Stakeholder Communication Update
December 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. For questions or suggestions, contact us at DHCSPress@dhcs.ca.gov. And be sure to follow DHCS on social media, too. Thanks.

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Program Updates

340B Drug Draft Policy

On November 15, 2018, the Department of Health Care Services (DHCS) released drafts of an All Plan Letter (APL) and provider bulletin for comment on policy guidance DHCS has been developing for clinics, hospitals, and health plans related to the dispensing, billing, and identification of 340B purchased drugs by covered entities and their agents (i.e., 340B contract pharmacies), both in fee-for-service (FFS) and managed care. DHCS is using its administrative authorities to address issues related to duplicate discounts on 340B dispensed drugs. Feedback on the draft policy is due to the Department by December 14, 2018. For questions or comments, please email DHCS_PMMB@dhcs.ca.gov.

Adult Expansion Medical Loss Ratio Risk Corridor

DHCS was required to perform Adult Expansion Medical Loss Ratio (MLR) calculations for periods of January 1, 2014, to June 30, 2015, and July 1, 2015, to June 30, 2016, to ensure that payments made to health plans were generally aligned with costs for the newly covered population. This risk mitigation was required by the Centers for Medicare & Medicaid Services (CMS) before approval of managed care contracts for the adult expansion population. For health plans with a calculated MLR below 85 percent, the health plan is required to return funds to DHCS for payback to CMS. For health plans with a calculated MLR above 95 percent, the state is required to provide additional funds. DHCS issued MLR determination letters to all health plans as of November 16,

2018. Based on these determinations, California will be returning approximately $2.5 billion to CMS by December 31, 2018.

Dental Transformation Initiative (DTI)

DTI payments issued to date, across all domains, total approximately $140 million.

DTI Domain	Payments To Date
Domain 1 (Preventive Care)	$99.2 million
Domain 2 (Caries Risk Assessment)	$ 4.6 million
Domain 3 (Continuity of Care)	$21 million
Domain 4 (LDPPs)	$14.5 million

For Domain 4, DHCS has executed 13 Local Dental Pilot Project (LDPP) contracts. Of the 15 original approved LDPPs, two projects have been withdrawn. As a result, there was an opportunity for the 13 continuing LDPPs to request additional funding to support or expand their efforts. Nine requests for additional funding were received; seven have been approved, and two are currently under DHCS review. 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.

Diabetes Prevention Program (DPP)

The DPP is an evidence-based, lifestyle change program designed to assist Medi-Cal beneficiaries diagnosed with prediabetes in preventing or delaying the onset of type 2 diabetes. It was established as a Medi-Cal benefit under Welfare and Institutions (WIC) Code Section 14149.9. Medi-Cal's DPP benefit will be consistent with the federal Centers for Disease Control and Prevention's (CDC) guidelines, and will also incorporate many components of CMS' DPP in Medicare. Medi-Cal's DPP will include a core benefit consisting of at least 22 peer-coaching sessions over 12 months, which will be provided regardless of weight loss. In addition, beneficiaries who achieve and maintain a minimum weight loss of five percent from the first core session will also be eligible to receive ongoing maintenance sessions, after the 12-month core services period, to help them continue healthy lifestyle behaviors. The CDC's DPP curriculum promotes realistic lifestyle changes, emphasizing weight loss through exercise, healthy eating, and behavior modification.

Medi-Cal providers choosing to offer DPP services must comply with CDC guidance and obtain CDC recognition in connection with the National Diabetes Prevention Recognition Program. DPP services will be provided through trained peer coaches who use a CDC-approved curriculum. As part of the Governor's 2018-19 budget, DHCS

received a one-time appropriation to translate the CDC-approved curriculum into DHCS' required threshold languages. Once finalized, DHCS will publish the translated materials on the DHCS [website](). For questions or comments, please email [DHCSDPP@dhcs.ca.gov]().

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

As of December 1, 2018, 22 counties were approved to deliver DMC-ODS services, representing nearly 75 percent of the Medi-Cal population statewide. There are 20 additional counties in various phases of implementation. DHCS is working with CMS to negotiate Phase 5 of the DMC-ODS, which will incorporate tribal and urban health providers of ODS services for American Indian and Alaskan Natives. The California External Quality Review Organization (EQRO) posted external quality review (EQR) reports for Marin, San Mateo, Riverside, and Santa Clara counties on its [website](). EQRs have also been completed for Contra Costa and Los Angeles counties. The Fiscal Year (FY) 2017-18 Annual EQR Report was [released]() on November 21, 2018, and posted on the EQRO website. The University of California, Los Angeles (UCLA) [released]() the Year Three evaluation on November 21, 2018. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services. ASAM designations continue to be processed for licensed residential alcohol and other drug program providers. There are currently 726 designations. More information about the DMC-ODS is available on the DHCS [website]().

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

DHCS is developing additional resources and expanding information available regarding the federal EPSDT benefit. This includes increasing the amount of EPSDT information available on the DHCS [website](), providing a more detailed description of EPSDT services in the beneficiary handbook, "myMedi-Cal: How to Get the Care You Need," and updating the "Preventive Services" section and adding new EPSDT-focused material in the Medi-Cal Provider Manual. DHCS expects that these changes will take effect in early 2019. For questions or comments, please email [DHCS-Benefits@dhcs.ca.gov]().

Ground Emergency Medical Transportation (GEMT) Quality Assurance Fee (QAF) Program

On July 11, 2018, DHCS submitted State Plan Amendment (SPA) [18-004]() to implement the GEMT QAF program. SPA 18-004 authorizes DHCS to collect a QAF on each qualifying emergency transport as defined in [Senate Bill (SB) 523]() (Chapter 773, Statutes of 2017). The funds collected will be matched with federal funds, which DHCS will use to pay an add-on to the current reimbursement rate for Medi-Cal transports. DHCS has not obtained federal approval of SPA 18-004. Retroactive QAF amounts will be collected based on a forthcoming payment schedule once federal approval is obtained. Add-on

payments will be paid retroactively to the approved effective date (July 1, 2018) once the appropriate changes have been made to the payment system. The FY 2018-19 QAF rate and add-on amount are as follows:

QAF Rate: $24.80
Add-on Amount: $220.80

The resulting FY 2018-19 total FFS reimbursement amount will be $339 for Codes A0429, A0427, and A0433. For more information, please visit the DHCS website.

Health Homes Program (HHP)

On October 12, 2018, DHCS obtained approval from CMS for two SPAs to implement HHP. SPA 18-0019 expands HHP into Riverside and San Bernardino counties with the population criterion of Chronic Physical Conditions and Substance Use Disorders. SPA 18-0020 adds the population criterion of serious mental illness (SMI) or serious emotional disturbance (SED) in San Francisco County. DHCS is working with the Medi-Cal managed care health plans (MCPs) in San Francisco, Riverside, and San Bernardino counties to prepare for their implementation, scheduled for January 1, 2019. HHP is expected to be fully implemented across 29 counties by January 2020, and will provide services in the following core areas: comprehensive care management; care coordination (physical health, behavioral health, community-based long-term services and supports); health promotion; comprehensive transitional care; individual and family support; and referral to community-based and social support services. For more information, please visit the DHCS website.

Home Health (HH) and Pediatric Day Health Center (PDHC) Rate Increase

DHCS received federal approval to end the 1 percent payment reduction applied to HH services, and to increase reimbursement rates by 50 percent for HH and certain PDHC services, effective July 1, 2018, per SPA 18-0037. DHCS implemented the sunset of the 1 percent payment reduction for HH services on August 31, 2018, retroactive to July 1, 2018.

The rate increase was authorized by SB 856 (Chapter 30, Statutes of 2018) which appropriated California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) funds to be used as the nonfederal share for specified DHCS health care expenditures during FY 2018-19.

The Medi-Cal reimbursement rates in effect on June 30, 2018, for HH and certain PDHC services will be increased by 50 percent; the new Medi-Cal reimbursement rates effective July 1, 2018, are shown in the table below. The implementation of the rate

increase is delayed and is expected to occur in January 2019, retroactive to July 1, 2018. Subsequent to implementation of the rate increase, DHCS will process an erroneous payment correction for any claims paid at the lower rate that may qualify for a payment adjustment based on the rate increase.

Providers should continue to bill their usual and customary charges, and DHCS will reimburse the provider the billed amount or the Medi-Cal fee schedule rate, whichever is lower. Providers will be able to adjust previously submitted claims as outlined in the provider manual to correct their usual and customary charges back to the effective date of the rate increase, if necessary.

Procedure Code	Medi-Cal Rate Effective July 1, 2018	Procedure Code	Medi-Cal Rate Effective July 1, 2018
Z5804	$47.91	Z5834	$44.12
Z5805	$52.70	Z5835	$48.53
Z5806	$36.63	Z5836	$68.15
Z5807	$40.29	Z5838	$28.35
Z5832	$60.86	Z5840	$53.66
Z5833	$66.95	Z5868	$44.12

Medi-Cal Annual Renewals by County

DHCS has begun reporting county-by-county Medi-Cal renewal processing data on the California Health and Human Services (CHHS) Open Data Portal (ODP). This dataset includes processing milestones for annual Medi-Cal eligibility renewals conducted by counties each month, beginning October 2016. The data is provided by the Statewide Automated Welfare System (SAWS), which comprises three county eligibility and enrollment systems. SAWS reports the number of renewals due and renewals completed by the due date and within the renewals processing timeframe for each county. This dataset is part of the public reporting requirements set forth in California WIC Code 14102.5(3), et seq. The Medi-Cal annual renewals by county data are publicly available on the ODP website.

Medi-Cal Managed Care Quality Awards

In October, DHCS presented awards to eight MCPs that demonstrated outstanding performance, or outstanding improvement, on DHCS quality measures for performance year 2017. DHCS also presented two MCPs with the Innovation Award, which highlighted innovative interventions developed by the MCPs to improve the quality of care for Medi-Cal beneficiaries. New in 2018, DHCS presented its first Health Equity Award to one MCP that identified and attempted to reduce a health disparity among its

Medi-Cal managed care members. For a list of the MCPs that received an award, visit the DHCS website.

Medication Assisted Treatment (MAT) Expansion Project

California's MAT Expansion Project funds services to address the opioid crisis by increasing access to MAT using the three Food and Drug Administration approved medications – buprenorphine, methadone, and naltrexone – for the treatment of opioid use disorder (OUD). The goals are reducing unmet treatment need and reducing opioid overdose related deaths. These projects are federally funded by the State Targeted Response to the Opioid Crisis and State Opioid Response grants. DHCS initiated several new grant-funded efforts beginning on October 1, 2018, including the Naloxone Distribution Project (NDP). The NDP distributes free naloxone kits to first responders, community-based outreach teams, homeless shelters, law enforcement, courts, veteran's centers, jails, and schools.

The MAT Expansion Project is also initiating a media campaign project promoting OUD prevention and treatment services via television, radio, print, billboards, and digital platforms. Additionally, DHCS is commencing services for special populations, such as perinatal, veteran and active duty military, and youth and young adults. DHCS posted several MAT Expansion Project Requests for Applications on its website, including for a project to develop new treatment access points statewide. More information about the MAT Expansion Project is available on the DHCS website.

Non-Medical Transportation (NMT)

NMT is available to all FFS beneficiaries who have full-scope Medi-Cal or who are pregnant (through the end of the month in which the 60th day postpartum falls), to and from appointments for services covered by Medi-Cal. This includes transportation to medical, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies. Beneficiaries must attest they do not have other forms of transportation available to them to use the services. DHCS expects to send a beneficiary notice to all eligible FFS beneficiaries in December to inform them of this benefit. DHCS continues to collaborate with transportation organizations and providers statewide and provide technical assistance to transportation providers relating to Medi-Cal coverage, reimbursement policies, and provider enrollment processes. As of November 2, 2018, DHCS was processing 24 applications from transportation providers in: Alameda, El Dorado, Kern, Kings, Los Angeles, Modoc, Riverside, San Joaquin, Sacramento, San Bernardino, San Diego, and Yuba counties. DHCS will post a list of NMT providers on the DHCS website as soon as provider applications are approved.

NMT is also available to all Medi-Cal Managed Care members. MCPs must provide NMT services for members to obtain medically necessary MCP-covered services, and NMT for

all Medi-Cal services not covered under the MCP contract. Services that are not covered under the MCP contract include specialty mental health, substance use disorder, dental, and any other services delivered through the Medi-Cal FFS delivery system.

For more information about the NMT policy, please visit the DHCS website. For questions about NMT policy, please email DHCS-Benefits@dhcs.ca.gov. For questions about the provider enrollment processes, please email PEDCorr@dhcs.ca.gov.

Proposition 56 – Loan Repayment Programs

On November 28, 2018, DHCS released a proposal for the Proposition 56 Physicians and Dentists Loan Repayment Program for public comment. Any written comments may be emailed to PublicInput@dhcs.ca.gov with "Loan Repayment Proposal" in the subject line or message.

Proposition 56 – Freestanding Pediatric Subacute (FPS) Facilities

CMS approved SPA 18-0042, the time-limited supplemental payment program for FPS facilities, effective August 1, 2018. This supplemental payment was authorized by SB 856 (Chapter 30, Statutes of 2018), which appropriated Proposition 56 funds to be used as the nonfederal share for specified DHCS health care expenditures during FY 2018-19.

Effective for dates of service from August 1, 2018, through July 31, 2019, FPS facilities will receive a time-limited supplemental payment based on claim submissions made for the accommodation codes listed below. Prospective implementation is expected to begin by February 2019.

Long-Term Care Accommodation Code	Description	Supplemental Payment Per Diem
91	Ventilator rate	$132.92
92	Non-ventilator rate	$132.92
93 & 95	Ventilator rate less the bedhold/leave of absence rate	$132.92
94 & 96	Non-ventilator rate less the bedhold/leave of absence rate	$132.92

Provider Application and Validation for Enrollment (PAVE)

DHCS launched PAVE 3.0 on September 4, 2018. PAVE is an automated, online resource to enroll Medi-Cal providers who currently enroll through the Provider Enrollment Division (PED). Release 3.0 made PAVE available to the remaining provider types, which

enroll through PED including optometrists, pharmacies, Drug Medi-Cal providers and tribal health organizations. PAVE has reduced the processing time from an average of 180 days to 50 days. Within the next month, DHCS will issue a provider bulletin that requires PAVE eligible providers to enroll through PAVE. Support resources for using PAVE can be found on the DHCS [website](#). To receive regular PAVE updates, please sign up for the [PAVE mailing list](#). For additional help, please call the PAVE Help Desk at 1-866-252-1949.

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

At the PRIMEd Annual Conference on October 29-30, 2018, DHCS presented the PRIMEd Distinguished Improvement Awards to Contra Costa Regional Medical Center, Natividad Medical Center, and Salinas Valley Memorial Health Care System for their work in closing significant gaps and reaching the top performance benchmarks on a significant number of metrics during the previous year. DHCS also presented two health systems with the PRIMEd Award of Excellence, which were awarded to the Designated Public Health System and the District and Municipal Hospital whose efforts best exemplify the interventions or improvements that represent a commitment to the experience and health outcomes for Medi-Cal members and to the PRIME Program, as voted on by conference attendees. The winners of the PRIMEd Award of Excellence were Contra Costa Regional Medical Center, for their Inclusive Pride Initiative, and Bear Valley Community Healthcare District, for their work on developing a pain management program. For questions or concerns, please email PRIME@dhcs.ca.gov.

Smile, California Campaign for the Medi-Cal Dental Program

DHCS and its partners launched the *Smile, California Campaign* in October 2018 to build positive momentum and drive increased utilization of dental services for Medi-Cal members, largely through the new website, [smilecalifornia.org](#). The outreach campaign involves community activities and events, including a statewide tour from October 5 through November 19, 2018. *Smile, California* is also using social media to promote information about Medi-Cal dental benefits, including [Facebook](#) and [Instagram](#), which includes information about community events and activities as well as photos from outreach events.

The user-friendly *Smile, California* [website](#) includes member bulletins, information in short video formats, and is available in English and Spanish. Its simple navigation and clear explanation of covered dental services by age group were key to its development. The "Find a Dentist" button is featured prominently throughout the site and links the user to an upgraded provider directory located on the [Medi-Cal dental website](#). Along with the new *Smile, California* campaign, the Medi-Cal Dental provider bulletins have

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received a makeover featuring the new campaign. To be added to the listserv and receive *Smile, California* updates, please email hello@smilecalifornia.org.

Telehealth Policy

On October 25, 2018, DHCS proposed revisions to telehealth policy documents, various provider manual sections, and a Medi-Cal managed care APL to stakeholders for feedback. The purpose of DHCS' telehealth policy revision is to clarify which Medi-Cal-covered benefits and services may be provided via telehealth. Through this policy revision, DHCS intends to clarify that Medi-Cal providers have increased flexibility to make medically necessary decisions for their patients on the use of telehealth, as well as to provide clarification and more detailed guidance regarding coverage and reimbursement requirements. DHCS accepted written feedback via email to the dedicated telehealth mailbox, Medi-Cal_Telehealth@dhcs.ca.gov, through close of business, November 15, 2018. In addition, DHCS is holding a telehealth webinar on December 17, 2018, from 2-3 p.m. to announce the final policy document. More information on the webinar will be released at a later date. For questions or comments, please email [Medi-Cal_Telehealth@dhcs.ca.gov.](mailto:Medi-Cal_Telehealth@dhcs.ca.gov)

Whole Child Model (WCM) Implementation

The WCM program will be phased into 21 specific counties that are served by five County Organized Health Systems (COHS). The program is being implemented on a revised schedule in three phases among the five COHS. On July 1, 2018, Phase I was implemented in six counties served by three MCPs: Central California Alliance for Health, CenCal, and Health Plan of San Mateo. Currently, DHCS is completing readiness activities for Phase II in the 14 counties served by Partnership HealthPlan, for a January 1, 2019, implementation date. Phase III is anticipated to be implemented on July 1, 2019, in Orange County, serviced by CalOptima. More information about the WCM can be found on the DHCS [website](#).

Whole Person Care (WPC) Pilot Program

The WPC pilots test locally-based initiatives that operate in 25 counties to address some social determinants of health as well as coordinate physical health, behavioral health, and social services to address the needs of the most vulnerable Medi-Cal beneficiaries. The pilot program will complete Program Year 3 of 5 on December 31, 2018. All pilots have operationalized their service and care coordination initiatives, and have continued intensive engagement and outreach efforts to enroll eligible Medi-Cal beneficiaries into their pilot programs. As of June 30, 2018, enrollment in the WPC program reached approximately 75,500, an increase of about 20,000 enrollees since January 30, 2018. WPC pilots continue to make progress in developing local relationships and sustainability infrastructure where feasible. For more information about the WPC pilot program, please visit the DHCS [website](#).

Stakeholder Meetings and Webinars

Assembly Bill (AB) 340 Trauma Screening Advisory Workgroup

On November 28, 2018, DHCS hosted the fourth 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 EPSDT benefit. To view meeting information, materials, or historical documents, please visit the DHCS website. For questions or comments, please email AB340@dhcs.ca.gov.

AB 1296 Stakeholder Meeting

On December 12, 2018, DHCS will host an AB 1296 stakeholder meeting (Chapter 641, Statutes of 2011) in collaboration with Covered California and the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) project team to discuss proposed 2020 CalHEERS initiatives. This meeting will provide a venue for engaging key advocate stakeholders on policy and other issues central to eligibility, enrollment, and retention in subsidized affordability health coverage programs (Medi-Cal, Covered California, and the Children's Health Insurance Program). Additional information regarding the meeting will be posted on the DHCS website.

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

On October 10, 2018, DHCS hosted a CCS AG quarterly meeting with stakeholders, including parents and family advocates, to discuss Phase II implementation of the WCM. Topics discussed included the 2019 Title V Needs Assessment and health care transition to adulthood. Also, Family Voices of California presented on its partnership with DHCS to support families and parent centers in the counties transitioning into the WCM. On October 18, 2018, DHCS hosted a WCM webinar for Phase II beneficiaries, providers, and interested parties. This webinar provided a brief summary of the CCS Program and an informational overview of the WCM. DHCS will host the next quarterly CCS AG meeting on January 9, 2019. To view CCS AG meeting agendas, presentations, webinars, and meeting materials, please visit the DHCS website.

Health Information Exchange (HIE) Onboarding and Interoperability 2019 Summit

DHCS will hold an HIE Onboarding and Interoperability Summit on January 7-8, 2019, in Sacramento. The annual two-day summit provides presentations and roundtable discussions to promote dialogue around a variety of topics, including: current and planned efforts related to HIE and HIE onboarding support; reporting to California's prescription drug monitoring program database (CURES); clinical data collection; public

health reporting; and HIE in emergency medical services. The summit will provide a forum for stakeholder input on activities that will shape the future of HIE in California. Registration information will be available on the DHCS [website](#).

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

The next MCHAP meeting is scheduled January 24, 2019, in Sacramento. The October 24, 2018, meeting included DHCS Director Kent's updates on federal and state developments, and the members discussed a draft recommendation letter to the Department on website improvements. The panel plans to vote on the final recommendation letter at the January meeting. 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](#).

Medi-Cal Dental Stakeholder Meetings

The next quarterly Sacramento Medi-Cal Dental Advisory Committee meeting is scheduled December 6, 2018, and the next Medi-Cal Dental Los Angeles Stakeholder meeting is scheduled December 13, 2018. Additional stakeholder information is available on the DHCS [website.](#)

Office of Family Planning Stakeholder Meeting

DHCS will convene its family planning stakeholder meeting on December 6, 2018. The meeting will include updates on telehealth, CHHS' Open Data Portal, and an overview of the Family, Planning, Access, Care and Treatment (Family PACT) annual report for fiscal year 2015-16. The meeting will also include an update on the Family PACT Client Eligibility Certification Form. The meeting announcement and details are posted on the DHCS [website](#).

Reports

Obsolete Legislative Reports

DHCS will propose to amend or delete the following reporting requirements to reduce the number of obsolete reports submitted to the Legislature:

- **Public Assistance Reporting Information System, Veterans Match, Post-Pilot Evaluation Report** (WIC Section 14124.11(f))
- **California Health Improvement Project** (WIC Section 14007.95)
- **Self-Certification of Income and Assets** (WIC Section 14012.5 (f))
- **Healthy Families Program Transition Reports** (WIC Section 14005.27(e)(10))
- **Medical Supply Demonstration Contracts** (WIC Section 14100.95)

- **Family Planning, Access, Care, and Treatment Program Report** (WIC Section 14501(j))
- **Local Education Agency Medi-Cal Billing Option Program Report to the Legislature** (WIC Section 14115.8(f))
- **California's Caregiver Resource Center's System Reports** (WIC Section 4365.5)
- **Quarterly Update Medi-Cal Managed Health Care Expansion into Rural Counties and the Medi-Cal Managed Care Program** (SEC 34 of AB 131 (Chapter 80, Statutes of 2005))
- **California Children's Services (CCS) – Legislative Report** (WIC Section 14093.06(e))
- **Mental Health Services Act Housing Semi-Annual Report** (SEC 67 of AB 1183 (Chapter 758, Statutes of 2008))
- **AB 75 Annual Report to the Legislature: Transfer of Administrative and Programmatic Functions of the Department of Alcohol and Drug Programs (DADP) to the Department of Health Care Services** (Health and Safety Code (HSC) Section 11750.1)

For specific changes to existing law, please visit the Department of Finance's website. For questions or comments, please email Melissa Rolland.