



# Stakeholder Communication Update

## August 2019

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 [DHCSPress@dhcs.ca.gov](mailto:DHCSPress@dhcs.ca.gov). Be sure to follow DHCS on social media, too. Thanks.



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## **Program Updates**

### **AIDS Healthcare Foundation (AHF)**

The AHF has successfully transitioned to a full-risk Medi-Cal managed care health plan in Los Angeles County, effective July 1, 2019. AHF is a specialty health plan that provides comprehensive health care services for beneficiaries who have a prior diagnosis of Stage 3 HIV infection (AIDS). AHF benefits include primary care from doctors who are HIV experts, outpatient services, and prescription drugs (including all psychotherapeutic and HIV/AIDS drugs). AHF is accepting new Medi-Cal patients (without a share of cost) living with a prior diagnosis of Stage 3 HIV infection.

### **Aged, Blind, and Disabled Expansion - Senate Bill (SB) 104**

Existing law requires DHCS to exercise its option under federal law to implement a program for aged, blind, and disabled persons who meet financial eligibility requirements. Under SB 104 (Committee on Budget and Fiscal Review), DHCS is required, upon receipt of federal approval, to disregard all countable income over 100 percent of the federal poverty level, up to 138 percent of the federal poverty level, after taking all other disregards, deductions, and exclusions into account for those persons eligible under the program for aged and disabled persons. The bill would require the

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program to be implemented no sooner than January 1, 2020. If approved, the bill would impose a state-mandated local program to handle the increased responsibility of counties to determine Medi-Cal eligibility. Updates on the implementation of SB 104 will be provided through the [Consumer Focused Stakeholder Workgroup](#), as they become available. Please contact [DHCSFSW@dhcs.ca.gov](mailto:DHCSFSW@dhcs.ca.gov) if you have any questions.

## Annual Network Certification Update

DHCS submitted network adequacy certification documentation to the Centers for Medicare & Medicaid Services (CMS) on July 1, 2019. The submission included the assurance of compliance for Medi-Cal managed care health and dental plans, as well as significant state initiatives, including the readiness assessment of the AIDS Healthcare Foundation transitioning into a full-scope Medi-Cal managed care plan and CalOptima's participation in Phase 3 of the Whole Child Model Program.

By September 1, 2019, DHCS will submit to the CMS the 2019 certification of network adequacy for California's 56 county MHPs. CMS approved an extension of the network adequacy certification reporting timeframe from July 1, 2019 to September 1, 2019. This will be the second year that county MHPs have been subject to the federal network certification requirements. DHCS is currently analyzing the most recent network adequacy data to determine counties' compliance with the 2019 network adequacy certifications. In 2018, 28 MHPs were placed under corrective action plans (CAPs) for being out of compliance with network adequacy standards. Of those plans, all but 10 cleared their CAP. The others were notified that they would be sanctioned with a temporary withhold of federal funds and a civil penalty if they remained out of compliance. The network adequacy standards and certification documents are on the DHCS [website](#).

## Dental Transformation Initiative (DTI)

| <b>DTI Domains</b>                            | <b>Payments To Date, as of July 2019</b> |
|---|--|
| Domain 1 - Preventive Care                    | \$149.8 million                          |
| Domain 2 - Caries Risk Assessment             | \$16.2 million                           |
| Domain 3 - Continuity of Care                 | \$35.2 million                           |
| Domain 4 - Local Dental Pilot Projects (LDPP) | \$29.4 million                           |
| <b>Total</b>                                  | <b>\$230.6 million</b>                   |

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For Domain 1, DHCS issued January 2019 payments totaling \$48.7 million during the first week of June. The July 2019 payments totaling \$4.3 million were released at the end of July. To date, DHCS has issued a total of \$149.8 million to eligible providers under Domain 1. Domain 2 continues to see a large number of providers opting in to participate from the 18 DTI expansion counties. Currently, 1,944 Medi-Cal dental providers have opted in to participate in Domain 2. DHCS issued the third annual Domain 3 incentive payments on July 8, 2019, totaling \$13.2 million paid to 759 service office locations. As of June 19, 2019, DHCS has visited seven LDPPs participating in Domain 4 to observe the administrative and clinical initiatives and innovations in action and to identify best practices for the state. LDPP visits will continue throughout 2019. Bimonthly teleconferences with all LDPPs continue as an opportunity to educate, provide technical assistance, offer support, and address concerns as well as share best practices and lessons learned. Fact sheets for all DTI Domains are available on the DTI [webpage](#).

### **Diabetes Prevention Program (DPP)**

DHCS will soon publish translated materials about the DPP on the DHCS website. In June 2019, DHCS completed the billing and enrollment system edits required to enable potential DPP providers to enroll in and seek reimbursement from Medi-Cal for DPP services rendered. During the same time, the DPP Provider Manual section was published, and DHCS released the "[Guide for Diabetes Prevention Providers New to Medi-Cal](#)" as a resource for new providers to navigate Medi-Cal enrollment and billing systems.

### **Drug Medi-Cal Organized Delivery System (DMC-ODS) Update**

As of August 1, 2019, 30 counties were approved to deliver DMC-ODS services, representing 94 percent of the Medi-Cal population statewide. There are 10 additional counties in various phases of implementation. The California External Quality Review Organization (EQRO) posted the external quality review (EQR) report for Napa and Marin counties on its [website](#) and completed an EQR for Napa and Santa Cruz 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. ASAM designations continue to be processed for licensed residential alcohol and other drug program providers. DHCS issued 854 designations to alcohol and drug treatment providers in California. More information about the DMC-ODS is available on the DHCS [website](#).

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## **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Benefit**

On July 18, 2019, DHCS published a new [EPSDT-focused section in the Medi-Cal Provider Manual](#) to inform providers of the EPSDT benefit, regulations, and their responsibilities for providing services for individuals under age 21. DHCS is also working on a regulation package, per SB 1287 (Chapter 855, Statutes of 2018), which will update the California Code of Regulations, Titles 9, 17, and 22 to correct inaccurate EPSDT language. Once the updates are completed and approved within DHCS, the regulation package will be formally submitted to the Office of Administrative Law to begin the promulgation process. Other DHCS EPSDT activities include modifying language in several waiver program documents to ensure compliance with federal and state EPSDT regulations. For questions or comments, please email [DHCS-Benefits@dhcs.ca.gov](mailto:DHCS-Benefits@dhcs.ca.gov).

## **Health Homes Program (HHP)**

Group 3 HHP implementation for members with chronic physical conditions and substance use disorders began on July 1, 2019, in Alameda, Imperial, Kern, Los Angeles, Sacramento, San Diego, Santa Clara, and Tulare counties. Group 3 represents the largest wave of implementing counties for the program. In addition, Group 2 HHP implementation for members with serious mental illness began on July 1, 2019, in Riverside and San Bernardino counties. In January 2020, HHP will be expanded in Group 3 counties for members with serious mental illness, and in Group 4 for Orange County for members with chronic physical conditions and substance use disorders. DHCS is pleased with the progress made by all HHP implementation groups. As of June 30, 2019, enrollment in HHP was approximately 6,000, across the Group 1 and Group 2 counties. For more information, please visit the DHCS [website](#).

## **Health Navigators – 2019 Budget Act**

The 2019 Budget Act (AB 74) allocated \$60 million (\$30 million General Fund) to support health enrollment navigators for two years to provide outreach, enrollment, retention, and utilization assistance in Medi-Cal. The effective date for this provision is July 1, 2019. DHCS is in the planning stage to determine how the funding will be allocated and identification of targeted populations and will provide implementation updates through the [Consumer Focused Stakeholder Workgroup](#) meetings, as they become available. Please contact [DHCS\\_CFSW@dhcs.ca.gov](mailto:DHCS_CFSW@dhcs.ca.gov) if you have any questions.

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## Managed Care Outreach Campaign

Commencing in fall 2019, DHCS will begin stakeholder engagement for an outreach campaign. The targeted campaign will inform Medi-Cal full-scope beneficiaries about the availability of EPSDT and how to access preventive services. The beneficiary outreach campaign will focus on children and families to educate them about available preventive services, and efforts will be directed to members who have not accessed recommended services. Stakeholder feedback is requested through traditional avenues, such as the Managed Care Advisory Group and managed care health plans.

## Managed Care Plans Request for Proposal (RFP)

The RFP schedule by model type was posted on [DHCS' website](#). The schedule provides information on the timeline for releasing the RFP and targeted implementation dates. The RFP is scheduled to be released in 2020. Medi-Cal managed care health plans will implement in the following counties in January 2023: Alameda, Contra Costa, Fresno, Kings, Madera, San Francisco, Santa Clara, Los Angeles, Riverside, San Bernardino, Kern, San Joaquin, Stanislaus, Tulare, Sacramento, San Diego, and Imperial. Plans will implement in the following counties in January 2024: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, Yuba and San Benito. For questions about the projects or RFP schedule, please email [omcprfp0@dhcs.ca.gov](mailto:omcprfp0@dhcs.ca.gov).

## Medi-Cal Rx

Governor Newsom's [Executive Order N-01-19](#) requires DHCS to, in part, transition pharmacy services for Medi-Cal managed care to fee-for-service (FFS) by January 2021. On July 24, 2019, DHCS conducted a Pharmacy Carve-Out advisory group meeting to facilitate community awareness of the project and to provide a forum for stakeholder feedback to help further inform implementation efforts. The meeting was open to the public, and participants included hospitals, clinics, health plans, drug manufacturers and Medi-Cal beneficiary advocates. The [presentation from the meeting is on the DHCS website](#). Additionally, as part of the overall implementation plan, DHCS released a [draft RFP](#) on July 22, 2019, to procure an external pharmacy administrative services vendor, which initiated a two-week public comment period that closed on August 5, 2019. For general project questions and/or comments, please email [RxCarveOut@dhcs.ca.gov](mailto:RxCarveOut@dhcs.ca.gov).

## Medical Interpretation Services

AB 635 (Chapter 600, Statutes of 2016) requires DHCS to work with stakeholders to conduct a study to identify current requirements for medical interpretation services,

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including education, training, and licensure. DHCS continues to work collaboratively with a contracted vendor to complete the scope of work objectives and release the final study by October 2019. The 2019 Budget Act includes an appropriation of \$5 million for the support of a medical interpreters pilot project(s). These funds are available for expenditure until June 30, 2024. DHCS will include results from the AB 635 study to help inform the pilot(s), and anticipates utilizing its existing AB 635 stakeholder workgroup and other interested parties to determine next steps. For more information, please visit the DHCS [website](#).

## **Medication Assisted Treatment (MAT) Expansion Project**

DHCS' MAT Expansion Project is funded by federal grants awarded by the Substance Abuse and Mental Health Services Administration to address the opioid crisis through prevention, treatment, and recovery services. A component of the MAT Expansion Project is the Transitions of Care program, which is surveying treatment system stakeholders, conducting onsite process improvement events, and launching an ongoing technical assistance initiative to increase the overall number of MAT access points and augment addiction treatment capacity.

The project will operate in up to ten counties and has launched onsite county efforts in Humboldt, Mendocino, Fresno, Kern, Ventura, and Imperial counties. A summary of the project, as well as a report from the first county-level process improvement event in Imperial County, can be found [here](#). New reports will be uploaded in summer and fall 2019. More information about the MAT Expansion Project is available [here](#).

## **Multipurpose Senior Services Program (MSSP) Waiver**

MSSP is a 1915(c) Home and Community-Based Services (HCBS) Waiver that provides both social and health care management services to help individuals remain in their own homes and communities. Per the Budget Act of 2019, \$14.8 million shall be used to support three years of supplemental provider payments for the MSSP Waiver. DHCS is working with the California Department of Aging to develop the structure and parameters of the supplemental payments. DHCS will submit a waiver amendment to seek necessary federal approval to implement these time-limited supplemental payments.

## **Nonmedical Transportation (NMT)**

As of July 8, 2019, DHCS had received 161 applications from transportation companies requesting to enroll as NMT providers for FFS Medi-Cal. Of the total, DHCS approved 13 applications; five nonemergency medical transportation (NEMT) companies have

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requested to add NMT as a service; 60 companies requested enrollment for NMT and NEMT; and 96 requested enrollment for NMT only. A total of 69 applications were denied for not meeting DHCS requirements. A list of approved NMT providers is on the DHCS [transportation webpage](#), 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. Beneficiaries or their designees may email [DHCS-Benefits@dhcs.ca.gov](mailto:DHCS-Benefits@dhcs.ca.gov) to request transportation assistance. Requests should be sent at least five business days in advance of the appointment if their provider is unable to arrange NMT or if they have exhausted all other transportation options. Beneficiaries should not include personal information in their first email; DHCS staff will reply with a secure email asking for their appointment information. DHCS is at the beginning stages to solicit a NMT broker for FFS beneficiaries. Information on the procurement process will be posted on [DHCS' website](#) as it becomes available.

## **Proposition 56 Loan Repayment**

In July 2019, DHCS announced its commitment to pay \$57.3 million in student loans to 240 physicians and \$10.1 million in student loans to 38 dentists under a new program to expand access to care for Medi-Cal patients. The physicians represent 40 specialties and serve 38 counties. The Dentists will serve 20 counties. The awardees have agreed to maintain a patient caseload of at least 30 percent Medi-Cal patients. A total of \$340 million has been allocated to the program (CalHealthCares). For more information, please visit the Physicians for a Healthy California [website](#).

## **Proposition 56 Supplemental Payments Updates**

Under the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), the Budget Act of 2019 appropriated Proposition 56 funds for specific DHCS health care expenditures per the annual state budget process for state fiscal years 2019-20 through 2021-22.

The following are existing Proposition 56 supplemental payment programs that will continue through December 31, 2021:

- **Family Planning, Access, Care and Treatment (Family PACT) Program:** On June 25, 2019, DHCS posted a [public notice](#) for the proposed State Plan Amendment (SPA) [19-0040](#), and on July 3, 2019, submitted the SPA to CMS for federal approval.
- **Women's Health Services:** No federal approvals are needed for these payments.

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- **Dental:** On June 18, 2019, DHCS posted a [public notice](#) for the proposed [SPA 19-0038](#), and on July 3, 2019, submitted the SPA to CMS for federal approval. The SPA is pending CMS review.
- **Physician Services:** On June 28, 2019, DHCS posted a [public notice](#) for the proposed [SPA 19-0021](#), and on July 3, 2019, submitted the SPA to CMS for federal approval.
- **Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Including Habilitative and Nursing:** On June 28, 2019, DHCS posted a [public notice](#) for the proposed SPA 19-0022. DHCS anticipates SPA submission to CMS for federal approval by September 2019.
- **Freestanding Pediatric Subacute (FS/PSA) Facilities:** On June 28, 2019, DHCS posted a [public notice](#) for the proposed SPA 19-0042. DHCS anticipates SPA submission to CMS for federal approval by September 2019.
- **HIV/AIDS Waiver:** No federal approvals are needed to continue these supplemental payments.
- **ICF/DD Continuous Nursing Care:** No federal approvals are needed to continue these supplemental payments for this service available through the 1915(c) Home and Community-Based Alternatives (HCBA) Waiver.

The following are new Proposition 56 supplemental payment programs per the Budget Act of 2019:

- **Medi-Cal Family Planning:** On June 28, 2019, DHCS posted a [public notice](#) for the proposed [SPA 19-0027](#), which will request federal approval for the use of a new supplemental payment for select family planning services under the Medi-Cal program through the sunset date of December 31, 2021. These supplemental payments will be retroactive to July 1, 2019, pending system changes and federal approval.
- **Medi-Cal Developmental Screenings:** SPA 19-0041 will seek federal approval for developmental screenings, in both managed care and the FFS delivery systems, effective January 1, 2020. Payments will be in addition to the amounts paid for the office visit that accompanies the screening. The developmental screenings are performed at well child visits for children at 9 months, 18 months, and 30 months, and providers will use a standardized screening tool that meets the criteria set forth by the American Academy of Pediatrics and CMS. DHCS will post a public notice for the proposed SPA no later than September 30, 2019.
- **Trauma Screening:** SPA 19-0048 will seek federal approval of trauma screenings in both the managed care and FFS delivery systems, starting January 1, 2020. Providers can bill for children to receive periodic trauma rescreening as

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determined appropriate and medically necessary, but not more often than once per year, per provider. For adults aged 21 and older, reimbursement will be allowed for no more than one screening per provider in the adult's lifetime. The trauma screening tool that providers will be required to use is the Pediatric ACEs and Related Life-events Screener (PEARLs) for children and the Adverse Childhood Experiences (ACES) for adults. Providers will be required to attest that they have been trained; more information about the training to be provided is below. DHCS will post a public notice for the proposed SPA no later than September 30, 2019.

- **Non-Emergency Medical Transportation:** On June 28, 2019, DHCS posted a [public notice](#) for the proposed SPA 19-0044, which will seek federal approval to establish a time-limited supplemental payment program for Non-Emergency Medical Transportation services. These supplemental payments will be retroactive to July 1, 2019, pending system changes and federal approval.
- **Hospital-Based Pediatric Physicians:** DHCS is developing a methodology to distribute \$2 million in grant funding to eligible pediatric hospital-based physicians.
- **Community-Based Adult Services (CBAS):** DHCS is developing the structure and parameters to distribute \$13.7 million in supplemental payments for CBAS in fiscal year 2019-20.

The following are existing rate increases that will continue using Proposition 56 funds per Budget Act 2019:

- **Home Health Services:** No federal approvals are needed for these payments.
- **Pediatric Day Health Care Services:** No federal approval are needed for these payments.

## **Proposition 56 Trauma-Informed Care**

Trauma-informed care is a model of care intended to promote healing and reduce risk for re-traumatization. Trauma screenings for both children and adults are an essential part of trauma-informed care. Per the 2019-20 Budget, DHCS will provide a supplemental payment to providers for trauma screenings for all adults and children with full-scope Medi-Cal coverage, using Proposition 56 funds, beginning on January 1, 2020. In addition, DHCS, in partnership with the state Surgeon General's office, will fund provider training for trauma screenings beginning in fall 2019. Further information is available on the DHCS [website](#).

## **Public Hospital Redesign & Incentives in Medi-Cal Program (PRIME) Transition**

The [PRIME](#) program, funded through the Section 1115 Waiver (Medi-Cal 2020), has accelerated efforts by participating PRIME entities to change health care delivery, maximize health care value, and strengthen their ability to successfully perform under risk-based alternative payment models (APMs). On June 30, 2019, DHCS submitted a proposal to CMS to continue PRIME's quality improvement (QI) projects and associated payments beyond the end of PRIME in June 30, 2020. The proposal includes continued incentive funding through December 31, 2020, for all entities currently participating in PRIME, including both Designated Public Hospitals and District/Municipal Public Hospitals. If approved, PRIME QI activities and associated funding would continue for an additional six months through the authority included in Section 438.6(c) of the Federal Register, which allows states to direct expenditures under managed care contracts to adopt value-based purchasing models and performance improvement initiatives, similar to the current [Quality Incentive Program \(QIP\)](#). DHCS plans to submit future proposals to CMS to continue the program in calendar year 2020 and beyond, so the QIP can continue the advances and improvements made through PRIME.

## ***Smile, California* Campaign for the Medi-Cal Dental Program**

The *Smile, California* Campaign is continuing outreach efforts to increase the number of stakeholders and influencers subscribed to Smile Alerts, recruit brand ambassador organizations, increase traffic to [SmileCalifornia.org](http://SmileCalifornia.org), and increase followers on social media. During June 2019, DHCS held focus groups with pregnant women and adults with disabilities, and issued surveys to seniors via email and postcards. The survey results and focus groups will inform DHCS on social media messaging and dental materials for these populations. If you would like to be added to the *Smile, California* list and receive Smile Alerts, please email [hello@smilecalifornia.org](mailto:hello@smilecalifornia.org).

## **Whole Child Model (WCM) Implementation**

The final phase of the WCM program has been implemented with CalOptima in Orange County, effective July 1, 2019. CalOptima has met the necessary California Children's Services (CCS)-paneled provider network requirements and is prepared to meet the needs of the CCS-eligible population in Orange County. CalOptima has assumed full financial responsibility, which includes service authorization activities, claims processing and payment, case management, and quality oversight. In conjunction with CalOptima, Orange County assumes responsibility for various administrative functions to support the CCS program. For more information, please visit the DHCS [website](#).

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## **Whole Person Care (WPC) Pilot Program**

On July 22, 2019, DHCS announced the availability of \$100 million in one-time state funding for WPC pilots to invest in long-term and short-term housing and capital investment for housing projects for Medi-Cal beneficiaries who are mentally ill and are experiencing homelessness or at risk of homelessness. This one-time funding opportunity will be available through June 30, 2025, and does not require local matching funds. The WPC pilot program is administered by DHCS and coordinates health, behavioral health, and social services in a patient-centered manner, with the goal of improved beneficiary health and well-being. Many of the WPC pilots target individuals who are mentally ill and are experiencing homelessness or who are at risk of homelessness, and have a demonstrated medical need for housing and/or supportive services. WPC pilots have flexibility in determining the scope of their projects as well as the number of mentally ill homeless or at risk of homelessness mentally ill individuals who will be served. For more information about the WPC pilot program, please visit the DHCS [website](#).

## **Young Adult Expansion**

SB 104 expands full-scope Medi-Cal to the young adult population, ages 19 through 25, who do not have satisfactory immigration status, are unable to establish satisfactory immigration status, or are unable to verify United States citizenship. The young adult expansion is modeled after the Medi-Cal coverage provided by SB 75 (Chapter 18, Statutes of 2015), which provided full-scope Medi-Cal to eligible children under age 19. DHCS expects to have system readiness to implement the young adult expansion by January 1, 2020. DHCS is working collaboratively with counties, Medi-Cal managed care health plans, advocates, community-based organizations, the Legislature, and others to implement the young adult expansion.

## **Stakeholder Meetings and Webinars**

### **AB 1296 Stakeholder Meeting**

On July 30, 2019, DHCS hosted an AB 1296 (Chapter 641, Statutes of 2011) stakeholder meeting in collaboration with Covered California and California Healthcare Eligibility, Enrollment and Retention System (CalHEERS) Project team. These meetings provide a venue for engaging key advocate stakeholders on policy and other issues central to eligibility, enrollment, and retention in subsidized health coverage programs (Medi-Cal, the Children's Health Insurance Program, and Covered California). At the July 30 meeting, the participating parties discussed upcoming system enhancements slated to

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implement in September 2019 and February 2020, and the transition of a new system integrator to maintain the operations of CalHEERS. Additional information about the July 30 meeting is available on the DHCS [website](#).

## **Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting**

The next BH-SAC is scheduled for October 29, 2019, in Sacramento. The July 10, 2019, meeting included an orientation to the BH-SAC operations and processes, an update from the state's mental health advisor, Dr. Thomas Insel, and a presentation on behavioral health financing. The meeting also included an update on waiver planning for the 1915(b) Medi-Cal Specialty Mental Health Services Waiver and the 1115(a) Medicaid Waiver. DHCS recently formed the BH-SAC to continue efforts to improve stakeholder engagement, and to focus on DHCS' goal to better integrate mental health and substance use disorder services with the rest of the health care system and programs that DHCS oversees. The purpose of the BH-SAC is to advise the Director and DHCS on the behavioral health delivery system. This includes behavioral health, prevention, treatment, and recovery services, and related waivers for mental health and substance use disorder services. DHCS appointed BH-SAC members in June. To view meeting information, materials, and the membership list, please visit the DHCS [website](#).

## **CalSAWS Stakeholder Engagement Meetings**

Per AB 1811 (Chapter 35, Statutes of 2018 ), the California Department of Social Services (CDSS), with support from DHCS, leads a monthly meeting with stakeholders, advocates, clients, the Office of Systems Integration, and the Statewide Automated Welfare Systems consortium to discuss specific elements of implementing a statewide automated welfare system for identified public assistance programs, including Medi-Cal. CDSS and DHCS are required to meet with these individuals on a quarterly basis to discuss specific elements of the system, including areas of concern identified by advocates, with an emphasis on public facing elements and other areas that impact clients, mobile applications, and certain ancillary services. The last meeting was on July 15, 2019, and the next meeting is planned for August 2019. More information about the CalSAWS meetings is on the CDSS [website](#).

## **Electronic Visit Verification (EVV) Phase II Stakeholder Meetings**

On June 17, 2019, DHCS hosted the second Electronic Visit Verification (EVV) Phase II stakeholder meeting in partnership with CDSS, the Department of Developmental Services (DDS), California Department of Public Health (CDPH), and California Department of Aging (CDA). EVV is a telephone and computer-based system that electronically verifies that in-home service visits occurred. The federal government

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requires that all states implement EVV for Medicaid-funded personal care services (PCS) by January 2020 and home health care services (HHCS) by January 2023. DHCS intends to submit a Good Faith Exemption to extend the federal deadline to January 2021 for PCS. The EVV Phase II stakeholder process builds upon the discussions led by CDSS for EVV Phase I for In-Home Supportive Services and Waiver Personal Care Services. Further information about Phase I is available on the CDSS [website](#). EVV Phase II is focused on identifying either an existing system(s) or a new system to implement EVV for DHCS, DDS, CDA, CDPH, and CDSS programs subject to EVV, but not included in Phase I. DHCS is seeking feedback from providers and consumers on the existing use of EVV and other electronic systems on Medi-Cal programs subject to EVV. Meeting materials and notes from the June 17 meeting are on the DHCS [website](#). For inquiries about the Phase II EVV stakeholder meeting or to be added to the stakeholder e-mail list, please contact [EVV@dhcs.ca.gov](mailto:EVV@dhcs.ca.gov). For more information about EVV Phase II, please visit the DHCS [website](#).

### **Fiscal Management Workgroup Meetings**

DHCS will begin a fiscal stakeholder workgroup beginning in August 2019. The focus of the workgroup is to identify enhancements to the DHCS budgeting, accounting, and information technology systems to promote sound Medi-Cal estimates and budget transparency. Representatives from the California Health and Human Services Agency, Department of Finance, legislative budget and policy committees, and the Legislative Analyst's Office will participate in the workgroup.

### **Managed Care Advisory Group (MCAG) Meeting**

The next MCAG meeting is scheduled for September 5, 2019, in Sacramento. The quarterly MCAG meetings facilitate active communication between the managed care program and all interested parties and stakeholders. MCAG membership consists of stakeholders and advocates, legislative staff, health plan representatives, medical associations, and providers. If you are interested in participating in the quarterly MCAG meetings, or if you have questions about or want to suggest meeting topics, please email [advisorygroup@dhcs.ca.gov](mailto:advisorygroup@dhcs.ca.gov).

### **Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting**

The next MCHAP meeting is scheduled for September 25, 2019, in Sacramento. Expected topics include state and federal updates from Director Jennifer Kent and a presentation from the state's Surgeon General, Dr. Nadine Burke Harris. The MCHAP is a 15-member independent statewide advisory body that advises DHCS on matters relevant to children

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enrolled in Medi-Cal. To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

## **Medi-Cal Dental Stakeholder Meetings**

DHCS participated in the Sacramento County Medi-Cal Dental Advisory meeting on August 1, 2019. The next Medi-Cal Dental Los Angeles Stakeholder meeting is scheduled for August 15, 2019. Additional stakeholder information is available on the DHCS [website](#).

## **Stakeholder Advisory Committee (SAC) Meeting**

The next SAC meeting is scheduled for October 29, 2019, in Sacramento. DHCS held the regularly scheduled SAC meeting on July 10, 2019. The meeting provided updates on the latest federal and state developments, updates on waiver planning for the 1915(b) Medi-Cal Specialty Mental Health Services Waiver and the 1115(a) Medicaid Waiver, a comprehensive review on Proposition 56, and updates on the preventive services utilization and Access Assessment reports. The purpose of the SAC is to provide DHCS with feedback on health care policy issues affecting the Department, including Section 1115 waiver implementation efforts. SAC members are recognized stakeholders/experts in their fields, including, but not limited to, member advocacy organizations and representatives of various Medi-Cal provider groups. To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

## **Tribal Meeting**

DHCS will host a meeting for tribal leaders and tribal health program directors on August 14, 2019, in Sacramento. Tribal representatives and tribal health program directors from California's 109 federally recognized tribes are invited to participate. The purpose of the meeting is to discuss the development of a new provider type, Tribal FQHC, for tribal health programs in Medi-Cal. The development of the new provider type is based upon guidance received from CMS on January 18, 2017. Further information regarding CMS' guidance can be found in the [State Health Official Letter 16-002](#) and the associated [Frequently Asked Questions](#) document.