



Department of Health Care Services



LEGISLATIVE SUMMARY 2014

**TOBY DOUGLAS
DIRECTOR**

**DEPARTMENT OF HEALTH CARE SERVICES
LEGISLATIVE SUMMARY
2014**

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LEGISLATIVE SUMMARY 2014
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SUMMARIES OF BILLS SIGNED BY THE GOVERNOR:

AUDITS & INVESTIGATIONS

AB 1967 Pan (Chapter 461)
DRUG MEDI-CAL

AB 1967, sponsored by the author, requires Department of Health Care Services (DHCS) to promptly notify the behavioral health director, or his or her equivalent, in each county that currently contracts with a certified provider for Drug Medi-Cal services if a preliminary criminal investigation of that provider has commenced or concluded.

CLINICAL ASSURANCE & ADMINISTRATIVE SUPPORT

SB 1457 Evans (Chapter 849)
MEDICAL CARE: ELECTRONIC TREATMENT AUTHORIZATION REQUESTS

SB 1457 is an Administration-sponsored measure that streamlines the current Treatment Authorization Request (TAR) process by requiring all Medi-Cal providers, excluding dental providers enrolled in the Medi-Cal Dental Program, to submit all TARs electronically. Providers will also be required to submit electronically all SARs for the California Children Services and Genetically Handicapped Persons Program programs. Because the bill contains language that impacts the CCS and GHPP programs, the bill is also listed under Systems of Care Division.

FEE-FOR-SERVICE RATE DEVELOPMENT

AB 1124 Muratsuchi (Chapter 8)
MEDI-CAL: REIMBURSEMENT RATES

AB 1124, sponsored by California Clinical Laboratory Association, extends the time that laboratory providers would not be subject to the provision of Title 22, Section 51501(a) of the California Code of Regulations from April 1, 2014 to July 1, 2015. This regulation prohibits providers from charging the Medi-Cal program more than other third party payors who would be charged for the same services. AB 1124 also extends the date that DHCS would be required to adopt emergency regulations for the new lab rate methodology, from July 1, 2014 to June 30, 2016. This bill is an urgency measure.

HEALTH POLICY

AB 357 Pan (Chapter 376)
MEDI-CAL CHILDREN'S HEALTH ADVISORY PANEL

AB 357, sponsored by the author, transfers the Healthy Families Advisory Board (HFAB) from the Managed Risk Medical Insurance Board to the Director of DHCS and renames the HFAB to the Medi-Cal Children's Health Advisory Panel.

AB 1792 Gomez (Chapter 889)
PUBLIC BENEFITS: REPORTS ON EMPLOYERS

AB 1792, sponsored by the AFL-CIO, CA Labor Federation, United Food and Commercial Workers, Western States Council and SEIU Local 1000, requires Department of Finance (DOF), in collaboration with DHCS, Employment Development Department (EDD) and California Department of Social Services (CDSS) to identify, compile and publish an annual report of the top 500 employers in the state, who employ 100 or more employees, with 50 or more employees enrolled in public assistance programs, as defined. The report, due to the Legislature and to be posted online no later than the third week of January each year beginning 2016, and remain available online to the public for at least five years. The provisions of the bill would remain in effect until January 1, 2020.

LEGAL SERVICES, OFFICE OF

SB 1465 Committee on Health (Chapter 442)
HEALTH

SB 1465, sponsored by the author, is an urgency measure that makes a number of technical and clarifying changes to existing law; three of which will impact DHCS: 1) Sections 21 and 25 would correct obsolete citations and references and make other minor grammatical changes within WIC Sections 10725 and 14124.5, 2) Section 22 would allow Medi-Cal provider applicants to withdraw their application from DHCS review and to provide DHCS the authority to cancel the review of redundant applications, and 3) Sections 26 - 37 make technical amendments which reorganize the existing quality assurance fee (QAF) provisions and do not affect the existing QAF program. Because this bill contains language that affects the Provider Enrollment Division and the Office of Legal Services, it is listed under both divisions.

LEGISLATIVE AND GOVERNMENTAL AFFAIRS, OFFICE OF

SB 857 Committee on Budget and Fiscal Review (Chapter 31)
HEALTH OMNIBUS TRAILER BILL

SB 857 implements provisions of the Budget Act for Fiscal Year (FY) 2014-15, as it pertains to the Department of Finance, California Department of Public

Health (CDPH), California Department of Health Care Services (DHCS), Department of Developmental Services, Department of Managed Health Care (DMHC), Office of the Patient Advocate and Office of Statewide Health Planning and Development (OSHPD).

Sections 2, 5, 35-42, 58-89, 93 and 99 implement the Governor's Budget proposal to eliminate Managed Risk Medical Insurance Board and transfer all remaining programs and activities to DHCS. (The Healthy Families Program transitioned from MRMIB to DHCS pursuant to AB 1494, Committee on Budget, Chapter 28, Statutes of 2012). These sections transfer the administration and health care coverage of the remaining MRMIB programs -- Access for Infants and Mothers (AIM) coverage for the enrolled mothers, the County Health Initiative Matching (CHIM) Program and the Major Risk Medical Insurance Program (MRMIP) to DHCS on July 1, 2014. These sections will also rename AIM to the Medi-Cal Access Program in order to simplify messaging of subsidized coverage options to solely Medi-Cal and Covered California.

Sections 6, 33, 46-47 and 54-55 require health care service plans and insurers providing coverage in the California Health Care Benefit Exchange (Exchange or Covered CA) to collaborate in development and implementation of the Medi-Cal program's premium and cost-sharing payments for pregnant Exchange eligibles. These sections prohibit health care plans and insurers in the Exchange from charging or collecting premiums and cost-sharing payments from Medi-Cal pregnant enrollees. These "out of pocket expenses" will be paid by DHCS. Increases the Medi-Cal income limit for full scope benefits for pregnant women to up to 109 percent of the federal poverty level (FPL) and pregnant women with income over 109 percent and up to 138 percent of the FPL will be eligible for full-scope Medi-Cal benefits without cost sharing (DHCS will cover the costs). Requires DHCS to ensure the availability of and payment for benefits under Medi-Cal that are not provided by the Qualified Health Plan (QHP), including services that may be provided by Comprehensive Perinatal Services Program (CPSP) providers. Implementation of this legislation depends upon the DHCS director determining in writing that the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) has been programmed for implementation but not sooner than January 1, 2015.

Sections 10-11 authorize DHCS upon legislation approval to revise the required licensing and certification fees for alcohol and other drug (AOD) providers through an annual bulletin. The increase in fees would stabilize the residential and Outpatient Licensing fund.

Section 44 reflects the integration of mental health and substance use disorders into a behavioral health system of care consistent with recent State level mental health/substance use disorder integration. Language allows the substance use disorders (SUD) program to utilize a joint State-county

decision-making process to determine the appropriate use of training and technical assistance necessary in completing its duties.

Sections 48 authorizes the Department of Justice to accept and furnish DHCS or its agents with criminal background results for any provider or applicant and any person with a five percent or greater direct or indirect ownership interest in the provider or applicant that has been designated as a “high” categorical risk. Also clarifies that providers and applicants subject to the high risk designation will be responsible for the costs to complete the background check and fingerprinting.

Sections 49 establishes an expedited contract process, in a limited context, to exempt the Medi-Cal fiscal intermediary contract from Public Contract Code requirements. This exemption will eliminate delays for DHCS seeking approval prior to implementing changes or requirements introduced by State legislation or federal laws and mandates, while still remaining under the general programmatic and fiscal oversight of the California Department of Technology, the Bureau of State Audits, the federal Centers for Medicare and Medicaid Services, and the Department of Finance.

Section 50 provides DHCS necessary statutory authority to comply with federal rules that require states to report provider preventable conditions (PPCs) and prohibit Medi-Cal payment for costs of services related to PPCs. Authorizes DHCS to exclude from Medi-Cal coverage certain increases in charges billed to the Medi-Cal program that are directly related to the treatment of PPCs, and to recoup any payments made for those excluded charges. Requires providers to report PPCs to DHCS as specified by DHCS. Also creates the necessary statutory authority to conform to the federal requirements, without which the State will be at financial risk for both GF and federal funds claimed inappropriately for unreported PPCs.

Sections 51 AND 52 clarify exemptions from passive enrollment into the Duals Demonstration Project (individuals covered by both Medi-Cal and Medicare), herein referred to as Cal MediConnect. The language authorizes DHCS to offer Medicare Improvements for Patients and Providers Act of 2008 compliant contracts to D-SNPs for calendar year 2015 and the duration of Cal MediConnect in Coordinated Care Initiative (CCI) and non-CCI counties, as specified. Requires DHCS, prior to assigning a beneficiary in an MCP to determine if the beneficiary is already a member of an alternate healthcare service plan (AHCSF). If so, the beneficiary shall be assigned to an MCP operated by a health authority or commission contracting with DHCS and subcontracting with the AHCSF.

Section 56 requires DHCS to suspend cost-of-living adjustment for the county Medi-Cal eligibility process for FY 2014-15.

Sections 57 and 97 establish minimum Medi-Cal funding amounts for the operation of Martin Luther King Hospital, a nonprofit private hospital in South Los Angeles. Require DHCS to develop rates for MCPs in LA County

determined necessary to meet compensation levels for services provided to Medi-Cal managed care enrollees and to develop a process for making supplemental payments for any fiscal year to meet the applicable minimum reimbursement level as specified.

Section 90 allocates funds from the Cigarette and Tobacco Products Surtax Fund (Proposition 99) [language moves the Major Risk Medical Insurance Fund (MRMIF) from the Insurance Code under MRMIB to the WIC under DHCS]. Existing law allocates a total of \$30 million to the MRMIF. New language removes the specific amount of allocation and instead provides simply that funds may be allocated from Proposition 99 funds to the MRMIF, which supports MRMIP.

Section 93 is uncodified language that requires DHCS, by August 1, 2014, to convene a work group composed of specified participants to develop a plan to utilize available MRMIF moneys and any other available Prop 99 funds, in order to provide subsidized health care coverage for individuals not eligible for or receiving comprehensive health care. This reflects the decreasing need for the historic purpose of the MRMIF, which was to support MRMIP. The work group is to be composed of stakeholders, including health care providers, county representatives, labor, health plans and insurance representatives, consumer advocates, immigrant policy advocates, and employers of low-wage workers to develop a plan to utilize available Major Risk Medical Insurance Fund moneys.

Section 94 is uncodified language that requires DHCS, by August 1, 2014, to work with stakeholders and consumer advocates to develop a notice for individuals who are both: 1) enrolled in a DHCS program that does not provide minimum essential coverage and 2) determined to potentially be eligible for Medi-Cal or the California Health "Exchange". As requested by legislative staff, DHCS provided technical assistance on the language so it will be applicable to the programs it administers.

Section 98 is uncodified language that provides the Legislature's intent to protect a woman's right to reproductive privacy and not limit a woman's rights under the California Constitution and the California Supreme Court decisions *People v. Belous* (1969) 71 Cal.2d 954, *Committee To Defend Reproductive Rights v. Myers* (1981) 29 Cal3d 252, and *American Academy of Pediatrics v. Lungren* (1997) 16 Cal. 4th 307.

SB 870 Committee on Budget and Fiscal Review (Chapter 40)
HEALTH OMNIBUS TRAILER BILL

SB 870 will implement the provisions of the Budget Act for FY 2014-15, as it pertains to the California Department of Public Health (CDPH), California Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC) and Office of Statewide Health Planning and Development (OSHPD).

Sections 1 and 5-7 allow DHCS to collect State supplemental rebates from manufacturers; for a limited number of prescription drugs, based on all MCPs' drug utilization data. Language continues to authorize the collection of State supplemental rebates for all FFS and County Organized Health Plans drug utilization data, for those prescription drugs not subject to the new provisions. For prescription drugs subject to these sections, DHCS in consultation with clinical experts, MCPs, and other stakeholders shall develop coverage policies for prescription drugs subject to these provisions. The coverage policies include but are not limited to clinical guidelines and treatment and utilization policies. Adds protections for Knox Keene Act licensed MCPs to prevent DMHC from taking action against a plan that denies services pursuant to the statewide Medi-Cal coverage policies established by DHCS under these sections.

Sections 4 and 11 authorize DHCS to establish a three-year Medi-Cal pediatric vision pilot program in Los Angeles County that enables school districts to allow students enrolled in MCPs the ability to receive vision care services at the school site through the use of a qualified mobile vision service provider. The director of DHCS will have the ability to expand this pilot program to the extent a positive impact is being had on utilization and access contingent on the availability of State and federal funding.

Section 8 requires DHCS, to the extent required by the federal government and effective no sooner than required by the federal government, to provide behavioral health treatment, as defined, to Medi-Cal recipients under 21 years of age.

Sections 9 and 10 sunset, as of April 1, 2015, the existing statute that specifies the rates paid to the Programs of All-Inclusive Care for the Elderly (PACE) organization shall be no less than 90 percent of the FFS equivalent cost and reenact the section with the rates set at 95 percent of the FFS equivalent cost.

Section 12 is uncodified language stating legislative intent for DHCS to continue monitoring access to and utilization of Medi-Cal services in the FFS and managed care settings during FY 2014–15, in conjunction with DHCS's existing federally approved plan to monitor health care access for Medi-Cal beneficiaries and for DHCS to use the information to evaluate the adequacy of reimbursement rates.

Section 14 is uncodified language appropriating funding to DHCS for allocation to health benefit plans that serve agricultural employees and dependents and meet specified criteria. DHCS understands only one such plan, the Robert F. Kennedy Health Plan, meets the specified criteria.

Section 15, for the 2014-15 fiscal year, appropriates from the Major Risk Medical Insurance Fund to DHCS the sum of three million seven hundred fifty thousand dollars (\$3,750,000) for purpose of providing electronic health

records technical assistance in accordance with the State Medicaid Health Information Technology Plan.

LONG TERM CARE

SB 855 Committee on Budget and Fiscal Review (Chapter 29)
**HUMAN SERVICES TRAILER BILL: IN-HOME SUPPORTIVE SERVICES/
PERSONAL CARE SERVICES**

Section 76 of this human services omnibus bill, in part requires that in-home supportive services and waiver personal care services be performed by providers within a workweek that does not exceed 66 hours per week, as reduced by a specified net percentage. The bill would require a recipient of in-home supportive services to employ an additional provider or providers, as needed, to ensure his or her authorized services are provided and would require the State Department of Health Care Services to work with recipients of waiver personal care services to engage additional providers, as necessary.

SB 873 Committee on Budget and Fiscal Review (Chapter 685)
**HUMAN SERVICES TRAILER BILL: IN-HOME SUPPORTIVE SERVICES/
PERSONAL CARE SERVICES**

Section 11 of this human services omnibus bill, in part requires the DHCS to work with and assist recipients receiving home and community based services through the Nursing Facility/Acute Hospital Waiver, who are at or near their individual service cost cap, to avoid reduction in the their services due to increased overtime pay for their providers. This bill requires DHCS to provide timely information to waiver recipients regarding the steps that will be taken to implement this requirement.

SB 1004 Hernandez (Chapter 574)
HEALTH CARE: PALLIATIVE CARE

SB 1004, sponsored by the author, requires DHCS, in consultation with interested stakeholders, to (1) establish standards and provide technical assistance for Medi-Cal managed care plans (MCPs) to ensure the delivery of palliative care services and (2) establish guidance on the medical conditions and prognoses that render a beneficiary eligible for the palliative care services. DHCS is required to notify stakeholders and the fiscal and appropriate policy committees of the Legislature of its intent to issue all plan letters or other similar instructions prior to issuance. DHCS is required, to the extent practical, to ensure that the delivery of palliative care services is provided in a manner that is cost neutral to the General Fund on an ongoing basis.

MEDI-CAL BENEFITS

AB 49 Buchanan (Chapter 351)
LICENSE PLATES: BREAST CANCER AWARENESS

AB 49, sponsored by the author, is an urgency measure which requires DHCS to apply to the Department of Motor Vehicles (DMV) to sponsor a breast cancer awareness license plate (BCALP) program. AB 49 also requires the DMV to issue the BCALP once DHCS complies with the existing State law requirements for the specialized license plate program. Revenues generated from the BCALP are required to be deposited into a fund to be utilized by DHCS for early breast cancer detection services for uninsured and underinsured women.

MEDI-CAL DENTAL

AB 1174 Bocanegra (Chapter 662)
DENTAL PROFESSIONALS

AB 1174, sponsored by the author, extends “store and forward” technology to Medi-Cal dental providers thus allowing providers to practice “teledentistry by store and forward”, (2) authorizes modest scope of practice expansions for several types of dental professionals; and (3) extends the duration of Health Workforce Pilot Project No. 172 until January 1, 2016. DHCS defers the scope of practice provisions to the Department of Consumer Affairs.

MEDI-CAL ELIGIBILITY

AB 617 Nazarian (Chapter 869)
CALIFORNIA HEALTH BENEFIT EXCHANGE: APPEALS

AB 617, sponsored by Western Center on Law and Poverty, provides the framework for the establishment of an applicant’s or enrollee’s right to appeal actions, inactions, or decisions made by Covered California, CDSS or DHCS that relate to enrollment, eligibility, or ineligibility for a state health subsidy program. The bill also provides a timeline for implementing a combined eligibility notice that will provide eligibility and enrollment determination information for health subsidy programs such as Modified Adjusted Gross Income (MAGI) Medi-Cal and an advanced premium tax credit, cost sharing or employer sponsored program through Covered California. Additionally, AB 617 provides timeframes and processes for expedited fair hearings for those who have been discontinued or denied eligibility or enrollment in a health subsidy program and who have immediate health care needs. Lastly, the bill provides for several processes related to fair hearings for health subsidy programs that build on the existing Medi-Cal fair hearings process.

SB 18 Leno (Chapter 551)
MEDI-CAL RENEWAL

SB 18, sponsored by Western Center on Law and Poverty and Health Access California, permits DHCS to accept contributions by private foundations in the amount of at least \$6 million for the purpose of providing Medi-Cal renewal assistance program payments starting January 1, 2015. SB 18 also requires DHCS to seek federal approval for the purpose of obtaining matching funds for the contributions to the extent permissible for training, testing, certifying, supporting and compensating persons and entities providing renewal assistance, and any other permissible renewal assistance related activities. SB 18 includes an appropriation to DHCS for the contributions and matching federal funds, as specified.

SB 508 Hernandez (Chapter 831)
MEDI-CAL: ELIGIBILITY

SB 508, sponsored by author, modifies current state law enacted by AB X1 1 (Perez, Chapter 3, Statutes of 2013) and SBX1 1 (Hernandez and Steinberg, Chapter 4, Statutes of 2013). The bill codifies MAGI converted Medi-Cal income standards for various Medi-Cal programs; adds mandatory coverage for independent foster care youth, who age out of the foster care program, as well as for former foster youth, who left foster care before attaining the age for which foster care ends, to the extent federal financial participation is available and any necessary federal approvals have been obtained; codifies income disregards for foster care children and state only adoption assistance program children; eliminates the requirement that participants in the Medi-Cal Medically Needy program be linked by the deprivation of a child; and modifies the financial methodology of the tuberculosis program to MAGI methodology. These changes are necessary to complete the implementation requirements of the Affordable Care Act.

SB 1089 Mitchell (Chapter 836)
MEDI-CAL: JUVENILE INMATES

SB 1089, sponsored by Los Angeles County Board of Supervisors, makes technical changes to AB 396 (Mitchell, Chapter 394, Statutes of 2011) which requires DHCS to develop a process to allow counties and the California Department of Corrections and Rehabilitation to obtain federal financial participation for acute inpatient hospital and inpatient psychiatric services provided to juvenile inmates, who are admitted as inpatients in a medical institution off the grounds of the correctional facility. The technical changes will further protect the state's GF.

SB 1341 Mitchell (Chapter 846)

MEDI-CAL: STATEWIDE AUTOMATED WELFARE SYSTEM

SB 1341, sponsored by California Welfare Directors Association and Service Employees International Union (SEIU), requires the State Automated Welfare System (SAWS) to be the system of record for Medi-Cal and contain all Medi-Cal eligibility rules and case management functionality. Further, it allows the CalHEERS to house the MAGI Medi-Cal eligibility business rules if the business rules are made available to SAWS through an automated interface. SB 1341 also requires SAWS to generate noticing language and notice of action (NOA) documents for all Medi-Cal programs, including MAGI and Non-MAGI, no later than January 1, 2016. Additionally, if the authority is exercised to allow SAWS to determine MAGI Medi-Cal using the automated interface that contains MAGI business rules, SAWS would also be used to generate and send the combined NOAs for mixed eligibility cases for both Medi-Cal and individuals eligible for advanced premium tax credit. Lastly, CalHEERS would be used only for generating NOAs for the premium tax credit program. (This bill has a sign message from the Governor - see Sign and Veto Message Index.)

MEDI-CAL MANAGED CARE

AB 505 Nazarian (Chapter 788)

MEDI-CAL MANAGED CARE: LANGUAGE ASSISTANCE SERVICES

AB 505, sponsored by California Pan-Ethnic Health Network, requires all Medi-Cal managed care health plans (MCPs) contracting with DHCS to provide Medi-Cal services to provide language assistance services to Limited English Proficient (LEP) mandatory Medi-Cal beneficiaries. These services would include 24-hour oral interpretation services in any language and the translation of written materials into threshold languages. Additionally, this bill requires DHCS to determine when an LEP population meets the requirement for translation services using specified numeric thresholds whenever the following occurs: (a) three years has passed since the last determination, (b) when a non-managed care county becomes a new managed care county, or (c) when a new population group becomes a mandatory Medi-Cal managed care beneficiary population. DHCS is required to instruct MCPs by means of contract amendments, All Plan Letters (APLs), or other similar instruction to implement changes.

AB 2117 Achadjian (Chapter 602)

SANTA BARBARA SAN LUIS OBISPO REGIONAL HEALTH AUTHORITY

AB 2117, sponsored by CenCal Health, requires the boards of supervisors for Santa Barbara and San Luis Obispo Counties to order the dissolution of the Santa Barbara San Luis Obispo Regional Health Authority, known as CenCal Health, in order for the dissolution to become effective. Currently, State law

only allows the Santa Barbara Board of Supervisors the ability to dissolve the regional health authority.

SB 964 Hernandez (Chapter 573)
HEALTH CARE COVERAGE

SB 964, sponsored by Health Access California, would authorize the Department of Managed Health Care (DMHC) to develop standardized methodologies to be used by a health care service plans (HCSP) in making reports on compliance with timeliness access standards. The bill would require DMHC to review information regarding compliance with the timeliness standards on an annual basis, rather than at three year intervals under current law, and would require DMHC to post this information on its Internet Web site. SB 964 would require a HCSP, as part of the annual reports, to submit data regarding network adequacy to DMHC, and would require DMHC to review that data for compliance with the Knox-Keene Act. A HCSP that provides services to Medi-Cal beneficiaries would also be required to provide the network adequacy report data to DHCS. The bill would also require the Director of the DHCS to publically report the final findings of annual medical audits.

SB 1053 Mitchell (Chapter 576)
HEALTH CARE COVERAGE: CONTRACEPTIVES

SB 1053, sponsored by the California Family Health Council and National Health Law Program, requires any HCSP contract, including a Medi-Cal managed care health plan (MCP) contract, or any health insurance policy issued, amended, or renewed on or after January 1, 2016, to provide coverage for women for all prescribed Food and Drug Administration (FDA)-approved female contraceptive drugs, devices, and products, as well as voluntary sterilization procedures, contraceptive education and counseling, and related follow-up services. SB 1053 prohibits HCSPs and health insurance policies from imposing enrollee cost-sharing requirements and any restrictions or delays on the coverage that are not otherwise authorized per the bill. Where the FDA has approved one or more therapeutic equivalents of a contraceptive drug, device, or product, a HCSP and a health insurance policy is not required to cover all of those therapeutically equivalent versions as long as at least one is covered without cost sharing.

SB 1340 Hernandez (Chapter 83)
HEALTH CARE COVERAGE: PROVIDER CONTRACTS

SB 1340, sponsored by the author, makes clarifying changes to existing law prohibiting contracts between health plans or insurers and hospitals from restricting the release of information on cost of procedures or quality of services to subscribers or enrollees. SB 1340 requires that a health care service plan or insurer allow a provider or supplier with at least 30 days to review the methodology and data used.

MENTAL HEALTH SERVICES

AB 1929 Chau (Chapter 674)
CALIFORNIA HOUSING FINANCE AGENCY: MHSA FUNDING: SPECIAL NEEDS HOUSING FOR PERSONS WITH MENTAL ILLNESS

AB 1929, sponsored by the author, requires the California Housing Finance Agency (CalHFA), with concurrence from DHCS, to release unencumbered Mental Health Services Act (MHSA) funds to the county, upon their written request, to be used for the specified housing assistance purposes, and consistent with the MHSA.

AB 2679 Logue (Chapter 476)
COUNTY MENTAL HEALTH SERVICES: BASELINE REPORTS

AB 2679, sponsored by the author, requires DHCS to post data and recommendations related to mental health client outcomes and cost effectiveness annually onto the DHCS website. DHCS and the California Mental Health Planning Council are required to annually post county and program performance data as well as recommendations related to mental health client outcomes and cost effectiveness on their websites.

PROVIDER ENROLLMENT

AB 2051 Gonzalez (Chapter 356)
MEDI-CAL PROVIDERS: AFFILIATE PRIMARY CARE CLINICS

AB 2051, sponsored by the author, requires DHCS to provide written notification to Affiliated Primary Care Clinics (APCCs) of the approval of their application for Medi-Cal enrollment within 30 calendar days of receiving confirmation of certification as a Medi-Cal provider from CDPH, and requires DHCS to streamline the Family PACT provider enrollment process for APCCs.

SB 1315 Monning (Chapter 844)
MEDI-CAL PROVIDERS

SB 1315, sponsored by the author, authorizes DHCS to enforce a corrective action plan for a Medi-Cal fee-for-service provider who fails to remediate deficiencies discovered during an announced or unannounced visit. The bill also deletes two obsolete subdivisions that were necessary conditions of implementing prior legislation.

SB 1339 Cannella (Chapter 488)
MEDI-CAL: DRUG MEDI-CAL TREATMENT PROGRAM PROVIDERS

SB 1339, sponsored by the author, expands DHCS's requirements for Drug Medi-Cal (DMC) applicants and providers who are designated as a high

categorical risk by subjecting officers and the executive director of a nonprofit DMC applicant or provider to a criminal background check and the requirement to submit fingerprint images within 30 days of DHCS's request.

SB 1465 Committee on Health (Chapter 442)
HEALTH

SB 1465, sponsored by the author, is an urgency measure that makes a number of technical and clarifying changes to existing law; three of which will impact DHCS: 1) Sections 21 and 25 would correct obsolete citations and references and make other minor grammatical changes within WIC Sections 10725 and 14124.5, 2) Section 22 would allow Medi-Cal provider applicants to withdraw their application from DHCS review and to provide DHCS the authority to cancel the review of redundant applications, and 3) Sections 26-37 make technical amendments which reorganize the existing quality assurance fee (QAF) provisions and do not affect the existing QAF program. Because this bill contains language that affects the Provider Enrollment Division and the Office of Legal Services, it is listed under both divisions.

PUBLIC AFFAIRS, OFFICE OF

AB 928 Olsen (Chapter 851)
PERSONAL INFORMATION: PRIVACY

AB 928, sponsored by the author, requires state departments and state agencies to conspicuously post their privacy policies on their Internet Web sites. Agencies that do not already post these policies online will be required to do so.

SAFETY NET FINANCING

AB 2546 Salas (Chapter 613)
KERN COUNTY HOSPITAL AUTHORITY

AB 2546, sponsored by the author, authorizes the Kern County Board of Supervisors to establish the Kern Hospital Authority (Authority) as a separate public entity, specifies the Authority's purpose, and charges it with the management, administration, and control of Kern Medical Center and other health related resources.

AB 2731 Perea (Chapter 743)
**COUNTY OF FRESNO: MAINTENANCE OF EFFORT: STREETS AND
ROADS ALLOCATIONS.**

AB 2731, sponsored by the author, is an urgency measure that clarifies that Fresno County must expend \$5.5 million to provide specialty medical services to indigent individuals, instead of the current requirement to continue provide services consistent with the eligibility and benefit provisions in effect in FY

2013-14, in order to defer the County's 2010 transportation maintenance of effort payment until 2020.

SB 883 Hancock (Chapter 691)

WEST CONTRA COSTA HEALTHCARE DISTRICT

SB 883, sponsored by the author, is an urgency measure which appropriates \$3 million in funds from the Major Risk Medical Insurance Fund (MRMIF) from funds deposited in MRMIF from the Cigarette and Tobacco Tax Surtax (Proposition 99) Fund to West Contra Costa Healthcare District for support of Doctors Medical Center. (SB 883 has a Governor's signing message – see index in this document)

SUBSTANCE USE DISORDER COMPLIANCE

AB 2374 Mansoor (Chapter 815)

SUBSTANCE ABUSE: RECOVERY AND TREATMENT SERVICES

AB 2374, sponsored by the author, requires licensed residential treatment facilities to report resident deaths to DHCS by phone and in writing, and require the inclusion of specific information in the report. The bill requires a certifying organization (CO), prior to registering or certifying a counselor, to contact other DHCS-approved COs to determine whether a counselor has previously had a certification or registration revoked. The bill also allows DHCS to monitor the COs and revoke approval of a CO that does not comply with all applicable laws and regulations.

SB 973 Hernandez (Chapter 484)

NARCOTIC TREATMENT PROGRAMS

SB 973, sponsored by the author, allows a Narcotic Treatment Program (NTP) to admit a patient to narcotic maintenance or narcotic detoxification treatment at the discretion of the medical director by removing the requirement of a patient to wait seven days in-between treatment episodes; enable patients to qualify for self-administered take-home medication under specified circumstances; require a medical director to determine whether or not to dilute self-administered take-home medication; require unique patient identifier and record keeping.

SUBSTANCE USE DISORDER PREVENTION, TREATMENT & RECOVERY

SB 1045 Beall (Chapter 80)
MEDI-CAL DRUG TREATMENT PROGRAM: GROUP OUTPATIENT DRUG FREE SERVICES

SB 1045, sponsored by the County Alcohol and Drug Program Administrators Association of California, expands size requirement of persons in outpatient drug free group counseling to the size limit of two to twelve persons.

SB 1161 Beall (Chapter 486)
DRUG MEDI-CAL

SB 1161, sponsored by the author, requires that if DHCS pursues a federal waiver under the Drug Medi-Cal Treatment Program, DHCS shall pursue federal approvals and funding for residential substance use treatment and voluntary inpatient detoxification in hospital settings, including but not limited to chemical dependency recovery hospitals.

SYSTEMS OF CARE

AB 2547 Gaines (Chapter 272)
PLACER COUNTY INTEGRATED HEALTH AND HUMAN SERVICES PROGRAM

AB 2547 sponsored by Placer County, repeals the sunset date for the Placer County Integrated Health and Human Services Pilot Program and makes it a permanent program. The bill also deletes obsolete related provisions.

SB 1457 Evans (Chapter 849)
MEDICAL CARE: ELECTRONIC TREATMENT AUTHORIZATION REQUESTS

SB 1457 is an Administration-sponsored measure that streamlines the current Treatment Authorization Request (TAR) process by requiring all Medi-Cal providers, excluding dental providers enrolled in the Medi-Cal Dental Program, to submit all TARs electronically. Providers will also be required to submit electronically all SARs for the CCS and GHPP programs.

2014 ENROLLED BILLS

BILL NUMBER	AUTHOR	FINAL STATUS	CHAPTER	PROGRAM*	PAGE NUMBER
AB 49	Buchanan	Sign	351	MB	8
AB 357	Pan	Sign	376	HP	2
AB 505	Nazarian	Sign	788	MC	10
AB 617	Nazarian	Sign	869	ME	8
AB 928	Olsen	Sign	851	PA	13
AB 1124	Muratsuchi	Sign	8	FR	1
AB 1174	Bocanegra	Sign	662	MD	8
AB 1552	Lowenthal	Veto	----	LT	
AB 1792	Gomez	Sign	889	HP	2
AB 1929	Chau	Sign	674	MH	12
AB 1967	Pan	Sign	461	AI	1
AB 2051	Gonzalez	Sign	356	PE	12
AB 2117	Achadjian	Sign	602	MC	10
AB 2325	Pérez	Veto	-----	MB	
AB 2374	Mansoor	Sign	815	CD	14
AB 2546	Salas	Sign	613	SF	13
AB 2547	Gaines	Sign	272	SC	15
AB 2577	Cooley	Veto	-----	RD	
AB 2612	Dababneh	Veto	-----	MC	
AB 2679	Logue	Sign	476	MH	12
AB 2731	Perea	Sign	743	SF	13
SB 18	Leno	Sign	551	ME	9
SB 508	Hernandez	Sign	831	ME	9
SB 855	Comm on Budget & Fiscal Review	Sign	29	LT	7
SB 857	Comm on Budget & Fiscal Review	Sign	31	LA	2
SB 870	Comm. on Budget & Fiscal Review	Sign	40	LA	5
SB 873	Comm. on Budget & Fiscal Review	Sign	685	LT	7
SB 883	Hancock	Sign	691	SF	14
SB 964	Hernandez	Sign	573	MC	11
SB 973	Hernandez	Sign	484	CD	14
SB 1002	De Léon	Veto	-----	ME	
SB 1004	Hernandez	Sign	574	LT	7
SB 1045	Beall	Sign	80	PT	15
SB 1053	Mitchell	Sign	576	MC	11
SB 1089	Mitchell	Sign	836	ME	9
SB 1124	Hernandez	Veto	-----	TR	
SB 1161	Beall	Sign	486	PT	15
SB 1315	Monning	Sign	844	PE	12
SB 1339	Cannella	Sign	488	PE	12
SB 1341	Mitchell	Sign	846	ME	10

SB 1457	Evans	Sign	849	CA/SC	1/15
SB 1465	Committee on Health	Sign	442	LG/PE	2/13

PROGRAM ASSIGNMENTS AND ACRONYMS

PROGRAM	CODE
Audits and Investigations	AI
California Medicaid Management Information System (CA-MMIS)	CM
Capitated Rates Development	RD
Clinical Assurance & Administrative Support	CA
Fee-for-Service Rate Development	FR
Health Policy	HP
Legal Services, Office of	LG
Legislative and Governmental Affairs, Office of	LA
Long-Term Care	LT
Medi-Cal Benefits	MB
Medi-Cal Managed Care	MC
Medi-Cal Dental Services	MD
Medi-Cal Eligibility	ME
Mental Health Services	MH
Provider Enrollment	PE
Public Affairs, Office of	PA
Substance Use Disorder Compliance	CD
Substance Use Disorder Prevention, Treatment & Recovery	PT
Systems of Care	SC
Safety Net Financing	SF

SIGN MESSAGES

<u>BILL#</u>	<u>AUTHOR</u>	<u>SUBJECT</u>	<u>DIV</u>
SB 1341	Mitchell	Medi-Cal: Statewide Automated Welfare System	ME

VETO MESSAGES

<u>BILL#</u>	<u>AUTHOR</u>	<u>SUBJECT</u>	<u>DIV</u>
AB 1552	Lowenthal	Community-based adult services: adult day health care centers	LT
AB 2325	J. Pérez	Medi-Cal: CommuniCal	MB
AB 2577	Cooley	Medi-Cal: ground emergency medical transportation services	RD
AB 2612	Dababneh	Medi-Cal	MC
SB 1002	De León	Low-Income individuals: eligibility determinations	ME
SB 1124	Hernandez	Medi-Cal estate recovery	TR