

SEC	Action	Section	Code	Report Name	Reason for Elimination: Obsolete or Reducing Workload	Brief Summary of Report and Justification for Elimination
1	Amend	1538.8	Health and Safety Code (HSC)	(SB 484) Quality of Care in Medi-Cal: Understanding HEDIS for Children in Foster Care	Reduces Workload	DHCS currently reports data related to behavioral health quality of care measures for children in foster care compared to children in Medi-Cal, specifically, four of the five measures in the report are specified in WIC Section 14717.5 (a)(8)(A-D). The measures come from the CMS Children Core Set Measures and/or the Healthcare Effectiveness Data and Information Set (HEDIS). Since the implementation of WIC Section 14717.5, CMS has retired one of the specified measures WIC Section 14717.5(a)(8)(B): Use of Multiple Concurrent Antipsychotics in Children and Adolescents (HEDIS APC)). By removing the specific measures in state law, DHCS would streamline and have the flexibility to align its work to the CMS Core Set Measures that is required by CMS.
2	Amend	104151	HSC	Every Woman Counts (EWC) Reports to the California Legislature	Reducing Workload	DHCS submits two biannual reports and one annual report to the Legislature each year for the EWC program. The requirements for each are in state statute and the biannual report has prescriptive timing for submission, whereas the annual report does not. DHCS recommends discontinuing the biannual reports and streamline the information into a single capstone annual report that is submitted according to a standard timeline for release.

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3	Amend	11756.8	HSC	Impacts of Realignment of Substance Use Disorder Services	Reduces Workload	<p>AB 75 (Committee on Budget, Chapter 22, Statutes of 2013) requires DHCS to identify and evaluate the impacts of the 2011 Realignment of substance use disorder (SUD) services and to “annually report to the appropriate fiscal and policy committees of the Legislature, and publicly post, a summary of outcome and expenditure data that allows for monitoring of changes over time and indicates the degree to which [SUD] programs are meeting state- and county-defined outcome measures.” The report must contain expenditures for each county for the SUD programs described in Government Code section 30025(f)(16)(B)(i)-(iv) and be submitted and posted each year by April 15.</p> <p>The last published AB 75 “Impacts of Realignment of Substance use Disorder Services” report, covering the year 2021, was published in 2022. Due to delays in receiving data from counties, the subsequent reports have not been published, but are currently still in development. However, with the passage of the Behavioral Health Services Act (BHSA) and given the new requirements for counties to report annually on expenditures of all local, state, and federal behavioral health funding, the AB 75 report will be largely duplicative of the future statewide Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) described in WIC section 5963.04. DHCS will consolidate the contents of the AB 75 report with BHSA reporting so long as the consolidated report includes the information required by HSC section 11756.8. Eliminating the standalone AB 75 report requirement would reduce unnecessary duplication of effort for DHCS as well as eliminate duplicative reporting requirements for counties.</p>

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4	Amend	11757.65	HSC	Women and Children's Residential Treatment Services (WCRTS) Program	Reduces Workload	SB 1014 (Committee on Budget and Fiscal Review, Chapter 36, Statutes of 2012) requires DHCS to provide an annual report to the Legislature on the fiscal and programmatic status of the WCRTS program. Fulfilling this report has historically been a large lift between the counties and DHCS through the CalOMS Treatment data system. This coordination difficulty has many times resulted in a history of resubmissions that causes the report being significantly delayed. DHCS is proposing to delete this reporting requirement.
18	Amend	30461.6.	Revenue and Taxation Code	Every Woman Counts Reports to the California Legislature	Reduces Workload	DHCS submits two biannual reports and one annual report to the Legislature each year for the EWC program. The requirements for each are in state statute and the biannual report has prescriptive timing for submission, whereas the annual report does not. DHCS recommends discontinuing the biannual reports, as not much changes every six months, and streamline the information into a single capstone annual report that is submitted according to a standard timeline for release.
5	Amend	14005.27	Welfare and Institution (WIC)	Healthy Families Program Transition Reports	Obsolete	DHCS submitted a final comprehensive report illustrating the transition of children and their integration into the new Optional Targeted Low Income Program, other Medi-Cal programs, or disenrollment from Medi- Cal; the children's ability to maintain services through the same or different providers and health plans; and feedback from the families via call centers, appeals, grievances, and surveys. DHCS fulfilled the legislative reporting requirement on February 4, 2014; therefore, DHCS proposes to delete this requirement.

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6	Repeal	14007.95	WIC	California Health Improvement Project	Obsolete	The California Health Improvement Project focused on promoting self-sufficiency rather than poverty for people with disabilities by expanding work opportunities and access to necessary healthcare supports. Originally, DHCS was responsible for program oversight and production of the legislative report, however, the grant administration moved to Sonoma State University in 2003 and the responsibility for the legislative report moved to the California Health and Human Services Agency, where the report was published and submitted to the Legislature.
7	Amend	14012.5	WIC	Self-Certification of Income and Assets	Obsolete	The pilot was never completed due to a lack of funding, and therefore the report was never submitted. The requirement is more than 10 years old with no current efforts for a self-certification pilot; therefore, DHCS proposes to delete this requirement.

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8	Amend	14094.20	WIC	Whole Child Model (WCM) Regulations and Semi-Annual WCM Regulations Update	Reducing Workload	SB 586 (Hernandez, Chapter 625, Statutes of 2016) requires DHCS to establish the 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 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 MCP contract until January 1, 2022. WIC 14094.20(a) requires DHCS to report to the Legislature the status of pending regulations, commencing from July 1, 2018, on a semiannual basis, until regulations are adopted. DHCS has determined that regulations are unnecessary for implementation of the WCM. Therefore, DHCS is proposing to delete the requirement to promulgate regulations for the WCM and associated quarterly status reporting in an effort to reduce non-feasible and unnecessary workload.
9	Repeal	14100.95	WIC	Medical Supply Demonstration Contracts	Obsolete	The report provided the outcome of contracting in four DHCS selected medical supply categories: incontinence briefs, catheters with attached collection bags, diabetic enteral formula, and disposable gloves. The report included background, description of the study design and the results, which included approximately \$4.5 million savings to the General Fund after completion of the contracting. Existing law references demonstration contracts, which are obsolete; thus, DHCS recommends deleting this section of law. The current contracts are outlined in WIC Section 14105.47.

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10	Amend	14102.5	WIC	ABX1-1 Report	Reduces Workload	The California Eligibility and Enrollment report provides a summary of key Insurance Affordability Program (IAP) application, enrollment, and renewal data findings. The report responds to AB x1 1 (J. Perez, Chapter 3, Statutes of 2013), as amended by AB 1688 (Committee on Health, Chapter 511, Statutes of 2017). The data will be aggregated and calculated on at least a quarterly basis. Applicable link: https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/CFSW_ABx11.aspx PDRD recommends sunsetting this requirement as reporting under the Unwinding Dashboard replaces measures of current interest. PDRD has been in contact with MCED. https://www.dhcs.ca.gov/dataandstats/dashboards/Pages/default.aspx
11	Amend	14115.8	WIC	Local Education Agency Medi-Cal Billing Option Program Report to the Legislature	Reduces Workload	Existing law requires DHCS to annually report to the Legislature general program information and historical context to program accomplishments for the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP). Currently, the information contained in the annual legislative report is available online on the LEA BOP website (http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx). The information available online is updated bi-monthly and reflects DHCS's current efforts, working collaboratively with stakeholders, in administering the LEA BOP; whereas, the information in the legislative report is outdated by at least two years and may no longer be relevant at the time of publishing. The republishing of program information and activities in a legislative report is duplicative and inefficient use of resources. DHCS proposes to delete this reporting requirement as it will reduce the number of reports submitted annually to the Legislature.

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12	Amend	14124.11	WIC	Public Assistance Reporting Information System (PARIS), Veterans Match, Post- Pilot Evaluation Report	Obsolete	AB 1183 (Chapter 758, Statutes of 2008) required DHCS to conduct a two-year PARIS pilot program. The purpose of the pilot was to evaluate if PARIS could improve the identification of veterans enrolled in the Medi-Cal program. Once the pilot was complete, DHCS evaluated the results and found that the pilot was mostly successful in achieving its objectives and provided recommendations for improvement. DHCS adopted most recommendations and continues to use PARIS for military benefit identification.
14	Amend	14501	WIC	Family PACT Program Report	Reduces Workload	To satisfy this legislative requirement, DHCS submits two Family PACT Program Reports, covering prior fiscal years, on a biannual basis to the Legislature. These reports describe: 1) the Family PACT provider and client populations, including the percentage of women in need of publicly-funded family planning services who accessed Family PACT; 2) service utilization, including contraceptive methods and sexually transmitted infections screening; 3) reimbursement; and 4) county profiles. In 2007, DHCS began to post the reports on the Family PACT website on an annual basis (www.familypact.org). In addition, the reports have a one year lag time between the end of the relevant fiscal year and the production of the report and biannual cycle. Accordingly, the Legislature receives outdated reports. If this statute were to remain in place, in 2018 (the next scheduled reporting year) the Legislature will receive the report for fiscal year 2013-14, which was posted on the Family PACT website in February 2017, and the report for fiscal year 2014-15, which is expected to be posted on the Family PACT website mid-year 2017. Given that this lag time renders the biannual reporting to the Legislature obsolete, DHCS proposes to be required to post the information on its website.

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15	Amend	14717.5	WIC	EQRO Reporting for Children in Foster Care	Reduces Workload	Mental health services are provided by both Medi-Cal managed care plans and county mental health plans and foster care status is identified by combining CDSS and DHCS data. DHCS is the only entity that has access to all the data. Changing the language gives DHCS the flexibility to self-report or to contract to report the data.
16	Repeal	SEC 34 of AB 131 (Chapter 80, Statutes of 2005)	Uncodified	Quarterly Update Medi-Cal Managed Health Care Expansion into Rural Counties and the Medi-Cal Managed Care Program	Obsolete	<p>Existing law requires DHCS to provide the fiscal and policy committees of the Legislature with quarterly updates, commencing January 1, 2006, regarding core activities to improve the Medi-Cal Managed Care Program and to expand to the 13 new counties, as required by the Budget Act of 2005. The quarterly updates are required to include key milestones and objectives of progress regarding changes to the existing program, submittal of state plan amendments to the federal Centers for Medicare and Medicaid Services, submittal of any federal waiver documents, and applicable key functions related to the Medi-Cal Managed Care expansion effort.</p> <p>This uncodified section of law does not have a sunset date for the quarterly reporting requirement; however, this expansion effort and its successor pursuant to AB 1467 (Chapter 23, Statutes of 2012) have been completed. DHCS has monitored and reported on these expansion populations and are confident that these populations have transitioned from Fee-For-Service to Medi-Cal managed care successfully and maintains that no further reporting is necessary; thus, DHCS proposes to delete the requirement.</p>

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17	Repeal	SEC 67 of AB 1183 (Chapter 758, Statutes of 2008)	Uncodified	Mental Health Services Act Housing Semi-Annual Report	Obsolete	The MHSA Housing Program, which was jointly administered by DHCS and the California Housing Finance Authority (CalHFA), ended in May 2016. The last report included a comprehensive evaluation of the program.