



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. If you are not a subscriber and would like to receive these updates, please sign up on the DHCS [website](#). Please view the [Calendar of Events](#) for specific meetings and events, or review the [Stakeholder Engagement Directory](#) by program. You may also view our [State Plan Amendments](#). For questions, concerns, or suggestions, you may contact us by email at DHCSPress@dhcs.ca.gov. Be sure to follow DHCS on social media. Thank you.



Medi-Cal 50th Anniversary Community Events

DHCS is partnering with key stakeholders to host a series of Medi-Cal 50th Anniversary celebration [events](#) to be held in communities around the state during the month of October. The anniversary events will highlight the positive impact that Medi-Cal has had on the lives of millions of Californians. Medi-Cal currently provides high-quality, accessible health care coverage to more than 13.5 million people, making it the largest Medicaid program in the nation. For more information, including the dates and times of each community event, please visit the [Medi-Cal 50th website](#).

Medi-Cal 2020 Waiver

DHCS has submitted to CMS the [California Children's Services](#) (CCS), [Dental Transformation Initiative](#) (DTI), [Global Payment Program](#) (GPP), [Public Hospital Redesign and Incentives in Medi-Cal](#) (PRIME) Program, and [Seniors and Persons with Disabilities](#) (SPD) Program draft [evaluation](#) design reports per the waiver's Special Terms and Conditions (STCs). DHCS will submit the final evaluation design, per the STCs, within 60 days after necessary revisions are made in response to CMS comments on the draft reports. DHCS will provide updates on the programs' evaluation implementation to CMS in each of the quarterly and annual progress reports. Stakeholders are welcome to submit comments by emailing WaiverRenewal@dhcs.ca.gov, DTI@dhcs.ca.gov, or PRIME@dhcs.ca.gov.

Access Monitoring and Public Notice and Input

California and other states are required to submit to the Centers for Medicare & Medicaid Services (CMS) their initial plans for monitoring access to covered services in fee-for-service (FFS) Medicaid programs by October 1, 2016. In fall of 2015, CMS issued a [final rule](#) related to FFS access. Under the final rule, states are required to design and develop an access monitoring plan, and establish procedures to monitor beneficiary access when proposing to reduce or restructure Medicaid FFS

payments. DHCS has developed the Access Monitoring and Public Notice & Input [webpage](#), which will be used to release notice of, and elicit input on, new proposed State Plan Amendments and comments on FFS access.

Medi-Cal Access Program (MCAP) Delivery System Transition

Beginning on October 1, 2016, and through June 30, 2017, all newly eligible MCAP mothers will be enrolled in the Medi-Cal FFS delivery system. Approximately 78% of pregnant women in Medi-Cal receive their health care through the FFS system. Then, on July 1, 2017, all newly eligible MCAP mothers will be enrolled into the Medi-Cal managed care delivery system, based upon their county of residence. Historically, MCAP has maintained a separate health plan delivery system that is not a part of the Medi-Cal health plan delivery system. DHCS is transitioning MCAP from its current, separate delivery system to the Medi-Cal managed care delivery system. The primary focus of the transition is continuity of care for the MCAP pregnant women, who will stay in the delivery system that they are enrolled in through their pregnancy and postpartum period. No MCAP mothers currently enrolled or receiving services will be transitioned from one delivery system to another.

Whole-Child Model (WCM)

The CCS Advisory Group (AG) will hold its quarterly meeting on October 5, 2016, to provide important information for the WCM and SB 586. SB 586 was signed by Governor Brown on September 25, 2016, and authorizes DHCS to establish the WCM program and to implement the program in specific counties no sooner than July 2017. The WCM is an organized delivery system that will provide comprehensive, coordinated services for children and youth with special health care needs through enhanced partnerships with County Organized Health System health plans. This approach is consistent with the primary goals of providing comprehensive treatment and focusing on the whole child, including the child's full range of needs rather than only on the CCS health condition. WCM documents can be found on the CCS AG website, under [Whole-Child Model Documents - NEW](#). The subsequent CCS AG stakeholder meeting is scheduled for January 11, 2017. For more information, please visit the CCS AG website or e-mail CCSRedesign@dhcs.ca.gov.

Stakeholder Advisory Committee (SAC)

DHCS will host the next SAC meeting on October 24, 2016, in Sacramento. The purpose of the SAC is to provide DHCS with feedback on 1115 waiver implementation efforts as well as other relevant health care policy issues impacting the department. 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. The meeting is expected to provide updates on recent federal CMS regulations on Medicaid managed care and other topics. The meeting will also provide updates on the Whole Person Care Pilot Program and a briefing on the implementation of the Department of Social Services' Continuum of Care Reform and DHCS' activities to support mental health services for foster youth. To view meeting materials, as well as information from prior meetings, please visit the DHCS [website](#).

California's Revised Statewide Transition Plan (STP) Submission

DHCS intends to submit the revised STP, which incorporates stakeholder input, to CMS in October 2016. California must develop a STP detailing its process to come into compliance with the federal home- and community-based settings final rule. On August 14, 2015, DHCS submitted its STP to CMS. DHCS received a response letter on November 16, 2015, outlining areas of the STP that needed to be expanded or added in order to obtain initial approval. DHCS worked with CMS, partner departments, and stakeholders to revise the STP to satisfy CMS requirements. On August 29, 2016, DHCS posted the revised STP to its website for a 30-day public comment period. On September 27, 2016, DHCS hosted a webinar to discuss changes made to the STP and any questions or concerns raised by stakeholders. For more information, please visit the DHCS [website](#).

Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Update

DHCS intends to open the implementation for the phase four counties (Northern California) on November 1, 2016. DHCS is required to submit an integration plan to integrate substance use disorder and physical health services. The plan must be submitted in October 2016 to CMS. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services. Previously, DHCS began implementation of the first three phases following CMS approval of the DMC-ODS waiver on August 13, 2015. Fourteen counties from the first three phases (Bay Area, Southern California, and Central California) have submitted implementation plans, eight of which have been approved by DHCS. DHCS has also approved the interim rates for four counties. In addition, CMS has approved the state-county contract, certified public expenditure protocol, and UCLA evaluation design. CMS requires all residential providers to meet the ASAM requirements and obtain a DHCS-issued ASAM designation as part of their participation in the DMC-ODS. As of September 19, 2016, DHCS has issued 488 ASAM designations identifying levels of care within 283 residential facilities. DHCS is providing technical assistance through contracted services, regional meetings, county specific sessions, and webinars. More information about the DMC-ODS is available on the DHCS [website](#).

Provider Application and Validation for Enrollment (PAVE) Update

DHCS expects to implement the initial release of PAVE in November 2016. The PAVE system is a web-based provider portal that will reduce the time it takes to process an application. PAVE will allow providers to complete an application through a guided preparation process intuitive to the provider type. It allows account and affiliation management, real-time status tracking, document storage, e-signatures, and more. The initial release of PAVE will include the following provider types: audiologist, certified acupuncturist, certified nurse anesthetist, certified nurse midwife, certified nurse practitioner, chiropractor, dispensing optician, licensed midwife, occupational therapist, physical therapist, physician assistant (supervised), physician/surgeon, podiatrist, psychologist, respiratory care practitioner, and speech-language pathologist. DHCS encourages these provider types to use PAVE to submit applications, report changes to existing enrollments, and complete revalidation or continued enrollment for individual, group, and rendering enrollment types. Additionally, this release includes specialized enrollments for applicable provider types, including clinic-, facility-, and hospital-based

enrollments as well as enrollments for ordering, referring, and prescribing-only providers. The subsequent release of PAVE is anticipated about six months later and will include other provider types, such as Indian health services, pharmacies, laboratories, durable medical equipment, optometrists, and many more. For more information, please visit the PAVE [website](#).

Medi-Cal Tribal and Designees of Indian Health Programs Meeting

DHCS will host a follow-up meeting to the March 2016 annual Medi-Cal Tribal and Designees of Indian Health Programs meeting on November 1, 2016. DHCS Director Jennifer Kent is scheduled to attend and will provide an opportunity for stakeholders to ask questions and provide feedback to the department. Attendees will also receive updates on concerns and questions raised at the March meeting regarding Medi-Cal managed care, the managed care differential rate reconciliation process for tribal health programs and payment updates, recommendations made to DHCS on the Dental Transformation Initiative, and the Drug Medi-Cal Organized Delivery System waiver. Registration information is available on the DHCS [website](#).

Medi-Cal Children's Health Advisory Panel (MCHAP)

DHCS will hold the next MCHAP meeting in Sacramento on November 15, 2016. The MCHAP is a 15-member independent statewide advisory body that advises DHCS on matters relevant to children enrolled in Medi-Cal. Expected meeting topics will include a continuation of the behavioral health deep-dive from the September 13 meeting, including mental health funding carve outs for the youth population, the role of schools in providing mental health services, and recommendations and learnings from health plans. To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

Los Angeles County Pharmacy Moratorium

The Los Angeles County pharmacy [moratorium](#) will be in effect from September 22, 2016, to March 21, 2017. DHCS expanded the non-chain, non-pharmacist owned pharmacy moratorium dated March 26, 2016, to include all pharmacy providers in Los Angeles County. However, DHCS added an exemption that will continue to allow for the enrollment of chain pharmacies, while also revising the definition of a chain pharmacy to be 20 or more service locations. DHCS also revised the exemption for pharmacy providers that purchase or obtain controlling interest of an existing Medi-Cal enrolled pharmacy to allow for their enrollment only if DHCS confirms an access to care issue exists. The pharmacy moratorium was originally implemented in 2002, and has been repeatedly extended in 180-day increments. Exemptions have been progressively established in response to emergent issues guaranteeing access to Los Angeles County pharmacy providers without compromising efforts to safeguard the Medi-Cal program. As an additional program integrity measure, DHCS is issuing a regulatory provider bulletin to designate as "high categorical risk" newly enrolling pharmacy applicants and revalidating pharmacy providers in Los Angeles County, with the exception of those operated by governmental entities, chain pharmacies (as defined in the moratorium), non-profit corporations, and those operated by a federally qualified health center. The high-risk designation will require applicants and providers to submit

fingerprints for criminal background checks for all individuals who have 5 percent or greater direct or indirect ownership in the provider. A public hearing to discuss this bulletin is scheduled for October 13.

Nursing Facility/Acute Hospital (NF/AH) Waiver Renewal

DHCS submitted the NF/AH waiver renewal application to CMS on September 29. The NF/AH waiver is set to expire on December 31, 2016, and DHCS is seeking to extend the waiver through December 31, 2021. DHCS has worked diligently throughout the last year to engage with stakeholders, advocacy groups, waiver participants, providers, family members, caregivers, and home- and community-based organizations and associations to receive feedback on the current waiver structure. DHCS looks forward to stakeholder and public participation and continuous input throughout the NF/AH waiver renewal process. Additional information can be found on the DHCS [website](#).

AIDS Waiver Renewal Submission

DHCS and the California Department of Public Health (CDPH) submitted the final AIDS waiver renewal application to CMS on September 29. The AIDS waiver is set to expire on December 31, 2016, and DHCS and CDPH are seeking to extend the waiver through December 31, 2021. The departments held a 30-day public comment period on the draft waiver application from May 16, 2016, through June 16, 2016. Changes that were made to the AIDS application included increasing face-to-face reassessment intervals; allowing primary care providers (not just primary care physicians) to sign the HIV/AIDS diagnosis eligibility certificate; requiring better documentation of participant involvement in their service plan development; updating eligibility criteria to include spousal impoverishment; and including the home- and community-based settings requirements that align with the [Statewide Transition Plan](#). For more information, please visit the CDPH [website](#).

Developmental Disabilities (DD) Waiver Renewal Stakeholder Input

DHCS and the Department of Developmental Services (DDS) will submit the final DD waiver renewal application to CMS for review and approval by December 28, 2016. The DD waiver is set to expire on March 28, 2017, and DHCS and DDS are seeking to extend the waiver through March 29, 2022. The departments will hold a 30-day public comment on the draft waiver application in November. DHCS and DDS look forward to stakeholder and public participation during the public comment period. Additional information can be found on the DDS [website](#).

Palliative Care (SB 1004)

SB 1004 requires DHCS to establish standards and provide technical assistance for Medi-Cal managed care plans for the delivery of palliative care services. DHCS released an updated palliative care policy document and data analysis on September 1, 2016, in response to stakeholder feedback on the draft policy paper released in 2015. DHCS also held a stakeholder webinar on September 8 to discuss the policy. The updated policy document and webinar materials are posted on the SB 1004 [website](#). DHCS is now developing a question and answer document to respond to questions posed during the webinar, and specific instructions for Medi-Cal managed

care health plans. Please visit the above website to view the policy paper, stakeholder feedback, and materials from the webinar.

Coverage for All Children – Senate Bill (SB) 75

On May 16, 2016, DHCS implemented SB 75, which authorized full-scope Medi-Cal benefits to children under age 19 who do not have satisfactory immigration status or are unable to establish satisfactory immigration status. As of August 26, full-scope Medi-Cal eligibility had been granted to approximately 97 percent of eligible children previously in restricted-scope coverage, retroactive to May 1. DHCS is working closely with the counties to transition the remaining cases. In addition, from May 16 to September 1, approximately 23,100 new applicants received full-scope Medi-Cal eligibility under SB 75. Upon establishing full-scope Medi-Cal eligibility, information on managed care enrollment is mailed to beneficiaries. DHCS is updating interested stakeholders on a regular basis via the biweekly Immigration Workgroup meetings. Stakeholders seeking additional information may visit the DHCS [website](#).