



DIVISION DESCRIPTIONS

Administration Division

Administration Division staff work to direct an array of central support services to achieve DHCS program and operations objectives and provide management information and business control functions for the directorate. To help ensure that the most efficient level of service is achieved within available DHCS resources, the Administration Division will: streamline and simplify policies and procedures stressing collaboration and improved communication with program staff; ensure fiscal accountability of programs by overseeing the financial management of DHCS, including budget development, defense and oversight; provide responsive and reliable employee support and personnel management systems; and evaluate business processes with attention to improvements in department-wide support functions on an ongoing basis.

(<http://www.dhcs.ca.gov/services/admin/Pages/default.aspx>)

Audits & Investigations (A&I)

A&I ensures the fiscal integrity, efficiency and quality of internal and external programs. As part of its mission, A&I promotes sound management of public funds, performs specific audits of DHCS operations and medical and financial audits of Medi-Cal and public health providers, conducts investigations of suspected violations of Medi-Cal laws and regulations, aggressively identifies public funds spent inefficiently or illegally for recovery, uses the insights gained through audit and investigative activities to provide technical assistance to departmental programs and to external organizations working with DHCS and has the lead responsibility for DHCS' Medi-Cal anti-fraud program. (<http://www.dhs.ca.gov/ane>)

Benefits, Waiver Analysis and Rates Division (BWARD)

BWARD determines what benefits Medi-Cal beneficiaries may receive, what the charges will be for services provided to beneficiaries, and reimbursement rates for the 150,000 providers that provide services to beneficiaries. BWARD consists of two branches - Rate Development and Medi-Cal Benefits - and one section - Waiver Analysis, which is the primary liaison with the federal Centers for Medicare & Medicaid Services for the 11 assigned waivers and provides policy consultation and technical assistance to programs that operate the waivers. In addition, MCBWARD is responsible for two Disease Management Programs, one for HIV/AIDS and one for six chronic diseases, in Los Angeles and Alameda counties.

Fiscal Intermediary and Contracts Oversight Division (FICOD)

FICOD is responsible for six branches: Headquarters Management, Fiscal Intermediary-Information Technology Management, Fiscal Intermediary-Operations Management, Office of Medi-Cal Payment Systems, Medi-Cal Dental Services and Fiscal Intermediary-Project Management Branch. FICOD ensures that fiscal intermediary contractors meet performance standards contained in their contracts. FICOD also approves approximately \$165 million and \$81 million, respectively, in administrative payments annually to medical and dental fiscal intermediaries. These two contracts pay out approximately \$19 billion annually in health care benefits to providers. In addition, FICOD manages and oversees approximately \$49 million in managed care beneficiary enrollment broker contracts.

Information Technology Services Division (ITSD)

ITSD is responsible for overseeing computer systems and other audio and video technology for DHCS, CDPH and California Health and Human Services Agency. ITSD staff work with branch, division and program staff to ensure computers, printers, faxes and blackberries are functioning correctly and are protected against known viruses and unauthorized intrusions. ITSD's Application Support Branch (ASB) supports a portfolio of program applications, the largest of which is the Medi-Cal Eligibility Data System. ASB also provides quality application and data services to administrative functions and related health programs, such as the Enhanced Medi-Cal Budget Estimate Redesign and Healthy Families. Additionally, ITSD's Planning and Project Management Branch is responsible for the successful planning, authorization, initiation, execution, management, reporting and transition of all IT projects. Furthermore, ITSD's Infrastructure Support Branch manages the design, installation, upgrade and support of 500 servers, 8000 desktops, 400 network devices, the Microsoft Exchange messaging system, Web sites and Web applications and databases. Finally, ITSD's Information Security Office is responsible for establishing security policy, providing risk management and ensuring regulatory compliance with state and federal laws and regulations.

Legislative and Governmental Affairs (LGA)

LGA facilitates, coordinates and advocates for the development and enactment of legislation in the interest of public health and health care. As a key player in carrying out DHCS' mission to protect and advance the health of all Californians, LGA assists in the development and refinement of the state's health care laws. (<http://www.dhcs.ca.gov/Pages/LGA.aspx>)

Long-Term Care Division (LTCD)

LTCD provides Medi-Cal-eligible frail seniors and persons with disabilities with services that allow them to live in their own homes or community-based settings instead of being cared for in hospitals, nursing homes, intermediate care facilities for the developmentally disabled or institutions for mental disease. LTCD has many programs that operate under waivers to California's Medicaid State Plan that target specific subpopulations of Medi-Cal recipients, including the Nursing Facility/Acute Hospital Waiver, In-Home Operations Waiver, Assisted Living Waiver Pilot Project, In-Home Supportive Services Plus Waiver, Developmental Services Waiver, Multi-Purpose Senior Services Program and Senior Care Action Network Health Plan. LTCD authorizes private duty nursing and pediatric day health care services for approximately 3,000 Medi-Cal beneficiaries under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) supplemental services benefit. Also, LTCD has a federal Money Follows the Person

DHCS Division Descriptions

grant (\$130 million in federal funds over the next four years) to transition 2,000 Medi-Cal-eligible residents from long-term care institutions back to community living arrangements. This grant, called California Community Transitions, will operate through 10 local-level Community Transition Teams. The Operational Protocol for this project is being drafted with the help of a 23-member stakeholder advisory committee and will be sent to the federal Centers for Medicare & Medicaid Services for approval by the end of November 2007. LTCD anticipates that the local Community Transition Teams will begin transitioning project participants in March 2008. In addition, the Program of All-Inclusive Care for the Elderly (PACE) is covered as an optional service under the Medicaid State Plan. Furthermore, LTCD manages and oversees the California Partnership for Long-Term Care, a federally recognized program that provides, through five selected insurance companies and CALPERS, high quality long-term care insurance policies to middle-income Californians.
(<http://www.dhs.ca.gov/director/OLTC/default.htm>)

Medi-Cal Eligibility Division (MCED)

MED has overall responsibility for developing statewide policies, procedures and regulations governing eligibility for the Medi-Cal program. MED ensures that Medi-Cal eligibility is determined accurately and on a timely basis by county public social services agencies to facilitate health care coverage for individuals eligible for program services. MED performs Medi-Cal quality control reviews of county compliance with state and federal eligibility requirements for program integrity. MED also works with the county welfare department consortiums and Information Technology Services Division to develop the business rules necessary to implement eligibility policy and maintain the records of beneficiaries in both the county eligibility systems and DHCS' Medi-Cal Eligibility Data System. In addition, MED determines eligibility for the Breast and Cervical Cancer Treatment Program and provides county public social service agencies policy direction via All County Welfare Directors Letters and Medi-Cal Eligibility Information Letters that implement Medi-Cal eligibility policies and procedures. MED is comprised of two branches, Policy Development and Policy Operations, and one section, Program Review.

Medi-Cal Managed Care Division (MMCD)

The Medi-Cal Managed Care Division (MMCD) contracts with managed care organizations to arrange for the provision of health care services for approximately 3.8 million Medi-Cal beneficiaries in 26 counties. MMCD has three primary models: Two-Plan, which operates in 12 counties; County Organized Health System, which operates in 11 counties; and Geographic Managed Care, which operates in two counties. MMCD also contracts with a prepaid health plan in one additional county, and with two specialty plans. MMCD has three branches: Plan Monitoring/Program Integrity, Policy and Financial Management and Plan Management.
(<http://www.dhs.ca.gov/mcs/mcmcd/default.htm>)

Office of Civil Rights (OCR)

OCR is responsible for overseeing the enforcement of various federal and state civil rights laws and implementing regulations and executive orders pertaining to employment and services by DHCS and its contractors to ensure nondiscrimination in the access and delivery of health care services provided or administered by DHCS. OCR provides departmental guidance, coordination, monitoring, training and enforcement of issues relating to DHCS employees through the Internal Equal Employment Opportunity Program (Title VII), External Civil Rights Compliance Program (Title VI) and Reasonable Accommodation Program (RA). Also, OCR

DHCS Division Descriptions

coordinates and develops technical, prevention and sensitivity awareness training that deals with Equal Employment Opportunity and disability issues and resolves complaints of discrimination via counseling, informal reviews, investigations and mediations filed by DHCS applicants and employees.

Office of Health Information Technology Services (OHIT)

Office of Health Information Technology (OHIT) is responsible for implementing the Medi-Cal Incentive Program. This incentive program improves the quality, safety, and efficiency of health care through the meaningful use of electronic health records. OHIT administers the new program that will make incentive payments to qualified Medi-Cal health care providers who adopt and use electronic health records in accordance with the American Recovery and Reinvestment Act of 2009. OHIT sets policies and procedures for the program, in addition to implementing systems to disburse, track, and report the incentive payments. It also develops goals and metrics for the program, including the impact on quality, cost, and service.

Office of Health Insurance Portability and Accountability Act (HIPAA) Compliance (OHC)

OHC is responsible for leadership and oversight related to the implementation and maintenance efforts of all HIPAA-impacted program areas within DHCS. OHC also provides HIPAA compliance support to the California Department of Public Health (CDPH) through an interagency agreement. Federal HIPAA legislation passed in 1996 established national standards for electronic health care transactions and national identifiers (specific automated code identification mechanisms) for providers, health plans and employers. It also addressed the security and privacy of health data and was adopted to improve the efficiency and effectiveness of the nations' health care system by encouraging the widespread use of electronic data interchange in health care. An operating budget of approximately \$63 million is used to fund HIPAA projects throughout DHCS and CDPH, primarily for the Medi-Cal program's fiscal intermediaries. (<http://hipaa.dhs.ca.gov>)

Office of Legal Services (OLS)

OLS is an integral component of the operation of DHCS and is divided into three operating units: Administrative Litigation Team, Medi-Cal Litigation and Rates Team and Medi-Cal House Counsel Team. In addition to 51 attorneys, who are supported by eight paralegals, DHCS also has 11 administrative law judges, 12 hearing officers and one chief administrative law judge positions. OLS provides legal counsel necessary to administer a department with nearly 3,000 employees and offers legal support services to health programs regulated by DHCS, including the Medi-Cal, Child Health and Disability Prevention and California Children's Services programs. Also, legal staff routinely responds to questions from the Governor's Office and Legislature regarding the delivery and financing of health care to Californians. Furthermore, OLS administers the Privacy Office and houses the Office of Regulations, which is responsible for ensuring the consistency and accuracy of all regulations promulgated and imposed by DHCS.

Office of Multicultural Health (OMH)

OMH was created in 1993 by Executive Order W-58-93 and in 1999 was permanently established in statute. OMH serves as the DHCS focal point for improved planning and coordination of activities and programs related to racial and ethnic populations in California.

DHCS Division Descriptions

OMH has five principal functions: strategic planning to implement and achieve DHCS' goals and objectives; policy analysis on health issues related to California's diverse populations; communication and liaison with internal and external groups; training and technical assistance; and identification and assistance in obtaining funds for related health issues.

(<http://www.dhs.ca.gov/director/omh>)

Office of Public Affairs (OPA)

OPA is responsible for overall communications and outreach activities designed to engage the general public as well as a wide variety of health care, community, business, academic, legislative and other groups, including the media, intergovernmental organizations and public advocacy groups, in DHCS' agenda. OPA develops and executes public affairs strategies to support the goals and objectives of DHCS and serves as the central channel for information to DHCS' various stakeholders, the public and media.

(<http://www.dhcs.ca.gov/formsandpubs/publications/opa/Pages/default.aspx>)

Office of Women's Health (OWH)

OWH was created in 1993 by Governor's Executive Order W-57-93 and in 1994 was permanently established in statute. OWH guides women's health policy in an effective and comprehensive fashion to promote health and reduce the burden of preventable disease and injury among the women and girls of California. OWH observes May as Women's Health Month to raise awareness of health issues that affect the lives of women and girls.

(<http://www.dhs.ca.gov/director/owh>)

Pharmacy Benefits Division (PBD)

PBD is responsible for DHCS' \$4.2 billion Medi-Cal fee-for-service drug program. PBD is comprised of five branches: Pharmacy Policy, Medical Supplies, Drug Contracting, Drug Rebate and California Discount Prescription Drug Branch. PBD has primary responsibility for ensuring that prescription drug coverage is provided to Medi-Cal beneficiaries. PBD contracts with drug and medical supply manufacturers and providers to ensure they meet specific criteria, including safety, effectiveness and essential need, and eliminate the potential for misuse. In exchange for the ability to contract with Medi-Cal, manufacturers provide rebates to the program, which in 2006-07 was estimated to be approximately \$2.2 billion. California's rebate program is considered one of the most aggressive in the country. PBD is also responsible for the Medi-Cal fee-for-service vision program that is budgeted at \$50 million.

Primary and Rural Health Division (PRHD)

PRHD improves the health status of targeted population groups living in medically underserved urban and rural areas of California. PRHD has nine programs that provide accessible comprehensive primary care services and other public health services for persons at risk, including the uninsured or indigent, and those who would otherwise have limited or no access to services due to cultural or language barriers. Those programs are: Rural Health Services Development, Seasonal and Agricultural Workers, Indian Health, Expanded Access to Primary Care, Grants in Aid, State Office of Rural Health, Medicare Rural Hospital Flexibility/Critical Access Hospital, Small Rural Hospital Improvement and J-1 Visa Waiver Program.

(<http://www.prh.dhs.ca.gov>)

Provider Enrollment Division (PED)

PED is responsible for timely enrolling fee-for-service medical providers into the Medi-Cal program and ensuring that all applicants meet requirements for licensing and participation standards defined by federal and state statutes and regulations. Currently, there are approximately 150,000 providers actively enrolled in Medi-Cal, and PED receives approximately 25,000 applications from providers each year. PED is also actively involved in Medi-Cal anti-fraud efforts that are aimed at preventing fraud, waste and abuse in the Medi-Cal program, which includes the re-enrollment of current providers to ensure they continue to meet the program's standards of participation. In addition, PED is responsible for updating and maintaining the Provider Master File database that is used in the claims payment process. (<http://www.dhcs.ca.gov/ProvGovPart/Pages/HowtoEnrollasaProvider.aspx>)

Safety Net Financing Division (SNFD)

SNFD is comprised of two sections and two branches: Inpatient Contract and Monitoring Section; Hospital/Uninsured Care Demonstration Section; Administrative Claiming Local and School Services Branch; and the Disproportionate Share Hospital (DSH) Financing and Non-Contract Hospital Recoupment Branch. The Inpatient Contract and Monitoring Section is responsible for contracts/amendments and payments for Selective Provider Contracting Program hospitals, approving bond debt service payments for the Construction Renovation Reimbursement Program, developing various federal reports, reviewing staffing requirements for subacute care facilities and approving payments for various supplemental programs and federal fund flow-through to other state agencies. The Hospital/Uninsured Care Demonstration Section is responsible for the Medi-Cal Hospital/Uninsured Care demonstration project, which is a hospital financing waiver that pays more than \$6.5 billion annually in federal funds to California's safety net hospitals. As part of the demonstration project, the Health Care Coverage Initiative allows the expansion of health care services to eligible low-income, uninsured Californians in 10 counties. The DSH Financing and Non-Contract Hospital Recoupment Branch reimburses certain hospitals \$1.265 billion in federal funds annually for uncompensated care costs for providing services to low-income, uninsured and undocumented persons and recoups about \$2 million annually in overpayments to hospitals. Finally, the Administrative Claiming Local and School Services Branch provides federal reimbursement to counties and schools for administrative activities necessary for the proper and efficient administration of the State Medicaid Plan. This section also provides federal reimbursement to counties for targeted case management and certain medically necessary school-based services provided to Medi-Cal beneficiaries.

Systems of Care Division (SOC)

SOC creates effective and efficient comprehensive systems of care for vulnerable populations with chronic conditions to better improve their health care options and reduce health care costs. SOC is comprised of two major branches: Medical Case Management (MCM) and Children's Medical Services (CMS). MCM is designed to provide coordinated care for Medi-Cal fee-for-service patients who are chronically or catastrophically ill. The program currently has more than 1,800 active cases open. CMS is responsible for administering seven programs: California Children's Services, serving 162,000 clients; Medical Therapy, serving 27,000 clients; High-Risk Infant Follow-Up; Child Health and Disability Prevention, serving two million children; Genetically Handicapped Persons, serving 1,500 clients; Newborn Hearing Screening, which screened 425,000 infants in 2006; and Health Care Program for Children in Foster Care Programs.

Third Party Liability and Recovery Division (TPLRD)

TPLRD ensures that the Medi-Cal program complies with state and federal laws and regulations relating to legal liability of third parties to pay for health care services to beneficiaries and takes measures to ensure that the Medi-Cal program is the payer of last resort. TPLRD is comprised of two branches - Estate Recovery and Other Health Coverage - and two sections - Cost Avoidance and Overpayment and Injury. The Estate Recovery Branch is responsible for collecting more than \$79.5 million from the estates of certain deceased Medi-Cal beneficiaries. The Cost Avoidance Section pays Medicare premiums for approximately one million beneficiaries, resulting in a cost avoidance of approximately \$3 billion per fiscal year, and has recovered approximately \$12 million. The Overpayment and Injury Section collected more than \$156 million. TPLRD also pays for private health care premiums of eligible beneficiaries. In addition, TPLRD oversees the Worker's Compensation Recovery Program.

Utilization Management Division (UMD)

UMD is responsible for the statewide activities and responsibilities of six Medi-Cal field offices and two pharmacy sections located throughout the state. UMD ensures the provision of necessary and appropriate medical services to Medi-Cal beneficiaries in the most cost-effective manner and provides strong, cost-effective utilization controls by reviewing and approving certain medical procedures, services and drugs for beneficiaries prior to payment for services. UMD conducts the operational activities of three branches: Field Operations Support Branch, Southern Field Operations Branch and Northern Field Operations Branch.