Stakeholder Communication Update

The Department of Health Care Services (DHCS) is pleased to provide this bimonthly update of important events and actions at the department. Each update will include information about meetings, presentations, press announcements, solicitations for input or services, and more. Sign up to receive this update on the DHCS website. For questions, concerns, or suggestions, you may contact us by email at DHCSPress@dhcs.ca.gov. Thank you.

Substance Use Disorder Waiver Advisory Group

On April 30, DHCS will hold a Substance Use Disorder (SUD) waiver advisory group meeting in Sacramento. DHCS is requesting an 1115 demonstration waiver from the Centers for Medicare & Medicaid Services (CMS) in order to operate the SUD Drug Medi-Cal (DMC) program as an organized delivery system. The goal of the waiver is to improve the quality and availability of substance use disorder treatment services for California's members. The waiver will provide state and county officials with more authority to select quality providers to meet drug treatment needs. This will strike an appropriate balance between ensuring access to these vital services, while also ensuring that drug treatment services are being provided consistent with program goals. The DMC program has taken on more importance given a number of developments and experiences, such as integration through coordination, building upon the mental health system, expansion of Medi-Cal eligibility and benefits, and the overall need to improve the DMC program. The waiver will also support coordination and integration across systems to the benefit of the member, with the goal of more appropriate use of health care, such as reduced emergency rooms and hospital inpatient visits. This structure will coordinate with county public safety systems to improve the coordination of mental health and substance use disorder services to better support offenders in their reentry back into the community. Stakeholder input is critical to this effort. Interested parties are welcome to attend the SUD waiver advisory group meeting in person or on a conference call at 1-888-769-9728 (passcode 6585523). Public comment can be provided at MHSUDStakeholderInput@dhcs.ca.gov. Meeting agendas and materials are posted on the DHCS website.

Medi-Cal Dental Benefits for Adults

On April 29, DHCS Received CMS approval of SPA 13-018, which restores certain optional adult dental benefits for members 21 years of age and older under the Medi-Cal program, effective May 1. The partial restoration of dental services includes examinations and x-rays, dental cleanings with fluoride treatments, silver and tooth-colored fillings, and root canals and crowns on front teeth. Complete dentures are also being restored. For a complete list of services being restored, please see Provider Bulletin Volume 29, Number 14 (August 2013). Dental providers will determine which

medically necessary services will be provided, and the existing benefits for children will not change. When the elimination of the optional Medi-Cal dental benefit for adults began in July 2009, due to the state's severe budget issues, there were several exemptions that allowed some members to continue receiving services. They included members who were residents of nursing homes and skilled nursing facilities, pregnant women, and some others. This partial restoration of the benefit is not a component of the Affordable Care Act (ACA). Most of the costs are for individuals who are already eligible for Medi-Cal. Any ACA funding would be used for services to those who qualify for Medi-Cal only because of the ACA's expanded eligibility. If a member needs help finding a dentist, please see the Provider Referral Tool on the Denti-Cal website or call Denti-Cal at 1-800-322-6384.

Behavioral Health Forum

On May 6, DHCS will hold the second of a two-part meeting series as it introduces the Behavioral Health Forum. This forum will focus on addressing policy and program issues impacting public mental health and substance use disorder services (MHSUDS). The forum includes a Steering Committee, a consumer and family group, and three committees (Strengthen Specialty Mental Health and Drug Medi-Cal County Programs and Delivery Systems; Coordinated and Integrated Systems of Care for MHSUDS and Medical Care; and Coordinated and Useful Data Collection, Utilization, and Evaluation of Outcomes). DHCS structured the forum based upon stakeholder feedback that was compiled into a June 2013 report entitled "Stakeholder Recommendations for Mental Health and Substance Use Disorder Services." It's commonly referred to as the "Business Plan." The co-chairs of the three committees will work with stakeholders on important issues and provide updates to the Steering Committee and consumer and family group. The updates will include status reports on the department's progress toward addressing the recommendations, as well seek additional stakeholder input. More than 100 program and policy issues identified in the Business Plan, as well as from other sources (e.g., the California Mental Health and Substance Use System Needs Assessment and Service Plan) have been organized into a table from which the subcommittees will organize their work. Meeting information and materials, including the table, can be downloaded from the DHCS website. If you or anyone you know is interested in participating in one of the subcommittees, and/or the consumer and family member group, please contact us at MHSUDStakeholderInput@dhcs.ca.gov.

Stakeholder Advisory Committee (SAC)

On May 7, DHCS will convene the next SAC meeting at the Sacramento Convention Center. The purpose of the SAC is to provide DHCS with feedback on 1115 Bridge to Reform waiver implementation efforts as well as other relevant health care policy issues impacting DHCS. SAC members are recognized stakeholders/experts in their fields, including, but not limited to, member advocacy organizations and representatives of various Medi-Cal provider groups. For the remainder of 2014, committee meetings will be held on May 7, September 11, and December 3. To view meeting materials, as well as materials from prior meetings, please visit the DHCS website.

DHCS Office of Family Planning Stakeholder Meeting

On May 12, DHCS will convene a family planning stakeholder meeting. These meetings are held the second Monday of each month and are used predominantly to discuss operational and policy issues related to the administration of the Family Planning, Access, Care, and Treatment (PACT) program and Medi-Cal family planning services. The meeting announcements are posted on the Family PACT website.

Advisory Panel for Medi-Cal Families

On May 27, DHCS will convene its third meeting of the new Advisory Panel for Medi-Cal Families in Sacramento. The former Healthy Families Program (HFP) advisory panel transferred from MRMIB to DHCS on January 1, and is now called the Advisory Panel for Medi-Cal Families. The panel consists of 15 members who are recognized stakeholders/experts in their fields as well as parent members who provide feedback on topics that impact Medi-Cal children and families. For the remainder of 2014, panel meetings will be held on July 31, September 18, and November 20. To view meeting materials, as well as materials from prior meetings, please visit the DHCS website.

Express Lane Enrollment

DHCS has enrolled 180,000 individuals in Medi-Cal via the Express Lane Enrollment process through the end of March. DHCS began this new process in February, when it began sending notices to approximately 750,000 CalFresh recipients, letting them know that because of their CalFresh eligibility, they could receive Medi-Cal. Children and adults up to age 64 who are CalFresh recipients are eligible for this new expedited Medi-Cal enrollment process. The only requirement for these individuals is that they must confirm with DHCS that they want Medi-Cal coverage. About 25,245 children and 153,537 adults have used this process to enroll. The authority to waive a full Medi-Cal application for 12 months was approved by CMS, and the enrollment process will continue through December 31, 2016.

Cal MediConnect Enrollment

Progress continues for Cal MediConnect, which began enrolling members on April 1. As of that date, there have been 3,445 Cal MediConnect enrollees – 3,008 in San Mateo, 116 in Riverside, 122 in San Bernardino, 196 in San Diego, and 3 in Los Angeles. Enrollment data is available on the new Cal MediConnect dashboard. Also, approximately 48,000 members who are already enrolled in Medi-Cal managed care in Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo counties now have their long-term services and supports through their health plan. DHCS has worked with the senior communities in each of the eight participating counties as well as other advocates to help people learn about this new program. Because of our extensive efforts to ensure operational readiness, and as the health plans have undergone extensive readiness reviews with CMS, we believe that the program is ready to offer quality, coordinated health care for dual eligibles. The integration of Medicare and Medi-Cal for dual eligibles has long been a goal of the advocacy community, and Cal MediConnect represents the culmination of many years of dedicated work toward this goal.

Medi-Cal/Affordable Care Act Enrollment (ACA)

Medi-Cal has enrolled approximately 1.9 million people through the end of March, including 1.1 million through the Covered California portal and county offices, approximately 650,000 former Low Income Health Program (LIHP) members who were transitioned to Medi-Cal by DHCS, and 180,000 individuals who applied through the state's Express Lane program. We are still working to expedite the enrollment of about 900,000 Medi-Cal applicants who are currently pending. California was creative in its approach to new challenges, opening multiple avenues to coverage under the ACA for those in need. This included being an early implementer of the ACA. A big priority for DHCS going forward is refining the application and enrollment process so our new members can be enrolled more quickly and be given better information about the options available to them. We're also working with health plans to ensure adequate access is available for our Medi-Cal members. Medi-Cal will continue with its year-round enrollment.

Community-Based Adult Services (CBAS)

California has moved to continue the important CBAS benefit program, which now provides services to 26,000 members. On April 23, DHCS and the Department of Aging (CDA) released the draft CBAS 1115 Bridge to Reform Demonstration Waiver Amendment language for public comment. The draft amendment seeks to continue the CBAS waiver benefit, established by the 2011 Darling v. Douglas settlement agreement, beyond the August end date under both Medi-Cal managed care and fee-for-service. The draft amendment reflects input provided by the CBAS Stakeholder Workgroup, Medi-Cal managed care health plans, CBAS providers, legislative staff, and advocates. The draft Amendment is available via CDA's website. Interested parties have until May 8 to provide their comments to CDA. CBAS provides important services for eligible older adults and/or adults with disabilities that help restore or maintain their ability to care for themselves, helping delay or prevent unnecessary institutionalization. CBAS services include an individual assessment; professional nursing services; physical, occupational, and speech therapies; mental health services; therapeutic activities; social services; personal care; a meal; nutritional counseling; and transportation to and from the participant's residence and the CBAS center.

Medi-Cal Managed Care Performance Dashboard

On January 31, DHCS released the Medi-Cal Managed Care Performance Dashboard report for the third quarter of 2013, which covers the time period of July 1, 2013, through September 31, 2013. The dashboard was developed with funding from the California Healthcare Foundation and the assistance of Navigant Consulting, Inc. The dashboard reports on a variety of measures, including enrollment, health care utilization, appeals and grievances, network adequacy, and quality of care. The information from the dashboard will help DHCS and its stakeholders better observe and understand managed care plan performance statewide, by managed care model, and by individual managed care plan. The dashboard was distributed to stakeholders via email and is posted to the DHCS website. Subsequent editions of the dashboard will be published on a quarterly basis.

Public Transparency and Awareness

In the interest in expanding public transparency and awareness of key member protections, DHCS has launched monitoring and continuity of care webpages. The monitoring webpage has been designed as a key hub of information that includes links to expansion and transition reports, performance measurement and quality reports, and data and statistics. The monitoring webpage will also host the Medi-Cal managed care dashboard, medical audits conducted by the Audits and Investigations Division, and subsequent corrective action plans. The continuity of care webpage is a tool to assist providers and members with navigating the continuity of care process and outlining member protections. The continuity of care webpage also includes key policy guidance released by DHCS.

AB 97 Pharmacy Provider Exemption Application

The deadline to submit an application for pharmacy provider exemption from AB 97 payment reductions is May 31. The application is available on the DHCS Pharmacy Benefits website. Applications received by DHCS and postmarked on or before May 31 will be given exemption consideration retroactive to June 1, 2011. Pharmacy provider exemption applications postmarked after May 31 will be given consideration for exemption effective the first day of the quarter in which they were received. SPA 12-014 provides DHCS with the authority to exempt certain drug products and/or providers from the AB 97 10 percent reimbursement reductions. The criteria used by DHCS to consider either a drug or provider exemption can be found in the CMS approval letter for SPA 12-014 on the DHCS website.

Every Woman Counts (EWC) Online Clinic Locator and Automatic Referral Line

The EWC program will be transferring its consumer helpline to a 24-hour automatic referral line in June. This line will assist women seeking breast and cervical cancer screening services in 10 languages, including English, Spanish, Cambodian/Khmer, Vietnamese, Hmong, Mandarin, Cantonese, Korean, Tagalog, and Russian. When women call the number, they will be able to obtain referral information for up to five providers in their geographic area based upon zip code. They will also receive information on the Breast and Cervical Cancer Treatment Program (BCCTP), Covered California, breast and cervical cancer prevention and education messages, and information on filing a complaint or providing feedback on the services they received. The online clinic locator will also be available in mid-June. This will be another avenue for women to obtain screening services, as well as provide feedback on their service experience. These new features of the EWC program will provide a more efficient system for women to receive breast and cervical cancer screening services.

Alternative Benefit Plan Update

DHCS has received federal approval to implement the Alternative Benefit Plan (ABP). The ABP benefit, approved on March 28, became effective on January 1, 2014, and meets all of the federal statutory and regulatory requirements for establishing an ABP for California's newly eligible adult population. California's ABP is fully aligned with

Medi-Cal's existing benefits and includes the ten essential health benefit (EHB) categories, including ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care mandated by the Affordable Care Act. The approved State Plan Amendment 13-035 can be found on the DHCS website.

Mental Health Benefit Update

DHCS received federal approval to expand psychology services to all members and remove a two-visit limit from psychology services, effective January 1, 2014. Mental health services are now available to newly eligible and existing Medi-Cal members in fee-for-service and managed care settings. This new benefit is in alignment with the mental health parity benefit defined by the essential health benefit mandates. The approved State Plan Amendment 13-008 can be found on the DHCS website.

Voluntary Inpatient Detoxification

Effective retroactively for dates of service on or after January 1, 2014, voluntary inpatient detoxification is a Medi-Cal benefit for qualifying members as deemed medically necessary. This is a fee-for-service benefit, reimbursed by diagnosis related groups methodology for inpatient general acute care hospitals that do not participate in certified public expenditure (CPE) reimbursement and reimbursed by CPE for designated public hospitals providing inpatient general acute care services.

Marriage and Family Therapists and Interns

DHCS is seeking federal approval to add licensed marriage and family therapists (MFT), registered MFT interns, registered associate clinical social workers (ACSW), and psychological assistants as providers of psychology services. Upon federal approval, licensed MFTs will be able to bill independently for psychology services they currently provide and allow registered MFT interns, registered ACSWs, and psychological assistants to work under the supervision of a licensed mental health professional, in accordance with state laws. DHCS' request for approval will not enable the MFT to bill independently when providing services in a Federally Qualified Health Center or Rural Health Center, as federal and state statutory changes are needed. State Plan Amendment 14-012 is posted on the DHCS website.

Assembly Bill (AB) 1296

DHCS met with the AB 1296 stakeholder group, which was established to review issues related to eligibility, enrollment, and retention and includes such topics as CalHEERS functionality, development, and updates to the single streamlined application, and other matters related to health care coverage on April 25. The AB 1296 stakeholder group meets regularly and includes representatives from DHCS, Covered California, CalHEERS, the Managed Risk Medical Insurance Board (MRMIB), counties, health plans, consumer advocates, and other stakeholders. To review meeting materials from past meetings, please visit the DHCS website.

California Clinical Laboratory Association

DHCS held its quarterly California Clinical Laboratory Association (CCLA) meeting on April 17. The quarterly CCLA meetings provide an opportunity for DHCS and laboratory providers and stakeholders to discuss Medi-Cal claims, reimbursement rates, system edits, and policy issues that impact Medi-Cal laboratory providers.

DHCS Calendar of Events

DHCS has created an Internet calendar to better share information with our partners and stakeholders. This calendar includes listings about meetings, conferences, events, and all stakeholder communications. To make this as useful as possible, items are placed onto the calendar at least one month in advance when possible. The Office of Public Affairs (OPA) maintains the calendar for all divisions. To view the calendar, please log on to the DHCS website.