STATUS REPORT OF DHCS ACTIVITIES FOR IMPLEMENTING LEGISLATION AND STATUS OF REGULATIONS

Italicized bold text indicates updated information since July 2016 report

January 2017 Report

BILL # / AUTHOR	Subject	Statutory language	Action Taken/Status of Regulations	Issue Date or Anticipated
2013				
AB 82 (Comm on Budget, Ch. 23, Statutes of 2013)	Compassionate release and medical probation program	**SEC. 3-5.** These sections clarify the requirements that counties must follow to notify DHCS when an inmate is released for medical probation or under the compassionate release program. To the extent the released individual is Medi-Cal eligible, the county is required to pay the nonfederal share of the Medi-Cal costs for these individuals. These sections also specify that individuals released under the compassionate release or medical probation programs may be exempt from enrollment into managed care. SEC 3 – Government Code (GC) Section 26605.6 SEC 4 – GC Section 26605.7 SEC 5 – GC Section 26605.8 GC Section 26605.6 (h) and GC Section 26605.7 (g) require DHCS to adopt regulations and submit an annual report to the Legislature until those regulations are adopted.	Status of required regulations: Regulations under development.	

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ABx1 1 (Perez Ch. 3, Statutes of 2013)	Medi-Cal Eligibility	ABX1 1 implements a variety of the Affordable Care Act (ACA) provisions, including implementation of the new "adult group," streamlining and simplification of the annual renewal and change in circumstance process, and implementation of the MAGI income methodology for selected individuals, including the newly eligible population. ABX1 1 also requires DHCS to seek any necessary federal approvals for services and activities subject to federal financial participation (FFP). The following sections provide authority for all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Thereafter, DHCS is required to adopt regulations, and beginning six months after the effective date of the section, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.	Issued All County & Welfare Directors Letters (ACWDLs): 14-01 14-03 14-03E 14-05 14-11 14-15 14-16 14-18 14-21 14-27 14-29 14-29E 14-32 14-33 14-35 14-38 ***16-08*** ***16-14*** ***16-16*** ***16-19***	Dates: 01-09-14 02-10-14 03-04-14 02-20-14 03-19-14 03-28-14 04-01-14 04-08-14 04-25-14 06-16-14 08-08-14 08-21-14 09-19-14 09-19-14 09-29-14 10-23-14 ***04-21-16*** ***06-15-16*** ***07-05-16*** ***10-05-16***

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BILL #/ AUTHOR	Subject	Statutory language	Action Taken/Status of Regulations	Issue Date or Anticipated
			Issued Medi-Cal Eligibility Division Information Letters (MEDILs):	
		SEC 5 – Welfare & Institutions Code (WIC) Section 14005.36 (e) – Managed Care Information Sharing Regulations SEC 9 – WIC Section 14005.60 (d) – New Adult Group Regulations SEC 11 – WIC Section 14005.64 (f) – Medi-Cal Programs Regulations SEC 15 – WIC Section 14013.3 (g) – Agency Eligibility Information Sharing and Verification Regulations SEC 16 – WIC Section 14015.5 (e) – Eligibility Functions to Exchange Regulations SEC 17 – WIC Section 14015.7 (d) – Quick Transfer Protocol Regulations SEC 24 – WIC Section 14102.5 (d) – Enrollment Process Quarterly Report Regulations	14-06 14-08 14-09 14-10 14-11 14-13 14-14 14-16 14-17 14-18 14-19 14-20 14-21 14-23 14-25 14-26 14-27 14-29 14-30 14-31 14-33 14-33E 14-36 14-41 14-42 14-44	01-17-14 01-21-14 01-23-14 01-24-14 01-31-14 02-07-14 02-18-14 02-26-14 03-03-14 03-06-14 03-17-14 03-18-14 03-25-14 04-24-14 05-07-14 05-07-14 05-15-14 05-16-14 05-22-14 06-04-14 06-12-14 06-28-14 07-08-14 07-21-14 07-25-14 08-01-14

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			14-45 14-54 14-55 14-55E 14-56 14-58 ***16-17*** Status of required regulations: Section 5: Emergency regulations made permanent. Sections 9, 11, 15, 16, 17 and 24: Regulations under development.	08-06-14 11-05-14 11-14-14 11-18-14 11-21-14 11-26-14 ***09-21-16*** 04-21-16

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SB 28 (Steinberg & Hernandez, Ch. 442, Statutes of 2013)	Medi-Cal Eligibility	SB 28 requires the Managed Risk Medical Insurance Board (MRMIB) to provide California's Health Insurance Exchange (Covered California) with contact information for MRMIB subscribers, so Covered California can provide outreach to these individuals regarding their potential eligibility for Covered California products or the Medi-Cal program. SB 28 also includes cleanup language to SB x1 1 and Assembly Bill (AB) x1 1, including provisions to: 1) permit DHCS to implement various provisions of the Affordable Care Act (ACA) using ACWDL until regulations are developed no later than July 1, 2017; and 2) development and implementing a new budgeting methodology no sooner than the 2015-16 fiscal year for Medi-Cal county administrative costs for conducting Medi-Cal eligibility determinations and case maintenance activities. The following sections provide authority for all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Thereafter, DHCS is required to adopt regulations by July 1, 2017, and beginning six months after the effective date of the section, DHCS is required to provide a status report to the Legislature on a semi-annual basis until regulation have been adopted. SEC 3 – WIC Section 14005.28 (b) – Former	Issued ACWDLs: 14-14 14-22 14-27 14-28 14-31 14-35 ***SPA 13-035 was approved with a January 1, 2014 effective date.*** Status of required regulations: Sections 3 & 4: Under development. Section 5: Emergency regulations made permanent. Sections 6, 7, 9, 10, 12 & 13: Under development. Section 14: Pending development of a new county administrative budgeting methodology.	Dates: 03-27-14 04-25-14 06-16-14 07-07-14 09-11-14 09-29-14 ***03-28-14*** **(SPA 13-035 was inadvertently left off previous reports.)** 04-21-16

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		Foster Youth Regulations SEC 4 – WIC Section 14005.30 (f) – MAGI Income Regulations SEC 5 – WIC 14005.36 (e) – Managed Care Information Sharing Regulations SEC 6 - WIC Section 14005.37 (v) – Redetermination Regulations SEC 7 – WIC Section 14005.39 (c) – Redetermination regulations SEC 9 – WIC Section 14011.66 (f) – Hospital Presumptive Eligibility Regulations SEC 10 – WIC Section 14015.8 (b) – Information Verification and Eligibility Information Sharing Regulations SEC 12 - WIC Section 14102 (f) – NQI Wrap Regulations SEC 13 – WIC Section 14132.02 (e) – Alternative Benefit Package Regulations SEC 14 – WIC Section 14154 (a)(6)(G) – County Administrative Cost Control Plan Regulations		

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SBx1 1 (Hernandez, Ch. 4, Statutes of 2013)	Medi-Cal Eligibility	SBx1 1 is a companion bill to ABx1 1 and implements various provisions of the ACA, including the provision of essential health benefits for newly eligible populations, coverage of former foster care youth, and streamlined eligibility and enrollment processes to facilitate enrollment of low-income individuals into insurance affordability programs, specifically the Medi-Cal program. It includes the use of presumptive eligibility (PE) by hospitals. The bill specifies the benefit package for the newly eligible population under Medi-Cal for newly eligible populations as well as existing Medi-Cal beneficiaries. It also requires DHCS to seek any necessary federal approvals for services and activities subject to FFP. The following sections provide authority for all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Thereafter, DHCS is required to adopt regulations, and beginning six months after the effective date of the section, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted. SEC 3 – WIC Section 14000.7 – Authorized Representative Regulations	Issued ACWDLs: 14-06 14-06E 14-14 14-24 14-41 MEDILs: 14-02 14-04 14-05 14-18 14-32 14-43 14-48 14-57 Status of required regulations: Under development.	 02-21-14 05-07-14 03-27-14 05-06-14 12-04-14 01-09-14 01-15-14 01-17-14 03-06-14 06-11-14 07-30-14 10-01-14 11-26-14

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		SEC 7 – WIC Section 14005.31 (d) – Continuing Medi-Cal Eligibility Upon Loss of Cash Aide SEC 9 – WIC Section 14005.32 (d) – Transfer of Medi-Cal Eligibility Between Medi-Cal Programs Regulations SEC 11 – WIC Section 14005.63 – Authorized Representative Regulations SEC 17 – WIC Section 14007.1 – Residency Regulations SEC 18 – WIC Section 14007.15 – Residency Regulations SEC 20 – WIC Section 14007.6 – Residency Regulations		

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2014				
AB 617 (Nazarian, Ch. 869, Statutes of 2014)	California Health Benefit Exchange: appeals.	**SEC 7 – WIC Section 10950** • DHCS, Covered California and DSS shall implement a process to receive state fair hearing requests for health subsidy programs in electronic form and provides for communication with applicants/beneficiaries through commonly available electronic means. • DHCS is to provide a semi-annual status report to the Legislature starting July 1, 2015, until regulations are adopted. • DHCS shall adopt regulations by July 1, 2017**.**	No interim instructions issued. Status of required regulations: Under development.	
SB 857 (Comm on Budget and Fiscal Review, Ch. 31, Statutes of 2014)	Full Scope Medi-Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women	**SEC. 46 – WIC Section 14005.22 (c)** Requires a pregnant woman meeting specified eligibility criteria to enroll in an MCP in those counties that have an MCP. • All county, all plan letter or provider bulletin to implement until regulations are adopted. • Adopt regulations by July 1, 2017. • Six months following effective date of the Section (i.e., 12/20/14) status report to Legislature on semiannual basis until regulations have been adopted. **SEC. 47 - WIC Section 14005.225 (c)** Seek State Plan Amendment (SPA) or federal waiver to provide coverage to women whose	MEDIL 15-25 and ACWDL 15-35 provide directives that beneficiaries in aid code M7 are required to enroll in an MCP. Status of required regulations: Under development. ACWDL 15-35 issued with details on the Full Scope Medi-Cal expansion	Date: 08-19-15 and 11-12-15 Date: 11-12-15

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		income is above 109 and up to and including 138 percent. • All county, all plan letter or provider bulletin to implement until regulations are adopted. • Adopt regulations by July 1, 2017. • Six months following effective date of Section (i.e., 12/20/14) report to Legislature on semiannual basis until regulations have been adopted.	incorporated into CalHEERS effective 8/1/15. Status of required regulations: Under development.	
	Pregnancy Wrap	**SEC. 54 - WIC Section 14148.65** requires DHCS to develop and implement the Full Scope Medi-Cal Coverage and Affordability and Benefit Program for Low Income Women, contingent on federal approval and availability of FFP; work with specified stakeholders to develop notices and procedures to inform eligible women and providers of the program; and other provisions. Subdivision (g) requires that DHCS: • Issue all county, all plan letter or provider bulletin to implement until regulations are adopted. • Adopt regulations by July 1, 2017. • Six months following effective date of the section (i.e., 12/20/14) report to Legislature on semiannual basis until regulations have been adopted.	Informational MEDIL 14-43 Issued. CMS confirmed in writing that the coverage provided to pregnant women is designated as minimum essential coverage; therefore, DHCS will not implement the pregnancy wrap legislation. Status of required regulations: No regulations are necessary.	Date: 07-30-14

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	Pregnancy Wrap	**SEC. 55 - WIC Section 14148.67** specifies requirements for paying premiums and cost-sharing payments for qualified pregnant women. Subdivision (f) requires DHCS to: • Issue all county, all plan letter or provider bulletin to implement until regulations are adopted. • Adopt regulations by July 1, 2017. • Six months following effective date of Section (i.e., 12/20/14) provide a status report to Legislature on semiannual basis until regulations have been adopted.	Same as Section 54	
	County Health Initiative Matching Fund	**SEC. 89 – WIC Section 15858** specifies administrative requirements for DHCS in implementing the County Health Initiative Matching Fund chapter. Subsection (a)(2)(B) requires DHCS, *if* issuance of rules or regulations, federal waivers or SPA are necessary to administer the provisions of the chapter, to do so through all-county letters, plan letters, plan or provider bulletins or similar instructions until the time regulations are adopted. If regulations are necessary, beginning six months following the effective date of the Chapter, 12/20/14, DHCS shall report to the Legislature on a semiannual basis until the regulations have been adopted.	No interim instructions issued. Status of required regulations: No issuance of rules/regulations, federal waiver or SPA have been required by CMS for California to maintain the County Health Initiative Matching Fund program.	

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	Managed Risk Medical Insurance Program	**Sec. 90 – WIC Section 15873** specifies powers and duties for DHCS to administer MRMIB. Subdivision (h)(1) requires DHCS to issue rules or regulations, federal waivers or SPA as necessary to administer the provisions of the chapter, to do so by means of all-county letters, plan letters, plan or provider bulletins or similar instructions until the time regulations are adopted. Beginning six months following the effective date of this section (i.e., 12/20/14), DHCS shall provide a status report to the Legislature on a semiannual basis until the regulations have been adopted.	No interim instructions issued. Status of required regulations: No issuance of rules/regulations, federal waiver or SPA have been required by CMS for California to maintain MRMIP.	
SB 870 (Committee on Budget and Fiscal Review, Ch. 40, Statutes of 2014)	Pharmacy Rebates	**SEC. 5 - WIC Section 14105.33** allows DHCS to collect State Supplemental rebates, for high cost prescription drugs, based on drug utilization data from all Medi-Cal managed care plans (MCPs). For prescription drugs subject to the new provisions, the MCPs would be reimbursed by a separate capitation or supplemental payment and the treatment and utilization coverage policies would be developed, in consultation with specified stakeholders, that apply to the entire Medi-Cal program, including FFS and MCPs. Subdivision (b)(7) requires DHCS to implement the new provisions through provider bulletins, all plan letters or similar instructions until regulations are adopted no later than October 1, 2017.	No interim instructions issued. SPA #14-034 approved with 10/1/14 effective date. Status of required regulations: ***Proposed draft regulations text released to stakeholders for comment.***	08-28-15 ***09-01-16***

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		Beginning six months after the effective date of the provision (12/20/14), DHCS shall provide a status report to the Legislature on a semiannual basis until regulations have been adopted.	SB 833 (Ch. 30, Statutes of 2016) made technical changes to correct non-sequential lettering errors and inconsistent and erroneously omitted language.	06-27-16
	Treatment for Autism Spectrum Disorder	**SEC. 8 - WIC Section 14132.56** requires DHCS to cover behavioral health treatment (BHT) for Medi-Cal for individuals under 21 years of age. DHCS is required to implement or continue to implement BHT services, only if: 1) it receives federal approval to obtain FFP, 2) it seeks an appropriation of state funding required for the fiscal year, and 3) it consults with stakeholders. Under specified conditions: • Permits DHCS to implement, interpret or make specific this section through all-county letters, plan letters, or provider bulletins until regulations are adopted. • Adopt regulations by July 1, 2017. • Beginning six months after the effective date of this section (12/20/14), provide semiannual status reports to the Legislature until regulations have been adopted. • Permits DHCS to seek federal approval of any	APL 15-025 issued to update guidance on behavioral health treatment services (supersedes APL 14-011) DHCS SPA #14-026. CMS approved retroactively to July 2014. DHCS SPA #14-033 approved by CMS retroactively to July 2014. Status of required regulations: ***DHCS anticipates submitting these regulations to the Office of Administrative Law.***	12-03-15 01-21-16 03-30-16 ***07-01-17***

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		necessary SPAs or waivers to implement the section. DHCS shall make SPAs or waiver requests public 30 days prior to submission to CMS and address public comments.		
2015				
SB 75 (Committee on Budget & Fiscal Review) Ch. 18, Statutes of 2015)	Medi-Cal Coverage for Undocumented Children	SEC. 33-35. These sections authorize full scope Medi-Cal benefits for children under age 19, who would otherwise be eligible for Medi-Cal except for satisfactory immigration status. The DHCS director will determine and communicate in writing to DOF that systems have been programmed for implementation of this section, but no sooner than May 1, 2016, to provide full scope Medi-Cal benefits to undocumented children. DHCS shall seek any necessary federal approvals to obtain FFP. Benefits shall be provided with state-only funds only if FFP is not available for those services. SEC 33 – WIC Section 14007 SEC 34 – WIC Section 14007.5 SEC 35 – WIC Section 14007.8 Subparagraphs (f)(1) and (2) of WIC Section 14007.8 require DHCS to issue all county or all	ACWDL 16-12 Status of required regulations: Under development.	05-04-16

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		plan letters, plan or provider bulletins or similar instructions to implement these sections until any necessary regulations are adopted. DHCS shall provide a semi-annual status report to the Legislature until regulations are adopted.		

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SB 147 (Hernandez) Ch. 760, Statutes of 2015	Federally qualified health centers: APM Pilot Project	No sooner than July 1, 2016, DHCS shall create a three-year Medi-Cal alternative payment methodology (APM) pilot project for county and community-based federally qualified health centers (FQHCs) willing to participate in the pilot program. The APM pilot project enables FQHCs to deliver care in different methods by testing a proposal which converts the existing wrap around payment FQHCs receive from DHCS into a prospective payment system-equivalent per member per month capitation payment to the FQHC. 14138.22 (b) Beginning January 1, 2017, and notwithstanding Section 10231.5 of the Government Code, the department shall provide a status report to the Legislature regarding any instruction issued by the department pursuant to subdivision (a) on a semiannual basis until six months after implementation of the pilot project authorized pursuant to this article.	***Concept paper issued to CMS which provides a description of the APM project and next steps.*** ***Status of Regulations: None required.***	***10-13-16***

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