



Stakeholder Communication Update

December 2020

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. Be sure to follow DHCS on social media, too. Thanks.



While 2020 has presented unprecedented, life-changing challenges for us all, there has also been notable progress made to enhance Medi-Cal's service as the backbone of California's health care safety net. We would like to use this opportunity to acknowledge some of the good work accomplished through our work and through partnerships with the greater community.

On January 1, as part of the ACEs Aware initiative, eligible Medi-Cal providers began receiving a \$29 payment for conducting qualifying Adverse Childhood Experiences screenings for children and adults (through age 64) with full-scope Medi-Cal. That same month, DHCS implemented the young adult expansion, giving full-scope Medi-Cal coverage to young adults under age 26, regardless of immigration status. Currently, more than 75,000 young adults are receiving comprehensive care through that expansion.

In March, DHCS transitioned to a primarily telework environment during the public health emergency (PHE), staying home to flatten the COVID-19 curve, adapting to telework and technology, and staying connected with each other to continue to provide its essential services.

On April 8, 2020, DHCS implemented the Presumptive Eligibility for COVID-19 program, which covers COVID-19 diagnostic testing, testing-related services, and treatment

services, including hospitalization and all medically necessary care, at no cost to the individual, for up to 12 months or the end of the PHE, whichever occurs later. On August 28, DHCS renamed this program as the COVID Uninsured Group Program and launched an automated portal to support the application process for this program. As of November 30, 53,205 people have qualified for coverage through this program.

On May 4, DHCS launched the Medi-Nurse advice line. Available 24/7, the Medi-Nurse line helps Medi-Cal fee-for-service (FFS) beneficiaries without a regular doctor and uninsured Californians navigate health care resources related to COVID-19 symptoms, testing, and/or treatment. Medi-Nurse provides services in the 17 Medi-Cal threshold languages. DHCS has received more than 75,000 calls from 57 counties in 18 different languages (of the 19 available), including 89 percent uninsured and 11 percent FFS callers.

July saw our transition of the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program to the Quality Incentive Program, enabling 17 Designated Public Hospital and 33 District and Municipal Public Hospital systems to continue to receive funding for their excellent quality improvement work that began in PRIME.

COVID-19 has greatly affected all aspects of California's health care delivery system and, consequently, the Medi-Cal program. This was in part a result of the need to focus on surge planning, infection control, transition to telehealth/telework, and reprioritizing resources to control the spread of a new, deadly, and virulent infection. In response, DHCS worked closely with the Centers for Medicare & Medicaid Services (CMS) to obtain more than 50 programmatic flexibilities and increased Medicaid funding. These flexibilities transformed Medi-Cal and its health care delivery systems over the last several months.

A wide array of telehealth flexibilities were approved by CMS as part of DHCS' response to the COVID-19 pandemic. This allows Medi-Cal beneficiaries to access care safely during the pandemic when face-to-face visits presents greater risk. Telehealth flexibilities also allow Medi-Cal providers to be reimbursed for services that otherwise are ineligible. DHCS over several months obtained multiple federal waivers and extended flexibilities for our providers, allowing them to continue delivering critical services through various methods.

While the PHE slowed the overall development and implementation of California Advancing and Innovating Medi-Cal (CalAIM), DHCS continues to pursue the goals of CalAIM to improve the quality of life and health outcomes of the Medi-Cal population. CalAIM seeks to build upon past successes and improve the entire continuum of care across Medi-Cal, ensuring the system more appropriately manages patients over time through a comprehensive array of health and social services from birth to end of life.

On September 16, 2020, DHCS submitted a request to extend the 1115 waiver through December 31, 2021. CMS let DHCS know that the extension was determined to meet completeness requirements and was posted on the Medicaid.gov website for a 30-day public comment period that ended on November 1, 2020. DHCS will continue to work with CMS to develop applications for the 1115 waiver, scheduled to begin on January 1, 2022. DHCS will also submit a new consolidated 1915(b) waiver that includes Medi-Cal Managed Care, Specialty Mental Health, and Drug Medi-Cal Organized Delivery System pilots, with a proposed effective date of January 1, 2022. Additional details regarding Medi-Cal's new 1915(b) waiver, and the CalAIM components, will be available in early 2021 when it is shared publicly for comment.

Additionally, due to the PHE, DHCS applied for and received a Crisis Counseling Assistance and Training Program grant through FEMA to create CalHOPE, a virtual crisis counseling network designed to strengthen existing community support systems, and help survivors understand their reactions to the current situation. On October 29, 2020, the Substance Abuse and Mental Health Services Administration approved \$70 million in grant funding to expand and continue the CalHOPE campaign. CalHOPE includes a partnership with schools to help children and youth manage the trauma caused by the PHE, such as feeling socially disconnected, and the disruption of the normal movement back and forth between school and home environments. Support is available at the [CalHOPE website](#) and at the CalHOPE Warm Line: (833) 317-HOPE (4673).

Looking forward, we have a chance to refocus Medi-Cal on reducing disparities and improving health equity, inclusion, and access. To do so we will continue to use data to identify and address health disparities and social determinants of health.

DHCS remains committed to the underlying notion that health care is a human right, and will continue its work to support quality health care coverage for all Californians.

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Department Updates

COVID-19 Updates

On October 9, CMS [approved](#) California’s request to implement temporary flexibilities for the Community-Based Adult Services (CBAS) program. DHCS, in collaboration with the California Department of Aging (CDA), issued guidance in April 2020 to implement CBAS Temporary Alternative Services (TAS), which allows CBAS centers to provide services to participants in their homes, via telehealth, or over the telephone. Additional information about CBAS TAS is available on [CDA’s website](#). Additional COVID-19 updates will be posted on the [DHCS COVID-19 resource page](#).

DHCS Leadership Transitions

Governor Gavin Newsom recently made a DHCS executive appointment:

- Jeffrey Callison, Assistant Deputy Director, Office of Communications, effective December 7, 2020. Since March 2016, Mr. Callison has served as Assistant Secretary, Communications and External Affairs, at the California Department of Corrections and Rehabilitation.

DHCS made several key executive staff appointments:

- Brian Kentera, Chief, CA-MMIS Operations Division within Program Operations, effective October 26, 2020. Mr. Kentera has close to 25 years of state of California experience, all with DHCS. He was previously an Information Technology Manager II within the CA-MMIS Operations Division.

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- Jacob Lam, Assistant Deputy Director for Health Care Financing, effective October 19, 2020. Mr. Lam joins DHCS from the Department of Finance with more than seven years of experience with the state of California.
- Adelina (Addie) Aguirre, Chief, Financial Management Division (FMD), effective December 1, 2020. Ms. Aguirre has more than 32 years of state of California experience.
- Richard Nelson, Chief, Integrated Systems of Care Division (ISCD), effective November 30, 2020. Mr. Nelson has more than eight years of state of California experience.
- Bambi Cisneros, Assistant Deputy Director for Managed Care, Health Care Delivery Systems (HCDS), effective November 30, 2020. Ms. Cisneros has more than seven years of state of California experience, all with DHCS.
- Shaina Zurlin, Chief, Medi-Cal Behavioral Health Division (MCBHD), effective January 4, 2021. Dr. Zurlin has 20 years of experience working in various public behavioral health settings, starting her career as a clinician and case manager in a crisis residential facility for people with serious mental illness.
- Laura Wilbur, Chief, Investigations Branch, Audits & Investigations, has retired, effective October 30, 2020.

DHCS Organizational Changes

About one-third of Californians receive health care services financed or organized by DHCS. As such, quality of care, data-driven decision making, and compliance with myriad state and federal requirements are critical to DHCS fulfilling our mission to provide Californians with access to affordable, integrated, high-quality health care and addressing key issues such as tackling health disparities. To ensure our organizational structure is reflective of these priorities and better prepared to advance and innovate our programs, we will be implementing some enhancements over the coming months that will include creation of key leadership positions and consolidation of some functions to improve outcomes and achieve efficiencies. These changes will:

- Consolidate existing internal quality functions under a new Chief Quality Officer and Deputy Director for Quality and Population Health Management reporting to Chief Deputy Director for Health Care Programs and State Medicaid Director Jacey Cooper. The goal is to elevate our critical health care quality functions and create a standard approach to our quality and population health management strategy, including addressing health inequities. DHCS is currently seeking qualified applicants; please send a letter of interest and your CV/Resume to Tiffany.Davis@dhcs.ca.gov. More information is available [here](#).
- Consolidate existing compliance functions under a new Chief Compliance Officer reporting to the Director's Office. The goal is to elevate our important compliance functions and create a standard approach for tracking state and federal program requirements and identifying and correcting deficiencies.

Program Updates

Adverse Childhood Experience (ACE) Screenings

ACEs Aware is an initiative led by DHCS and the Office of the California Surgeon General (CA-OSG) that gives Medi-Cal providers training, clinical protocols, and payment for screening children and adults for Adverse Childhood Experiences (ACEs). In December, DHCS and CA-OSG will release a Request for Proposal (RFP) to provide grant funds to communities that want to build upon and grow a robust network of care to effectively respond to ACE screenings to support the needs of Medi-Cal providers, patients, and families. The RFP will be posted on the [grants section of ACEs Aware website](#). Also in December, DHCS and CA-OSG will release a Trauma-Informed Network of Care Roadmap that will provide guidance on the key elements for ensuring a robust and effective network of care.

ACEs Aware offers a [free, online training](#) for providers interested in learning more about ACE screening and trauma-informed care. On October 15, a [data report](#) was released showing that nearly 14,000 health care providers have completed the initiative's core training program, 8,300 of whom are Medi-Cal providers eligible to receive payment for providing ACE screenings. Additionally, the newly launched [ACEs Aware Provider Directory](#) offers patients a way to find and connect with trained ACEs Aware providers throughout California.

Aged, Blind, and Disabled Federal Poverty Level (ABD FPL) Program Expansion

On September 2, 2020, DHCS submitted a Medicaid State Plan Amendment (SPA) to CMS and received approval for an expansion of the ABD FPL program, which will increase the program income limit from 100 percent to 138 percent of the FPL. Implementation of this benefit occurred on December 1, 2020, allowing for more individuals under the program's new income limit to be eligible to no cost Medi-Cal coverage. DHCS engaged in several outreach efforts to inform Medi-Cal beneficiaries who could be affected by the changes to the ABD FPL program. This included letters mailed to beneficiaries that explained the program expansion and included frequently asked questions. Managed care enrollment packets were mailed in November to those beneficiaries projected to be eligible to no cost Medi-Cal due to the program expansion. Additional outreach letters were mailed in November to beneficiaries in the 250 percent Working Disabled Program, and current ABD FPL beneficiaries who purchase other health insurance who may benefit from the program expansion. Implementation of this program expansion will result in an estimated 40,000 previously ineligible ABD individuals becoming eligible for the ABD FPL program. Currently enrolled Medi-Cal beneficiaries who are newly eligible under the expansion will be automatically transitioned and notified of the change. DHCS will continue to provide updates on the implementation through the [DHCS Consumer Focused Stakeholder Workgroup](#).

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Annual Medi-Cal Managed Care Quality Awards

DHCS annually recognizes Medi-Cal managed care plans (MCP) that have excelled in improving the quality of health care for the millions of beneficiaries receiving Medi-Cal services through the managed care delivery system. This year, DHCS presented its sixth annual Innovation Awards and its third annual Health Equity Awards.

The Health Equity Award allows each MCP to submit up to two nominations that describe a project to identify and reduce a health disparity among Medi-Cal beneficiaries. Two MCPs tied as the winners: Anthem Blue Cross for its Doula Pilot Program and SCAN Health Plan for its Insulin Advisors Program. Partnership HealthPlan received the runner up award for its Members Recently Released from Incarceration Program.

The Innovation Award allows each MCP to submit up to two nominations that describe innovative work that attempts to improve the quality of care for Medi-Cal beneficiaries. MCPs then vote to select a winner and runner-up. Two MCPs tied as the winners: Blue Shield of California (Promise Health Plan) for its Neighborhood Health Dashboard and Inland Empire Health Plan (IEHP) for its Using Location Intelligence to Monitor IEHP Members, Providers, and Facilities During Wildfires or Power Outages. Gold Coast Health Plan received the runner up award for its Proactive Care Management Program for new beneficiaries.

After the winners are announced, a booklet containing all of the Innovation and Health Equity Award nominations is created and distributed to all MCPs to facilitate and encourage the sharing of best practices. All awards and nominations are available on the DHCS [website](#).

Behavioral Health Peer Support Services

Senate Bill 803 (Chapter 150, Statutes of 2020) involves developing an optional peer support services certification program for the Drug Medi-Cal Organized Delivery System and Specialty Mental Health Services that will include both the requirements for certification as well as billing specifications for peer support service providers and for the services. DHCS is developing the details of the stakeholder engagement process that will occur during the first half of 2021. Concurrent to the stakeholder engagement timeline, DHCS will draft program guidelines for release during summer 2021. Counties will then be able to build their programs, with implementation activities set to begin in early 2022. Additional details on how existing funds can be used to support county peer support services programs have been released in Behavioral Health Information Notice [20-056](#).

California Health Information Exchange Onboarding Program (Cal-HOP)

DHCS launched a statewide effort to promote health information exchange by Medi-Cal providers, which was approved by CMS in February 2020. Under Cal-HOP, DHCS will provide \$50 million to Health Information Organizations (HIOs) to establish data exchange

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connections to providers and hospitals. Participating HIOs will support ambulatory practices and hospitals to enable the exchange of admission, discharge, and transfer messages (ADT); connect to the Controlled Substance Utilization Review and Evaluation System (CURES); and will use advanced data exchange interfaces to critical public health registries and other entities. DHCS has contracted with eight HIOs throughout the state to facilitate services under this program. Provider and hospital organizations can find a list of participating HIOs on the DHCS [website](#). The funding available under Cal-HOP will enable implementation of onboarding services at a greatly reduced cost to all program participants.

Onboarding opportunities under Cal-HOP will be available through September 2021. For more information about program requirements or how providers can enroll with a participating HIO, providers are encouraged to visit the DHCS [website](#) and submit questions directly to HIEOnboard@dhcs.ca.gov or a participating HIO providing services to their region.

Dental Transformation Initiative (DTI)

As of November 6, 2020, 3,047 Medi-Cal dental providers have opted to participate in Domain 2. DHCS has continued bimonthly teleconferences with all Local Dental Pilot Programs (LDPPs) to educate, support, and provide technical assistance. The next Domain 4 teleconference is scheduled for December 17, 2020. In addition, DHCS will continue facilitating communications with LDPPs regarding closeout guidelines related to the contractual deadline of December 31, 2020, and final deliverables required for all Domain 4 pilot programs. Fact sheets for all DTI domains are posted on the DHCS [website](#).

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

California's first regional DMC-ODS model began operating on July 1, 2020, bringing the total number of counties participating in the DMC-ODS to 37, representing more than 90 percent of the Medi-Cal population. The regional model is a collaboration among seven Northern California counties and Partnership HealthPlan. 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. DHCS has issued 946 designations to alcohol and drug treatment providers in California. Of these providers, 661 are actively providing DMC-ODS services. More information about DMC-ODS is posted on the DHCS [website](#). Additionally, DHCS contracts with an External Quality Review Organization (EQRO) that reviews DMC-ODS counties annually regarding access, timely access, and quality of care. The information from these reviews is summarized in annual county reports. In fiscal year (FY) 2019-20, 26 DMC-ODS counties were reviewed. The EQRO has begun FY 2020-21 reviews. The individual reports can be found at <https://www.caleqro.com/dmc-egro>.

Medication Assisted Treatment (MAT) Expansion Project Update

On September 29, 2020, DHCS launched the State Opioid Response (SOR) 2 grant and initiated implementation of all MAT Expansion Project programs. DHCS, in partnership with the University of California, Los Angeles, Integrated Substance Abuse Programs and Advocates for Human Potential, Inc., released an opportunity in November 2020 to participate in a pilot project focusing on the emergent use of stimulants, including methamphetamine and cocaine, among patients in specialty substance use disorder (SUD) treatment. The broad goal of this pilot is to offer an opportunity for SUD providers to be trained and coached to deliver a manualized integrated, research-supported, and multi-component approach using the Treatment and Recovery for Users of Stimulants (TRUST) model to enhance and improve the treatment experience of individuals with stimulant use disorder. Up to ten applicants will be selected in January 2021 to participate as pilot TRUST Implementation sites in two staggered cohorts between February 2021 through September 2022. All applicants will be selected in winter 2021, with Cohort 1 (five sites) expected to begin training and implementation activities in February 2021, and Cohort 2 (five sites) beginning training and implementation activities in September 2021. For more information about the MAT Expansion Project, visit www.CaliforniaMAT.org.

Medicare Part B Buy-In Disregard – AB 1088

On October 21, 2020, CMS approved the Medicare Part B Buy-In disregard, SPA [20-0016](#), implementation of this benefit occurred on December 1, 2020. DHCS published policy guidance to counties via All County Welfare Directors Letter [20-18](#). In November, information regarding this new income disregard was included in outreach materials that were mailed to beneficiaries who are potentially impacted by the ABL FPL expansion. DHCS will continue to provide updates at the [DHCS Consumer Focused Stakeholder Workgroup meetings](#).

Medi-Cal Health Enrollment Navigators Project

DHCS is expanding and extending efforts to enroll hard-to-reach Medi-Cal populations. Effective July 1, 2019, Assembly Bill (AB) 74 (Chapter 23, Statutes of 2019) appropriated \$59.7 million for DHCS to partner with counties and/or community-based organizations (CBOs) for Medi-Cal outreach, enrollment, retention, and navigation services for hard-to-reach Medi-Cal and potentially eligible Medi-Cal populations. Due to the community health impacts of the COVID-19 PHE, navigator services are now more critical than ever. Project partners have implemented innovative and creative approaches to contact and enroll eligible populations in their local communities. As of October 2020, DHCS is partnering with 32 counties and 10 CBOs (serving an additional 20 counties) to provide Navigators Project services within those 52 counties. In December 2020, DHCS issued the Phase IV bulletin to allocate all remaining funds to current awardees and prospective CBOs. Phase IV allows CBO and county partners to submit a proposal for the remaining six un-awarded counties; incorporate new/expand existing activities for all participants; extend their project performance period to March 31, 2022; and continue adjusting their outreach and enrollment approaches due to the challenges presented by the COVID-19

PHE. Information and updates related to the Medi-Cal Health Enrollment Navigators Project is available on the DHCS [website](#).

Medi-Cal Rx Implementation and Project Status Updates

On November 16, DHCS, in close partnership with Magellan Medicaid Administration, Inc., announced that it would lengthen the transition time to full implementation of Medi-Cal Rx by three months, until April 1, 2021. In the interim, all current prescription drug service processes and protocols, both effectuated by DHCS and Medi-Cal managed care plans (MCPs), will remain unchanged and in place until Medi-Cal Rx launches.

This action allows more time to develop safeguards to ensure a smoother and more complete transition of prescription drug services for Medi-Cal's over 13.5 million beneficiaries during the COVID-19 PHE. Further, the additional time will provide more opportunities for Medi-Cal providers, beneficiaries, MCPs, and other interested parties to become better acclimated with the new Medi-Cal Rx policies and processes. DHCS and Magellan will also use the extra time to communicate with and provide additional information to MCPs and other interested stakeholders, including:

- Allowing Medi-Cal providers, MCPs, and other interested parties to register for the Medi-Cal Rx secure portals and participate in comprehensive trainings that ensure greater overall understanding of the project and support operational readiness for providers and MCPs.
- Standing up and fully mobilizing the Medi-Cal Rx Customer Service Center (CSC) well in advance of the full implementation date. Experts at the CSC will be able to field and answer questions from customers and providers, potentially preempting confusion and other potential problems once the transition occurs. The CSC provides guidance on claims processing, prior authorization of drugs, prescription request adjudication, and more through the 24/7 support service for Medi-Cal providers, beneficiaries, MCPs, and other interested parties.
- Providing additional time for MCPs to interact with and build rapport with dedicated Medi-Cal Rx clinical liaisons, who will help Magellan build accurate and comprehensive MCP profiles to ensure that the individualized needs of the populations served by each MCP are met.
- Allowing DHCS and Magellan to roll out additional Medi-Cal Rx website and secure portal functionalities and tools in advance of the project launch, including, but not limited to, the new Medi-Cal Rx Pharmacy Locator, Medi-Cal Rx Provider Manual, and Contract Drug List.

To ensure Medi-Cal beneficiaries are aware of DHCS' decision to lengthen the transition time by three months, DHCS has updated the Medi-Cal beneficiary notice templates to include information about the new date of full implementation. The templates are planned for release to Medi-Cal beneficiaries in December 2020.

In the interim, DHCS continues to encourage Medi-Cal providers, health plans, counties, beneficiaries, and other interested parties to sign up for the [Medi-Cal Rx subscription service](#) to receive Medi-Cal Rx updates by email.

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For project questions or comments, visit the DHCS [website](#) or email RxCarveOut@dhcs.ca.gov. In addition, DHCS encourages stakeholders to review the most current iteration of the Medi-Cal Rx [Frequently Asked Questions \(FAQ\) document](#), which is regularly updated with new questions as the project advances.

Nonmedical Transportation (NMT)

As of November 6, 2020, DHCS had received 425 applications from transportation companies requesting enrollment as NMT providers in fee-for-service (FFS) Medi-Cal. DHCS has approved 79 of those applications. A list of the approved NMT providers is posted on the DHCS [website](#), and is updated monthly as additional providers are approved. DHCS will continue to assist FFS Medi-Cal beneficiaries with NMT requests if there is no approved NMT provider in their area. Beneficiaries or their designees can email DHCS-Benefits@dhcs.ca.gov to request transportation assistance. Requests should be sent at least five business days in advance of the appointment if their provider is unable to arrange NMT or if they have exhausted all other transportation options. Beneficiaries should not include personal information in their first email; DHCS staff will reply with a secure email asking for their appointment information.

Quality Incentive Pool (QIP) Program Year (PY) 2 Evaluation Report

On October 30, 2020, DHCS submitted the [QIP PY2 Evaluation Report](#) (July 1, 2018–June 30, 2019) to CMS. Beginning July 1, 2017, DHCS directed Medi-Cal MCPs to make performance-based quality incentive payments to 17 participating Designated Public Hospital (DPH) systems based on their performance on at least 20 of 26 specified quality measures that address primary, specialty, and inpatient care, including measures of appropriate resource utilization. QIP integrates historical supplemental payments to come into compliance with the managed care [Final Rule](#) by linking payments to utilization and delivery of services under MCP contracts. To receive QIP payments, DPHs must achieve specified improvement targets, measured for all Medi-Cal beneficiaries utilizing services at DPHs. The PY2 evaluation report provides comparisons between PY1 (baseline) and PY2 for the quality of inpatient and outpatient services provided to Medi-Cal members at DPHs. DPHs were most likely to show quality improvement in specialty care and inpatient care measures. For each measure, there was aggregate improvement. In aggregate across all 17 DPHs, DPHs met their goals on 89 percent of reported metrics and almost half of DPHs (47 percent) met their quality improvement goal for all 20 measures. For more information about the DPH QIP program, visit the DHCS [website](#).

Smile, California Campaign for Medi-Cal Dental Services

The 2020 *Smile, California* Organizational Brand Ambassador Program works with stakeholder organizations to perform meaningful outreach to communities regarding dental care and the Medi-Cal Dental program. In partnership with Children Now, California Black Health Network, Maternal and Child Health Access, Asian Resources, Inc., and Vision y Compromiso, *Smile, California* will be promoted to their member audiences and partner networks to help Medi-Cal members learn about and use their

dental benefits. Promotional activities include hosting referral events, referring members to dental homes, social media contact and promotion, and hosting webinars.

Recently, *Smile, California* partnered with SteppingStone Adult Day Health Care, providing program managers with Chinese-language materials for circulation in their weekly package distributions to more than 300 Medi-Cal-enrolled seniors. *Smile, California* also partnered with San Bernardino Comprehensive Perinatal Services Program to promote and display the full suite of *Smile, California* pregnancy material in 42 of their OB-GYN offices. To sign up for Smile Alerts, please visit the *Smile, California* [website](#). Follow *Smile, California* on Instagram at @SmileOnCalifornia for the latest information and resources.

Stakeholder Meetings and Webinars

Medi-Cal Consumer Focused Stakeholder Workgroup (CFSW) Meeting

The next CFSW meeting is scheduled for December 11, 2020, from 10 a.m. to Noon, via a WebEx call. Additional information about the workgroup is available on the [DHCS website](#).

Electronic Visit Verification (EVV) Phase II

EVV is a telephone- and computer-based system that electronically verifies that in-home service visits occurred. DHCS and the Departments of Developmental Services (DDS), Public Health (CDPH), Aging (CDA), and Social Services (CDSS) will hold the fourth EVV Phase II [Stakeholder Meeting](#) on December 4, 2020, to continue engaging stakeholders and to discuss the draft RFP. The federal government requires that all states implement EVV for Medicaid-funded personal care services (PCS) by January 2020, subsequently extended to January 2021 for California, and home health care services (HHCS) by January 2023. EVV Phase II is focused on identifying a solution to implement EVV for DHCS, DDS, CDPH, CDA, and CDSS programs subject to EVV, except for the In-Home Supportive Services and Waiver Personal Care Services self-directed models, which are included in EVV Phase I. For Phase II, the state will use an Open Vendor Model in which the state contracts with a single EVV vendor, but allows home health agencies, providers of specified regional center services, and managed care organizations to use other EVV vendors. The state anticipates implementing EVV for PCS by January 2022 and for HHCS by January 2023. To be added to the EVV Phase II stakeholder e-mail list, please contact EVV@dhcs.ca.gov. For more information about EVV Phase II, visit the [DHCS website](#).

Foster Care Model of Care Workgroup

On December 17, 2020, DHCS is scheduled to hold the next Foster Care Model of Care Workgroup meeting via webinar. The agenda will be posted to the [DHCS website](#) closer to the meeting date. Information on meeting dates is posted on the [DHCS website](#). For questions or comments about this workgroup, please email CalAIMFoster@dhcs.ca.gov.

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Home & Community-Based Alternatives (HCBA) Waiver Renewal Technical Workgroup Meetings

On December 9, 2020, DHCS will host the second of three virtual technical workgroup meetings to solicit stakeholder input for the HCBA waiver renewal process. On October 28, 2020, DHCS held the first workgroup meeting, during which DHCS received 53 statements of interest from interested parties and selected 27 members to participate in the technical workgroups. DHCS also provided an overview of the HCBA waiver and solicited concepts from workgroup members. All workgroup materials are posted on the DHCS [website](#). The third technical workgroup meeting is scheduled for January 2021.

Upon completion of the technical workgroup meetings, DHCS will incorporate stakeholder feedback and post the proposed waiver for a 30-day public comment period in summer 2021. DHCS will submit the HCBA waiver to CMS in fall 2021. Information on the HCBA waiver renewal, technical workgroup, and upcoming opportunities to provide public input are posted on the DHCS [website](#).

Managed Care Advisory Group (MCAG) Meeting

DHCS will host the next quarterly MCAG meeting on December 3, 2020. The purpose of the MCAG is to facilitate active communication between DHCS and all interested parties and stakeholders. DHCS provides program updates, and stakeholders are able to ask questions about issues that affect managed care beneficiaries. MCAG members generally consist of stakeholders and advocates, legislative staff, health plan representatives, health plan associations, and providers.

The upcoming meeting will focus on updates about the Health Disparities Report, Behavioral Health Integration, and Children's Preventative Care Services Utilization Report and Outreach Campaign. To view meeting information, materials, and historical documents, please visit the DHCS [website](#).

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

The next MCHAP meeting is scheduled for December 9, 2020, via webinar. Expected topics include discussions on telehealth, gaps in coverage due to COVID-19, and structural racism in the health care delivery system. 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 Rx Public Forums

DHCS will host the next Medi-Cal Rx public forum on December 9, 2020, via webinar. Information on the webinar is posted on the DHCS [website](#). For questions or comments related to Medi-Cal Rx, please email RxCarveOut@dhcs.ca.gov.

Money Follows the Person (MFP) Supplemental Funding Stakeholder Webinar

On December 4, 2020, DHCS will host a [webinar](#) to solicit stakeholder input and recommendations regarding DHCS' proposed strategy for utilization of the \$5 million supplemental funding opportunity that CMS has made available through the MFP demonstration program. The webinar will provide stakeholders with an overview of the funding opportunity, including funding guidelines and restrictions. Additionally, the webinar will provide key partners and the general public an opportunity to inform the development of the proposal and strategies for expanding access to Home and Community-Based Services (HCBS).

On September 23, 2020, CMS announced supplemental funding of up to \$165 million for states currently operating MFP demonstrations. Each state is eligible to receive up to \$5 million in supplemental funding for planning and capacity building activities to accelerate long-term care system transformation design and implementation, as well as to expand HCBS capacity. In order to receive funding, states are required to submit a proposal that includes project narrative and supplemental budget request by June 30, 2021.

Trauma-Informed Primary Care (TIPC) Implementation Advisory Committee

The TIPC Implementation Advisory Committee will meet virtually on December 15, 2020, to discuss strategies for ensuring a robust network of care and encouraging Medi-Cal providers to take the ACEs Aware core training. For more information about the TIPC, visit [ACEsAware.org](https://www.acesaware.org).