

**STATUS REPORT OF DHCS ACTIVITIES FOR IMPLEMENTING LEGISLATION
AND STATUS OF REGULATIONS**

Italicized bold text indicates updated information since July 2017
January 2018 Report

2013

| BILL #/ AUTHOR | Subject | Statutory language | Action Taken/Status of Regulations | Issue Date or Anticipated |
|--|--|---|--|--------------------------------------|
| AB 82 (Comm on Budget, Ch. 23, Statutes of 2013) | Compassionate release and medical probation program | <p>SEC. 3-5. These sections clarify the requirements that counties must follow to notify DHCS when an inmate is released for medical probation or under the compassionate release program. 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.</p> <p>SEC 3 – Government Code (GC) Section 26605.6 SEC 4 – GC Section 26605.7 SEC 5 – GC Section 26605.8</p> <p>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.</p> | <p><i>Status of Regulations: As of January 1, 2018, this package is on hold until DHCS develops a notification process that allows the Department to comply with the statute; a notification process must be established prior to the development of regulations.</i></p> | Anticipated December 2019 |

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| .ABx1 1 (Perez Ch. 3, Statutes of 2013) | Medi-Cal Eligibility | <p>ABX1 1 implements a variety of the Affordable Care Act (ACA) provisions, including implementation of the new “adult group,” streamlining and simplification of the annual renewal and change in circumstance process, and implementation of the 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).</p> <p>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.</p> | <p>Issued All County & Welfare Directors Letters (ACWDLs):</p> <p>14-01 14-03 14-03E 14-05 14-11 14-15 14-16 14-18 14-21 14-27 14-29 14-29E 14-32 14-33 14-35 14-38 16-08 16-14 16-16 16-19</p> | <p>Dates:</p> <p>01-09-14 02-10-14 03-04-14 02-20-14 03-19-14 03-28-14 04-01-14 04-08-14 04-25-14 06-16-14 08-08-14 08-21-14 09-19-14 09-19-14 09-29-14 10-23-14 04-21-16 06-15-16 07-05-16 10-05-16</p> |

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| | | SEC. 4 - WIC Section 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 – Welfare & Institutions Code (WIC) Section 14005.36 (e) – Managed Care Information Sharing Regulations. SEC 9 – WIC Section 14005.60 (d) – New Adult Group Regulations. SEC 11 – WIC Section 14005.64 (f) – <i>Use of Modified Adjusted Gross Income (MAGI) income methodology.</i> <i>Note: Section 14005.64 was amended by Chapter 931 Statutes of 2014 to specify the income thresholds for pregnant women and specified groups of children under age 19.</i> 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. | Issued Medi-Cal Eligibility Division Information Letters (MEDILs): 14-06 14-08 14-09 14-10 14-11 14-13 14-14 14-16 14-17 14-18 14-19 14-20 14-21 14-23 14-25 14-26 14-27 14-29 14-30 14-31 14-33 14-33E 14-36 14-41 | 01-17-14 01-21-14 01-23-14 01-24-14 01-31-14 02-07-14 02-18-14 02-26-14 03-03-14 03-06-14 03-17-14 03-18-14 03-25-14 04-24-14 05-07-14 05-07-14 05-15-14 05-16-14 05-22-14 06-04-14 06-12-14 06-28-14 07-08-14 07-21-14 |

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| | | SEC 24 – WIC Section 14102.5 (d) – Enrollment Process Quarterly Report Regulations. | <p>14-42 14-44 14-45 14-54 14-55 14-55E 14-56 14-58 16-17</p> <p>Status of required regulations:</p> <p><i>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.</i></p> <p>Section 5: Emergency regulations regarding Managed Care Information Sharing made permanent.</p> | <p>07-25-14 08-01-14 08-06-14 11-05-14 11-14-14 11-18-14 11-21-14 11-26-14 09-21-16</p> <p><i>Anticipated December 2018</i></p> <p>04-21-16</p> |

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| | | | Sections 15, 16, 17 and 24: Regulations under development. | Anticipated December 2018 |

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| SB 28 (Steinberg & Hernandez, Ch. 442, Statutes of 2013) | Medi-Cal Eligibility | <p>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 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 Assembly Bill (AB) x1 1, including provisions to: 1) permit DHCS to implement various provisions of the Affordable Care Act (ACA) using ACWDL until regulations are developed no later than July 1, 2017; and 2) development and implementing a new budgeting methodology no sooner than the 2015-16 fiscal year for Medi-Cal county administrative costs for conducting Medi-Cal eligibility determinations and case maintenance activities.</p> <p>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 regulation have been adopted.</p> | <p>Issued ACWDLs: 14-14 14-22 14-27 14-28 14-31 14-35</p> <p>SPA 13-035 was approved with a January 1, 2014 effective date.</p> | <p>Dates: 03-27-14 04-25-14 06-16-14 07-07-14 09-11-14 09-29-14</p> <p>03-28-14 (SPA 13-035 was inadvertently left off previous reports.)</p> |

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| | | SEC 3 – WIC Section 14005.28 (b) – Former Foster Youth Regulations. SEC 4 – <i>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</i> 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 (<i>PE</i>) Regulations. SEC 10 – WIC Section 14015.8 (b) – Information Verification and Eligibility Information Sharing Regulations. SEC 12 - WIC Section 14102 (f) – 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. | Sections 3 & 4 <i>are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package which is pending internal review and approval.</i> Section 5: Emergency regulations made permanent. <i>Section 9 is included in the DHCS 16-010 (PE) regulation package which is pending internal review and approval.</i> Sections 6, 7, 10, 12 & 13 are currently under development. Section 14: Pending development of a new county administrative budgeting methodology. | Anticipated December 2018 04-21-2016 Anticipated December 2018 Anticipated December 2018 Anticipated June 2019 |

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| SBx1 1 (Hernandez, Ch. 4, Statutes of 2013) | Medi-Cal Eligibility | <p>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 presumptive eligibility (PE) by hospitals. The bill specifies the benefit package for the newly eligible population under Medi-Cal for newly eligible populations as well as existing Medi-Cal beneficiaries. It also requires DHCS to seek any necessary federal approvals for services and activities subject to FFP.</p> <p>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.</p> <p>SEC 3 – WIC Section 14000.7 – Authorized Representative Regulations.</p> | <p>Issued ACWDLs: 14-06 14-06E 14-14 14-24 14-41 17-12</p> <p>MEDILs: 14-02 14-04 14-05 14-18 14-32 14-43 14-48 14-57</p> <p>Status of required regulations:</p> | <p>02-21-14 05-07-14 03-27-14 05-06-14 12-04-14 03-28-17</p> <p>01-09-14 01-15-14 01-17-14 03-06-14 06-11-14 07-30-14 10-01-14 11-26-14</p> |

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| | | <p>SEC 4 – WIC Section 14005.28 – Former Foster Youth.</p> <p>SEC 5 – WIC Section 14005.28 – Covers former foster youth from any state.</p> <p>SEC 7 – WIC Section 14005.31 (d) – Continuing Medi-Cal Eligibility Upon Loss of Cash Aide.</p> <p>SEC 9 – WIC Section 14005.32 (d) – Transfer of Medi-Cal Eligibility Between Medi-Cal Programs Regulations.</p> <p>SEC 11 – WIC Section 14005.63 – Authorized Representative Regulations.</p> <p><i>SEC 12 – WIC 14005.65 – MAGI methodology allowing projected annual income and reasonably predictable annual income to establish eligibility.</i></p> <p>SEC 17 – WIC Section 14007.1 – Residency Regulations.</p> <p>SEC 18 – WIC Section 14007.15 – Residency Regulations.</p> <p>SEC 20 – WIC Section 14007.6 – Residency Regulations.</p> <p>SEC 22- WIC Section 14011.6 – Hospital PE.</p> | <p><i>Sections 4, 5, and 12 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) recombined regulation package which is pending internal approval.</i></p> <p>Sections 3, 7, 9, 11, 17, 18, 20 are currently under development.</p> <p><i>Section 22 is included in the DHCS 16-017 (PE) regulation package which is pending internal review and approval.</i></p> | <p>Anticipated December 2018</p> <p><i>Anticipated December 2018.</i></p> <p><i>Anticipated June 2019</i></p> |

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2014

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| AB 617 (Nazarian, Ch. 869, Statutes of 2014) | California Health Benefit Exchange: appeals. | SEC 7 – WIC Section 10950 <ul style="list-style-type: none"> DHCS, Covered California and DSS shall implement a process to receive state fair hearing requests for health subsidy programs in electronic form and provides for communication with applicants/beneficiaries through commonly available electronic means. DHCS is to provide a semi-annual status report to the Legislature starting July 1, 2015, until regulations are adopted. DHCS shall adopt regulations by July 1, 2017. | No interim instructions issued. Status of required regulations: <i>DHCS is currently drafting the Initial Statement of Reasons and Regulation Text.</i> | Anticipated December 2018 |
| SB 857 (Comm on Budget and Fiscal Review, Ch. 31, Statutes of 2014) | Full Scope Medi- Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women | SEC. 46 – WIC Section 14005.22 (c) <i>Specifies the income threshold for full scope pregnant women is 109 percent of federal poverty level and</i> requires a pregnant woman meeting specified eligibility criteria to enroll in an MCP in those counties that have an MCP. <ul style="list-style-type: none"> 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. | MEDIL 15-25 and ACWDL 15-35 provide directives that <i>pregnant beneficiaries aided under full scope Medi-Cal program</i> are required to enroll in a MCP. Status of required regulations: <i>Sections 46 and 47 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) regulations package which</i> | Date: 08-19-15 and 11-12-15 Anticipated December 2018 |

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| | Pregnancy Wrap | <p>SEC. 47 - WIC Section 14005.225 (a) Seek State Plan Amendment (SPA) or federal waiver to provide coverage to women whose income is above 109 and up to and including 138 percent.</p> <ul style="list-style-type: none"> 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. <p>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 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:</p> <ul style="list-style-type: none"> Issue all county, all plan letter or provider bulletin to implement until regulations are adopted. | <p><i>is pending internal review and approval.</i></p> <p>ACWDL 15-35 issued with details on the Full Scope Medi-Cal expansion incorporated into CalHEERS effective 8/1/15.</p> <p>Status of required regulations: Under development.</p> <p>Informational MEDIL 14-43 Issued.</p> | <p>11-12-15</p> <p>Anticipated December 2018</p> <p>07-30-14</p> |

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| | Pregnancy Wrap | <ul style="list-style-type: none"> 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. <p>SEC. 55 - WIC Section 14148.67 specifies requirements for paying premiums and cost-sharing payments for qualified pregnant women. Subdivision (f) requires DHCS to:</p> <ul style="list-style-type: none"> 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 Section (i.e., 12/20/14) provide a status report to Legislature on semiannual basis until regulations have been adopted. <p>SEC. 89 – WIC Section 15858 specifies administrative requirements for DHCS in implementing the County Health Initiative Matching Fund chapter. Subsection (a)(2)(B) requires DHCS, <i>if</i> issuance of rules or regulations, federal waivers or SPA are necessary to administer the provisions of the chapter, to do so through all-county letters, plan letters, plan or provider bulletins or similar instructions until the</p> | <p>These regulations are no longer required pursuant to SB 97 (Committee on Budget and Fiscal Review, Chapter 52, Statutes of 2017).</p> | |
| | County Health Initiative Matching Fund | <p>SEC. 89 – WIC Section 15858 specifies administrative requirements for DHCS in implementing the County Health Initiative Matching Fund chapter. Subsection (a)(2)(B) requires DHCS, <i>if</i> issuance of rules or regulations, federal waivers or SPA are necessary to administer the provisions of the chapter, to do so through all-county letters, plan letters, plan or provider bulletins or similar instructions until the</p> | | |

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| | Managed Risk Medical Insurance Program | <p>time regulations are adopted. If regulations are necessary, beginning six months following the effective date of the Chapter, 12/20/14, DHCS shall report to the Legislature on a semiannual basis until the regulations have been adopted.</p> <p>Sec. 90 – WIC Section 15873 specifies powers and duties for DHCS to administer MRMIB. Subdivision (h)(1) requires DHCS to issue rules or regulations, federal waivers or SPA as necessary to administer the provisions of the chapter, to do so by means of all-county letters, plan letters, plan or provider bulletins or similar instructions until the time regulations are adopted. Beginning six months following the effective date of this section (i.e., 12/20/14), DHCS shall provide a status report to the Legislature on a semiannual basis until the regulations have been adopted.</p> | <p>No interim instructions issued.</p> <p>ACWDL 12-33 provided direction to counties about the transition of the old HFP children into OTLICP Medicaid Group administered by DHCS. Established WIC Sections 14005.26-14005.27 relating to this.</p> <p>Title XIX SPA 13-005 approved to include the old HFP children into the OTLICP Medicaid Group administered by DHCS.</p> <p>Title XXI SPA #20 approved to finalize the CHIP State Plan to remove references to</p> | <p>11/16/2012</p> <p>12/20/2013</p> <p>12/27/2017</p> |

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| | | | <p>HFP and MRMIB; identify Separate CHIP programs (including 3 CCHIP counties).</p> <p>W&I Section 14132.02 establishes MAGI methodology for Secretary approved coverage.</p> <p>W&I Section 14154 established DHCS authority over MRMIB to move HFP to Medi-Cal using MAGI.</p> <p>W&I Section 15926 establishes Title XXI CHIP to be available through the CA Benefit Exchange.</p> <p>Status of required regulations: No issuance of rules/regulations, federal waiver or SPA have been required by CMS for California to maintain MRMIP.</p> | |

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| SB 870 (Committee on Budget and Fiscal Review, Ch. 40, Statutes of 2014) | Pharmacy Rebates | SEC. 5 - WIC Section 14105.33 allows DHCS to collect State Supplemental rebates, for high cost prescription drugs, based on drug utilization data from all Medi-Cal managed care plans (MCPs). For prescription drugs subject to the new provisions, the MCPs would be reimbursed by a separate capitation or supplemental payment and the treatment and utilization coverage policies would be developed, in consultation with specified stakeholders, that apply to the entire Medi-Cal program, including FFS and MCPs. Subdivision (b)(7) requires DHCS to implement the new provisions through provider bulletins, all plan letters or similar instructions until regulations are adopted no later than October 1, 2017. Beginning six months after the effective date of the provision (12/20/14), DHCS shall provide a status report to the Legislature on a semiannual basis until regulations have been adopted. | No interim instructions issued. SPA #14-034 approved with 10/1/14 effective date. Status of required regulations: Proposed draft regulations text released to stakeholders for comment on 9/1/16. Status of required regulations: The Department continues to develop and review the regulation package. | 08-28-15 09-01-16 Tentative release date: Regulation package for public comment no later than 1st quarter 2018. |
| | Treatment for Autism Spectrum Disorder | 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 | APL 15-025 issued to update guidance on behavioral health treatment services (supersedes APL 14-011) | 12-03-15 |

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| | | <p>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:</p> <ul style="list-style-type: none"> • 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 (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. DHCS shall make SPAs or waiver requests public 30 days prior to submission to CMS and address public comments. | <p>DHCS SPA #14-026. CMS approved retroactively to July 2014.</p> <p>DHCS SPA #14-033 approved by CMS retroactively to July 2014.</p> <p>Status of required regulations: The Regulations package <i>DHCS 16-002</i> is currently routing for internal review and approval.</p> | <p>01-21-16</p> <p>03-30-16</p> <p><i>First quarter 2018</i></p> |

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| SB 75 (Committee on Budget & Fiscal Review) Ch. 18, Statutes of 2015) | Medi-Cal Coverage for Undocumented Children | <p>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 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.</p> <p>SEC 33 – WIC Section 14007 SEC 34 – WIC Section 14007.5 SEC 35 – WIC Section 14007.8</p> <p>Subparagraphs (f)(1) and (2) of WIC Section 14007.8 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.</p> | <p>ACWDL 16-12</p> <p>Status of required regulations: <i>The drafted Initial Statement of Reasons is under review; the Information Digest is under development (75% complete).</i></p> | <p>05-04-16</p> <p>Anticipated December 2019</p> |

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| SB 147 (Hernandez) Ch. 760, Statutes of 2015 | Federally qualified health centers: APM Pilot Project | <p>No sooner than July 1, 2016, DHCS shall create a three-year Medi-Cal alternative payment methodology (APM) pilot project for county and community-based federally qualified health centers (FQHCs) willing to participate in the pilot program. The APM pilot project enables FQHCs to deliver care in different methods by testing a proposal which converts the existing wrap around payment FQHCs receive from DHCS into a prospective payment system-equivalent per member per month capitation payment to the FQHC.</p> <p>14138.22 (b) Beginning January 1, 2017, and notwithstanding Section 10231.5 of the Government Code, the department shall provide a status report to the Legislature regarding any instruction issued by the department pursuant to subdivision (a) on a semiannual basis until six months after implementation of the pilot project authorized pursuant to this article.</p> | <p><i>The FQHC Alternative Payment Methodology Pilot is currently at an impasse. CMS responded to our concept and are only willing to do the pilot if DHCS waives the Prospective Payment System (PPS). The clinics have stated that they are not willing to implement the program under a waiver that would waive PPS as it would set precedent. DHCS and the California Primary Care Association (CPCA) have agreed not to move forward with the FQHC APM pilot for the foreseeable future.</i></p> <p>Status of Regulations: None required.</p> | <i>DHCS met with CPCA January 2018 and agreed to no move forward.</i> |

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| AB 1114 (Eggman) Ch. 602 Statutes of 2016 | Medi-Cal: Pharmacist Services | <p>An urgency measure that adds specified pharmacist services as covered Medi-Cal benefits, subject to DHCS' protocols and utilization controls and approval by the Center for Medicare and Medicaid Services (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.</p> <p>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.</p> <p>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, the department may implement, interpret, or make specific this section, and any applicable federal waivers and state plan</p> | <p>Status of Regulations:</p> <p><i>Work on regulations has not begun. However, in preparation for implementation, DHCS has researched potential billing codes for the allowed services and has met with, and shared these potential billing codes with, appropriate stakeholders for input. DHCS had a call with CMS in December 2017 and received limited feedback from the CMS staff regarding potential SPA considerations. It is likely that this change in benefit will require a SPA.</i></p> | <p>Implementation of the provisions of the statute are anticipated between August and December 2018, prior to the completion of the regulation package which is due July 2021.</p> |

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| | | <p>amendments, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action. By July 1, 2021, the department 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, the department 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.</p> | | |

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| AB 2207 (Wood) Ch. 613 Statutes of 2016 | Medi-Cal: Dental Program | <p>AB 2207 does the following: 1) adds performance measures to the Medi-Cal Dental Program (Denti-Cal) fee-for-service (FFS) monitoring by provider 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) programs 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 managed care plans 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.</p> <p>SEC. 2 WIC 14149.8 (j) (1) Notwithstanding Chapter 3.5 (commencing</p> | <p>Status of Regulations: Under development.</p> <p><i>Dental Manual of Criteria (MOC) will be updated from CDT 13 to CDT 16 in January 2018</i></p> <p><i>APLs issued to dental plans:</i></p> <p><i>-APL 17-003 Grievance and Appeal Requirements</i></p> <p><i>-APL 17-008 Network Adequacy Standards for Time and Distance</i></p> <p><i>-APL 17-010 Changes to Plan Provider Network Report</i></p> <p><i>APLs will be issued to the dental plans:</i></p> <p><i>-APL Network Adequacy Standards for Timely Access</i></p> <p><i>-APL Changes to Plan</i></p> | <p>Anticipated December 2018</p> <p><i>January 2018</i></p> <p><i>May 24, 2017</i></p> <p><i>November 8, 2017</i></p> <p><i>December 1, 2017</i></p> <p><i>January 2018</i></p> <p><i>January 2018</i></p> |

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| | | <p>with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific policies and procedures pertaining to the dental fee-for-service program and dental managed care plans, as well as applicable federal waivers and state plan amendments, 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.</p> <p>(2) No later than December 31, 2018, the department 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, the department shall provide a status report to the Legislature on a semiannual basis until regulations have been adopted.</p> | <p><i>Performance Measures Report</i></p> <p>In April 2017, DHCS began posting various reports <i>for State Fiscal Year (SFY) 2015-16 and 2016-17</i> to the DHCS website, in compliance with AB 2207.</p> <p><i>-Performance Measures FFS SFY 2015-16 Quarter 4</i></p> <p><i>-Performance Measures FFS SFY 2016-17 Quarter 1</i></p> <p><i>-Performance Measures FFS SFY 2016-17 Quarter 2</i></p> <p><i>-Performance Measures DMC Prepaid Health Plans (PHPs) SFY 2015-16 Quarter 4</i></p> <p><i>-Performance Measures DMC Geographic Managed Care (GMC) Plans SFY 2016-17 Quarter 2</i></p> | <p><i>July 2017</i></p> <p><i>July 2017</i></p> <p><i>August 2017</i></p> <p><i>April 2017</i></p> <p><i>March 2017</i></p> |

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| | | | <p><i>-Performance Measures FFS, PHPs and GMC SFY 2016-17 Quarter 3</i></p> <p>Additional reports are being prepared and will be posted in coming months.</p> <p><i>-Complaints & Grievances Report</i></p> <p><i>-Per Provider dental services performance report</i></p> <p><i>DMC Network Adequacy Standards</i></p> | <p><i>December 2017</i></p> <p><i>January 2018</i></p> <p><i>February 2018</i></p> <p><i>January 2018</i></p> |

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| AB 2394 (Garcia, Eduardo) Ch. 801 Statutes of 2016 | <i>Medi-Cal: Nonmedical Transportation</i> | AB 2394 effective July 1, 2017, requires Medi-Cal to cover non-medical transportation (NMT), subject to utilization controls and federally permissible time and distance standards. AB 2394 shall be implemented only to the extent federal financial participation 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 from January 1, 2018, on a semiannual basis, until regulations are adopted by July 1, 2018. | <i>Status of Regulations: Regulations to be initiated following CMS approval of State Plan Amendment 17- 017, which was submitted September 29, 2017, for phase 1. DHCS will submit a second SPA in 2019 to implement the phase of the nonmedical transportation policy.</i> | Anticipated July 2020 |
| SB 1339 (Monning) Ch. 801 Statutes of 2016 | Public Social Services: Intercounty Transfers | SB 1339 requires intercounty transfers (ICT) 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 | Interim instructions under development. <i>As of 12/6/2017, the ACWDL outlining the ICT process prescribed in SB 1339 is in the final stage of internal review.</i> Status of Regulations: Regulations to be initiated upon release of interim instructions. | <i>The anticipated release date is the first quarter of 2018</i> Anticipated July 2019 |

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| | | <p>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.</p> <p>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, the State Department of Health Care Services and the State Department of Social Services, 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. The State Department of Health Care Services and the State Department of Social Services 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.</p> <p>(2) Beginning June 1, 2017, and notwithstanding</p> | | |

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| BILL #/ AUTHOR | Subject | Statutory language | Action Taken/Status of Regulations | Issue Date or Anticipated |
|---------------------------|----------------|--|---|--------------------------------------|
| | | Section 10231.5 of the Government Code, the State Department of Health Care Services and the State Department of Social Services 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. | | |

This table identifies DHCS activities in process or completed for implementation of legislation prior to promulgating regulations.

List of ACWDLs: <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ACWDLbyyear.aspx>

List of MEDILs: <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/ACWDLbyyear.aspx>

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>

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AND STATUS OF REGULATIONS**

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2017

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|---|----------------|--|---|--------------------------------------|
| SB 97 (Committee on Budget and Fiscal Review) Ch. 52 Statutes of 2017 | <i>Health</i> | <p>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.</p> <p>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.</p> <p>SEC. 58. This section establishes the Diabetes Prevention Program (DPP) within Medi-Cal fee-</p> | <p><i>Status of Regulations: As of 12/8/2017, DHCS is reviewing the authority to determine whether a regulation package is required.</i></p> <p><i>DHCS is working with CMS to obtain federal approval of a SPA that will allow the use and determination of eligibility for the CalWORKs program as a determination for the Medi-Cal program. Upon CMS' approval of the SPA, DHCS will determine if a regulation package is required. In the interim, DHCS placed this package on hold.</i></p> <p><i>Status of Regulations (Section 58): DHCS will begin drafting regulations in 2019. DHCS</i></p> | <p><i>Anticipated July 2020</i></p> |

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| | | <p>for-service (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.</p> <p>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.</p> | <p><i>is currently conducting its stakeholder engagement process and drafting the program's policy, including payment methodologies and the benefit's structure.</i></p> | |

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