Status Report of the Department of Health Care Services Activities for Implementing Legislation and Status of Regulations

Semi-Annual Report to the Legislature

January 2024

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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EXECUTIVE SUMMARY

This report provides a summary of the Department of Health Care Services (DHCS) legislation from 2013 to 2023 that requires the promulgation of regulations within a specified timeframe. There were no reporting requirements for 2020 or 2021. As required by specific statutes in this report, DHCS is to adopt regulations and, beginning six months after the effective date of these statutes, DHCS is to provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted. The summary of the legislation presented in this report is provided each January and July to update the Legislature on the status of regulations and the implementation of legislation.

This reporting requirement is required by the following code sections cited in the authorizing statutes for this report:

Government Code (GC) Sections:

GC 26605.6, 26605.7, 26605.8

Welfare and Institutions Code (WIC) Sections:

WIC 10003, 10950, 14000.7, 14005, 14005.4, 14005.22, 14005.28, 14005.30, 14005.31, 14005.32, 14005.36, 14005.37, 14005.39, 14005.40, 14005.60, 14005.63, 14005.64, 14005.65, 14005.225, 14005.401**,** 14007, 14007.1, 14007.5, 14007.6, 14007.8, 14007.15, 14011.6, 14011.66, 14013.3, 14015.5, 14015.7, 14015.8, 14021.6, 14094.20, 14102, 14102.5, 14105.33, 14132, 14132.02, 14132.56, 14132.968, 14148.65, 14149.8, 14149.9, 14154

This report lists the legislative bills by the year of enactment with the following information: bill number and author, chapter number and year of enactment, the subject, a brief summary of the bill's requirements and statutory language, the actions taken, and the issue date or anticipated issue date of the regulations. ***Italicized bold*** text with an **asterisk** indicates updated information since the July 2023 report.

The Appendix at the end of this report provides links to lists of:

- All County Welfare Director's Letters (ACWDL)
- Medi-Cal Eligibility Division Information Letters (MEDIL)
- Dental All Plan Letters (APL)
- All Plan Letters (APL)
- State Plan Amendments (SPA)
- California Children's Services (CCS) Numbered Letters (NL)

2013 REQUIREMENTS

AB 82 (Committee on Budget, Ch. 23, Statutes of 2013)

Subject: Compassionate Release and Medical Probation Program

Bill Requirements and Statutory Language:
SEC. 3-5. These sections clarify the requirements that counties must follow to notify DHCS when an inmate is released under the medical probation or compassionate release programs. To the extent the released individual is Medi-Cal eligible, the county is required to pay the nonfederal share of the Medi-Cal costs for these individuals. These sections also specify that individuals released under the compassionate release or medical probation programs may be exempt from enrollment into managed care.
SEC 3 – GC Section 26605.6

SEC 4 – GC Section 26605.7

SEC 5 – GC Section 26605.8

GC Section 26605.6 (h) and GC Section 26605.7 (g) require DHCS to adopt regulations and submit an annual report to the Legislature until those regulations are adopted.

Action Taken:
Status of Regulations: An All County Welfare Director's Letter (ACWDL) 20-08, providing directions to counties on the required notification process, was released on

April 13, 2020. DHCS has determined that regulations for AB 82 would not be mandatory or add any further clarifications to DHCS policies and processes given the statutory language of GC sections 26605.6 and 26605.7. Furthermore, it was determined that no regulations were required because current Penal Codes 3550 and 4011.11 as well as WIC 14011.10 statutory language regarding county medical parole and compassionate release were sufficient.

DHCS has already implemented the program through contracts with participating counties and through its ACWDL authority. Therefore, adopting regulations is not required.

ABx1 1 (Perez, Ch. 3, Statutes of 2013)

Subject: Medi-Cal Eligibility

Bill Requirements and Statutory Language:
ABX1 1 implements a variety of the Affordable Care Act (ACA) provisions, including implementing the new "adult group," streamlining and simplifying the annual renewal and change in circumstance process, and implementing the Modified Adjusted Gross Income (MAGI) income methodology for selected individuals, including the newly

eligible population. ABX1 1 also requires DHCS to seek any necessary federal approvals for services and activities subject to federal financial participation (FFP).

The following sections provide authority for all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Thereafter, DHCS is required to adopt regulations and, beginning six months after the effective date of the section, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

SEC. 4 – WIC 14005.4 – Provides eligibility for the Section 1931 program – including coverage of parents and caretaker relatives (WIC Section 14005.30) and eliminates deprivation as an eligibility factor (WIC Section 14005.30(b)(2)

SEC 5 – WIC Section 14005.36 (e) – Managed Care Information Sharing Regulations (Emergency Regulations)
SEC 9 – WIC Section 14005.60 (d) – New Adult Group Regulations

SEC 11 – WIC Section 14005.64 (f) – Use of MAGI income methodology

Note: Section 14005.64 was amended by SB 508 (Hernandez, Ch. 831, Statutes of 2014) to specify the income thresholds for pregnant women and specified groups of children under age 19.

SEC 15 – WIC Section 14013.3 (g) – Agency Eligibility Information Sharing and Verification Regulations

SEC 16 – WIC Section 14015.5 (e) – Eligibility Functions to Exchange Regulations

SEC 17 – WIC Section 14015.7 (d) – Quick Transfer Protocol Regulations

SEC 23 – WIC Section 14005 – Defines caretaker relative

SEC 24 – WIC Section 14102.5 (d) – Enrollment Process Quarterly Report Regulations

Action Taken:
Issued ACWDLs:
14-01 issued 01-09-14
14-03 issued 02-10-14
14-03E issued 03-04-14
14-05 issued 02-20-14
14-11 issued 03-19-14
14-15 issued 03-28-14
14-16 issued 04-01-14
14-18 issued 04-08-14
14-21 issued 04-25-14
14-27 issued 06-16-14

14-29 issued 08-08-14
14-29E issued 08-21-14
14-32 issued 09-19-14
14-33 issued 09-19-14
14-35 issued 09-29-14
14-38 issued 10-23-14
16-08 issued 04-21-16
16-14 issued 06-15-16
16-16 issued 07-05-16
16-19 issued 10-05-16

Issued MEDILs:
14-06 issued 01-17-14
14-08 issued 01-21-14
14-09 issued 01-23-14
14-10 issued 01-24-14
14-11 issued 01-31-14
14-13 issued 02-07-14
14-14 issued 02-18-14
14-16 issued 02-26-14
14-17 issued 03-03-14
14-18 issued 03-06-14
14-19 issued 03-17-14
14-20 issued 03-18-14
14-21 issued 03-25-14
14-23 issued 04-24-14
14-25 issued 05-07-14
14-26 issued 05-07-14
14-27 issued 05-15-14
14-29 issued 05-16-14
14-30 issued 05-22-14
14-31 issued 06-04-14
14-33 issued 06-12-14
14-33E issued 06-28-14
14-36 issued 07-08-14
14-41 issued 07-21-14
14-42 issued 07-25-14
14-44 issued 08-01-14
14-45 issued 08-06-14
14-54 issued 11-05-14

14-55 issued 11-14-14
14-55E issued 11-18-14
14-56 issued 11-21-14
14-58 issued 11-26-14
16-17 issued 09-21-16

Sections 4, 9, 11 and 23 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package which is pending internal review and approval. Due to the complexity and size of the packet, additional time is needed to complete this process. Progress on this regulations package has been significantly delayed due to workload priorities ****associated with the Continuous Coverage Unwinding Period***. These regulations have been drafted but have not yet been sent out for public comment. Since the last report, the following progress has been made on the regulations: The package is under review by DHCS and will be in the final internal review process by ***July 2024***. DHCS anticipates that these regulations will be submitted to the Office of Administrative Law (OAL) for review by ***December 2024***.

Section 5: Emergency regulations regarding Managed Care Information Sharing made permanent. Issued 04-21-16.

Sections 15, 16, 17, and 24: Regulations package DHCS 15-010 is under development. Additional time is needed to obtain input from internal and external partners/stakeholders. Progress on this regulations package has been significantly delayed due to workload priorities and impacts associated with the ****Continuous Coverage Unwinding Period***.

DHCS is currently working on completing the Initial Statement of Reasons (ISOR), which is anticipated to be done by ****July 2024***. DHCS anticipates that these regulations will be submitted to OAL for review by ****December 2024***.

SB 28 (Steinberg & Hernandez, Ch. 442, Statutes of 2013)

Subject: Medi-Cal Eligibility

Bill Requirements and Statutory Language:

SB 28 requires the Managed Risk Medical Insurance Board (MRMIB) to provide California's Health Insurance Exchange (Covered California) with contact information for MRMIB subscribers so that Covered California can provide outreach to these individuals regarding their potential eligibility for Covered California products or the Medi-Cal program. SB 28 also includes cleanup language to SB x1 1 and AB x1 1, including provisions to: 1) permit DHCS to implement various provisions of the ACA using ACWDL until regulations are developed no later than July 1, 2017; and 2) develop and implement a new budgeting methodology, no sooner than the 2015-16 fiscal year, for

Medi-Cal county administrative costs associated with conducting Medi-Cal eligibility determinations and case maintenance activities.

The following sections provide authority for all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Thereafter, DHCS is required to adopt regulations by July 1, 2017 and, beginning six months after the effective date of the section, DHCS is required to provide a status report to the Legislature on a semi-annual basis until regulations have been adopted.

SEC 3 – WIC Section 14005.28 (b) – Former Foster Youth Regulations

SEC 4 – WIC Section 14005.30 (b)(2) eliminates assets and deprivation as eligibility factors for Section 1931 (b) program and WIC Section 14005.30 (e)(2) addresses MAGI Income.

SEC 5 – WIC 14005.36 (e) – Managed Care Information Sharing Regulations
SEC 6 – WIC Section 14005.37 (v) – Redetermination Regulations
SEC 7 – WIC Section 14005.39 (c) – Redetermination Regulations
SEC 9 – WIC Section 14011.66 (f) – Hospital Presumptive Eligibility (PE) Regulations
SEC 10 – WIC Section 14015.8 (b) – Information Verification and Eligibility Information Sharing Regulations
SEC 12 – WIC Section 14102 (f) – Newly Qualified Immigrants (NQI) Wrap Regulations
SEC 13 – WIC Section 14132.02 (e) – Alternative Benefit Package Regulations
SEC 14 – WIC Section 14154 (a)(6)(G) County Administrative Cost Control Plan Regulations

Action Taken:
ACWDL 14-14. Issue Date: 03-27-14
ACWDL 14-22. Issue Date: 04-25-14
ACWDL 14-27. Issue Date: 06-16-14
ACWDL 14-28. Issue Date: 07-07-14
ACWDL 14-31. Issue Date: 09-11-14
ACWDL 14-35. Issue Date: 09-29-14

SPA 13-035 approved, effective January 1, 2014. Issue Date: 03-28-14

Sections 3 and 4 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package, which is pending DHCS' internal approval. Due to the complexity and size of this packet, additional time is needed to complete this process. Progress on this regulations package has been significantly delayed due to workload priorities ****and the Continuous Coverage Unwinding Period***. These regulations have been drafted but have not been sent out for public comment. Since the last report, the following progress has been made on the regulations: The package is under review by DHCS and is anticipated to be in the final review process by ****July 2024***.

DHCS anticipates that these regulations will be submitted to OAL for review by *__December 2024__.

Section 5: Emergency regulations are anticipated to be made permanent in June 2024.

Section 9 is included in the DHCS 16-010 PE regulation package. This regulation package is highly complex and covers many different policy areas. *__MCED has begun extensive revisions of 16-010 based on Office of Regulations feedback. This includes:__

- __*ISOR 16-010__
  - __Detailed Summary and Rationale__
  - __All Subsection rationale__
  - __Under internal MCED review__
- __*PE 16-010__
  - __Following instructionsbased on Office of Regulations feedback__
  - __Still under revision__

__*There has been enormous progress to this report, especially with the ISOR document. All subsection rationales have been revised to clearly state the justification of the regulation.__

DHCS anticipates the regulations will be *__resubmitted to Office of Regulations for__ final processing in *__July 2024__. DHCS anticipates that these regulations will be submitted to OAL for review by __*July 2025.__

- *__This updated date reflects the anticipated date DHCS' Office of Regulations will be able to review edits.__
- __*This updated date reflects the anticipated date DHCS will submit to OAL__.

Sections 6 and 7 [DHCS 14-027 (Redeterminations)] is under DHCS review. Due to the complexity and size of the packet, additional time is needed to complete this process as the redetermination regulation package involves multiple new and amended regulations and processes. DHCS is refining the draft regulations. Progress on this regulations package has been significantly delayed due to workload priorities *__and changes to staff assignment__. There are no new activities to report since the last report. The following progress has been made on the regulations: The package is currently being amended and DHCS anticipates that these regulations will be submitted to OAL for review by December 2024.

Sections 10 and 13 are currently under development. There are no new activities to report since the last report**.** Progress on this regulations package has been significantly delayed due to workload priorities and impacts associated with the *__Continuous Coverage Unwinding Period__. DHCS anticipates that these regulations will be submitted to OAL for review by __*December 2024__.

Section 12: Newly Qualified Immigrants Wrap was repealed and regulations are no longer required.

Section 14: Pending development of a new county administrative budgeting methodology. Per discussions between the Administration and the County Welfare Directors Association, this package is on hold indefinitely.

SBx1 1 (Hernandez, Ch. 4, Statutes of 2013)

Subject: Medi-Cal Eligibility

Bill Requirements and Statutory Language:

SBx1 1 is a companion bill to ABx1 1 and implements various provisions of the ACA, including the provision of essential health benefits for newly-eligible populations, coverage of former foster care youth, and streamlined eligibility and enrollment processes to facilitate enrollment of low-income individuals into insurance affordability programs, specifically the Medi-Cal program. It includes the use of PE by hospitals. The bill specifies the benefit package for the newly eligible population under Medi-Cal, as well as existing Medi-Cal beneficiaries. It also requires DHCS to seek any necessary federal approvals for services and activities subject to FFP.

The following sections provide authority for all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. Beginning six months after the effective date of the section, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

SEC 3 – WIC Section 14000.7 – Authorized Representative Regulations
SEC 4 – WIC Section 14005.28 – Former Foster Youth
SEC 5 – WIC Section 14005.28 – Covers former foster youth from any state
SEC 7 – WIC Section 14005.31 (b) – Continuing Medi-Cal Eligibility Upon Loss of Cash Aid
SEC 9 – WIC Section 14005.32 (d) – Transfer of Medi-Cal Eligibility Between Medi-Cal Programs Regulations
SEC 11 – WIC Section 14005.63 – Authorized Representative Regulations
SEC 12 – WIC 14005.65 – MAGI methodology allowing projected annual income and reasonably predictable annual income to establish eligibility
SEC 17 – WIC Section 14007.1 – Residency Regulations
SEC 18 – WIC Section 14007.15 – Residency Regulations
SEC 20 – WIC Section 14007.6 – Residency Regulations
SEC 22 – WIC Section 14011.6 – Hospital Presumptive Eligibility

Action Taken:

ACWDL 14-06. Issue Date: 02-21-14
ACWDL 14-06E. Issue Date: 05-07-14
ACWDL 14-14. Issue Date: 03-27-14
ACWDL 14-24. Issue Date: 05-06-14
ACWDL 14-41. Issue Date: 12-04-14
ACWDL 17-12. Issue Date: 03-28-17
ACWDL 18-26E. Issue Date: 06-04-19

MEDIL 14-02. Issue Date: 01-09-14
MEDIL 14-04. Issue Date: 01-15-14
MEDIL 14-05. Issue Date: 01-17-14
MEDIL 14-18. Issue Date: 03-06-14
MEDIL 14-32. Issue Date: 06-11-14
MEDIL 14-43. Issue Date: 07-30-14
MEDIL 14-48. Issue Date: 10-01-14
MEDIL 14-57. Issue Date: 11-26-14

Status of Regulations:

Sections 4, 5, and 12 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package which is pending DHCS' internal approval. This regulation package is highly complex and covers many different policy areas. Due to the complexity and size of this packet, additional time is needed to complete this process**.** Progress on this regulation package has been significantly delayed due to workload priorities ****and the Continuous Coverage Unwinding Period***. These regulations have been drafted but have not been sent out for public comment. Since the last report, the following progress has been made on the regulations: The package is under review and DHCS anticipates that these regulations will be submitted to OAL for review by ***December 2024***.

Sections 3 and 11 are included in DHCS 14-029E. Translated Authorized Representative forms were released in September 2021. Progress on this regulations package has been significantly delayed due to ****changes in staff assignment and*** workload priorities. These regulations have been drafted but have not been sent out for public comment. Since the last report, the following progress has been made on the regulations: The package is under revision and DHCS anticipates that these regulations will be submitted to OAL for review by ****December 2024***.

Sections 7 and 9 were on hold pending federal approval of the Facilitated Enrollment SPA. ****SPA 23-0033 was approved November 6, 2023 by the federal Centers for Medicare and Medicaid Services (CMS). DHCS will begin drafting the regulations.***

Sections 17, 18, and 20: DHCS 14-028E. Control agencies have completed their review and the package is back with DHCS to update the fiscal/budgeting impacts that were outdated in the original documents. Progress on this regulation package has been significantly delayed due to workload priorities ***and changes in staff assignment***.

These regulations have been drafted but have not been sent out for public comment. Since the last report, the following progress has been made on the regulations: The package is under internal review ***and is anticipated to be completed by July 2024***. DHCS anticipates that these regulations will be submitted to OAL for review ***by *December 2024***.

Section 22 is included in the DHCS 16-010 PE regulation package, which is under DHCS review. This regulations package is highly complex and covers many different policy areas. Progress on this regulations package has been significantly delayed due to workload priorities and impacts associated with the ****Continuous Coverage Unwinding Period***. Since the last report, the following progress has been made on the regulations: The package is under review at DHCS ****and is anticipated to be completed by July 2024***. DHCS anticipates that these regulations will be submitted to OAL for review by ***December 2024***.

2014 REQUIREMENTS

AB 617 (Nazarian, Ch. 869, Statutes of 2014)

Subject: California Health Benefit Exchange: Appeals.

Bill Requirements and Statutory Language:
SEC 7 – WIC Section 10950

- DHCS, Covered California, and Department of Social Services (CDSS) shall implement a process to receive state fair hearing requests for health subsidy programs in electronic form and provide for communication with applicants/beneficiaries through commonly available electronic means.
- DHCS is to provide a semiannual status report to the Legislature starting July 1, 2015, until regulations are adopted.
- DHCS shall adopt regulations by July 1, 2017**.**

Action Taken:
No interim instructions issued.

DHCS is currently drafting DHCS 17-007. Additional time is needed to obtain input from internal and external partners/stakeholders. Research and analysis has been delayed on this regulation package due to additional workload as a result of the ***Continuous Coverage Unwinding Period***. The draft is anticipated to be complete by ***July 2024***.

DHCS anticipates that these regulations will be submitted to OAL for review by ***December 2024***.

SB 857 (Committee on Budget and Fiscal Review, Ch. 31, Statutes of 2014)

Subject: Full Scope Medi-Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women

Bill Requirements and Statutory Language:
SEC. 46 – WIC Section 14005.22 (c)

Specifies the income threshold for full scope pregnant women is 109 percent of federal poverty level (FPL) and requires a pregnant woman meeting specified eligibility criteria to enroll in a managed care plan (MCP) in those counties that have an MCP.

- All county, all plan letter, or provider bulletin to implement until regulations are adopted.
- Adopt regulations by July 1, 2017.
- Six months following effective date of the section (i.e., 12/20/14) status report to Legislature on semiannual basis until regulations have been adopted.

Action Taken:
MEDIL 15-25 and ACWDL 15-35 provide directives that pregnant beneficiaries aided under the full scope Medi-Cal program are required to enroll in an MCP. Issue Date: 08-19-15 and 11-12-15.

Sections 46 and 47 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package, which is pending DHCS' internal approval. Due to the complexity and size of this packet, additional time is needed to complete this process. These regulations have been drafted but have not been sent out for public comment. Since the last report, the following progress has been made on the regulations: The package is under final revision, and ****will be submitted to the Office of Regulations by January 2024***. DHCS anticipates that these regulations will be submitted to OAL for review by December 2024.

Subject: Full Scope Medi-Cal Expansion of Pregnant Women.

Bill Requirements and Statutory Language:
SEC. 47 – WIC Section 14005.225 (a)

Seek SPA or federal waiver to provide coverage to women whose income is above 109 and up to and including 138 percent.

- All county, all plan letter or provider bulletin to implement until regulations are adopted.
- Adopt regulations by July 1, 2017.
- Six months following effective date of section (i.e., 12/20/14) report to Legislature on semiannual basis until regulations have been adopted.

Action Taken:
Sections 46 and 47 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package, which is pending DHCS' internal approval. Due to the complexity and size of this packet, additional time is needed to complete this process. These regulations have been drafted but have not been sent out for public comment. Since the last report, the following progress has been made on the regulations: ****The package is under final revision and will be submitted to the Office of Regulations January 2024***. DHCS anticipates that these regulations will be submitted to OAL for review by December 2024.

ACWDL 15-35 issued with details on the Full Scope Medi-Cal expansion incorporated into CalHEERS effective 8/1/15. Issue date: 11-12-15.

Subject: Full Scope Medi-Cal Expansion of Pregnant Women

Bill Requirements and Statutory Language:
SEC. 54 – WIC Section 14148.65 requires DHCS to develop and implement the Full Scope Medi-Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women, contingent on federal approval and availability of FFP; work with specified stakeholders to develop notices and procedures to inform eligible women and providers of the program; and other provisions. Subdivision (g) requires that DHCS:

- Issue all county, all plan letter or provider bulletin to implement until regulations are adopted.
- Adopt regulations by July 1, 2017.
- Six months following effective date of the section (i.e., 12/20/14) report to Legislature on semiannual basis until regulations have been adopted.

Action Taken:
Informational MEDIL 14-43 issued. Issue Date: 07-30-14.

SB 870 (Committee on Budget and Fiscal Review, Ch. 40, Statutes of 2014)

Subject: Treatment for Autism Spectrum Disorder

Bill Requirements and Statutory Language:

SEC. 8 – WIC Section 14132.56 requires DHCS to cover behavioral health treatment (BHT) for Medi-Cal for individuals under 21 years of age. DHCS is required to implement or continue to implement BHT services, only if: 1) it receives federal approval to obtain FFP; 2) it seeks an appropriation of state funding required for the fiscal year; and 3) it consults with stakeholders. Under specified conditions:

- Permits DHCS to implement, interpret or make specific this section through all-county letters, plan letters, or provider bulletins until regulations are adopted.
- Adopt regulations by July 1, 2017.
- Beginning six months after the effective date of this section (i.e., 12/20/14), provide semiannual status reports to the Legislature until regulations have been adopted.
- Permits DHCS to seek federal approval of any necessary SPAs or waivers to implement the section. Requires DHCS to make SPAs or waiver requests public 30 days prior to submission to the federal CMS and address public comments.

Action Taken:
APL 15-025 issued to update guidance on BHT services (supersedes APL 14-011). Issue Date: 12-03-15

DHCS SPA #14-026. CMS approved retroactively to July 2014. Issue Date: 01-21-16

DHCS SPA #14-033 CMS approved retroactively to July 2014. Issue Date: 03-30-16

DHCS SPA #18-0011 CMS approved retroactively to March 1, 2018. Issue Date:

05-24-18

Status of Regulations:
Since the last report, the following progress has been made on the regulations: DHCS continues to work to finalize the regulation package. ****The package is pending revisions within DHCS. DHCS anticipates completing the package by July 2024*** and submitting to OAL for review by ****January 2025***.

2015 REQUIREMENTS

SB 75 (Committee on Budget and Fiscal Review, Ch. 18, Statutes of 2015)

Subject: Medi-Cal Coverage for Undocumented Children

Bill Requirements and Statutory Language:
SEC. 33-35. These sections authorize full scope Medi-Cal benefits for children under age 19, who would otherwise be eligible for Medi-Cal except for satisfactory immigration status. The DHCS Director will determine and communicate in writing to the California Department of Finance (DOF) that systems have been programmed for implementation of this section, but no sooner than May 1, 2016, to provide full scope Medi-Cal benefits

to undocumented children. DHCS shall seek any necessary federal approvals to obtain FFP. Benefits shall be provided with state-only funds only if FFP is not available for those services.

SEC 33 – WIC Section 14007

SEC 34 – WIC Section 14007.5

SEC 35 – WIC Section 14007.8

WIC Section 14007.8 f(1), f(2) require DHCS to issue all county or all plan letters, plan or provider bulletins or similar instructions to implement these sections until any necessary regulations are adopted. DHCS shall provide a semi-annual status report to the Legislature until regulations are adopted.

Action Taken:
ACWDL 16-12. Issue Date: 05-04-16

Status of required regulations:
The amended regulation package is under DHCS review. Due to the length of package, the anticipated date has been updated to account for additional time for internal review. Progress on this regulation package has been significantly delayed due to ***changes in staff assignment and*** workload priorities ***and impacts associated with the Continuous Coverage Unwinding Period***.

These regulations are currently under development. Since the last report, the following progress has been made on the regulations: DHCS is working on the package and it is anticipated to be complete by ***July 2024***. DHCS anticipates that these regulations will be submitted to OAL for review by ***December 2024***.

2016 REQUIREMENTS

AB 1114 (Eggman, Ch. 602, Statutes of 2016)

Subject: Medi-Cal Pharmacist Services

Bill Requirements and Statutory Language:
An urgency measure that adds specified pharmacist services as covered Medi-Cal benefits, subject to DHCS' protocols and utilization controls and approval by CMS. Specifically, the bill requires: 1) DHCS to establish a fee schedule for the list of covered pharmacist services; 2) the rate of reimbursement to be 85 percent of the Medi-Cal physician fee schedule; and 3) a pharmacist be enrolled as an ordering, referring, and prescribing provider under Medi-Cal prior to rendering a pharmacist service submitted by a Medi-Cal pharmacy provider for reimbursement. AB 1114 also authorizes DHCS to implement these provisions by means of all-county letters, plan letters, plan or provider

bulletins, or similar instructions, without taking regulatory action, until regulations are adopted by July 1, 2021.

SEC 1

WIC 14132.968 (e)

Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS may implement, interpret, or make specific this section, and any applicable federal waivers and SPAs, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action. By July 1, 2021, DHCS shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Commencing July 1, 2017, DHCS shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

Action Taken:
In preparation for implementation, DHCS has finalized the billing codes for the allowed services and has met with, and shared these billing codes with, appropriate stakeholders.

CMS approved SPA 18-0039 on November 26, 2018.

Implementation via the release of letters/bulletins occurred on April 1, 2019.

"Pharmacist Services" was added to "Department of Health Care Services 2020 Rulemaking Calendar," and was submitted to the OAL and included DHCS's projections of its rulemaking activities around the proposed regulation for the upcoming year 2021.The calendar was finalized and routed to the Director on February 6, 2020.

In March 2020, DHCS performed a preliminary review of the draft regulation text.

****DHCS submitted SPA 21-0028 to CMS, to add Medication Therapy Management (MTM) as an additional Pharmacist Services benefit with an effective date of July 1, 2021. This was submitted to CMS on June 30, 2021. CMS approved on September 15, 2021 with an effecgtive date of July 1, 2021.***

****The regulation package (DHCS-19-002) has been reviewed for fiscal and economic impact and the required fiscal documents are being finalized for sign-off. It is anticipated that the package will be submitted to OAL by April 2024 for publication of the notice and initiation of the public comment period. Progress on this regulation package has been significantly delayed due to workload priorities and impacts associated with the COVID-19 PHE and the addition of MTM pharmacist services to the regulatory language. Since the last report, the following progress has been made on the regulations: The fiscal and economic impact of***

Regulation Package DHCS-19-002 has been reviewed and is awaiting sign-off on the final fiscal documents. DHCS anticipates submitting the package to CalHHS for review in January 2024. The package will subsequently be submitted to DOF for review. DHCS anticipates submitting the package to OAL for review and publication of the notice by *April 2024. DHCS anticipates that these regulations will be adopted by *Spring 2025.

AB 2207 (Wood, Ch. 613, Statutes of 2016)

Subject: Medi-Cal: Dental Program

Bill Requirements and Statutory Language:

AB 2207 does the following: 1) adds performance measures to monitor the Medi-Cal dental program in fee-for-service (FFS) through providers in pediatric and adult dentistry; 2) requires DHCS to annually publish utilization data for the previous year for both dental FFS and dental managed care (DMC) on a "per-provider" basis, and report on annual preventive services by prevention, treatment, examination, and general anesthesia categories; 3) aligns FFS and DMC annual and quarterly reporting requirements;

4) further defines timing of the deactivation and disenrollment of dental providers, streamlines the provider application process, requires DHCS to annually review the treatment authorization request process and requires DHCS to assess opportunities to develop and implement innovative payment reform proposals; 5) requires Medi-Cal MCPs to perform specified activities to ensure consumer access to covered services; and

6) codifies the Dental Transformation Initiative data reporting and evaluation quality measure requirements across all domains and requires that this information be made publicly available.

SEC. 2

WIC 14149.8

(k) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS, without taking any further regulatory action, shall implement, interpret, or make specific policies and procedures pertaining to the dental FFS program and dental MCPs, as well as applicable federal waivers and SPAs, including the provisions set forth in this section, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until regulations are adopted.

(2) No later than December 31, 2018, DHCS shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Beginning six months after the effective date of this section, and notwithstanding Section 10231.5 of the Government Code, DHCS shall provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

Action Taken:
In March 2021, DHCS completed a comprehensive cost review to address comments received, which required revisions to the cost impact form (Std. 399) and the regulation package. Status of Regulations for the Dental Manual of Criteria (MOC): Dental MOC updates from Current Dental Terminology (CDT) 13 to CDT 20 is anticipated for completion in ***July 2024.*** ***Since the last report, several revisions have been made to the regulation package to accurately address DOF feedback during previous reviews. The regulations package has been updated, including providing responses to questions from DOF and the revised package is currently pending revisions at this time.***

APL 17-003 Grievance and Appeal Requirements. Issue Date: 05-24-17.

APL 17-008 Network Adequacy Standards for Time and Distance. Issue Date:

11-8-17.

APL 17-010 Changes to Plan Provider Network Report. Issue Date: 12-1-17.

APL 18-003E Network Adequacy Standards for Timely Access. Issue Date:

01-9-18.

APL 18-006 Modifications to the Performance Measures and Benchmarks for the Medi-Cal Dental Managed Care Program (Supersedes APL 16-017). Issue Date:

03-13-18.

APL 19-004 (supersedes APL 17-010) Provider Network Data Reporting Requirements. Issue Date: 08-14-19.

APL 20-003 (supersedes APL 17-003) Grievance and Appeal Requirements. Issue Date: 12-14-20.

APL 22-006 (supersedes APL 20-003) Grievance and Appeal Requirements Notice and "Your Rights" Templates. Issue Date: 07-22-22.

DHCS has completed all required performance measure reports through State Fiscal Year (SFY) 2021-2022 and they are posted on the DHCS website at: http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx. Issue Date: 01/23.

Complaints & Grievances Report SFY 2015-16 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/Dental%20Data%20Reporting/Dental_Complaints_Grievances_Report_2015-16_Feb2018.pdf. Issue Date: 05/18.

Complaints & Grievances Report SFY 2016-17 is available at: https://www.dhcs.ca.gov/Documents/MDSD/2016-17_Dental-Complaints_Grievances_June2018_ADAC.pdf. Issue Date: 06/18.

Complaints & Grievances Report SFY 2018-19 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/Stakeholder-Meeting-Materials/Dental-Complaints-Grievances-2018-19.pdf. Issue Date: 05/20.

Complaints & Grievances Report SFY 2019-20 is available at: https://www.dhcs.ca.gov/provgovpart/denti-cal/Documents/Dental-Complaints-Grievances-SFY19-20.pdf Issue Date: 03/21.

Complaints & Grievances Report SFY 2020-21 is available at: https://www.dhcs.ca.gov/services/Documents/Dental-Complaints-and-Grievances-Report-SFY20-21.pdf. Issue Date: 02/22.

Complaints & Grievances Report SFY 2021-22. Anticipated 01/24.

General Anesthesia Report for Calendar Year (CY) 2018 is available at: https://www.dhcs.ca.gov/services/Documents/MDSD/General-Anesthesia-Report-2019.pdf. Issue Date: 09/19.

General Anesthesia Report for CY 2019 is available at: https://www.dhcs.ca.gov/services/Documents/General-Anesthesia-Report-CY-2019.pdf. Issue Date: 12/20.

General Anesthesia Report for CY 2020 is available at: https://www.dhcs.ca.gov/provgovpart/denti-cal/Documents/General-Anesthesia-Report-CY-2020.pdf. Issue Date: 02/22.

General Anesthesia Report for CY 2021 is available at: https://www.dhcs.ca.gov/provgovpart/denti-cal/Documents/General-Anesthesia-Report-CY-2021.pdf. Issue Date: 01/23.

*__***General Anesthesia Report for CT 2022. Anticipated 01/24.**__

Per Provider Report for CY 2019 is available at: https://data.chhs.ca.gov/dataset/dental-utilization-per-provider/resource/2d40b90e-ecf5-4704-82ff-56721e341040. Issue Date: 11/20.

Per Provider Report for CY 2020 is available at: https://data.chhs.ca.gov/dataset/dental-utilization-per-provider/resource/40f083c9-cc35-440e-85db-8683e8cf4bd6. Issue Date: 08/22.

Per Provider Report for CY 2021 is available at: https://data.chhs.ca.gov/dataset/dental-utilization-per-provider/resource/89e60dc6-7035-4c97-854b-811866547c98. Issue Date: 10/22.

Per Provider Report for CY 2022. Anticipated 01/24.

AB 2394 (Garcia, Eduardo, Ch. 615, Statutes of 2016)

Subject: Subject: Medi-Cal: Nonmedical Transportation

Bill Requirements and Statutory Language:
AB 2394 effective July 1, 2017, requires Medi-Cal to cover non-medical transportation, subject to utilization controls and federally permissible time and distance standards.

AB 2394 shall be implemented only to the extent FFP is available, not jeopardized, and necessary federal approvals are obtained. DHCS is required to report to the Legislature on the status of pending regulations, commencing January 1, 2018, on a semiannual basis, until regulations are adopted by July 1, 2018.

Action Taken:
Regulations are under development following CMS approval of SPA 17-017 on August 21, 2018, for phase 1. DHCS has been working to develop regulations; however, due to the State General Fund deficit, the Budget Act of 2020 eliminated the transportation broker. DHCS submitted SPA #21-0056 to comply with Section 209 of the Consolidated Appropriations Act of 2021. This SPA was approved by CMS on November 8, 2021. Effective December 1, 2021.
DHCS will begin reimbursing Medi-Cal members for mileage and transit expenses and is working internally to complete this reimbursement process by January 2025. A SPA will be needed to add the reimbursement methodology, authority to reimburse for mileage and to secure federal approvals and federal funding with an anticipated effective date of January 1, 2025. Anticipated date updated to account for additional time for internal development and review to include requirements for these new DHCS administrative processes and federal requirements, as well as competing priorities to implement community health workers, doulas, and asthma prevention services as new benefits in 2022 and 2023.

Status of required regulations:
****These regulations are currently under development. Due to the complexity and size of the packet, additional time is needed to complete this process. DHCS***

anticipates completion by July 2024 and that these regulations will be submitted to OAL for review by January 2025.

SB 586 (Hernandez, Ch. 625, Statutes of 2016)

Subject: Children's Services

Bill Requirements and Statutory Language:
SB 586 requires DHCS to establish the Whole-Child Model (WCM) program in designated County Organized Health System (COHS) or Regional Health Authority counties to incorporate California Children's Services (CCS) program covered services for Medi-Cal eligible CCS children and youth into an MCP contract. For non-WCM counties, the bill extends the CCS carve-out provision that prohibits the incorporation of CCS program covered services into an MCP contract until January 1, 2022.

WIC 14094.20 (a) requires DHCS to report to the Legislature the status of pending regulations, commencing July 1, 2018, on a semiannual basis, until regulations are adopted.

Action Taken:
AB 118 (Committee on Budget, Chapter 42, Statutes of 2023) authorized the expansion of the WCM program into 12 additional counties, no sooner than January 1, 2025, for Medi-Cal eligible CCS children and youth enrolled in a COHS, Alternate Health Care Service Plan, or Regional Health Authority MCP. AB 118 also requires DHCS to develop utilization and quality measures, to be reported on an annual basis, that relate specifically to CCS specialty care and report such measures for both WCM counties and non-WCM counties. Additionally, AB 118 requires that stakeholders have input on these measures.

DHCS convenes the CCS Redesign Performance Measure Quality Subcommittee which meets bi-weekly to finalize AB 118 required CCS quality measures for both WCM and non-WCM counties. This committee is active and committed to finalizing the CCS quality measures in the near future.

AB 133 (Committee on Budget, Chapter 143, Statutes of 2021) established the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the Population Health Management program, to identify and mitigate social drivers of health and reduce health disparities. CalAIM standardizes and reduces complexities by implementing administrative and financial efficiencies across the state and delivery systems to provide more predictability and reduce county-to-county differences. This includes enhanced oversight and monitoring of CCS, including the WCM program. Under CalAIM, there is a focus on streamlining assessments and reducing duplicative assessments such as those that occur

through Initial Health Appointments assessments, and case and care management through Enhanced Care Management (ECM). Additionally, CalAIM contains quality measures through quality reporting that focuses on whole person quality care and contains Key Performance Indicators. CalAIM's Population Health Management program is designed to proactively assess and address the care needs of Members with tailored interventions and includes where risks are identified. ECM is a statewide Medi-Cal benefit that addresses the clinical and non-clinical needs of the highest-need Members by building trusting relationships with Members and providing intensive coordination of health and health-related services. The majority of WCM Members would qualify for ECM which could be duplicative of current assessment requirements.

****DHCS has the authority to issue APLs, CCS NLs, and other similar instructions relating to the WCM program through WIC section 14094.20, which extends to the WCM expansion under AB 118. In addition, DHCS has the authority to issue APLs as an extension to the MCP contract to interpret and make more specific MCP contractual requirements. Under WIC section 10725, DHCS has the statutory authority to develop regulations if it determines them necessary.***

****The WCM program has engaged and continues to engage in significant and ongoing stakeholder engagement throughout the development of new WCM policies. Through this engagement, WCM program policies have consistently evolved to meet the needs of this population.***

****WCM plans must adhere to all relevant APLs, NLs, MOUs, and MCP contract provisions impacting the WCM program. The WCM program has performance transparency through the WCM dashboard, which is available on the WCM website and includes quality metrics.***

Status of Regulations:

****DHCS determined that promulgation of these regulations is not feasible at this time given the evolving nature of the WCM program and related requirements. DHCS has the authority to promulgate regulations at any time it deems them necessary under state statutory authority, and can interpret and make specific the requirements under the WCM program through APLs, NLs, MOUs, and the MCP contract. DHCS also has the authority to conduct enforcement activities when MCPs are non-compliant. DHCS continuously engages with stakeholders through quarterly meetings, policy reviews, and ad hoc meetings as needed.***

SB 1339 (Monning, Ch. 801, Statutes of 2016)

Subject: Public Social Services: Intercounty Transfers

Bill Requirements and Statutory Language:
SB 1339 requires intercounty transfers of all eligibility for public assistance programs, including Medi-Cal, CalWORKs and CalFresh, to be completed within the first day of the next available benefit month following 30 days from the date either county (sending or receiving) is notified of a beneficiary's change of residence to a new county within the state. The bill allows Medi-Cal beneficiaries who are required to receive services through a Medi-Cal MCP, or counties on their behalf, who move to a receiving county and are still enrolled in their MCP in the sending county, to request an expedited disenrollment from the sending county's MCP and to have access to Medi-Cal benefits in the receiving county through the Medi-Cal FFS delivery system until enrolled in an MCP in the receiving county. SB 1339 also deletes outdated provisions regarding determination of the county of residence for an aid recipient, who has been released or discharged from a state hospital. The provisions of the bill became effective June 1, 2017.

SEC 1

WIC 10003 (g)(1)(2)

(g) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS and CDSS, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted. DHCS and CDSS shall adopt regulations by July 1, 2021, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Beginning June 1, 2017, and notwithstanding Section 10231.5 of the Government Code, DHCS and CDSS shall provide a status report on the adoption of the regulations to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

Action Taken:
ACWDL18-02. Issued 01/11/18.

DHCS published an errata to ACWDL 18-02 with FAQs in 02/21.

These regulations are currently at draft regulation stage in development. ***Progress on this regulations package has been significantly delayed due to workload priorities and changes in staff assignment.*** Since the last report, the following progress has been made on the regulations: ****The package is currently being finalized by DHCS.***

DHCS anticipates that these regulations will be submitted to OAL for review by ***December 2024.***

2017 REQUIREMENTS

SB 97 (Committee on Budget and Fiscal Review, Ch. 52, Statutes of 2017)

Subject: Health

Bill Requirements and Statutory Language:

SEC. 21. This section requires DHCS to seek federal approval to use the determination of eligibility for the CalWORKs program as a determination of eligibility for the Medi-Cal program.

DHCS is required to seek federal approval to continue to determine eligibility for Medi-Cal beneficiaries based on their eligibility for CalWORKs. DHCS is required to adopt regulations by July 1, 2018. Beginning January 1, 2018, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

Action Taken:

Regulations to be initiated upon CMS' approval of the facilitated enrollment SPA that will allow the use and determination of eligibility for the CalWORKs program as a determination for the Medi-Cal program.

SPA 23-0033 was approved on November 6, 2023 by CMS. DHCS will begin drafting regulations. DHCS anticipates the regulations will be submitted to OAL for review by December 2024.

SEC. 58. This section establishes the Diabetes Prevention Program (DPP) within Medi-Cal FFS and managed care delivery systems. DHCS is required to establish a DPP in FFS and managed care delivery systems, no sooner than July 1, 2018. DHCS is required to develop payment methodologies, or adjust existing methodologies, for reimbursing DPP services and activities in the FFS delivery system, not to exceed 80 percent of the federal Medicare Program reimbursement for comparable service, billing, and diagnosis codes under the federal Medicare Program. DHCS is required to adopt regulations by July 1, 2020. Beginning January 1, 2018, DHCS is required to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

Action Taken:
Section 58: DHCS began drafting regulations in 2019. DHCS conducted its stakeholder engagement process and finalized the program's policy, including payment methodologies and the benefit structure.

DHCS submitted the SPA to CMS in December 2018. CMS approved SPA 18-0040 on October 24, 2019.

Status of regulations: These regulations are currently under development. Anticipated estimated completion date revised to account for the preparation of the end of the COVID-19 PHE and implementation of new benefits in 2022 and 2023. ****The package is under review by DHCS.*** Anticipated completion by February 2024. ****DHCS anticipates that these regulations will be submitted to OAL for review by September 2024.***

2018 REQUIREMENTS

AB 349 (McCarty, Ch. 643, Statutes of 2018)

Subject: Drug Medi-Cal Treatment Program: Rate Setting Process

Bill Requirements and Statutory Language:
AB 349, sponsored by the California Opioid Maintenance Providers, requires DHCS to establish the Drug Medi-Cal (DMC) reimbursement rate setting methodology through regulations by July 1, 2020, and thereafter authorizes DHCS to administratively update the DMC statewide maximum reimbursement rates through annual bulletins or similar instructions. AB 349 also requires DHCS to semiannually provide the Legislature a status report until the regulations are adopted.

Actions Taken:
Status of Regulations: DHCS was given authority to publish DMC rates through annual bulletins or similar instructions. DHCS issued Behavioral Health Information Notice (BHIN) 23-017, Specialty Mental Health Services and Drug Medi-Cal Services Rates, on April 21, 2023. This BHIN implements the new fee schedule and includes a link to the fee schedule. Regulations are not needed, as system changes relating to payment reform will render them obsolete.

BHIN 23-017 is available at:
BHIN 23-017 Specialty Mental Health Services and Drug Medi-Cal Services Rates.pdf

2019 REQUIREMENTS

AB 1088 (Wood, Ch. 450, Statutes of 2019)

Subject: Medi-Cal Eligibility

Bill Requirements and Statutory Language:

This bill requires DHCS to seek a Medicaid SPA or waiver to implement an income disregard that would allow an aged, blind, or disabled individual who becomes ineligible for Medi-Cal benefits because of the state's payment of the individual's Medicare Part B premiums to remain eligible for the Medi-Cal program if their income and resources otherwise meet all eligibility requirements. The bill would authorize DHCS to implement this provision by provider bulletins or similar instructions until regulations are adopted. The bill would require DHCS to adopt regulations by July 1, 2021, and to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

SECTION 1. Section 14005.401 is added to the WIC, immediately following Section 14005.40, to read:

(a) DHCS shall seek a Medicaid SPA or waiver to implement an income disregard that would allow an aged, blind, or disabled individual who becomes ineligible for benefits under the Medi-Cal program pursuant to Section 14005.40 because of the state's payment of the individual's Medicare Part B premiums to remain eligible for the Medi-Cal program under Section 14005.40 if their income and resources otherwise meet all eligibility requirements.

(b) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS may implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted.

(2) DHCS shall adopt regulations by July 1, 2021, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(3) Commencing six months after the effective date of this section, and notwithstanding Section 10231.5 of the Government Code, DHCS shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.

(c)This section shall be implemented only if, and to the extent that, federal financial participation is available and necessary federal approvals have been obtained.

Actions Taken:
CMS approved SPA 20-0016 on October 21, 2020. DHCS published formal guidance to the counties by means of ACWDL 20-18.

Status of Regulations:
DHCS began drafting regulations once CMS provided federal approval. AB 1088 and

SB 104 (Committee on Budget and Fiscal Review, Ch. 67, Statutes of 2019) regulations have been combined into one regulation package to promulgate foundational regulations for the Aged, Blind, and Disabled (ABD) FPL program. These regulations are currently in development. Since the last report, the following progress has been made on the regulations: CMS approved SPA 20-0016 on October 21, 2020. DHCS published formal guidance to the counties by means of ACWDL 20-18. DHCS is drafting regulations, which are anticipated to be complete by *__July 2024__. DHCS anticipates that these regulations will be submitted to OAL for review by December 2024.

SB 104 (Committee on Budget and Fiscal Review, Ch. 67, Statutes of 2019)

Subject: Health

Bill Requirements and Statutory Language:

The DHCS Director is required to determine and communicate in writing to DOF, that systems are programmed for implementation of the new income disregard no sooner than January 1, 2020. DHCS would be permitted to implement the amended provisions through all-county letters, and required to adopt regulations no later than July 1, 2023, but only if and to the extent federal approvals have been obtained and FFP is available. DHCS would also be required to provide semi-annual status reports to the Legislature until regulations are adopted.

SEC. 7.

This section amends section 14005.40 of the W&I Code to disregard all countable income over 100 percent of the Federal Poverty Level (FPL) up to 138 percent of the FPL, after taking all other income disregards, deductions, and exclusions into account, for the Aged, Blind, and Disabled (ABD) FPL program.

(e) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, DHCS, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until regulations are adopted.

(2) DHCS shall adopt regulations by July 1, 2023, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. DHCS shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations are adopted.

Actions Taken:

DHCS received CMS approval of SPA 19-0050 on December 20, 2019, with an effective date of August 1, 2020. However, due to budgetary activities, implementation was

temporarily delayed. Subsequently, CMS approved SPA 20-0045 on November 19, 2020, which reflects the updated effective date of December 1, 2020.

DHCS released policy guidance to counties and Statewide Automated Welfare Systems in an ACWDL published January 31, 2020 (ACWDL 20-02 and 20-02E). DHCS published an updated ACWDL in November 2020, to reflect the implementation date of December 1, 2020.

DHCS continues to work with stakeholders to facilitate ongoing implementation of this policy.

Status of Regulations:
DHCS began drafting regulations once CMS provided federal approval. AB 1088 (Wood, Ch. 450, Statutes of 2019) and SB 104 regulations have been combined into one regulations package to promulgate foundational regulations for the ABD FPL program.

These regulations are currently in development. Since the last report, the following progress has been made on the regulations: DHCS received CMS approval of

SPA 19-0050 on December 20, 2019, with an effective date of August 1, 2020. However, due to ***changes to staff assignment and workload priorities***, ****implementation has been delayed***. Subsequently, CMS approved SPA 20-0045 on November 19, 2020, which reflects the updated effective date of December 1, 2020. DHCS is drafting regulations. Anticipated ***July 2024***. DHCS anticipates that these regulations will be submitted to OAL for review by December 2024.

2020 REQUIREMENTS
There were no requirements for 2020.

2021 REQUIREMENTS
There were no requirements for 2021.

2022 REQUIREMENTS
SB 923 (Weiner, Ch. 822, Statutes of 2022)

Subject: Gender-affirming Care

Bill Requirements and Statutory Language:
This bill would require DHCS to participate in a California Health and Human Services-convened working group to develop a quality standard for patient experience related to the transgender, gender diverse, and intersex communities and recommend a training curriculum to provide trans-inclusive health care. DHCS will issue guidance about SB 923 implementation in the form of all plan letters, a behavioral health information notice,

and a policy letter. DHCS will provide semiannual status reports to the Legislature until regulations are adopted.

SECTION 7. Section 14197.09 is added to the Welfare and Institutions Code to read:

(a) (1) DHCS shall require all of its subcontractors and MCP staff who are in direct contact with beneficiaries in the delivery of care or beneficiary services to complete evidence-based cultural competency training no later than 12 months after the working group develops its recommendations for curriculum and no later than March 1, 2025. This cultural competency training shall consider recommendations made by the working group pursuant to Section 150950 of the Health and Safety Code.

(a) (5) After first-time completion of the evidence-based cultural competency training, an individual described in paragraph (1) shall complete a refresher course if a complaint has been filed against that individual for not providing trans-inclusive heath care.

(e) (2) DHCS shall adopt regulations by July 1, 2027, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. DHCS shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations are adopted.

Actions Taken:
DHCS is participating in the statewide workgroup to create training/criteria for SB 923 requirements. ***After recommendations are established from the statewide workgroup, DHCS will assemble an internal workgroup to develop and execute the requirements from the statewide workgroup.***

Status of Regulations:
Currently in the planning phase.

*2023 REQUIREMENTS

**AB 1107 (Cedillo, Ch. 146, Statutes of 1999)*

Subject:** **Family Planning Access, Care and Treatment Program

Bill Requirements and Statutory Language:
The bill established a program, within the Medi-Cal program, known as the Family Planning Access, Care, and Treatment (Family PACT) Program, to provide comprehensive clinical family planning services to any person whose family income is under 200% of the FPL, to be operational only if a waiver was obtained from the federal government. DHCS was permitted to implement the program through an all-county letter or similar instruction to providers, and thereafter required to adopt regulations to implement this section and the approved waiver.

DHCS was also required to provide semi-annual status reports to the Legislature until regulations were adopted.

****SEC. 64.***

Section 14132 of the Welfare and Institutions Code was amended to read:

(aa) (1) There is hereby established in the department, a program to provide comprehensive clinical family planning services to any person who has a family income at or below 200 percent of the federal poverty level, as revised annually, and who is eligible to receive these services pursuant to the waiver identified in paragraph (2). This program shall be known as the Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program.

(2) The department shall seek a waiver for a program to provide comprehensive clinical family planning services as described in paragraph (8). The program shall be operated only in accordance with the waiver and the statutes and regulations in paragraph (4) and subject to the terms, conditions, and duration of the waiver. The services shall be provided under the program only if the waiver is approved by the federal Health Care Financing Administration in accordance with Section 1396n of Title 42 of the United States Code and only to the extent that federal financial participation is available for the services.

(3) Solely for the purposes of the waiver and notwithstanding any other provision of law, the collection and use of an individual's social security number shall be necessary only to the extent required by federal law.

(4) Sections 14105.3 to 14105.39, inclusive, 14107.11, 24005, and 24013, and any regulations adopted under these statutes shall apply to the program provided for under this subdivision. No other provision of law under the Medi-Cal program or the State-Only Family Planning Program shall apply to the program provided for under this subdivision.

(5) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, without taking regulatory action, the provisions of the waiver after its approval by the federal Health Care Financing Administration and the provisions of this section by means of an all-county letter or similar instruction to providers. Thereafter, the department shall adopt regulations to implement this section and the approved waiver in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Beginning six months after the effective date of the act adding this subdivision, the department shall provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

****Actions Taken:***

DHCS received CMS approval of the waiver in 1999 and implemented the program via Family PACT Program's Policies, Procedures and Billing Instructions (PPBI) manual. To date, DHCS still utilizes the PPBI manual to implement the Family PACT program. Over the years, the policy guidance in the manual has been modified and updated.

DHCS continues to work with stakeholders regarding program updates.*

****Status of Regulations:***

****These regulations have been drafted and currently in the review process within DHCS. DHCS anticipates that these regulations will be submitted to OAL for review by September 2025.***

APPENDIX

List of ACWDLs and MEDILs: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters

List of Dental APLs: www.dhcs.ca.gov/services/Pages/DentalAllPlanLetters.aspx

List of APLs: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx

List of SPAs: http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx

List of CCS NLs: http://www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx