State of California
Office of Administrative Law

NOTICE OF APPROVAL OF CERTIFICATE OF COMPLIANCE
Government Code Sections 11349.1 and 11349.6(d)
OAL Matter Number: 2016-0314-01C
OAL Matter Type: Certificate of Compliance (C)

In re:
Department of Health Care Services
Regulatory Action:
Title 22, California Code of Regulations

Adopt sections: [Blank]
Amend sections: 50188
Repeal sections: [Blank]

In addition to new amendments, this Certificate of Compliance by the Department of Health Care Services (the "Department") makes permanent the prior emergency rulemaking action (OAL File No. 2015-0615-02E) and readopt (OAL File No. 2015-1204-05EE) that adopted section 50188 in title 22 of the California Code of Regulations. Section 50188 addresses the matter of describing how and under what circumstances updated Medi-Cal beneficiary contact information shall be reported, which the Department was required to do through an emergency rulemaking no later than July 1, 2015. (See Health & Saf. code, § 14005.36, subd. (e).)

OAL approves this emergency regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: April 21, 2016

[Original Signed]
Steven J. Escobar, Attorney

For: DEBRA M. CORNEZ, Director

Original: Jennifer Kent
Copy: Jordan Espey

[Stamp]
[CERT]

STATE OF CALIFORNIA – OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-2013)
OAL FILE NUMBERS
NOTICE FILE NUMBER: **Z-** 2015-0629-03
REGULATORY ACTION NUMBER: 2016-0314-01C
EMERGENCY NUMBER: [Blank]

For use by Office of Administrative Law (OAL) only
NOTICE: [Blank]

REGULATIONS: [Date Stamp]
2016 MAR 14 PM 2:03
OFFICE OF ADMINISTRATIVE LAW

For Use by Secretary of State Only
[Date Stamp]
Endorsed Filed in the Office of Secretary of State of the State of California
APR 21 2016 1:57 PM

AGENCY WITH RULEMAKING AUTHORITY: Department of Health Care Services
AGENCY FILE NUMBER (if any): DHCS-14-030E

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE: [Blank]
   TITLES: [Blank]
   FIRST SECTION AFFECTED: [Blank]
2. REQUESTED PUBLICATION DATE: [Blank]
3. NOTICE TYPE
   Notice re Proposed Regulatory Action: [Blank]
   Other: [Blank]
4. AGENCY CONTACT PERSON: [Blank]
   TELEPHONE NUMBER: [Blank]
   FAX NUMBER (Optional): [Blank]

OAL USE ONLY
ACTION ON PROPOSED NOTICE
Approved as Submitted: [Blank or Checked]
Approved as Modified: [Blank or Checked]
Disapproved/Withdrawn: [Blank or Checked]
NOTICE REGISTER NUMBER: 2015, 28-Z
PUBLICATION DATE: 07/10/2015

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)
1a. SUBJECT OF REGULATIONS: Medi-Cal Managed Care Information Sharing
1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBERS:
2015-0615-02E, 2015-1204-05EE
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLES AND SECTIONS **(Including Title 26, if toxics related)**
SECTIONS AFFECTED **(List all section numbers individually. Attach additional sheet if needed.)**
ADOPT: 50188 per agency request S.J.E., 04-20-2016
AMEND: [Blank]
REPEAL: [Blank]
TITLES: 22

3. TYPE OF FILING
Regular Rulemaking (Gov. Code Section 11346): [Blank]
Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code Sections 11349.3, 11349.4): [Blank]
Emergency (Gov. Code, Section 11346.1(b)): [Blank]
Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code Sections 11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute: [Checked]
Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, Section 11346.1): [Blank]
Emergency Readopt (Gov. Code, Section 11346.1(h)): [Blank]
File & Print: [Blank]
Changes Without Regulatory Effect (Cal. Code Regs., Title 1, Section 100): [Blank]
Print Only: [Blank]
Other (Specify): [Blank]

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs, Title 1, Section 44 and Gov. Code Section 11347.1): Dates of Availability: December 7, 2015 through December 22, 2015

5. EFFECTIVE DATE OF CHANGES (Gov. Code, Sections 11343.4, 11346.1(d)); Cal. Code Regs, Title 1, Section 100):
Effective January 1, April 1, July 1, or October 1 (Gov. Code Section 11343.4(a)): [Blank]
Effective on filing with Secretary of State: [Checked]
Section 100 Changes Without Regulatory Effect: [Blank]
Effective other (Specify): [Blank]

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY.

Department of Finance (Form STD. 399) (SAM Section 6660): [Checked]
Fair Political Practices Commission: [Blank]
State Fire Marshal: [Blank]
Other (Specify): [Blank]

7. CONTACT PERSON: Jordan Espey
TELEPHONE NUMBER: 916-445-1514
FAX NUMBER (Optional): 916-440-5748
EMAIL ADDRESS (Optional): Jordan.espey@dhcs.ca.gov

8. I certify that the attached copy of the regulations is a true and correct copy of the regulations identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.
SIGNATURE OF AGENCY HEAD OR DESIGNEE: [Original Signed]
TYPED NAME AND TITLE OF SIGNATORY: Jennifer Kent, Director
DATE: 3/2/16

For use by Office of Administrative Law (OAL) only

[Date Stamp]
Endorsed Approved
APR 22 2016
Office of Administrative Law

METHOD OF INDICATING CHANGES

This Accessible PDF version of additional amendments to the proposed regulation text includes the phrase [begin double underline] at the beginning of each addition, [end double underline] at the end of each addition, [begin double strikeout] at the beginning of each deletion, and [end double strikeout] at the end of each deletion.

A standard PDF version of this proposed regulation text is also available on the Department's Office of Regulations Internet site.

(1) Amend Section 50188 as follows:

§ 50188. Reporting Updated Beneficiary Contact Information.

(a) When a Medi-Cal managed care plan receives updated beneficiary contact information from a beneficiary, [begin underline] or their authorized representative, [end underline]the Medi-Cal managed care plan shall seek consent from the beneficiary before providing this updated beneficiary contact information to the [begin strikeout]~~Department and~~ [end strikeout]county department. The beneficiary may provide consent to the Medi-Cal managed care plan through mail, telephone, Internet or other commonly available electronic means, if those means are available to the Medi-Cal managed care plan.

(b) When a Medi-Cal managed care plan receives updated beneficiary contact information [begin underline]described in subsection (c) [end underline]from a beneficiary, the Medi-Cal managed care plan shall provide that updated beneficiary contact information to the[begin strikeout] ~~Department and~~[end strikeout] county department[begin underline], along with the beneficiary's Client Identification Number, date of birth, former address, and, if reporting a name change, the beneficiary's former name[end underline]. If a beneficiary has not provided the Medi-Cal managed care plan with consent to provide updated beneficiary contact information to the[begin strikeout] ~~Department and~~[end strikeout] county department, the Medi-Cal managed care plan shall inform the[begin strikeout] ~~Department and~~[end strikeout] county department that consent was not given when it provides the information[begin strikeout] ~~to them~~[end strikeout].

(c) A Medi-Cal managed care plan shall provide only the following updated beneficiary contact information to the[begin strikeout] ~~Department and~~[end strikeout]

county department:

(1) Name;

(2) Address; and

(3) Telephone number.

(d) If a Medi-Cal managed care plan informs the county department that the beneficiary did not consent to providing the updated beneficiary contact information, the county department shall attempt to verify that the updated beneficiary contact information is correct before updating the beneficiary's case file.

(1) The county department shall review information available to the county department, including, but not limited to, the [begin strikeout]~~beneficiary's~~ [end strikeout]CalWORKs and CalFresh case files of the beneficiary, or his or her immediate family members, which are open, or were closed within the last 90 days, and other sources of relevant information reasonably available to the county department to attempt to verify the updated beneficiary contact information.

(2) [begin underline](A) [end underline]If the county department is unable to verify the updated beneficiary contact information pursuant to subsection (d)(1) above, the county department[begin underline] shall[end underline] [begin strikeout]~~may~~[end strikeout] attempt to contact the beneficiary to verify the updated beneficiary contact information using the method of contact identified by the beneficiary as the preferred method of contact, if [begin strikeout]~~a method has been~~ [end strikeout]identified.

[begin underline] (B) If the county department is unable to verify the updated beneficiary contact information pursuant to paragraph (2)(A), the county department shall not include the information reported by the Medi-Cal Managed Care plan in the beneficiary's case file.[end underline]

[begin strikeout]~~(3)~~[end strikeout] [begin underline](e) [end underline]If a county department acquires updated beneficiary contact information from a source other than a Medi-Cal managed care plan or directly from a beneficiary, the county department shall contact the beneficiary to attempt to verify that the updated beneficiary contact information is accurate, prior to updating the information in the beneficiary's case file.

Note: Authority cited: Section 20, Health and Safety Code; Sections 10725, and 14005.36, Welfare and Institutions Code. Reference: Section 14005.36, Welfare and Institutions Code.

[Stamp]
per agency request S.J.E., 04-20-2016