Stakeholder Communication Update
April 2021

The Department of Health Care Services (DHCS) is pleased to share this bimonthly update of important events and actions at the Department. If you are not a subscriber and would like to receive these updates, please sign up on the DHCS website. Check out the Calendar of Events for specific meetings and events, or visit the Stakeholder Engagement Directory for listings by program. You also can view our State Plan Amendments (SPA), and find the most recent data on Medi-Cal enrollment. For questions or suggestions, contact us at DHCSCommunications@dhcs.ca.gov. Please also follow DHCS on social media. Thanks.

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COVID-19 Updates

On March 1, the Centers for Medicare & Medicaid Services (CMS) [approved](#) California's waiver application to make COVID-19 testing available in schools for students covered by Medi-Cal. Given the unprecedented nature of the ongoing COVID-19 public health emergency (PHE), California requested, through the section 1115 federal demonstration, authority to provide COVID-19 testing for Medi-Cal children in grades transitional kindergarten through 12. This request was approved retroactive to February 1, 2021, and will continue for 60 days after the end of the federal PHE. For more information about safe returns to in-person instruction, please visit [schools.covid19.ca.gov](#). For more information about testing in schools, please visit [testing.covid19.ca.gov/school-testing](#).

On March 26, CMS [approved](#) State Plan Amendment (SPA) 21-0016 to add Medicaid Disaster Relief to implement temporary policies under section 1135 during the PHE. As approved in the SPA, DHCS will increase the fee-for-service payment rate for durable medical equipment (DME), specifically oxygen and respiratory equipment, equivalent to 100 percent of the Medicare rate. The payment increase will be effective for dates of service on or after March 1, 2020, so DME providers can continue providing necessary equipment during the COVID-19 PHE.

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Unwinding of the COVID-19 PHE

In March 2020, based on the federally declared COVID-19 PHE and [Executive Order N-29-20](#), DHCS directed counties to delay processing of Medi-Cal annual renewals and defer discontinuances and negative actions for Medi-Cal programs to ensure that Californians continued to receive Medi-Cal coverage for the duration of the COVID-19 PHE. In preparation for the resumption of normal Medi-Cal operations after the end of the COVID-19 PHE, DHCS is engaging with the County Welfare Directors Association (CWDA) of California, county Medi-Cal eligibility staff, and Statewide Automated Welfare System (SAWS) representatives to explore ways to address the backlog of renewals and other pending casework resulting from the March 2020 order to suspend these activities. This foundational pre-work is essential to informing the creation of a viable statewide work plan for unwinding the PHE. DHCS will engage with stakeholders in the coming months to communicate the groundwork being established for the work plan, and to solicit feedback that further informs county eligibility operations planning in preparation for the end of the PHE.

Additional COVID-19 updates will be posted to the [DHCS COVID-19 Response page](#). The COVID-19 [website](#) also has information about local resources, including links to county COVID-19 websites.

DHCS Leadership Transitions

Governor Gavin Newsom recently made the following DHCS executive appointments:

- Saralyn M. Ang-Olson, Chief Compliance Officer, Office of Compliance, effective February 16. This new role in the Director's Office elevates DHCS' important compliance functions and creates a standard approach for tracking state and federal program requirements and identifying and correcting any deficiencies. From January 2016 to September 2020, Ms. Ang-Olson served as Director/Senior Assistant Attorney General of the California Office of the Attorney General/Department of Justice Bureau of Medi-Cal Fraud and Elder Abuse, California's Medicaid Fraud Control Unit.
- Palav Babaria, M.D., Deputy Director, Quality and Population Health Management, and Chief Quality Officer, effective March 29. This new role will elevate DHCS' critical health care quality functions and create a standard approach to our quality strategy as we work to consolidate existing internal quality-related resources and workload. Since February 2017, Dr. Babaria has served as Chief Administrative Officer for Ambulatory Services at the Alameda Health System. She was responsible for all clinical operations, quality of care, and strategy for primary and specialty care and integrated and specialty behavioral health, and was executive sponsor for value-based programs, including the Medi-Cal Section 1115 waiver.
- Susan Philip, Deputy Director, Health Care Delivery Systems (HCDS), effective April 28. Ms. Philip has served in a variety of roles in the health care sector, including in leadership positions, for more than 20 years. Since September 2013,

Ms. Philip has served as Senior Healthcare Management Consultant with Milliman, Inc. and Director of Public Sector Markets for the Milliman MedInsight Practice. In this capacity, she conducts a wide range of business development, thought leadership development, and project management and delivery activity.

Program Updates

Approval of Temporary 1915(b) Waiver Extension

On March 23, the Centers for Medicare & Medicaid Services (CMS) approved DHCS' request for a temporary extension of the Medi-Cal Specialty Mental Health Services (SMHS) 1915(b) waiver program through December 31, 2021. This nine-month extension allows DHCS time to develop and obtain approval for the California Advancing and Innovating Medi-Cal (CalAIM) initiative, and to align with the proposed one-year extension of the 1115 waiver (Medi-Cal 2020). The CalAIM initiative includes transitioning the Medi-Cal SMHS 1915(b) and 1115 waivers into a single comprehensive section 1915(b) waiver, with a proposed effective date of January 1, 2022.

CalHOPE Update

CalHOPE began responding to the COVID-19 pandemic on November 9, 2020. CalHOPE is a Crisis Counseling Assistance and Training Program – Regular Service Program (CCP-RSP) funded through the Federal Emergency Management Agency in partnership with the Substance Abuse and Mental Health Services Administration. CalHOPE's pandemic response includes an extensive array of resources and services offered through DHCS' CalHOPE website and the Mental Health Association of San Francisco (MHASF) Warm Line.

As the PHE continues, data show that California residents are continuing to seek CalHOPE resources. Since June 2020, the CalHOPE website received more than 1.2 million page views, with an average time spent on the website of about two minutes. Also, since May 2020, the MHASF Warm Line received nearly 10,000 calls from Californians.

In the next month DHCS will expand crisis counseling services in the state through a partnership with the California Mental Health Services Authority (CalMHSA). CalMHSA will roll out virtual, non-clinical emotional and crisis support in response to the COVID-19 pandemic and associated stressors. Individuals in need of emotional and/or crisis support can receive "visits" by phone, videoconference, or computer chat. Family and/or group support sessions are available, and individuals may be connected to county-based services.

Finally, DHCS will provide CCP-RSP services for two wildfire grants that affect 22 counties in California. Through a partnership with CalMHSA, provider organizations in the affected counties will provide crisis counseling services to individuals impacted by wildfires.

California Health Information Exchange Onboarding Program (Cal-HOP)

Effective March 12, 2021, DHCS included inpatient psychiatric facilities and mental and behavioral health providers as eligible provider types under Cal-HOP. These providers are now eligible to receive support in onboarding to a Health Information Organization (HIO) to facilitate more robust health information exchange.

DHCS is committed to providing up to $50 million in total funds to the HIOs over the course of the program. These funds support data exchange connections from a HIO to eligible providers and hospitals, including admission, discharge, and transfer messages (ADT) and queries of the Controlled Substance Utilization Review and Evaluation System (CURES). Through the Cal-HOP program, DHCS has already provided $3.5 million to facilitate data exchange connections from a HIO to eligible providers and hospitals, and projects another $10 million in payments over the next three months. Providers and hospital organizations can find a list of participating HIOs on the DHCS website.

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

Dental Transformation Initiative (DTI)

DHCS released the January 2021 Domain 1 payment in early February totaling $33.5 million. Since Domain 2 began in 2017, DHCS has paid approximately $142 million in payments as of February 28, 2021, and 3,212 providers have opted in to participate. The next Domain 3 payment is scheduled for June 2021. For Domain 4, DHCS has issued $90.9 million as of March 1, 2021. Fact sheets for all DTI domains are posted on the DHCS website. DHCS is continuing to monitor DTI funding and planning for the transition to the CalAIM initiative.

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

California's first regional DMC-ODS model began operating in seven counties on July 1, 2020, bringing the total number of counties statewide participating in the DMC-ODS to 37 and covering more than 96 percent of the Medi-Cal population. The regional model is a collaboration among seven Northern California counties and Partnership HealthPlan that allows access to screening, assessment, early intervention, and a continuum of substance use disorder (SUD) treatment. DHCS is currently engaging the remaining standard DMC counties to determine their level of interest in becoming DMC-ODS counties. Between April and August 2021, DHCS will conduct several webinars, including on individual and regional model options, Medication Assisted Treatment access, and fiscal implications and forecasting, to support implementation of DMC-ODS in small and small rural counties. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services.

As of February 1, 2021, DHCS implemented Senate Bill (SB) 823 through [Behavioral Health Notice No.: 21-001](#), which requires DHCS' licensed alcohol and other drug recovery treatment (AOD) facilities to obtain at least one [DHCS Level of Care (LOC) Designation](#) and/or at least one residential [ASAM LOC Certification](#) consistent with all of its program services. DHCS has processed 975 total designations for AOD providers in California. Of the 975 designations, 683 are active for 347 providers. More information about DMC-ODS is posted on the DHCS [website](#).

DHCS also contracts with an External Quality Review Organization (EQRO) that reviews DMC-ODS counties annually regarding access, timely access, and quality of care. The information from these reviews is summarized in annual county reports. In fiscal year (FY) 2019-20, 26 DMC-ODS counties were reviewed. For FY 2020-21, to date, the EQRO has completed 22 DMC-ODS county reviews. The individual reports can be found at https://www.caleqro.com/dmc-eqro. Additionally, under contract with the University of California, Los Angeles, Integrated Substance Abuse Programs (UCLA ISAP), DHCS is conducting annual DMC-ODS waiver evaluation activities to measure and monitor outcomes of the waiver. The evaluation focuses on access to care, quality of care, cost, and the integration and coordination of SUD care, both within the SUD system and with medical and mental health services. The latest DMC-ODS waiver evaluation report is posted on the UCLA-ISAP [website](#).

Implementation of Tribal Federally Qualified Health Center (FQHC)

On February 19, CMS approved SPA [20-0044](#), which implements the Tribal FQHC provider type in Medi-Cal, effective January 1, 2021. DHCS will provide policy guidance for managed care plans (MCPs) and providers, including an All Plan Letter, training, and provider manual updates.

Interoperability Rule Requirements

In May 2020, CMS issued [the Interoperability and Patient Access final rule (CMS-9115-F)](#). These regulations require Medicaid entities to enhance the way patients can access and interact with their health data. The regulations will drive change in how clinical and administrative information is exchanged between payers, providers, and patients, and will support more efficient care coordination. This final rule directly impacts Medicaid programs and Medicaid MCPs. The final rule adopts modern standards supporting commonly used technologies, such as smartphones and mobile apps. The types of data required to be available include administrative data, clinical data, and provider directory data. Payer-to-payer data exchange capability is also required to support the portable patient record and coordination of care.

Medi-Cal Health Enrollment Navigators Project

DHCS is expanding and extending efforts to enroll hard-to-reach Medi-Cal populations. Effective July 1, 2019, Assembly Bill (AB) 74 (Chapter 23, Statutes of 2019) appropriated $59.7 million for DHCS to partner with counties and community-based organizations (CBOs) to conduct Medi-Cal outreach, enrollment, retention, and navigation services for

hard-to-reach Medi-Cal and potentially eligible Medi-Cal populations. Due to the community health impacts of the COVID-19 PHE, navigator services are now more critical than ever. Project partners have implemented innovative and creative approaches to contact and enroll eligible populations in their local communities. As of April 2021, DHCS is partnering with 32 counties and 9 CBOs (serving an additional 20 counties) to provide services to those 52 counties. The project is in the final phase to allow CBO and county partners to submit proposals for the remaining non-awarded counties and the counties open to a dual partnership with a CBO. This phase allows CBOs and counties to incorporate new or expand existing activities for all participants, extend their project performance period to March 31, 2022, and continue adjusting their outreach and enrollment approaches due to the challenges presented by the COVID-19 PHE. Information and updates related to the Medi-Cal Health Enrollment Navigators Project is available on the DHCS website.

Medi-Cal Rx Implementation and Project Status Updates

On February 17, DHCS announced the delay of the planned Go Live date of April 1 for Medi-Cal Rx because of the need to review new conflict avoidance protocols submitted by Magellan Health, the project's contracted vendor. In January 2021, Centene Corporation announced that it plans to acquire Magellan. Centene operates – through subsidiaries – MCPs and pharmacies that participate in Medi-Cal. This transaction was unexpected and requires additional time to explore the acceptable conflict avoidance protocols to ensure there will be acceptable firewalls between the corporate entities to protect the pharmacy claims data of all Medi-Cal beneficiaries and to protect other proprietary information.

Medi-Cal Rx will standardize the Medi-Cal pharmacy benefit statewide under one delivery system. It will improve access to pharmacy services with a network that includes approximately 94 percent of the state's pharmacies. Medi-Cal Rx will also apply statewide utilization management protocols to all outpatient drugs, standardizing the experience for all Medi-Cal beneficiaries and providers. Additionally, Medi-Cal Rx will strengthen California's ability to negotiate state supplemental drug rebates with drug manufacturers, helping to reduce pharmaceutical costs. DHCS anticipates providing further information in May. DHCS continues to encourage Medi-Cal providers, MCPs, counties, beneficiaries, and other interested parties to sign up for the Medi-Cal Rx subscription service to receive Medi-Cal Rx updates by email. For project questions or comments, visit the DHCS website or email RxCarveOut@dhcs.ca.gov. In addition, DHCS encourages stakeholders to review the most current Medi-Cal Rx Frequency Asked Questions document.

Medication-Assisted Treatment (MAT) Expansion Project

DHCS, in partnership with The Center at Sierra Health Foundation, released two Request for Application (RFA) opportunities in February 2021 to address the SUD prevention, treatment, and recovery needs of American Indian and Alaskan Native populations: 1) The Tribal and Urban Medications for Addiction Treatment for Opioid Use Disorder and Psychoactive Stimulant Use Disorder Learning Community (Learning Community); and 2) the Tribal and Urban Indian Community-Defined Best Practices (TUI-CDBP).

The [Learning Community](#) project is intended for tribal and urban Indian health entities that reflect the racial, ethnic, and cultural community they intend to serve, and that can develop culturally responsive services tailored and individualized to the population. This is an opportunity for tribal and urban Indian health programs to develop, operationalize, enhance, and sustain MAT and/or stimulant treatment services. The project emphasizes the importance of culture and the healing role of culture in engagement, treatment, and recovery. A total of $2.5 million is available to fund up to 25 tribal and urban Indian grantees.

The goal of the [TUI-CDBP](#) program is to support California tribes, urban Indian and tribal providers, and tribal-serving organizations to develop approaches to strengthen the cultural centeredness of the services they deliver to individuals with SUD. Through the TUI-CDBP program, awarded funds will support the planning or implementation of community-defined best practices (e.g., culturally validated healing practices) into SUD services for tribal and urban Indian communities throughout the state. Funded organizations will either propose to complete a series of readiness activities and plan to develop or identify community-defined practices in their community, or for those organizations that already use community-defined best practices, will propose ways to integrate those practices into SUD and health care services. A total of $1.9 million is available to fund up to 25 grantees. For more information about these and other MAT RFAs, please visit www.CaliforniaMAT.org.

Nonmedical Transportation (NMT)

As of March 9, DHCS has received 496 applications from transportation companies requesting enrollment as NMT providers in FFS Medi-Cal. DHCS has so far approved 102 applications. A list of the approved NMT providers is posted on the DHCS [website](#), and is updated monthly as additional providers are approved. DHCS will continue to assist FFS Medi-Cal beneficiaries with NMT requests if there is no approved NMT provider in their area. DHCS began using a new mailbox on January 1 dedicated to NMT requests. FFS beneficiaries or their designees can email DHCSNMT@dhcs.ca.gov to request transportation assistance. Requests should be sent at least five business days in advance of the appointment if the provider is unable to arrange NMT or if all other transportation options have been exhausted. Beneficiaries should not include personal information in their first email; DHCS staff will reply with a secure email asking for their appointment information.

Smile, California Campaign for Medi-Cal Dental Services

In February, *Smile, California* observed National Children's Dental Health Month with a social media pledge that allowed partners, providers, and community members to declare their commitment to being good oral health role models. More than 20 organizations shared the pledge on their social media pages. More than 100,000 users were reached through the paid social advertisements promoting the pledge, and 300 users visited the website and used the "Find a Dentist" tool. Also, to help educate members about the connection between healthy teeth and healthy food choices, *Smile, California* partnered

with seven foodbanks serving the majority of Medi-Cal member populations throughout the state to distribute the [Healthy Smiles Start with Healthy Foods](#) insert during meal distribution days. In addition, *Smile, California* collaborated with CalFresh to publish a social media post about the link between healthy foods and good oral health. Further, *Smile, California* participated in the California Oral Health Technical Assistance Center's monthly lunch and learn series, and presented a [webinar](#) designed to educate attendees about the campaign and various resources available for local oral health programs to share on their websites.

Smile, California published website landing pages in the following 15 threshold languages: Arabic, Armenian, Cambodian, Chinese, Farsi, Hindi, Hmong, Japanese, Korean, Lao, Punjabi, Russian, Tagalog, Thai, and Vietnamese. *Smile, California* also hosted a Facebook Live member presentation on March 30 for Medi-Cal members, covering dental services for Medi-Cal members of all ages and answering questions related to the Medi-Cal dental benefit.

This month, *Smile, California* will release an infographic entitled, "Is it teething time for your baby?" that includes information on baby tooth eruption stages, common and uncommon symptoms, and pain relief tips. The piece highlights that teething symptoms are normal for babies and encourages parents and caregivers to call their pediatrician or dentist before going to the emergency department.

Resumption of Retroactive Claim Adjustments

As announced on February 5, DHCS did not resume retroactive pharmacy claim adjustments beginning with the February 11, 2021, warrant date. The resumption of retroactive pharmacy claim adjustments due to a change in the reimbursement methodology for covered outpatient drugs will continue to be paused until further notice. This pause will apply to all pharmacy claims billed through the Medi-Cal FFS fiscal intermediary, and includes those claims that were subject to an alternative payment arrangement.

Stakeholder Meetings and Webinars

2021 California Health Information Exchange (HIE) Onboarding and Interoperability Summit

On April 20, DHCS, with support from the California Health Care Foundation, will host the 2021 California HIE Onboarding and Interoperability Summit. The event this year will be held virtually at no cost to participants. The summit will assist stakeholders in understanding how they and their organizations fit in to the larger Interoperability and HIE initiatives, including interactions and data exchange with state departments. Presentations will promote dialogue on current and planned efforts related to the expansion of HIE utilization across the state and the current landscape of HIE efforts in California. Additional topics will include reporting to the Controlled Substance Utilization

Review and Evaluation System Prescription Drug Monitoring Program, efforts to expand public health reporting during the COVID-19 pandemic, HIE in emergency medical services, and interoperability initiatives. The summit provides a forum for stakeholder input on activities that will shape the future of HIE in California. Registration for this event is now open online at https://cvent.me/NxnLlx.

Behavioral Health Peer Support Services
On March 2, DHCS hosted a second stakeholder listening session to obtain feedback on the peer support specialist certification process that DHCS will be developing pursuant to Senate Bill (SB) 803 (Chapter 150, Statutes of 2020). The listening sessions covered training and process requirements. Each session was open to the public and public comments were collected. All communications from DHCS regarding the implementation of SB 803 can be found on the DHCS website, including a timeline, listening session materials, and resources.

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting
On April 29, DHCS will hold the next BH-SAC meeting via webinar. The webinar is expected to include updates on the implementation of peer support specialists pursuant to SB 803, mobile crisis response and new opportunities included in the America Rescue Plan Act of 2021, and California's response to the overdose crisis during the PHE. The meeting will also include an update on new funding priorities through the Mental Health and Substance Use Disorder Services block grant. The purpose of the BH-SAC is to advise DHCS about the behavioral health delivery system. This includes behavioral health, prevention, treatment, recovery services, and related waivers for mental health and SUD services. To view meeting information and materials, please visit the DHCS website.

Canceled: CalAIM Managed Long-Term Services & Supports (MLTSS) and Duals Integration Workgroup Meeting
DHCS canceled the April 7 CalAIM MLTSS and Duals Integration Workgroup meeting and is rescheduling for a future date. Registration for the May 6 CalAIM MLTSS and Duals Integration Workgroup meeting is available on the DHCS website. Background materials, transcripts, and video recordings from the February and March MLTSS and Duals Integration Workgroup meetings, along with additional information about the workgroup, are posted on the DHCS website.

California Children's Services (CCS) Advisory Group (AG) Meeting
On April 22, DHCS Director Will Lightbourne will lead the CCS AG virtual meeting. Agenda topics for this meeting will include Whole Model Child evaluation, Title V needs assessment, CalAIM, and other brief updates. To view CCS AG meeting agendas, presentations, webinar information, and meeting materials, please visit the DHCS website.

Foster Care Model of Care Workgroup

On April 23, DHCS will host the next Foster Care Model of Care Workgroup virtual meeting. The February 26 meeting included discussions on options for managing care to improve the delivery system of health services for children and youth in foster care. The background material and papers presented are available on the DHCS website. The agenda and link for the April 23 meeting will be provided on the DHCS website closer to the meeting date. For questions or comments about this workgroup, please email CalAIMFoster@dhcs.ca.gov.

Health Care Program for Children in Foster Care (HCPCFC)

On April 3, DHCS held the first HCPCFC performance measures meeting. This is a new workgroup comprised of and facilitated by public health nurses (PHNs) in California who review and evaluate the HCPCFC performance measures and PHN standards of practice. For questions or comments, please email HCPCFC@dhcs.ca.gov.

Medi-Cal Managed Care Advisory Group (MCAG) Meeting

On June 3, DHCS will host the next quarterly MCAG meeting via webinar. The purpose of the MCAG is to facilitate communication between DHCS and all interested parties and stakeholders. DHCS provides program updates, and stakeholders are able to ask questions about issues that affect managed care beneficiaries. MCAG members generally consist of stakeholders and advocates, legislative staff, health plan representatives, health plan associations, and providers. The upcoming meeting will focus on updates requested from stakeholders through the MCAG inbox. To request agenda items for future meetings, please email advisorygroup@dhcs.ca.gov. To view meeting information, materials, and historical documents, please visit the DHCS website.

Medi-Cal Consumer Focused Stakeholder Workgroup (CFSW) Meeting

On May 7, DHCS will hold the next CFSW meeting via WebEx. Additional information about the workgroup is available on the DHCS website.

Medi-Cal Dental Los Angeles Stakeholder Meeting

On May 20, DHCS will hold the next Medi-Cal Dental Los Angeles Stakeholder meeting virtually. The purpose of the meeting is for Los Angeles County stakeholders to provide input on how DHCS can best perform oversight and guidance for its dental program to improve dental utilization rates and the delivery of oral health and dental care services, including prevention and education services within DMC and FFS Medi-Cal dental. Additional information is available on the DHCS website.

Medi-Cal Rx Advisory Workgroup Meeting

Due to the delayed Go Live date for Medi-Cal Rx, the March 22 Medi-Cal Rx Advisory Workgroup meeting was postponed. The next scheduled meeting for this workgroup is May 28 via webinar. These sessions are intended to help facilitate and further inform DHCS' ongoing efforts to implement pharmacy services improvements through Medi-Cal

Rx. The workgroup is comprised of hospitals, clinics, health plans, counties, pharmacies, tribal health programs, and consumer advocates. Information on how to participate in the next webinar will be provided on the DHCS website.

Medi-Cal Rx Public Forums
Due to the delayed Go Live date for Medi-Cal Rx, the April 14 public forum is being postponed. The next scheduled Medi-Cal Rx public forum is May 19 via webinar. Information will be posted on the DHCS website. For questions or comments related to Medi-Cal Rx, please email RxCarveOut@dhcs.ca.gov.

SB 75: School-Based Health Care Stakeholder Workgroup
Under the authority of SB 75 (Chapter 51, Statutes of 2019), DHCS and the California Department of Education are working jointly to improve the coordination and expansion of access to available federal funds through the Medi-Cal Billing Option Program, School-based Medi-Cal Administrative Activities Program, and medically necessary federal Early and Periodic Screening, Diagnostic, and Treatment Services. Virtual stakeholder meetings were held on April 1 and 2 and were focused on finalizing and solidifying the recommendations for improving coordination and expansion of access to available federal funds. The recommendations will be outlined in a report to the Legislature and the Department of Finance that will be released on or before October 1, 2021. For additional information regarding the meetings, please visit the Medi-Cal for Students Workgroup website. For questions or comments, please email LEA@dhcs.ca.gov.

Stakeholder Advisory Committee (SAC) Meeting
On April 29, DHCS will hold the next SAC meeting via webinar. The webinar is expected to include updates on the 1115 and 1915(b) waivers, CalAIM, and behavioral health in schools. SAC members are recognized stakeholders/experts in their fields, including member advocacy organizations and representatives of various Medi-Cal provider groups. To view meeting information, materials, or historical documents, please visit the DHCS website.

Statewide Foster Care Subcommittee Quarterly Meeting
On April 20, the statewide Foster Care Subcommittee will meet virtually. The purpose of this meeting will be to advise the Child Health and Disability Prevention Executive Committee on program issues relating to the goal of increasing access to health, dental, developmental, and mental health services for children and youth in out-of-home placement. The subcommittee provides leadership and linkages to the four foster care PHN regions through its membership, and shares evidence-based practices relevant to health services for children and youth in out-of-home placement. DHCS is an attendee of the meeting, while county PHNs lead the meeting.

Tribes and Designees of Indian Health Programs Webinar

DHCS will host a webinar for tribes and designees of Indian health programs in April on CalAIM. This webinar is intended to allow tribal and Indian health programs representatives a forum to provide feedback on elements of CalAIM with specific impact to Tribes, Indian health programs, and American Indian Medi-Cal beneficiaries. The invitation and WebEx registration information will posted to the DHCS website when it becomes available.

Reports

ACEs Aware Data Reports

ACEs Aware is a first-in-the-nation initiative led by DHCS and the Office of the California Surgeon General (CA-OSG) that gives Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs. New data reports from DHCS are now available that detail the number of Adverse Childhood Experience (ACE) screenings conducted in California between January 1 and June 30, 2020, and the number of providers who have completed the "Becoming ACEs Aware in California" core online training.

- Since launching the ACEs Aware initiative in December 2019, more than 15,500 providers have taken the training. About 9,100 Medi-Cal providers in California have attested to completing the training and are receiving Medi-Cal payment for conducting qualified ACE screenings.
- Medi-Cal providers – primarily pediatric, family medicine, and internal medicine physicians – have conducted more than 155,000 ACE screenings of more than 130,000 unique Medi-Cal beneficiaries. Of the unique beneficiaries screened, 6 percent had an ACE score of four or greater, indicating a high risk for toxic stress.

Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Preliminary Summative Evaluation

On February 16, CMS approved DHCS' PRIME Preliminary Summative Evaluation report. This evaluation covered the period of Demonstration Year (DY) 11 through DY 14, from July 2015 through June 2019. The qualitative findings are based on pre-pandemic responses to a comprehensive survey that went out to PRIME hospitals in February 2020 to gather their perspectives on the PRIME implementation status, sustainability of PRIME activities beyond the end of the program, and how PRIME has advanced the Triple Aim of improving quality of care, patient health outcomes, and cost containment/efficiency. The quantitative findings analyze the amount of funding the hospitals earned in PRIME and the clinical impact based on metric performance. The PRIME Final Summative Evaluation will be sent to CMS later in 2021. Links for both the PRIME Interim Evaluation and the Preliminary Summative Evaluation are available on the DHCS website.

Seniors and Persons with Disabilities (SPD) Interim Evaluation Report

Under the authority of California's Section 1115 Medicaid waiver, California transitioned its SPD population from the Medi-Cal FFS delivery system into the managed care delivery system between 2011 and 2015. As required by CMS, DHCS contracted with an independent evaluator (UCLA) to evaluate the transition as it related to quality, cost, and access for the SPD population beginning on October 1, 2018. DHCS submitted the interim evaluation report to CMS on December 31, 2020, and as required by the waiver, DHCS posted the report on its website on March 16, 2021.

Timely Access Report

On March 8, DHCS posted the *Medi-Cal Managed Care 2019 Timely Access Report* on its website. Medi-Cal MCPs are subject to an annual timely access survey conducted by DHCS that measures compliance with provider availability and appointment wait time standards for urgent and non-urgent pediatric and adult appointments among network provider types. The timely access report captures survey responses of provider offices and call center staff for calendar year 2019. It details the sampling methodology used to determine eligibility to participate in the survey, the survey script used to collect responses, the process by which DHCS provides the quarterly survey results to MCPs, and corresponding MCP responses received by DHCS. MCPs are encouraged to use the survey findings to make improvements in their provider networks to increase timely access to appointments for members.