



## ***Stakeholder Communication Update***

*April 2018*

The [Department of Health Care Services](#) (DHCS) is pleased to share 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](#). Check out the [Calendar of Events](#) for specific meetings and events, or visit the [Stakeholder Engagement Directory](#) for listings by program. You also can view our [State Plan Amendments \(SPA\)](#), and find the most recent data on Medi-Cal enrollment [here](#). For questions, concerns, or suggestions, contact us at [DHCSPress@dhcs.ca.gov](mailto:DHCSPress@dhcs.ca.gov). And be sure to follow DHCS on social media, too. Thanks!



### **California Children's Services (CCS) Advisory Group (AG) Meeting**

On April 4, 2018, DHCS will host the next CCS AG quarterly meeting with stakeholders, including parents and family advocates, to discuss implementation of the Whole Child Model (WCM) and improvements to the CCS program statewide. Senate Bill 586 (Chapter 625, Statutes of 2016) authorizes DHCS to establish the WCM in 21 designated counties to incorporate CCS-covered services into County Organized Health System contracts. The WCM will be implemented in two phases, as specified in the [Phase-In Methodology](#). Phase 1 counties will transition no sooner than July 1, 2018. In Phase 2, the remaining counties will transition no sooner than January 1, 2019. DHCS is working to finalize policy guidance to the WCM Medi-Cal managed care health plans (MCPs) and counties by issuing a WCM All Plan Letter (APL) and a WCM CCS Numbered Letter, respectively. In addition, DHCS is undertaking various readiness activities, including reviewing the Memoranda of Understanding (MOU) between the MCPs and counties, health plan deliverables and submissions, and the dissemination of member notices. DHCS will mail the first notice to beneficiaries in Phase I counties 90 days prior to the transition. Additionally, the Performance Measure Quality Subcommittee has convened once a month since January 2018 and will continue to meet until July 2018 to ensure technical aspects of specific performance measures are derived consistently across the state. To view CCS AG meeting agendas, presentations, or additional WCM information, please visit the WCM [website](#).

## **Medi-Cal Dental Stakeholder Meetings**

On April 5, 2018, DHCS will convene the next quarterly Sacramento Medi-Cal Dental Advisory Committee meeting. On April 20, 2018, DHCS will conduct the next bimonthly Medi-Cal Dental Los Angeles Stakeholder meeting. DHCS provides updates at these meetings on available dental utilization data, the progress of the Dental Transformation Initiative, Medi-Cal dental benefits, and ongoing outreach efforts, prevention, and education services within Dental Managed Care and Fee-For-Service Denti-Cal, among other topics. For more information about these meetings, please visit the [DHCS website](#).

## **Assembly Bill (AB) 340 Trauma Screening Advisory Workgroup**

On April 20, 2018, DHCS will host the first meeting of the Trauma Screening Advisory Workgroup in Sacramento. AB 340 (Chapter 700, Statutes of 2017) requires DHCS, in consultation with the California Department of Social Services and other partners, to convene a workgroup to update, amend, or develop, if appropriate, tools and protocols for screening children for trauma as defined within the Early and Periodic Screening, Diagnosis, and Treatment benefit. The agenda and any meeting materials will be posted on the [AB 340 webpage](#) prior to the meeting. For any questions or comments, please email [AB340@dhcs.ca.gov](mailto:AB340@dhcs.ca.gov).

## **Whole Person Care (WPC) Pilot Program**

On April 30, 2018, DHCS will hold an in-person meeting with participating WPC pilot lead entities (LE) to discuss lessons learned and to share accomplishments. The WPC pilot program completed program year (PY) 2 activities, which emphasized building service delivery and systemic infrastructure as well as implementing services. DHCS actively engaged with LEs through learning collaborative activities that included quarterly webinars, semi-annual in-person convenings, and monthly advisory board meetings. DHCS also began a new series of discussions among LEs aimed at addressing common barriers to care. The discussions covered such topics as reentry (or hard-to-reach) populations, data sharing, care coordination best practices and successes, housing strategies, and sustainability. For more information about the WPC pilot program, please visit the [DHCS website](#).

## **Public Hospital Redesign and Incentives in Medi-Cal (PRIME)**

DHCS launched the 2018 PRIMEd Learning Collaboratives with a three-part webinar series, entitled *Fundamentals of Quality Improvement*, facilitated by nationally renowned quality improvement expert Jane Taylor, EdD. These webinars support PRIME entities in their efforts to begin or continue a Quality Improvement (QI) project. The first webinar occurred on February 27, 2018, and the next two webinars in the series will be held on April 6, 2018, and May 4, 2018, on the topics of Developing Aims and Selecting Change Strategies, and Measuring and Monitoring Improvement, respectively. The 2018 PRIMEd Learning Collaboratives also include Topic-Specific Learning Collaboratives (TLCs), a variety of workgroups offered to help PRIME entities meet their project goals and improve care delivery through peer-to-peer learning, an exchange of ideas, and the dissemination of best practices on common topics. The 12 TLCs will be launching in April 2018. DHCS is also beginning to plan for the annual in-person conference that will

be held in Sacramento on October 29 – 30, 2018. Dr. Taylor will provide in-person technical assistance, and TLC workgroups will have the opportunity to convene face-to-face. For more information, please visit the DHCS [website](#).

### **Medi-Cal Children’s Health Advisory Panel (MCHAP)**

The next MCHAP meeting is scheduled for April 19, 2018, in Sacramento. The meeting is expected to include Director Kent’s updates on federal and state developments, and a discussion of how Medi-Cal managed care health plans communicate with beneficiaries. The MCHAP is a 15-member independent statewide advisory body that advises DHCS on matters relevant to children enrolled in Medi-Cal. To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

### **Stakeholder Advisory Committee (SAC)**

DHCS will host the next SAC meeting on May 17, 2018, in Sacramento. The meeting is expected to include Director Kent’s updates on federal and state developments. The meeting is expected to feature updates on components of the Final Rule, including an in-depth presentation on the Quality Strategy Report, and updates on the Medi-Cal 2020 1115 waiver and the CCS WCM. It will also include a presentation on the Provider Enrollment Division’s Provider Application and Validation for Enrollment portal. The purpose of the SAC is to provide DHCS with feedback on health care policy issues affecting DHCS, including Section 1115 waiver implementation efforts. 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. To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

### **Home- and Community-Based Alternatives (HCBA) Waiver**

The contract start date for HCBA waiver agencies has been revised from April 1, 2018, to July 1, 2018, to ensure waiver agency readiness. On October 4, 2017, DHCS released a Solicitation for Application (SFA) to invite eligible organizations to apply to become HCBA waiver agencies. The HCBA waiver program provides long-term, community-based services and supports to Medi-Cal-eligible beneficiaries in the community setting of their choice. These services include private duty nursing, case management, and personal care services necessary to maintain the health and safety of an individual, with nursing level of care in a community setting instead of an institution. After an extensive review of the applications received in response to the SFA, DHCS selected nine applicants to become HCBA waiver agencies, which will be responsible for the local Administration of the HCBA waiver and for providing comprehensive care management services to HCBA waiver participants. Additional information about the HCBA waiver is available on the DHCS [website](#).

### **Multipurpose Senior Services Program (MSSP) Renewal**

DHCS is preparing for the renewal of the MSSP waiver program for an additional five-year term. The current MSSP waiver is set to expire on June 30, 2019. The MSSP provides home- and community-based services to Medi-Cal-eligible individuals who are 65 years or older and wish to remain safely in their homes as an alternative to nursing

facility placement. The California Department of Aging will engage stakeholders for recommendations on potential program changes to the MSSP waiver. Additional information on this stakeholder process will be available on the DHCS [website](#).

### **Provider Application and Validation for Enrollment (PAVE)**

PAVE 3.0 is anticipated to be released in summer 2018 for additional [provider types](#), including optometrists, pharmacies, Drug Medi-Cal providers and tribal health organizations. PAVE is an automated, online resource to enroll Medi-Cal providers who currently enroll through the Provider Enrollment Division. PAVE has more than 15,000 registered users. More than 9,000 applications have been submitted. Recent figures show 48 percent of eligible applications are submitted through PAVE, rather than on paper. Stakeholder outreach and engagement events for Release 3.0 are underway. An interactive, hands-on Open House, was held on March 19 – 23, 2018. Providers learned more about the system by attending short presentations at learning centers and experiencing PAVE in the computer lab. Future events include provider testing, scheduled for May 2018, and provider training is scheduled for June 2018. Dates, details, and registration information will be posted on the [PAVE webpage](#) as it becomes available.

### **Assisted Living Waiver (ALW) Renewal**

DHCS is preparing for the renewal of the ALW program for an additional five-year term. The current program will expire on February 28, 2019. The ALW program serves Medi-Cal-eligible individuals 21 and older and bridges the gap between independent living and nursing home care. The ALW offers an alternative to nursing facility placement and provides an opportunity for individuals to transition out of nursing facilities. DHCS will engage stakeholders for recommendations on potential program changes to the waiver. Additional information on this stakeholder process will be available on the DHCS [website](#).

### **Medicaid Managed Care Quality Strategy Report and Revised Network Adequacy Standards**

DHCS has posted a draft Medi-Cal Managed Care Quality Strategy Report (QSR) for a 30-day public comment period and a 35-day tribal review process. Questions and comments regarding the draft QSR should be submitted to [publicinput@dhcs.ca.gov](mailto:publicinput@dhcs.ca.gov) no later than April 27, 2018. DHCS developed this report in response to the federal Medicaid Managed Care Final Rule, which requires states to develop a comprehensive managed care quality strategy report. The QSR must address the following requirements: the state-defined network adequacy standards; goals and objectives for continuous quality improvement; description of the quality metrics, performance targets, and performance improvement projects; arrangements for annual, external independent reviews; a description of the state's transition of care policy; the state's plan to identify, evaluate, and reduce health disparities, as well as develop policies regarding sanctions; and the state's definition of "significant change." This report covers all Medi-Cal managed care delivery systems, including Medi-Cal managed care plans, county mental health plans, Drug Medi-Cal organized delivery systems, and dental managed care plans. DHCS also updated the network adequacy standards to reflect the updates

required by the implementation of AB 205 (Chapter 738, Statutes of 2017). Both the QSR and the updated network adequacy standards report can be viewed on the DHCS [Final Rule webpage](#).

### **Form 1095-B for Tax Year 2017 - Minimum Essential Coverage**

As of February 28, 2018, DHCS completed the 2018 mailing cycle of Form 1095-B for tax year 2017, meeting the Internal Revenue Service (IRS) deadline of March 2, 2018. The Office of State Publishing is now processing and mailing requested corrections and reprints of Form 1095-B to beneficiaries, which will continue each month at the end of the month. Once DHCS transmits all Form 1095-B information to the IRS for the reported tax year, it will send out a Notice for Requested Action (NFRA) to all individuals who had missing or incorrect personal information in their Medi-Cal record that was reported as an error on Form 1095-B by the IRS. The NFRA will notify all affected individuals to contact their county human services agency to assist in updating the personal information on record so that the IRS receives the correct information.

### **Drug Medi-Cal Organized Delivery System (DMC-ODS)**

On February 13, 2018, DHCS issued [Information Notice 18-011](#) to provide details on the network adequacy standards required of each DMC-ODS. These standards set forth federal requirements, developed per Title 42 of Federal Regulations Part 438.68, as specified in AB 205 (Chapter 738, Statutes of 2017). DHCS is providing technical assistance via contract services, regional meetings, county-specific sessions, tribal consultation, and webinars. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine criteria for substance use disorder treatment services. Forty California counties have submitted implementation plans to opt-in to the DMC-ODS. At this time, all 40 plans have received DHCS approval; of these plans, 22 have received approval of their fiscal plans. There are currently 10 counties delivering DMC-ODS services: San Francisco, San Mateo, Riverside, Marin, Santa Clara, Santa Cruz, Los Angeles, Contra Costa, San Luis Obispo, and San Bernardino. Work with Partnership Health Plan, mostly representing Northern California, continues, as does work with the Indian Health Program-ODS. More information about the DMC-ODS is available on the DHCS [website](#).

### **California's Medication Assisted Treatment (MAT) Expansion Project**

California's MAT Expansion Project strategically focuses on populations with limited access to MAT for treating opioid abuse, including rural areas and American Indian and Native Alaskan communities, and increasing statewide access to buprenorphine. The California Hub and Spoke System (CA H&SS) has expanded the network of contracted spokes to more than 100 across more than 32 counties, and delivered prevention and treatment services to more than 1,000 patients. DHCS has augmented the 19 operational CA H&SS with prevention and treatment services. DHCS expects to initiate MAT bridge services in April 2018 at 12 participating emergency departments (EDs) across a minimum of six counties, which will induct patients into treatment in the ED, and subsequently connect them with outpatient treatment centers for maintenance MAT. DHCS is also partnering with the University of California, San Francisco to provide training to the California Poison Control System to enhance existing 24/7

guidance to emergency departments. The goal of the training is to increase access to MAT at the emergency room for those making opioid-related visits. DHCS has made substantial progress on the Tribal MAT Project and launched several services in March 2018. This includes such programs as UCLA's Project ECHO; Tele-MAT with academic detailing; and the MAT Champions, who will expand the existing network of local opioid coalitions, develop culturally adapted MAT education materials, and serve as MAT liaisons with tribal and urban Indian partners. More information about the MAT Expansion Project is available on the DHCS [website](#).

### **Cal MediConnect (CMC) Performance Dashboard**

On March 15, 2018, DHCS released the quarterly CMC performance dashboard. The CMC program is a demonstration operated by DHCS, in partnership with the Centers for Medicare & Medicaid Services (CMS) and health plans, to provide better coordinated care for beneficiaries eligible for both Medicare and Medicaid services. The dashboard shows information and data measures on key aspects of the CMC program, including enrollment and demographics, care coordination, grievances and appeals, behavioral health services, and long-term services and supports. The purpose of the dashboard is to highlight performance trends for program monitoring, quality improvement, and data transparency. To view the dashboard, please visit the DHCS [website](#).

### **Dental Transformation Initiative (DTI)**

The final payment for [Domain 1](#) (preventive care) Program Year 1 (2016) was issued on February 5, 2018. Electronic Data Interchange (EDI) testing for safety net clinic (SNC) DTI encounter data submissions has resumed. DHCS has created several new sample claim documents, available on the DTI [Domain 2](#) webpage, to illustrate how to bill for Domain 2 (caries risk assessment) services. Domain 2 outreach continues, in collaboration with Delta Dental, the California Dental Association, and other interested parties from the DTI Small Stakeholder Workgroup. The outreach includes physical office visits, letters, and phone conversations with providers. Continued [Domain 3](#) (continuity of care) outreach efforts focus on increasing SNC participation, including clinics that participate in Domain 1 and are eligible to participate in Domain 3. The deadline for SNCs to submit DTI Domain 3 encounter data for PY 2 via the proprietary paper form is May 1, 2018. The deadline for SNCs to submit claims via EDI for PY 2 is June 22, 2018. The next Domain 3 payment is scheduled for June 2018. Finally, for [Domain 4](#), DHCS has executed 13 of the 14 Local Dental Pilot Project (LDPP) contracts, invoices are continuing to be submitted for PY 2017, and payments are being distributed. Currently, \$2.75 million has been paid to LDPPs for services provided in 2017. Monthly teleconferences with all LDPPs continue as an opportunity to educate, provide technical assistance, offer support, and address concerns. Additional information about the DTI is available on the DHCS [website](#).

### **Restoration of Adult Dental Services**

On January 1, 2018, DHCS restored optional adult dental benefits for beneficiaries ages 21 and older with full-scope dental coverage. Restored benefits include laboratory processed crowns, posterior root canal therapy, periodontal services, and partial dentures, including denture adjustments, repairs, and relines. The list of dental benefits

is available in the Dental Provider Handbook, Section 5, [Manual of Criteria](#) on the Denti-Cal website. Dental providers may render, bill, and be reimbursed for the restored adult dental benefits. For a full list of the applicable codes, please refer to the above link. In addition, click [here](#) to view DHCS' presentation on the adult dental benefit restoration that was given at the February 8, 2018, Stakeholder Advisory Committee meeting.