



Stakeholder Communication Update

August 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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Department Updates

California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 Demonstration Federal Public Comment Period

On June 30, DHCS submitted the [CalAIM Section 1115 demonstration](#) and [CalAIM Section 1915\(b\) waiver](#) to the Centers for Medicare & Medicaid Services (CMS) for review and approval. DHCS is seeking federal approval to implement key provisions of the [CalAIM initiative](#). The CalAIM Section 1115 demonstration application seeks to amend and renew the existing Medi-Cal 2020 Section 1115 demonstration, approved through December 31, 2021. DHCS is requesting approval by December 2021 to enable implementation in January 2022. Stakeholders may comment on the CalAIM Section 1115 demonstration during the 30-day federal public comment period, which runs from July 16 to August 15, 2021. More information about the federal public comment period is available on the [CMS website](#).

CalAIM Section 1915(b) Waiver

The CalAIM Section 1915(b) waiver application seeks to amend and renew the existing Specialty Mental Health Services (SMHS) Section 1915(b) waiver and consolidate Medi-Cal managed care, dental managed care, SMHS, and the Drug Medi-Cal Organized

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Delivery System (DMC-ODS) under a single 1915(b) waiver. The SMHS Section 1915(b) waiver will expire on December 31, 2021. DHCS is requesting approval by December 2021 to enable implementation in January 2022. There is no federal public comment period for the CalAIM Section 1915(b) waiver.

CalAIM General Updates

In July, DHCS solicited public comment for the Enhanced Care Management (ECM) and In Lieu of Services (ILOS) incentive payment methodology and ILOS pricing guidance. In August, DHCS will continue to develop and finalize guidance for the implementation of ECM and ILOS. This includes ECM and ILOS policy guides, ILOS pricing guidance, and draft policy guidance for incentive payments and data sharing. Additional details regarding ECM and ILOS policy documents are available on the DHCS [website](#).

DHCS also announced extensions of several key timelines related to the behavioral health initiatives within CalAIM. The purpose of the extensions is to facilitate deeper engagement in training and technical assistance as requested by stakeholders. Please see the [presentation \(slide 6\)](#) from the July 29 Behavioral Health Stakeholder Advisory Committee meeting for details.

DHCS Leadership Transitions

DHCS recently made several key executive staff appointments:

- Tyler Sadwith, Assistant Deputy Director, Behavioral Health, effective July 19. Sadwith previously served as a Senior Consultant at Technical Assistance Collaborative, Inc. (TAC), where he provided strategic advice and technical support to state health leaders on behavioral health policy and delivery system reforms. Prior to joining TAC, Sadwith was a Technical Director at CMS, where he spearheaded efforts to support states' introduction of comprehensive benefit, program, and delivery system reforms through Medicaid Section 1115 substance use disorder (SUD) demonstration waivers, with the goal of improving care and outcomes for individuals.
- Lisa Murawski, Chief, Benefits Division, effective July 8. Murawski worked for the California State Assembly, Appropriations Committee, for more than 10 years, and was responsible for analyzing the costs and benefits of health-related legislation, working collaboratively with administrative staff and a wide range of health advocates and stakeholders, and supporting members and staff to further legislative priorities while reducing costs and improving operational efficiency.
- Scott Carney, Deputy Director, Administration, effective July 1. Carney began his public service nearly 35 years ago at Agnews Developmental Center. Since then, he's worked at all levels of California government, with more than 16 years for the state of California.
- Brian Carthen, Deputy Director, Office of Civil Rights, effective June 21. Carthen previously served as the Equal Employment Opportunity Program Manager in the Office of Human Rights at the California Department of State Hospitals.

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Medi-Cal COVID-19 Vaccinations

In early July, DHCS started publishing [Medi-Cal COVID-19 Vaccination data](#), compared with COVID-19 vaccination data for California as a whole, for persons 12 years of age or older. The data will be updated regularly.

The data show marked disparities of COVID-19 vaccination rates in California, with Medi-Cal beneficiaries less likely to have received the vaccine than Californians as a whole. These disparities persisted across geographic areas of California, age groups, and persons of different race/ethnicities. DHCS is publishing these data to draw attention to the vaccination disparities so we and our partners can focus on improving COVID-19 vaccination rates among Medi-Cal beneficiaries. Other states have seen similar disparities in vaccination rates between their Medicaid beneficiaries and their general population.

We recognize that advocates, providers, health care plans, public health personnel, community groups, and other partners are all working extremely hard to improve vaccination rates, but we believe we can do better, and must do better, to prevent further disparities in COVID-19 infection and death among persons served by Medi-Cal.

Some of the activities that DHCS is undertaking to facilitate connections between partners and to improve vaccination rates include:

- Providing managed care plans (MCPs) with beneficiary-level data on which of their members have and have not been vaccinated to facilitate outreach to members who have not yet been vaccinated. DHCS is encouraging plans to share this information with their delegated providers as well to facilitate provider-level outreach, given the trust that many persons place in their medical provider.
- Discussing COVID-19 data, vaccination efforts, and ways Medi-Cal providers can become COVID-19 vaccine providers during every quarterly MCP Medical Director's meeting, and during our weekly COVID-19 meetings with plans, to share information, promising practices, and facilitate a greater number of Medi-Cal providers becoming COVID-19 vaccine providers.
- Working to provide similar beneficiary-level COVID-19 vaccine data to our home and community based waiver agencies, so they can similarly conduct outreach to their beneficiaries who have not yet been vaccinated.
- Partnering with the California Department of Public Health (CDPH) on vaccine efforts, including encouraging coordination between plans and local health jurisdictions and planning for pediatric vaccine access.
- Working with hospital associations to improve COVID-19 vaccine access in emergency departments and at hospital discharge.

We look forward to working with our partners to improve vaccination rates among the Medi-Cal population.

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Program Updates

ACEs Aware

DHCS and the Office of the California Surgeon General released a new data report covering the ACEs Aware initiative's progress on Medi-Cal provider training and certification and adverse childhood experience (ACE) screenings. Between December 4, 2019, and March 31, 2021, 17,100 individuals completed a core training, and 9,700 providers became [ACEs Aware](#)-certified. Based on Medi-Cal claims data, Medi-Cal providers conducted nearly 315,000 ACE screenings of more than 264,000 unique Medi-Cal beneficiaries across California in the first nine months of 2020. The report also provides demographic information about patients who have been screened for ACEs, summarizes the characteristics of individuals who have completed the core training, and provides a breakdown of ACE screening rates by Medi-Cal managed care plan. The report and accompanying fact sheet are available on the [ACEs Aware website](#).

Asset Limits – Non-Modified Adjusted Gross Income (MAGI) Medi-Cal

Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021) proposes to add Welfare and Institutions Code (WIC) section 14005.62 to create a two-phased approach to eliminating the asset test for all non-MAGI Medi-Cal programs, including long-term care and the Medicare Savings Programs. Phase I will be implemented no sooner than July 1, 2022, and will increase asset limits to \$130,000 per individual and \$65,000 for additional household members. Phase II will be implemented no sooner than January 1, 2024, and will eliminate the asset test. DHCS is seeking federal approval from CMS, and is working with the Statewide Automated Welfare Systems to make the required programming changes. DHCS will issue policy guidance to the counties in a future All County Welfare Directors Letter.

Behavioral Health Peer Support Services

On June 28, DHCS hosted a third listening session to present the draft recommendations for the Medi-Cal Peer Support Specialist Certification program requirements, per Senate Bill (SB) 803 (Chapter 150, Statutes of 2020). Information from this meeting is available on the [DHCS website](#). The Behavioral Health Information Notice identifying the final certification program requirements was released on July 22, 2021. The California Behavioral Health Directors Association (CBHDA) has identified the California Mental Health Services Authority (CalMHSA) as the entity that will represent counties for the implementation of a state-approved Medi-Cal Peer Support Specialist Certification program. DHCS encourages counties to take advantage of the opportunity to work with CalMHSA for their certification programs. Any county not working with CalMHSA must notify DHCS by August 6, 2021. Counties can send this information to DHCS via email at Peers@dhcs.ca.gov.

Behavioral Health Response and Rescue Project (BHRRP)

The BHRRP allows DHCS to support a variety of state- and county-administered behavioral health initiatives, including workforce development, telehealth expansion,

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mobile crisis and non-crisis, general crisis services, justice intervention, peer support, first episode psychosis, early intervention and prevention, and recovery support services, through various funding opportunities and Requests for Applications and Requests for Proposals that DHCS will continue to post on the [DHCS website](#).

BHRRP program funding is comprised of two federal funding streams awarded in 2021. On March 11, DHCS received Coronavirus Response and Relief Supplemental Appropriations Act-funded supplemental awards from the Substance Abuse and Mental Health Services Administration (SAMHSA) totaling \$238 million through the Substance Abuse Prevention and Treatment Block Grant (SABG), and \$108 million through the Community Mental Health Services Block Grant (MHBG) for March 15, 2021, through March 14, 2023. On May 17, DHCS received American Rescue Plan Act (ARPA)-funded supplemental awards totaling \$206 million through SABG and \$187 million through MHBG for September 1, 2021, through September 30, 2025. For more information about BHRRP, please contact BHRRP@dhcs.ca.gov or visit the [DHCS website](#).

CalHOPE

The CalHOPE Crisis Counseling Program supports nearly 500 peer-level crisis counselors from 30 community-based organizations (CBOs) across the state. Collectively, the counselors speak more than 50 languages. Each week, the CalHOPE Warm Line, (800) 317-HOPE (4673), helps more than 700 callers, and the [CalHOPE Connect](#) chat feature supports more than 7,000 chats. Also, CalHOPE has partnered with more than 30 artists and influencers to help spread hopeful messages and to remind Californians that it's OK to seek free mental health resources on [CalHOPE.org](#) or by calling the Warm Line. Additionally, [CalHOPE.org](#) has two partner websites, [Together for Wellness](#) and [Juntos por Nuestro Bienestar](#), featuring evidence-based and community-curated resources to help manage stress and anxiety.

Dental Transformation Initiative (DTI)

As of June 30, Domain 2 payments issued were approximately \$177 million, and 3,340 providers have opted in to participate. The June 2021 Domain 3 payment, which included the final payments for program year (PY) 4 (2019) and PY5 (2020), was issued on July 10, 2021, in the amount of \$73.5 million. As of July 9, total Domain 4 payments issued were \$108.5 million, and all Local Dental Pilot Project invoices have been paid. For more information, please visit the [DHCS website](#).

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 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 of California that allows access to screening, assessment, early intervention, and continuum of substance use disorder (SUD) treatment. DHCS is currently engaging the remaining

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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 (MAT) access, and fiscal implications and forecasting, to support implementation of DMC-ODS in small and rural counties. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for SUD treatment services.

As of February 1, DHCS implemented SB 823 (Chapter 781, Statutes of 2018) through [Behavioral Health Notice No.: 21-001](#), which requires DHCS' licensed alcohol and other drug (AOD) recovery treatment 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 1,144 total designations for AOD providers in California. Of the 1,144 designations, 848 are active for 393 providers. More information about the DMC-ODS is available 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, the EQRO completed and posted 25 DMC-ODS county reviews. In April 2021, DHCS submitted the annual statewide technical report as well as performance improvement project reports to CMS. All EQRO reports can be found at <https://www.calegro.com/dmc-egro>. 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. 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](#).

Health4All – Older Californians

AB 133 (Chapter 143, Statutes of 2021) amended WIC section 14007.8 to expand eligibility for full-scope Medi-Cal to individuals who are 50 years of age or older, and who do not have satisfactory immigration status or are unable to establish satisfactory immigration status as required by WIC section 14011.2, if otherwise eligible. This new coverage is referred to as Health4All – Older Californians. DHCS is targeting system readiness and the implementation of Health4All – Older Californians on May 1, 2022. DHCS will post additional program details on its [website](#) in the coming months.

Hearing Aid Coverage for Children Program (HACCP)

The Budget Act of 2020 established the HACCP to assist non-Medi-Cal children ages 0-17 who have insufficient health coverage with the cost of hearing aids and related services. Children in households with incomes up to 600 percent of the federal poverty level are eligible to participate in the program. HACCP benefits mirror California Children's Services (CCS) benefits and use Medi-Cal payment structure and providers.

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Benefits include hearing aids, hearing aid batteries/supplies, and certain hearing aid-related services not covered by the child's primary health insurance. Phase 1 of the program launched and began accepting paper-based applications on July 1. DHCS is working with pediatric audiology stakeholders to optimize the program application and other materials for a web-based Phase 2 in the coming months and to develop HACCP educational resources. DHCS hosted an introductory webinar for providers on July 30, and will continue to post additional program resources on the [DHCS website](#).

HIV/AIDS Waiver Renewal

The HIV/AIDS Medi-Cal Waiver Program (MCWP), authorized under section 1915(c) of the Social Security Act, provides comprehensive case management and direct care services to persons living with HIV/AIDS as an alternative to nursing facility care or hospitalization. The goals of the MCWP are to: (1) provide home and community-based services for persons with HIV who may otherwise require institutional services; (2) assist participants with HIV health management; (3) improve access to social and behavioral health support; and (4) coordinate service providers and eliminate duplication of services.

DHCS, in collaboration with the California Department of Public Health (CDPH), must renew its HIV/AIDS MCWP every five years. The current HIV/AIDS MCWP term ends on December 31, 2021. The new waiver term will be January 1, 2022, through December 31, 2026. DHCS plans to submit the HIV/AIDS MCWP renewal application to CMS on or before October 1, 2021.

Earlier this year, CDPH began hosting stakeholder meetings and workgroups for sister agencies and AIDS MCWP project directors to provide input on the upcoming HIV/AIDS waiver renewal application. In August 2021, CDPH will post the HIV/AIDS MCWP renewal to their [Medi-Cal Waiver Program webpage](#) for a 30-day public comment period. Stakeholders can submit written comments to MCWPWaiverRenewal@cdph.ca.gov.

Home and Community-Based Alternatives (HCBA) Waiver Renewal

The HCBA waiver (authorized under section 1915(c) of the Social Security Act) provides long-term, community-based services and supports to Medi-Cal-eligible beneficiaries in the community setting of their choice. These services include private duty nursing, case management, and personal care services necessary to maintain the health and safety of an individual with nursing level of care needs, in a community setting instead of an institution.

DHCS must renew its HCBA waiver every five years. The current HCBA waiver term ends on December 31, 2021. The new waiver term will be effective from January 1, 2022, through December 31, 2026. DHCS plans to submit the HCBA waiver renewal application to CMS on or before October 1, 2021.

In August 2021, DHCS will post the HCBA waiver renewal application to the [DHCS website](#) for a 30-day public comment period, along with a public comment form and email/physical address for submitting written feedback. One week after posting the HCBA waiver renewal application for public comment, DHCS will host a stakeholder webinar to provide a summary of the key takeaways from the series of technical workgroup webinars DHCS hosted between October 2020 and February 2021. The webinar will also be used to walk through the changes that have been incorporated into the 2022 HCBA waiver based on stakeholder recommendations, and time will be reserved at the end of the webinar to respond to questions.

Updates, meeting information, and additional information on the waiver renewal will be posted on the [DHCS website](#).

Home and Community-Based Services (HCBS) Spending Plan

On July 12, DHCS [submitted](#) California's \$4.6 billion Medicaid Home and Community-Based Services (HCBS) Spending Plan to CMS for review and approval. ARPA provides states with a temporary increase in federal funds for certain HCBS Medicaid expenditures from April 1, 2021, through March 31, 2022. The HCBS plan reflects many of the investments included in the initial version released by the Administration in early June, as well as program funding included in the 2021 Budget Act. The plan will expand services for California's most vulnerable and at-risk residents through new and existing programs that will strengthen HCBS in the state's Medicaid delivery systems. These investments will also build capacity and transform critical safety net programs, as well as promote economic mobility and social stability.

Medication Assisted Treatment (MAT) Expansion Project

On July 26, DHCS partnered with Sierra Health Foundation: Center for Health Program Management to award \$2.7 million to six organizations to implement the Northern California and Central Valley Housing Expansion project from July 2021 through August 2022. Each entity received between \$327,000 to \$500,000 to provide recovery housing and peer support through transitional housing or recovery residences for individuals currently or at risk of experiencing homelessness with a current or demonstrated history of opioid use disorder and/or stimulant use disorder. This initiative is intended to facilitate continued engagement in SUD treatment and related recovery support services. This project is funded by the State Opioid Response 2 grant, which was awarded to DHCS by SAMHSA. For more information about these and other MAT Expansion Project efforts, please visit www.CaliforniaMAT.org.

Medi-Cal Dental Managed Care Report

DHCS recently finalized the 2021 annual report to the Legislature on DHCS' oversight of dental managed care (DMC) plan 2020 activities in Sacramento and Los Angeles counties, including dental utilization tracking, compliance monitoring, quality improvement projects and initiatives, and stakeholder engagement. The key findings from the report include:

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- Annual dental visits and preventive services utilization for children ages 0-20 decreased across all DMC plans from 2019 to 2020.
- DHCS closed corrective action plans previously placed on Access Dental and Health Net related to Utilization Management, Access and Availability of Care, Members' Rights, and Quality Management.
- Annual Network Certification submissions confirmed that all DMC plans met network adequacy requirements.
- The DMC plans did not meet the Statewide Quality Improvement Project's target goal of achieving a two percent annual increase in preventive services utilization.

The report will be posted on the [DHCS website](#).

Medi-Cal Health Enrollment Navigators Project

DHCS is expanding and extending efforts to enroll hard-to-reach Medi-Cal populations. Effective July 1, 2019, AB 74 (Chapter 23, Statutes of 2019) appropriated \$59.7 million for DHCS to partner with counties and 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 COVID-19, 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. The current phase of the project 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. The project continues to receive proposals from CBOs interested in a dual partnership with counties to help reach the most vulnerable populations. Information and updates related to the project are available on the [DHCS website](#).

Medi-Cal Rx Implementation Update

Medi-Cal Rx is an important initiative for improving health care delivery by standardizing the Medi-Cal pharmacy benefit under one delivery system and improving access to pharmacy services with a network that includes a large majority of the state's pharmacies. On July 27, 2021, DHCS announced it accepted a Conflict Avoidance Plan submitted by its Medi-Cal Rx vendor, Magellan Medicaid Administration (MMA), Inc., a subsidiary of Magellan Health, Inc. (Magellan), to mitigate conflicts associated with the proposed acquisition of Magellan by Centene Corporation. As a result of the acceptance of the Conflict Avoidance Plan, DHCS has determined that full Medi-Cal Rx implementation will begin on January 1, 2022. The Conflict Avoidance Plan is posted on the [DHCS website](#).

DHCS determined that the Conflict Avoidance Plan meets conflict avoidance/mitigation requirements around two areas of identified conflict:

- As Centene owns managed care plans that participate in the Medi-Cal program, beneficiary pharmacy claims data submitted to MMA as the Pharmacy Benefit Administrator could, if shared with Centene, give their subsidiary plans access to proprietary data of non-Centene plans and create unfair advantage.
- As Centene owns six specialty pharmacies that provide drugs to the Medi-Cal program, neither Centene nor any subsidiary can be involved in prior authorization or claim approvals and payments to those pharmacies or with program integrity/fraud, waste, and abuse activities.

The major features of the Conflict Avoidance Plan include:

- If Centene acquires Magellan, and for so long as Magellan is under contract to DHCS, the operations, staffing, information technology systems, and data of MMA will be kept completely separate from Centene's health plan business line. This commitment was affirmed by Centene.
- A third-party monitor selected by DHCS will be in place to ensure this organizational separation is maintained.
- DHCS will handle all aspects of claims processing and authorization for the Centene-owned pharmacies, and MMA will incorporate such system-wide data as needed for DHCS to run analytics in support of quality assurance and program integrity for those claims. DHCS' work in this area will not result in state General Fund costs.

DHCS will take all necessary steps to ensure beneficiaries are able to receive their prescriptions, and that pharmacies will have available needed information regarding claims and prior authorizations. DHCS will also ensure that Medi-Cal managed care plans will receive the necessary data to ensure appropriate utilization and continuity of care for beneficiaries enrolled in managed care.

DHCS will resume Medi-Cal Rx stakeholder engagements and update meeting schedules accordingly. For questions or comments, visit the [DHCS website](#) or email RxCarveOut@dhcs.ca.gov.

Medical Interpreters Pilot (MIP) Project

Pursuant to SB 165 (Chapter 365, Statutes of 2019), DHCS is required to collaborate with stakeholders to establish a MIP at up to four sites to evaluate medical interpretation services (MIS) for limited English proficient (LEP) beneficiaries enrolled in Medi-Cal managed care and fee-for-service (FFS). MIS services will be provided at pilot sites to help determine whether the provision of those services improves outcomes for LEP Medi-Cal beneficiaries and providers. DHCS will make available up to \$5 million for the pilot projects and associated evaluation. On July 12, DHCS issued Request for Application (RFA) #21-10146 to solicit applications from entities that are qualified to provide MIS services for Medi-Cal beneficiaries. Applications must be submitted by August 6, and

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DHCS anticipates that the pilot project will begin on October 1 and continue until September 30, 2023. For more information, visit the [DHCS website](#).

Medication Therapy Management (MTM)

As part of the Governor's 2021 Budget Act, DHCS submitted [State Plan Amendment \(SPA\) 21-0028](#) to CMS seeking to add MTM as a payable FFS pharmacy service provided in conjunction with certain complex chronic medical conditions. To participate in this program, Medi-Cal-enrolled pharmacies will be required to enter into a contract with DHCS. The contract will outline the specific requirements and guidelines necessary to receive reimbursement under this methodology.

Money Follow the Person (MFP) Supplemental Funding Application

The MFP demonstration program supports state efforts for rebalancing their long-term services and supports system so individuals have a choice of where they live and receive services. The goals of the MFP program are to increase the use of HCBS and reduce the use of institutionally-based services, when appropriate, while strengthening the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions.

On September 23, 2020, CMS announced supplemental funding of up to \$165 million for states currently operating a MFP demonstration program. Each state is eligible to receive up to \$5 million in supplemental funding for planning and capacity-building activities to accelerate long-term care system transformation design and implementation, and to expand HCBS capacity. To receive a funding award, state grantees were required to submit a proposal that included a project narrative by June 30.

On June 30, DHCS submitted the MFP rebalancing demonstration supplemental funding application to CMS. DHCS requested the available \$5 million in supplemental funding to conduct a statewide gap analysis and multiyear roadmap of its HCBS and Managed Medi-Cal Long-Term Supports and Services (MLTSS) programs and networks. DHCS identified how the funding would be used for planning and capacity-building activities. The application is posted on the [DHCS website](#).

Postpartum Care Coverage

On March 11, President Biden signed ARPA, which provided states with direct relief to cover increased costs due to the COVID-19 public health emergency (PHE). Pursuant to ARPA, California is opting to expand the postpartum coverage period for individuals receiving pregnancy-related and postpartum care services for an additional ten months of coverage following their 60-day postpartum period, for a total of 12 months. Under ARPA, the postpartum coverage period will be 12 months following the last day of pregnancy for both Medi-Cal and the Medi-Cal Access Program. This policy is targeted for implementation on April 1, 2022.

Proposition 56 Loan Repayment Program – CalHealthCares

DHCS announced its commitment to pay \$69.4 million toward student loans for 249 physicians and 44 dentists under CalHealthCares to expand access to care for Medi-Cal patients under a third cohort of awardees. The physicians represent 75 specialties and serve 39 counties. The dentists represent five specialties and serve 20 counties. The awardees have agreed to maintain a caseload of at least 30 percent Medi-Cal patients. To date, approximately \$200 million has been awarded to physicians and dentists. A total of \$340 million has been allocated to CalHealthCares. A fourth cohort is scheduled for 2022. For more information, visit the [CalHealthCares website](#).

Smile, California Campaign for Medi-Cal Dental Services

On July 26, *Smile, California* launched the statewide *Back-Tooth-School* activation campaign to encourage parents and caregivers to send their children back to school with healthy smiles by scheduling a dental check-up before the start of the 2021-22 school year. This includes raising awareness of the Kindergarten Oral Health Assessment. This campaign will run through September 3. To view the new resources supporting the campaign efforts, visit [SmileCalifornia.org](#).

Also, in partnership with CDPH's Office of Oral Health, *Smile, California* published a new infographic about baby tooth eruption. The infographic is available in [English](#) and [Spanish](#). Additionally, by the end of June, [SmileCalifornia.org](#) had 61,914 new visitors, of which 51,603 clicked the "Find a Dentist" button.

State Hearings Update

DHCS and the California Department of Social Services (CDSS) recently revised Medi-Cal's FFS "Your Right to a State Hearing" notice and accompanying State Hearing Request Form. The notice and form are included with a Notice of Action to a beneficiary when a Treatment Authorization Request is denied, modified, or deferred. The revisions to the notice and form clarify the existing state fair hearing process and update the hearing request mechanism. The revised notice and form are pending finalization and are expected to be in use by fall.

In addition, effective September 1, 2021, all California Children's Services appeals will be held before CDSS' State Hearings Office (SHO). The CDSS SHO currently conducts fair hearings for CCS Whole Child Model participants, as well as beneficiaries of other DHCS programs. Hearings pending with DHCS' Office of Administrative Hearings and Appeals (OAHA) before September 1 will be decided by OAHA.

Stakeholder Meetings and Webinars

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting

On July 29, DHCS hosted the BH-SAC meeting via webinar. The meeting included updates on the 1115 and 1915(b) waiver renewals, HCBS spending plan, Behavioral Health Continuum infrastructure, managed care procurement, and Children and Youth Behavioral Health initiative. The meeting also provided an update on the Health Equity Roadmap. The purpose of the BH-SAC is to advise DHCS on the behavioral health delivery system. This includes behavioral health, prevention, treatment, recovery services, and related waivers for mental health and SUD services. For more information about the BH-SAC, visit the [DHCS website](#).

CalAIM MLTSS and Duals Integration August Workgroup Meeting

On August 19, DHCS will hold the CalAIM MLTSS and Duals Integration Workgroup meeting via webinar. Agenda items include a review of state budget policy updates regarding the transition of Cal MediConnect and the Coordinated Care Initiative to a statewide MLTSS and Dual Eligible Special Needs Plan structure. Please [register](#) for the August 19 meeting. This workgroup meeting is open to the public. Background materials, transcripts, and video recordings of the previous workgroup meetings, along with additional information about the workgroup, are posted on the [DHCS website](#).

Foster Care Model of Care Workgroup

This workgroup has provided valuable, extensive input. DHCS and CDSS will use the input to develop a proposal to bring back to the group. The meeting scheduled for June 18 was postponed until September 24. At the next meeting, DHCS will discuss next steps, including the development of a budget change proposal. The agenda and link for the September meeting will be posted on the [DHCS website](#) closer to the meeting date. Please email CalAIMFoster@dhcs.ca.gov with questions or comments about this workgroup.

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

On September 9, DHCS will host the next MCHAP meeting via webinar. The MCHAP is a 15-member independent statewide advisory body that advises DHCS on matters relevant to children enrolled in Medi-Cal. The agenda and registration link for the September 9 meeting will be posted on the [DHCS website](#) closer to the meeting date. Please email MCHAP@dhcs.ca.gov with any questions.

Medi-Cal Consumer-Focused Stakeholder Workgroup (CFSW) Meeting

On August 6, DHCS will host the next CFSW meeting via Webex. Additional information about the workgroup is available on the [DHCS website](#).

Medi-Cal Dental Statewide Stakeholder Meeting

On August 26, DHCS will virtually host the next Medi-Cal Dental Statewide Stakeholder meeting. The purpose of the meeting is to provide dental stakeholders throughout the state with a forum to share feedback related to dental services covered under Medi-Cal, and for DHCS to share updates and information on new and/or upcoming work efforts. Additional information is available on the [DHCS website](#).

Medi-Cal Managed Care Advisory Group (MCAG) Meeting

On September 2, 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 Rx Public Forums

With the announced January 1, 2022, “Go Live” date for Medi-Cal Rx, DHCS will resume regularly scheduled public forums. Information about upcoming public forum webinars will be posted on the [DHCS website](#). For questions or comments related to Medi-Cal Rx, please email RxCarveOut@dhcs.ca.gov.

Office of Family Planning Stakeholder Meeting

On September 29, DHCS will virtually host a family planning stakeholder meeting. Meeting information will be posted on the [DHCS website](#) in mid-August.

Stakeholder Advisory Committee (SAC) Meeting

On July 29, DHCS hosted the SAC meeting via webinar. The meeting included updates on the 1115 and 1915(b) waiver renewals, HCBS Spending Plan, Medi-Cal Rx, managed care procurement, and Children and Youth Behavioral Health initiative. The meeting also provided an update on the Health Equity Roadmap. SAC members are recognized stakeholders/experts in their fields, including member advocacy organizations and representatives of various Medi-Cal provider groups. For more information about the SAC, visit the [DHCS website](#).

Tribes and Indian Health Program Meeting

On August 17, DHCS will host a virtual meeting for Tribes and Indian Health Program representatives. The invitation and webinar registration information are posted to the [DHCS website](#).

Reports

Health Disparities Fact Sheets

DHCS produces a series of one-page fact sheets entitled, “Health Disparities in the Medi-Cal Population”. On July 26, DHCS released new fact sheets on smoking prevalence and cessation efforts, hypertension prevalence, overall health status, chlamydia screening, and the rate of health maintenance organization enrollment.

The fact sheets provide a snapshot of the health of Medi-Cal members from various backgrounds, compared to the state population, so that health organizations, government officials, policymakers, and advocates can better understand and work together to address health disparities. DHCS will continue to explore disparities and inequalities in various health indicators among Californians. The fact sheets are posted on the [DHCS website](#).