part of California's celebration of Women's Health Month. The theme for Women's Health Month 2008 was "Power of WE - Many Voices, One Vision."

Women from many backgrounds gain strength by working together in their communities to embrace women's health and wellness. The Office of Women's Health (OWH) invited more than 500 community-based providers and organizations to conduct a

Women's Health Month event or activity during the month of May that spotlighted a specific women's health issue or addressed women's health more generally.



(Beatriz Solis, CDPH Associate Director Janet Huston, Dr. Priya Batra, Sandra Shewry, Terri Thorfinnson)

KEEP YOUR HANDS ON THE WHEEL AND OFF THE PHONE

Governor Schwarzenegger and the California Highway Patrol (CHP) issued an important reminder to all motorists that two new restrictions on the use of cellular phones while driving went into effect on July 1.

The first law prohibits anyone from using a hand-held cell phone while operating a vehicle on California roadways.

Operators of vehicles requiring a Class "A" or Class "B" driver's license, such as large trucks, can use a push-

to-talk device through 2010.

The second law that went into effect on July 1 prohibits anyone under age 18 from using any type of cell phone while driving.

Cell phones can continue to be used by those 18 and older if they have either a wireless or hard-wired head set in one ear.

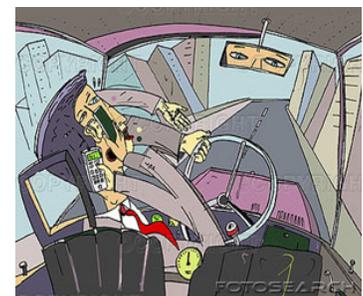
Violations carry a minimum base fine of \$20 for the first offense and \$50 for subsequent offenses.

When court costs and other fees are added to the fines, they often double or even triple the amount of the base fine.

There is no grace period to avoid penalties under these new laws, and officers began issuing citations on July 1.

According to CHP statistics, 1,091 crashes in 2007 were blamed on drivers using hand-held cell phones. A total of 447 people were injured in those crashes.

For more information about the new cell phone laws, including a list of frequently asked questions in English and Spanish, please visit the CHP's Web site at www.chp.ca.gov.



DEPARTMENT EMPLOYEES SIT ON WORKSITE WELLNESS COMMITTEE—GOVERNOR’S FITNESS CHALLENGE A SUCCESS

DHCS and CDPH jointly created a Worksite Wellness Committee. As an extension of DHS’ former “Step Up” program, the Worksite Wellness Committee promotes employee health and well-being. It is comprised of employees who meet monthly to plan upcoming events.

On May 21, the Governor’s Council on Physical Fitness and Sports announced the Governor’s Challenge, a pilot California Health and Human Services Agency (CHHS) challenge to encourage CHHS employees from 12 departments and one board to be physically active for a minimum of 30 minutes a day, three days a week.

In response, the Worksite Wellness Committee formed a

Governor’s Challenge Subcommittee that helped kick off the Governor’s Challenge by organizing a joint DHCS/CDPH walk and raffle event with directors Sandra Shewry and Dr. Mark Horton at the Fremont Park Farmer’s Market.

DHCS Governor’s Challenge Subcommittee members later organized a “Mystery Tour Around Capitol Park” for DHCS employees. To participate, employees walked around the entire Capitol Park to find answers to specific questions about park and street landmarks. The first 20 people who submitted their completed questionnaire received a coupon for a free car wash, and all participants were entered into a raffle. Five raffle winners received a

healthy meal delivered by a DHCS executive staff member, and one offsite raffle winner received a Jamba Juice gift card. The three DHCS divisions with the highest percentage of participants received a certificate and a trophy. This event was so well received that CDPH later organized its own Mystery Tour.

The three DHCS divisions with the most participants were:

- Office of Legislative and Governmental Affairs (LGA): 1st place (see right →)
- Pharmacy Benefits: 2nd place
- Safety Net Financing Division: 3rd place

The six raffle winners were:

- Shari Mannering, Health Care Operations
- Justin Jang, Safety Net Financing
- Stephen Nelson, Pharmacy Policy
- Beatrice Deng, Financial Management Branch
- Teri Lesh, Fiscal Intermediary and Contracts Oversight Division
- Bob Denton, Children’s Medical Services

The Governor’s Challenge ended on June 30. Of DHCS’ 3,041 employees, 1,588 signed up and 1,165 completed the challenge. Way to stay active, DHCS!



(Director Shewry and LGA Deputy Director Katie Trueworthy)

PERSON ON THE STREET: HOW HAS YOUR JOB CHANGED?

Office of Public Affairs staff recently asked several DHCS employees: how has your job changed since last year’s split? Following are responses from a few employees.

-Kenny Smith, Office of HIPAA Compliance

All state departments were required to convert their Internet and Intranet sites from a program-based architecture to a services-based architecture. This was to occur seamlessly, handled by Information Technology,

but after DHS split, the conversion tasks fell to the branches, so staff whose primary responsibility had been posting items to the Web now had to receive special training to convert their own Web sites.

-Susan Normann, Fiscal Management Branch

Accounting established new business processes because we had to create new



functions and ensure coverage of existing functions.

There were several staff reorganizations so we worked to develop relationships with new program management.

Re-establishing contacts, funding and coding issues and ensuring everyone was aware of what had to be done were our primary concerns – and challenges.



-Cynthia Bowman, Legislative and Governmental Affairs

There were duties I had to assist with until people were hired to fill vacant positions. Therefore, my duties increased.



-Louretta Mendiola, Primary Rural Health Division

It hasn’t changed much, but I had to adapt to new rules, new people and new management.



PARKING PROBLEMS AREN'T JUST LIMITED TO THE EAST END COMPLEX — BY KAREN JOHNSON

Did you know that more than 800,000 people commute daily in the Sacramento region? When I joined that commuter caravan in the 1980s, parking downtown wasn't a problem. But as many of you know, that's changed. The City of Sacramento has 5,721 street parking spaces and another 43,130 off-street. Although there's a current vacancy rate of 18% for on-street parking and 29% for off-street spots, it is a daunting task to find one within a reasonable distance of your workplace.

The situation for thousands of East End Complex (EEC) employees is no different than

for other commuters: parking opportunities are at a premium. There are 1,255 spaces provided for EEC commuters:

- General Spaces: 989 (includes individual, carpool and vanpool)
- State Vehicle Spaces: 92
- Handicap Spaces: 84
- Tandem Spaces: 68
- Electric Car Spaces: 16
- Reserved Spaces: 6

These spaces are shared by DHCS, CDPH and the Department of Education.

Excess (empty) spaces occur regularly due to alternative work week schedules, vacations, illnesses and

other reasons. DHCS issues permits in excess of the spaces allocated. The waiting list is lengthy, but progress is being made. In the last three months, 129 parking applications have been approved. There currently is no waiting list for handicap, motorcycle or bicycle parking.

As an alternative, the Department of General Services (DGS) manages seven downtown parking lots. Information about available spots is posted the last week of each month on the outside window of the DGS fleet office at the 1416 10th Street garage.

DGS also administers 800 parking spaces under the freeway at W & X Streets. Security is provided from 6 a.m. to 6 p.m. each work day, with regular bus transportation to and from the EEC. For more information, contact the Office of Fleet Administration at (916) 651-0365 or 651-0321 or visit: <http://www.ofa.dgs.ca.gov/Parking>.

For other options, try these organizations:

-Sacramento Transportation Management Association (<http://www.sacramento-tma.org>)

-Sacramento Regional Transit (<http://www.sacrt.com>)

STATES JOIN FORCES TO PRESERVE MEDICAID FUNDING

Did you know that Medicaid is the largest health care program in the nation, serving more than 60 million people? And California's Medicaid program, known as Medi-Cal, serves nearly 6.6 million people, or more than one-tenth of the nation's program?

DHCS closely monitors any changes proposed by the federal government to the already complex laws, regulations and policies related to Medicaid.

DHCS actively worked on seven Medicaid regulations proposed by the federal government that would alter various programs and cut federal funding to California by a whopping \$12 billion

over the next five years. The seven regulations:

- Give the federal government broad authority to identify provider tax "violations."
- Redefine and disallow targeted case management payments.
- Impose new restrictions on payments to public providers.
- Eliminate reimbursements for teaching hospitals.
- Redefine and potentially disallow some rehabilitation services.
- Eliminate funding for school-based administrative activities and transportation for low-income children.

-Reduce payments to hospitals for outpatient services.

Governor Schwarzenegger and other governors nationwide were extremely concerned about the impact of these regulations on states and Medicaid beneficiaries. They contacted many key congressional members and the president. All of California's major hospital associations, counties and school districts played key roles in opposing the regulations.

DHCS staff met regularly, assessing program and fiscal impacts of the regulations and discussing how to implement changes.

Meanwhile, Congress approved a legislative package to delay the first six of the seven regulations listed above until April 2009. The president signed this package, known as H.R. 2642, on June 30, 2008. This is a huge victory for all states!

Medi-Cal is one of the most efficient, low-cost Medicaid programs in the country. The current state budget crisis is adding pressure to the program; the federal regulations would have further reduced funding and disrupted programs and care. Due to the delay, a new presidential administration will be tasked with modifying, voiding or moving the regulations forward. Stay tuned!

It Happens When?

It Happens When? is a listing of monthly observances as well as events and meetings for employees of DHCS. If you have any suggestions, dates of events or information that concerns DHCS, please submit them to Tony Cava at Anthony.Cava@dhcs.ca.gov or April Oakley at April.Oakley@dhcs.ca.gov or (916) 440-7660.

JULY/AUGUST 2008

JULY 1-30

- Hemochromatosis Awareness Month
- International Group B Strep Awareness Month
- UV Safety Month

JULY 11

Olmstead Advisory Committee Meeting



AUGUST 1-31

- Children's Eye Health and Safety Month
- National Immunization Awareness Month
- Cataract Awareness Month
- Psoriasis Awareness Month

DHCS SPOTLIGHT—LEGISLATIVE AND GOVERNMENTAL AFFAIRS (LGA)

Improving the health status of Californians is a big task, even for a department with 3,041 employees. A lot of effort and brainpower go into making Medi-Cal and other DHCS programs successful, but before anything can begin, a key ingredient must be included – legislation. That's why LGA is a critical part of DHCS.

LGA Deputy Director Katie Trueworthy and her team facilitate, coordinate and advocate for legislation to further good public health and health care. With seven employees and two student assistants, the unit monitors bills, attends Capitol hearings,

communicates DHCS' views and reviews legislative analyses. Those analyses are forwarded to the DHCS director, Health and Human Services Agency and Governor's Office for approval.

LGA also tracks mandated legislative reports and legislative correspondence, coordinates the budget trailer bill and communicates with legislative staff at district and Capitol offices.

The 2008 legislative year has been an active one. In the second year of a two-year session, DHCS has two Administration-sponsored bills in process,

as well as more than 90 others being monitored.

The sponsored bills would require all prescriptions to be written on tamper-resistant prescription forms (SB 400) and would extend DHCS' telemedicine program related to ophthalmology and dermatology services until January 1, 2013 (AB 2120).

LGA would like to thank program staff for their quick response to inquiries and the assignments they distribute. You play a key role in the department's success, thus making LGA's job that much easier.



LGA: Back Row—Dwayne Carthen, Desiree Almeda, Carolyn Brookins and Katie Trueworthy

Front Row—Cynthia Bowman, Norma Solorio, Carol Ballard, Tina Johnson and Cindy Macklin

DHCS Times is published bimonthly by DHCS' Office of Public Affairs.

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