

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

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January 2019 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	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. SEC 3 – Government Code (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	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.	This package is currently on hold.

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		Legislature until those regulations are adopted.		
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</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</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</p>

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		report to the Legislature on a semiannual basis until regulations have been adopted.	14-38 16-08 16-14 16-16 16-19	10-23-14 04-21-16 06-15-16 07-05-16 10-05-16
		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) – Use of Modified Adjusted Gross Income (MAGI) income methodology. Note: Section 14005.64 was amended by Chapter 931 Statutes of 2014 to specify the	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	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

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		income thresholds for pregnant women and specified groups of children under age 19.	14-23	04-24-14
		SEC 15 – WIC Section 14013.3 (g) – Agency Eligibility Information Sharing and Verification Regulations.	14-25 14-26	05-07-14 05-07-14
		SEC 16 – WIC Section 14015.5 (e) – Eligibility Functions to Exchange Regulations.	14-27 14-29	05-15-14 05-16-14
		SEC 17 – WIC Section 14015.7 (d) – Quick Transfer Protocol Regulations.	14-30 14-31	05-22-14 06-04-14
		SEC 23 – WIC Section 14005 – Defines caretaker relative.	14-33 14-33E	06-12-14 06-28-14
		SEC 24 – WIC Section 14102.5 (d) – Enrollment Process Quarterly Report Regulations.	14-36 14-41	07-08-14 07-21-14
			14-42 14-44	07-25-14 08-01-14
			14-45 14-54	08-06-14 11-05-14
			14-55 14-55E	11-14-14 11-18-14
			14-56 14-58	11-21-14 11-26-14
			16-17	09-21-16

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			<p>Status of required regulations:</p> <p>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>*Due to the complexity and size of this packet, additional time is needed to complete this process.</i></p> <p>Section 5: Emergency regulations regarding Managed Care Information Sharing made permanent.</p>	<p><i>*Anticipated June 2019</i></p> <p>04-21-16</p>

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			Sections 15, 16, 17, and 24: Regulations under development. <i>*Additional time is needed to obtain input from internal and external partners/stakeholders.</i>	<i>*Anticipated June 2019</i>
SB 28 (Steinberg & Hernandez, Ch. 442, Statutes of 2013)	Medi-Cal Eligibility	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	Issued ACWDLs: 14-14 14-22 14-27 14-28 14-31 14-35 SPA 13-035 approved effective as of January 1, 2014.	Dates: 03-27-14 04-25-14 06-16-14 07-07-14 09-11-14 09-29-14 03-28-14

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		<p>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 regulations have been adopted.</p> <p>SEC 3 – WIC Section 14005.28 (b) – Former Foster Youth Regulations.</p>	<p>Sections 3 & 4 are included in the DHCS 15-017 (ACA Medi-Cal</p>	<p>*Anticipated June 2019</p>

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		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) – NQI Wrap Regulations. SEC 13 – WIC Section 14132.02 (e) – Alternative Benefit Package Regulations.	Eligibility and Enrollment) recombined regulation package. Initial Statement of Reasons (ISOR) under internal review. DHCS will begin revising ISOR once legal feedback is obtained. <i>*Due to the complexity and size of this packet, additional time is needed to complete this process.</i> Section 5: Emergency regulations made permanent. Section 9 is included in the DHCS 16-010 PE regulation package which is pending internal review and approval. <i>*Additional</i>	Anticipated December 2019 <i>*Anticipated June 2019</i>

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		SEC 14 – WIC Section 14154 (a)(6)(G) County Administrative Cost Control Plan Regulations.	<p><i>time is needed to complete this process.</i></p> <p>Sections 6, 7, 10, 12 & 13 are currently under development.</p> <p>Section 14: Pending development of a new county administrative budgeting methodology.</p>	<p>Anticipated December 2019</p> <p>Anticipated June 2019</p>

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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 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</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>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>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. 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 (d) – Continuing Medi-Cal Eligibility Upon Loss of Cash Aide. 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</p>	<p>Status of required regulations:</p> <p>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>*Due to the complexity and size of this packet, additional time is needed to complete this process.</i></p> <p>Sections 3 and 11 are included in 14-029E and</p>	<p><i>*Anticipated June 2019</i></p> <p><i>*Anticipated March 2019</i></p>

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		<p><i>income and reasonably predictable annual income to establish eligibility.</i> 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 PE.</p>	<p>under DHCS review. ACWDL and AR forms are also under DHCS review.</p> <p>Sections 7, 9 On hold pending approval of Facilitated Enrollment SPA.</p> <p>17, 18, and 20 DHCS 14-028E delivered to Agency on 5/1/2018.</p> <p>Section 22 is included in the DHCS 16-017 (PE) regulation package which is under DHCS review.</p>	<p>Sections 7 and 9 are currently on hold</p> <p>Anticipated June 2019</p>

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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: DHCS is currently drafting the ISOR and Regulation Text. <i>*Additional time is needed to obtain input from internal and external partners/stakeholders.</i>	<i>*Anticipated June 2019</i>

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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	<p>SEC. 46 – WIC Section 14005.22 (c) Specifies the income threshold for full scope pregnant women is 109 percent of federal poverty level and requires a pregnant woman meeting specified eligibility criteria to enroll in a managed care plan (MCP) in those counties that have a MCP.</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 the Section (i.e., 12/20/14) status report to Legislature on semiannual basis until regulations have been adopted. 	<p>MEDIL 15-25 and ACWDL 15-35 provide directives that pregnant beneficiaries aided under full scope Medi-Cal program are required to enroll in a MCP.</p> <p>Status of required regulations: Sections 46 and 47 are included in the DHCS 15-017 (ACA Medi-Cal Eligibility and Enrollment) regulations package are under DHCS review. <i>*Due to the complexity and size of this packet, additional time is needed to complete this process.</i></p>	<p>Date: 08-19-15 and 11-12-15</p> <p><i>*Anticipated June 2019</i></p>

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BILL #/ AUTHOR	Subject	Statutory language	Action Taken/Status of Regulations	Issue Date or Anticipated
	Full scope Medi-Cal expansion of pregnant women	<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>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. *Additional time is needed to obtain input from internal and external partners/stakeholders.</p>	<p>11-12-15</p> <p>*Anticipated June 2019</p>
	Full scope Medi-Cal expansion of pregnant women	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,	Informational MEDIL 14-43 Issued.	07-30-14

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		<p>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. • 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. 		
SB 870 (Committee on Budget and Fiscal Review, Ch. 40,	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 MCPs. For prescription drugs subject to the new provisions, the MCPs would be reimbursed by a separate capitation or supplemental	<p>No interim instructions issued.</p> <p>SPA #14-034 approved with 10/1/14 effective date.</p>	08-28-15

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Statutes of 2014)		<p>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 fee-for-service (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.</p> <p>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.</p>	<p>Status of required regulations: Proposed draft regulations text released to stakeholders for comment on 9/1/16.</p> <p>Status of required regulations: *Development on this package is currently suspended due to work that has begun on the Governor's Executive Order EO-N-01-19.</p>	<p>09-01-16</p> <p>*Inactive</p>
	Treatment for Autism Spectrum Disorder	<p>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</p>	<p>APL 15-025 issued to update guidance on behavioral health treatment services (supersedes APL 14-011)</p>	<p>12-03-15</p>

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		<p>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: <i>*under internal review, anticipated date updated to account for additional time for internal review.</i></p>	<p>01-21-16</p> <p>03-30-16</p> <p><i>*Anticipated Second quarter 2019</i></p>

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2015

BILL #/ AUTHOR	Subject	Statutory language	Action Taken/Status of Regulations	Issue Date or Anticipated
SB 75 (Committee on Budget & Fiscal Review) Ch. 18, Statutes of 2015)	Medi-Cal Coverage for Undocumented Children	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	ACWDL 16-12 Status of required regulations: the amended Regulation, ISOR, and Informative Digest are under DHCS review.	05-04-16 Anticipated December 2019

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		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.		

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2016

BILL #/ AUTHOR	Subject	Statutory language	Action Taken/Status of Regulations	Issue Date or Anticipated
AB 1114 (Eggman, Ch. 602 Statutes of 2016)	Medi-Cal: Pharmacist Services	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	Status of Regulations: Work on regulations has not begun. However, 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.	* <i>CMS approved SPA 18-0039 on 11/26/18. Implementation via the release of letters/bulletins are scheduled for April 1, 2019, which will be prior to the completion of the regulation package due by July 2021.</i>

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		<p>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 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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		<p>that this information be made publicly available.</p> <p>SEC. 2 WIC 14149.8 (j) (1) Notwithstanding Chapter 3.5 (commencing 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 FFS program and dental MCPs, 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</p>	<p>APLs will be issued to the dental plans: -APL Network Adequacy Standards for Timely Access</p> <p>-APL 18-006 Modifications to the Performance Measures and Benchmarks for the Medi-Cal Dental Managed Care Program (Supersedes APL 16-017)</p> <p>DHCS has completed all required performance measure reports through 2017-18 Quarter One are posted on the DHCS website at http://www.dhcs.ca.gov/se</p>	<p>January 2018</p> <p>March 2018</p> <p>April 2018</p>

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		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.	rvices/Pages/DentalReports.aspx. Complaints & Grievances Report SFY 2015-16 is available at: http://www.dhcs.ca.gov/services/Pages/DentalReports.aspx Complaints & Grievances Report SFY 2016-17 Per Provider dental services performance report for SFY 2016-17	May 2018 June 2018 Anticipated July 2019

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AB 2394 (Garcia, Eduardo Ch. 801 Statutes of 2016)	Medi-Cal: Nonmedical Transportation	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 from January 1, 2018, on a semiannual basis, until regulations are adopted by July 1, 2018.	Status of Regulations: Regulations are under development following CMS approval of SPA17-017 on August 21, 2018, for phase 1. DHCS will submit a second SPA in 2019 to implement phase 2 of the nonmedical transportation policy.	Anticipated July 2020

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<p>SB 1339 (Monning, Ch. 801 Statutes of 2016)</p>	<p>Public Social Services: Intercounty Transfers</p>	<p>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.</p>	<p>Issued: ACWDL18-02</p> <p>As of June 2018, a follow-up ACWDL is in development in response to counties' questions.</p> <p>Status of Regulations: Regulations to be initiated upon release of interim instructions.</p>	<p>Issued January 11, 2018</p> <p>Due July 2021</p>
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		<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 Section 10231.5 of the</p>		

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		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.		

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2017

BILL #/ AUTHOR	Subject	Statutory language	Action Taken/Status of Regulations	Issue Date or Anticipated
SB 97 (Committee on Budget and Fiscal Review, Ch. 52 Statutes of 2017)	Health	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.	Status of Regulations: 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.	
		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.		
		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	Status of Regulations (Section 58): DHCS will begin drafting regulations in 2019. DHCS	Anticipated July 2020

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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/CaliforniaStatePlan.aspx>

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

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		<p>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>conducted its stakeholder engagement process and finalized the program's policy, including payment methodologies and the benefit's structure. *DHCS submitted the SPA to CMS in December 2018.</p>	

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BILL #/ AUTHOR	Subject	Statutory language	Action Taken/Status of Regulations	Issue Date or Anticipated
SB 586 (Hernandez, Ch. 625 Statutes of 2016)	Children's Services	SB 586 requires DHCS to establish the Whole-Child Model (WCM) program in designated County Organized Health System or Regional Health Authority counties to incorporate California Children's Services (CCS) program covered services for Medi-Cal eligible CCS children and youth into a Medi-Cal MCP contract. For non-WCM counties, the bill extends the CCS carve-out provision that prohibits the incorporation of CCS program covered services into a Medi-Cal MCP contract until January 1, 2022. WIC 14094.20 (a) requires the department to report to the Legislature the status of pending regulations, commencing from July 1, 2018, on a semiannual basis, until regulations are adopted by July 1, 2020.	Status of Regulations: Issued CCS Numbered Letter (NL)# 04-0618 Issued All Plan Letter (APL) # 18-001 on June 7, 2018. DHCS reviewed current CCS NLs to determine which current NLs and related Subject Index Categories apply to WCM plans. DHCS has released this information to WCM plans on which NLs/Subject Index Categories they are required to follow.	Anticipated July 1, 2020

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			<p>WCM plans will be required to adhere to any future NLs that fall within the Subject Index Categories identified during this review as applying to WCM plans.</p> <p>DHCS continues to review current CCS policies to determine areas of differentiation between the WCM and CCS programs to determine what requirements would be best suited to include in the WCM regulatory framework.</p>	

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			DHCS will begin drafting the WCM regulatory package upon completion of this review.	Anticipated by July 2020

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

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