



# Stakeholder Communication Update

## February 2020

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.



## Contents

### Department Updates

[DHCS Leadership Transitions](#)  
[Governor's Budget Proposal for State Fiscal Year 2020-21](#)

### Program Updates

[Aged, Blind, and Disabled Federal Poverty Level Program \(ABD FPL\) Expansion](#)  
[Asthma Mitigation Project](#)  
[Behavioral Health Integration \(BHI\) Incentive Program](#)  
[CalHealthCares Loan Repayment Program – Reminder](#)  
[Dental Transformation Initiative \(DTI\)](#)  
[Drug Medi-Cal Organized Delivery System \(DMC-ODS\)](#)  
[Electronic Visit Verification \(EVV\) Phase II](#)  
[Medication Assisted Treatment \(MAT\) Expansion Project](#)  
[Medicare Part B Buy-in Disregard – AB 1088](#)  
[Medi-Cal Health Enrollment Navigators Project](#)  
[Medi-Cal Rx](#)  
[Nonmedical Transportation \(NMT\)](#)  
[Medicaid Optional Benefits Restoration](#)  
[Proposition 56 Supplemental Payments Updates](#)

[Provisional Postpartum Care Extension \(PPCE\) – SB 104](#)  
[Smile, California Campaign for Medi-Cal Dental Services](#)  
[Specialty Mental Health Services \(SMHS\) Provider Enrollment](#)  
[SUPPORT Act – Drug Utilization Review Requirements](#)  
[Trauma Screenings](#)  
[Young Adult Expansion](#)

### **[Stakeholder Meetings and Webinars](#)**

[Behavioral Health Stakeholder Advisory Committee \(BH-SAC\) Meeting](#)  
[Behavioral Health Task Force](#)  
[Fiscal Stakeholder Workgroup Meetings](#)  
[Healthy California for All Commission](#)  
[Medi-Cal Children’s Health Advisory Panel \(MCHAP\) Meeting](#)  
[Medi-Cal Consumer Focused Stakeholder Workgroup \(CFSW\) Meeting](#)  
[Medi-Cal Rx Advisory Workgroup](#)  
[Medi-Cal Rx Public Forums](#)  
[Stakeholder Advisory Committee \(SAC\) Meeting](#)  
[Statewide Medi-Cal Dental Meeting](#)

## **Department Updates**

### **DHCS Leadership Transitions**

Governor Gavin Newsom has made several key DHCS executive appointments. Bradley P. Gilbert, MD, MPP, was appointed as Director. Dr. Gilbert will join DHCS in the coming weeks, bringing more than 31 years of experience in public health and managed care leadership.

Jacey Cooper was appointed as Chief Deputy Director for Health Care Programs and State Medicaid Director, effective January 31, 2020. Ms. Cooper will be responsible for the overall management of Health Care Benefits and Eligibility, Health Care Delivery Systems, Health Care Financing, Medi-Cal Behavioral Health, and Legislative and Governmental Affairs. As the State Medicaid Director, Cooper will represent the Medi-Cal program with our federal partners at the Centers for Medicare & Medicaid Services (CMS). Ms. Cooper was also appointed to the Homelessness Coordinating and Financing Council.

Additionally, the Governor reappointed the following DHCS leaders for continued service to the Department in his Administration:

- Erika Sperbeck, Chief Deputy Director for Policy and Program Support
- Lindy Harrington, Deputy Director, Health Care Financing
- Jared Goldman, Deputy Director and Chief Counsel, Office of Legal Services
- Ben McGowan, Deputy Chief Counsel
- Carol Gallegos, Deputy Director, Legislative and Governmental Affairs
- Norman Williams, Deputy Director, Office of Communications

[Back to Top](#)

- Adam Weintraub, Assistant Deputy Director, Office of Communications
- Anastasia Dodson, Associate Director for Policy in the Director's Office

Finally, Sarah Brooks, Deputy Director for Health Care Delivery Systems, will leave the Department, effective February 7, 2020. As Deputy Director, Brooks was responsible for the development, promotion, and implementation of vital health care delivery systems to nearly 10.5 million Medi-Cal managed care members. In the interim, Dodson will serve as Acting Deputy Director upon Brook's departure.

## **Governor's Budget Proposal for State Fiscal Year 2020-21**

On January 10, 2020, the Governor released his budget proposal for state Fiscal Year (FY) 2020-21. The proposed total budget for DHCS, \$107.3 billion, supports actions and vital services that reinforce the state's commitment to preserve and improve the health of all Californians while operating within a responsible budgetary structure. The DHCS budget highlights are posted on the DHCS [website](#). Also, to view the November Medi-Cal Estimate, as well as historical estimate information, please visit the Medi-Cal Local Assistance Estimates [webpage](#). In addition, you may check the Department of Finance [website](#) for more information, including proposed trailer bill language. Following are selected DHCS budget highlights:

- **Medi-Cal Healthier California for All (formerly known as CalAIM):** In October 2019, DHCS released a framework for the upcoming waiver renewals that encompassed broader delivery system, program, and payment reform across the Medi-Cal program. The Medi-Cal Healthier California for All initiative seeks to identify and manage member risk and need through whole person care approaches and addressing social determinants of health; move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems, and payment reform. The Governor's proposed budget includes \$695 million (\$348 million in state General Fund (GF)) for 2020-21, growing to \$1.4 billion (\$695 million GF) in 2021-22 and 2022-23. This investment will provide for enhanced care management and in lieu of services, necessary infrastructure to expand whole person care approaches statewide, and build upon existing dental initiatives.
- **Full-Scope Medi-Cal Expansion to Undocumented Older Adults:** The Budget proposes making additional progress toward universal coverage by expanding eligibility for full-scope Medi-Cal benefits to all persons age 65 years and older, regardless of immigration status.
- **Nursing Facility Financing Reform:** The existing freestanding nursing facility reimbursement methodology and the associated provider quality assurance fee expire on August 1, 2020. DHCS is proposing trailer bill language (TBL) that would extend and reform the framework used for the reimbursement methodology and

[Back to Top](#)

extend the provider quality assurance fee. The proposed framework will require approval by CMS, and the annual rate increases will be subject to the federal Upper Payment Limit, which is bound by the aggregate audited cost of the facilities. This proposal would sunset on December 31, 2024.

- **Medi-Cal Dental Services Transition from Dental Managed Care to Fee-For-Service (FFS):** DHCS is proposing TBL to transition all Medi-Cal dental services to the FFS delivery system. Currently, dental managed care exists in two counties: Sacramento, where it is the main delivery system, and Los Angeles, where it is an option, but the majority of the population is already in FFS. As part of the oversight and monitoring of dental services, DHCS uses specific performance benchmarks, including beneficiary utilization metrics. Historically, and continuing through the most recent analysis, the utilization of services in dental managed care has lagged behind those in FFS. Due to the ongoing performance challenges, DHCS is proposing this change, and the proposed budget estimates that utilization will increase for those transitioning from dental managed care to the FFS delivery system. The transition is scheduled to occur in January 2021.
- **Behavioral Health Quality Incentive Program (BH-QIP):** The Budget proposes to create a BH-QIP that will provide funding to county-operated community mental health and substance use disorder systems to incentivize system changes and process improvements that will help counties prepare for opportunities through the Medi-Cal Healthier California for All initiative. Improvements include documentation of standardized assessment data, enhanced data-sharing capability for care coordination, and establishing the foundational elements of value-based payment, such as payment reform, data collection, performance measurement, and reporting.
- **Supplemental Payment Pool for Non-Hospital 340B Clinics:** DHCS is proposing a new supplemental payment pool for non-hospital 340B clinics as part of the budget. This program would become effective with the Medi-Cal Rx transition date of January 2021. The Governor's Budget includes \$52.5 million (\$26.3 million GF) for this supplemental payment pool, effective January 1, 2021; on an annual basis, the pool will be \$105 million (\$52.5 million GF). The amount of funding in this pool was based on DHCS' analysis of the data submissions received from non-hospital 340B clinics that responded to DHCS' data request in the fall of 2019. The analysis established that, in the aggregate, these non-hospital 340B clinics were receiving approximately \$105 million in revenue that exceeded the costs of their 340B pharmacy services.
- **Non-Medi-Cal Hearing Aid Coverage for Children:** The Budget proposes to create a new non-Medi-Cal program that will cover hearing aids and related services for children under 18 years of age who are at or below 600 percent of the federal poverty level and who do not have other health insurance coverage for these services.

## Program Updates

### Aged, Blind, and Disabled Federal Poverty Level Program (ABD FPL) Expansion

On December 20, 2019, DHCS received CMS approval of State Plan Amendment (SPA) [19-0050](#) to disregard from the ABD FPL program all income up to 138 percent of the FPL for ABD individuals, after considering all other disregards, deductions, and exclusions. DHCS published formal policy guidance to counties and Statewide Automated Welfare Systems through an All County Welfare Directors Letter ([ACWDL](#)) in January 2020. The policy will be implemented effective August 1, 2020.

### Asthma Mitigation Project

The Budget Act of 2019 appropriated \$15 million in state GF for the Asthma Mitigation Project. The project supports environmental mitigation, education, and disease-management services to individuals suffering from poorly controlled, moderate to severe asthma. In January 2020, DHCS, in collaboration with stakeholders, determined that the Sierra Health Foundation's Center for Health Program Management would administer the project and distribute grants to local health departments, community-based providers, and other organizations to offer the project's services to individuals with moderate to severe asthma. DHCS' contract with Sierra Health Foundation was executed at the end of January, with anticipated release of funds in February.

### Behavioral Health Integration (BHI) Incentive Program

On January 21, 2020, Medi-Cal providers submitted applications to managed care plans in order to promote behavioral health integration. Applicants selected one or more BHI projects to implement over a 33-month period (April 2020 through December 31, 2022). Provider types eligible to apply include primary care, specialty care, perinatal care, hospital based, behavioral health, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, and public and county-based providers. The goal of this program is to improve physical and behavioral health outcomes for Medi-Cal beneficiaries with co-morbid disorders by increasing rates of prevention, conducting early detection and interventions, and providing treatment that is clinically efficient, while being culturally and linguistically informed. For more information about the BHI incentive program, please visit the DHCS [website](#).

### CalHealthCares Loan Repayment Program – Reminder

CalHealthCares is accepting applications for its next round of awards until February 7, 2020. All eligible physicians and dentists are encouraged to apply. DHCS contracted with Physicians for a Healthy California (PHC) to administer CalHealthCares. Additionally, PHC is conducting webinars to answer questions from those who may want to apply. Please visit [CalHealthCares.org](http://CalHealthCares.org) for more information about the program or to view past webinars. SB 849 (Chapter 47, Statutes of 2018) established the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, or CalHealthCares, and

[Back to Top](#)

appropriated \$220 million for loan assistance to recently graduated physicians and dentists who make a five-year commitment to maintain a patient caseload of at least 30 percent Medi-Cal beneficiaries. An additional \$120 million was added to the program in FY 2019-20. The 2018-19 inaugural cycle awarded \$67.4 million to 240 physicians and 38 dentists.

## Dental Transformation Initiative (DTI)

DTI Domains	
Domain 1 - Preventive Care	\$153 million
Domain 2 - Caries Risk Assessment	\$56.4 million
Domain 3 - Continuity of Care	\$35.2 million
Domain 4 - Local Dental Pilot Projects	\$46.1 million
<b>Total</b>	<b>\$290.7 million</b>

DHCS completed the Domain 1 payment scheduled for January 31, 2020, and providers can expect to receive their incentive payments during the first week of February. As of January 4, 2020, 2,654 Medi-Cal dental providers have opted in to participate in Domain 2, which represents an 8 percent growth since October 2019. The counties with the most providers opting in to participate are Kern, Los Angeles, Orange, San Diego, and Tulare. In 2019, DHCS visited twelve of thirteen Local Dental Pilot Projects (LDPPs) participating in Domain 4 to observe the administrative and clinical initiatives and innovations in action, as well as validate quarterly report metrics and to inquire about the challenges detailed by the LDPPs. DHCS visited the final LDPP on January 21, 2020. In addition, bimonthly teleconferences with all LDPPs are ongoing as an opportunity to educate, provide updates and technical assistance, address concerns, and share best practices and lessons learned. Fact sheets for all DTI domains are available on the DHCS [website](#).

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

Thirty counties are approved to deliver DMC-ODS services, representing 94 percent of the Medi-Cal population statewide. Eight additional counties are working with Partnership Health Plan of California to implement an alternative regional model. DHCS' contracted External Quality Review Organization (EQRO) posted FY 2018-19 quality review [reports](#) for Contra Costa, Imperial, Los Angeles, Marin, Napa, Nevada, Riverside, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Clara, and Santa Cruz counties, and for FY 2019-20, Yolo county. 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 has updated the number of designations to alcohol and drug treatment providers in California from 901 to 844; of these, 649 are actively providing DMC-ODS services. More information about the DMC-ODS is posted on the DHCS [website](#).

## Electronic Visit Verification (EVV) Phase II

EVV is a telephone- and computer-based system that electronically verifies that in-home service visits occurred. The federal government 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. On October 22, 2019, CMS [approved](#) the state's Good Faith Effort Exemption request for PCS, and will not apply Federal Medical Assistance Percentage (FMAP) reductions in calendar year 2020. EVV Phase II is focused on identifying a solution to implement EVV for DHCS, Department of Developmental Services, California Department of Public Health, California Department of Aging, and California Department of Social Services programs subject to EVV, but not included in EVV [Phase I](#). For Phase II, the state will use an Open Vendor Model in which the state contracts with a single EVV vendor, but allows home health agencies, providers of specified regional center services, and managed care organizations to use other EVV vendors. The state anticipates implementing EVV for PCS by January 2022 and for HHCS by January 2023. California will conduct EVV Phase II stakeholder meetings on a quarterly basis, and expects to hold the next meeting in February 2020. To be added to the EVV Phase II 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](#).

## Medication Assisted Treatment (MAT) Expansion Project

DHCS highlighted the outcomes of the MAT Expansion Project in a report to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) summarizing the activities, accomplishments, and challenges of the MAT Expansion Project over the first two years. The goal of the project is to increase access to treatment for opioid use disorder and reduce opioid overdose deaths. MAT is the use of FDA-approved medication to relieve withdrawal symptoms and psychological cravings for opioids.

The MAT Expansion Project is funded by SAMHSA grants totaling \$265 million. Over the course of two years, the project has:

- Provided treatment to 21,800 new patients in communities across California.
- Reversed more than 8,000 overdoses with naloxone, the opioid overdose reversal medication.
- Expanded access to treatment in jails and drug courts in 29 counties and provided MAT to 1,646 individuals in those settings.
- Created 650 new locations where patients can receive treatment for opioid use disorder.
- Trained 395 new providers to prescribe medications to treat opioid use disorder.
- Established centers for stabilization and referral to treatment for opioid use disorder in 52 hospitals and emergency rooms.
- Established 58 primary care clinics as sites for the ongoing treatment of patients with substance use disorder.

[Back to Top](#)

- Expanded access to treatment in 10 counties for pregnant and parenting women with substance use disorder.

The project also includes media campaigns, engagement of opioid safety coalitions, drug take-back efforts, and supportive housing. A full report on the projects funded by the federal grants is on the DHCS [website](#). Visit [www.CaliforniaMAT.org](http://www.CaliforniaMAT.org) for more information on the project.

### **Medicare Part B Buy-in Disregard – AB 1088**

Subject to federal approval, AB 1088 (Chapter 450, Statutes of 2019) allows an aged, blind, or disabled individual who becomes ineligible for Medi-Cal benefits because of the state's payment of the individual's Medicare Part B premiums to remain eligible for Medi-Cal if their income and resources otherwise meet all eligibility requirements. Updates on the implementation of AB 1088 will be provided through the [DHCS Consumer Focused Stakeholder Workgroup](#) as they become available.

### **Medi-Cal Health Enrollment Navigators Project**

The Budget Act of 2019 authorized DHCS to allocate funding to participating counties or community-based organizations (CBO) in order to provide an outreach and enrollment effort in the state. This is also referred to as the Navigators Project. In consultations with counties and advocates, DHCS is taking steps to implement this initiative. A total of 32 counties have responded positively to the surveys issued by DHCS, and have received award letters and allocation agreements to implement the Navigators Project. In order to provide Navigators Project's services in 26 non-participating counties, DHCS also conducted a survey with CBOs and a separate survey with the 26 non-participating counties. Survey results are due in early 2020, and DHCS is currently evaluating the feedback received to inform next steps.

### **Medi-Cal Rx**

DHCS continues implementation activities per the Governor's Executive Order N-01-19, which requires DHCS to, in part, transition pharmacy services from Medi-Cal managed care to FFS by January 1, 2021. For general project questions and/or comments, please visit the DHCS [website](#) or email [RxCarveOut@dhcs.ca.gov](mailto:RxCarveOut@dhcs.ca.gov).

- **Administrative Service Vendor:** On December 20, 2019, DHCS entered into a contract with Magellan Medicaid Administration, Inc.
- **Medi-Cal Rx Frequently Asked Questions (FAQ):** DHCS posted a revised FAQ document, entitled "Medi-Cal Rx: Transitioning Medi-Cal Pharmacy Services from Managed Care to Fee-For-Service," to the [DHCS Medi-Cal Rx: Transition webpage](#) in January 2020. As DHCS receives additional questions, the FAQ document will be updated.

## **Nonmedical Transportation (NMT)**

As of January 31, 2020, DHCS has received 292 applications from transportation companies requesting to enroll as NMT providers for FFS Medi-Cal. Of the total, DHCS approved 36 applications. A list of 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. 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 of soliciting a NMT broker for FFS beneficiaries. Information on the procurement process will be posted on the [DHCS website](#) as it becomes available.

## **Medicaid Optional Benefits Restoration**

The Budget Act of 2019 restored certain optional benefits, including audiology, speech therapy, podiatric, incontinence creams and washes, and optometric and optician services, effective January 1, 2020, through December 31, 2021, for all full-scope Medi-Cal beneficiaries. Providers may submit claims for restored services provided on or after January 1, 2020. A beneficiary notice regarding the restoration of these benefits will be mailed in February 2020. DHCS released a provider [NewsFlash](#) to announce system delays for the podiatric benefit. DHCS and the fiscal intermediary are working to resolve the delays.

## **Proposition 56 Supplemental Payments Updates**

The Budget Act of 2019 appropriated Proposition 56 funds for specific DHCS health care expenditures per the annual state budget process for state FYs 2019-20 through 2021-22. The 2019 Budget Act assumed the suspension of various health and human services investments, effective December 31, 2021. These suspensions include, but are not limited to, Proposition 56 supplemental payment increases, reversing the 7 percent reduction in In-Home Supportive Services hours, and developmental services payment increases. The budget proposes to continue the suspensions added by the 2019 Budget Act, but delay them by 18 months until July 1, 2023. Also, CMS approved SPA [19-0027](#), relating to Medi-Cal family planning services, and these supplemental payments will be retroactive to July 1, 2019. DHCS will process retroactive claim payments in the first half of 2020; no additional action is required from Medi-Cal providers.

## **Provisional Postpartum Care Extension (PPCE) – SB 104**

SB 104 (Chapter 67, Statutes of 2019) authorized DHCS to implement the PPCE, which will extend Medi-Cal or Medi-Cal Access Program coverage for pregnant or postpartum individuals who provide confirmation from a provider indicating that the individual has been diagnosed with a maternal mental health condition during their pregnancy,

[Back to Top](#)

postpartum period, or 90-day cure period. PPCE is targeted for implementation on July 1, 2020. DHCS is currently drafting an ACWDL to provide counties with guidance regarding potentially eligible beneficiaries.

## **Smile, California Campaign for Medi-Cal Dental Services**

In December 2019, DHCS' Smile, California campaign unveiled its new [social media gallery](#) designed for partners and providers to share Smile, California news and tips through Facebook and Instagram. The gallery contains an array of images along with suggested captions. The gallery can be found on the 'Partners & Providers' page on [SmileCalifornia.org](#).

February is National Children's Dental Health Month. To celebrate, Smile, California has debuted an educational digital package. Created for children in kindergarten through 5th grade, the lesson packages include age-appropriate activities and worksheets designed to help children understand the importance of good oral health and regular dental check-ups. While the lesson packages are primarily for teachers, DHCS encourages parents, health care providers, caregivers, and community partners to use these plans to teach children about their oral health. Also available for download are Healthy Smiles pledge certificates designed to promote and strengthen children's commitment to healthy dental habits. The lesson packages and pledge certificates are available for download on the Partners & Providers page of [SmileCalifornia.org](#).

Additionally, DHCS is asking you to help spread the word. The new "Healthy Smile Tips" from Smile, California delivers two to three healthy dental tips every month via text. Encourage members in your community to sign up by texting SMILECA to 31996, or SONRIECA to 31996 for messages in Spanish. To stay up to date with Smile, California, please click [here](#) to sign up and receive Smile Alerts. Follow us on Instagram for the latest Smile, California information and resources at @SmileOnCalifornia.

## **Specialty Mental Health Services (SMHS) Provider Enrollment**

DHCS is updating enrollment requirements for SMHS providers to ensure compliance with all federal laws, including the Managed Care Final Rule and the 21st Century Cures Act. Some providers not currently enrolled in Medi-Cal must enroll in the program. DHCS held a stakeholder call with counties on January 13, 2020, to discuss upcoming changes to SMHS enrollment, and is currently drafting a questions and answers document that will be emailed to the Provider Enrollment Division's listserv and posted on the DHCS [website](#). DHCS is continuing to develop enrollment criteria for SMHS providers and will continue to engage stakeholders throughout the implementation process.

## **SUPPORT Act – Drug Utilization Review Requirements**

On December 30, 2019, DHCS submitted SPA [19-0049](#) to CMS with a proposed retroactive effective date of October 1, 2019, to incorporate drug review and utilization standards designed to reduce opioid-related fraud, abuse, and misuse. This is required by

[Back to Top](#)

House Resolution (H.R.) 6, the federal Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

## Trauma Screenings

The Office of the California Surgeon General and DHCS are working to reduce Adverse Childhood Experiences (ACEs) and treat the impacts of toxic stress through the [ACEs Aware](#) initiative. ACEs Aware is a first-in-the-nation statewide effort to screen children and adults for ACEs in primary care, and to treat the impacts of toxic stress with trauma-informed care. ACEs are stressful or traumatic events experienced in childhood that relate to abuse, neglect, and/or household dysfunction. Research shows that individuals who experienced ACEs are at greater risk of 9 of the 10 leading causes of death in the United States, including heart disease, stroke, cancer, and diabetes.

ACEs Aware also offers Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs. On January 1, 2020, eligible Medi-Cal providers began receiving a \$29 payment for conducting ACEs screenings for children and adults with Medi-Cal coverage. By July 1, 2020, Medi-Cal providers must take [Becoming ACEs Aware in California](#) training and [self-attest to completing the training](#) to receive Medi-Cal payments for ACEs screenings. Additional policy guidance can be found in All Plan Letter [19-018](#) issued by DHCS on December 26, 2019.

Additionally, the ACEs Aware initiative has issued a Request for Proposal ([RFP](#)) to fund organizations to help extend the reach and impact of this initiative to Medi-Cal providers and organizations that serve Medi-Cal beneficiaries. RFP responses are due on February 10, 2020. For more information, visit [ACEsAware.org](#). Questions about the initiative may be sent to [info@acesaware.org](mailto:info@acesaware.org).

## Young Adult Expansion

On January 1, 2020, DHCS implemented the expansion of full-scope Medi-Cal to all eligible individuals ages 19 through 25, regardless of immigration status. DHCS is working closely with county partners to ensure all eligible individuals are placed in the appropriate full-scope Medi-Cal aid code. DHCS sent managed care enrollment notices to young adult expansion beneficiaries residing in County Organized Health System (COHS) counties during the week of January 6, 2020. DHCS sent notices to beneficiaries residing in non-COHS counties during the week of January 13, 2020. To support implementation efforts, DHCS has created a [webpage](#) that includes helpful information on the expansion, including the ACWDL, a frequently asked questions document, beneficiary notices, data on the transitioned population, and other related resources.

[Back to Top](#)

# Stakeholder Meetings and Webinars

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

DHCS will hold the next BH-SAC meeting on February 12, 2020. The meeting will provide an update on the proposed changes to the DMC-ODS waiver. The meeting will also include a brief update on trauma screening protocols. On January 6, 2020, DHCS held a special BH-SAC meeting for an in-depth discussion on Medi-Cal Healthier California for All, DHCS' initiative aimed at improving the health outcomes and quality of life for California's Medi-Cal population. 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 substance use disorder services. To view meeting information and materials, please visit the [DHCS website](#).

## Behavioral Health Task Force

The California Health and Human Services Agency (CHHSA) recently announced the formation of Governor Newsom's Behavioral Health Task Force to address the urgent mental and substance use disorder needs across California. The panel will advise the Administration's efforts to advance statewide behavioral health services, prevention, and early intervention to stabilize conditions before they become severe. The task force is chaired by CHHSA Secretary Dr. Mark Ghaly and will consist of a broad range of stakeholders, such as people living with behavioral health conditions, which includes family members, advocates, providers, health plans, counties, and state agency leaders. To apply to become a member of the Behavioral Health Task Force, please submit [this application](#) to [CHHSMAIL@chhs.ca.gov](mailto:CHHSMAIL@chhs.ca.gov) no later than February 7, 2020.

## Fiscal Stakeholder Workgroup Meetings

DHCS held the second fiscal stakeholder workgroup on December 16, 2019. Representatives from the CHHSA, Department of Finance, legislative budget and policy committees, and the Legislative Analyst's Office participated in the workgroup. The meeting agenda included reviewing the workgroup's objectives for new meeting participants, an update on the financial management workgroup, a review of sample cash management report and estimate reports, and a discussion to provide any feedback related to reports to DHCS. DHCS anticipates holding the next fiscal stakeholder meeting in February or March 2020.

## Healthy California for All Commission

The inaugural Healthy California for All Commission meeting was held on January 27, 2020. The intent of the Commission is to develop a plan for advancing progress toward achieving a health care delivery system for California that provides coverage and access through a unified financing system, including a single payer financing system. The commission's 13 voting members include CHHSA Secretary Dr. Ghaly, eight gubernatorial appointees, and four legislative appointees. There are also five ex-officio, non-voting members, including DHCS Acting Director Richard Figueroa. During the first

[Back to Top](#)

meeting, the commission considered the history of health reform in California and the current state of health care. For more information about the commission, please visit the CHHSA [website](#).

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

The next MCHAP meeting is scheduled for April 23, 2020, in Sacramento. The January 30 meeting included updates on federal and state developments and an in-depth presentation on Medi-Cal Healthier California for All. The MCHAP is a 15-member independent statewide advisory body that advises DHCS on matters relevant to children enrolled in Medi-Cal. To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

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

The purpose of the CFSW is to provide stakeholders an opportunity to review and provide feedback on a variety of consumer messaging materials. The forum focuses on eligibility- and enrollment-related activities and strives to offer an open discussion on Medi-Cal policies and functionality. The next CFSW meeting is scheduled for February 7, 2020, from 10 a.m. to Noon. Additional stakeholder information is available on the DHCS [website](#).

### **Medi-Cal Rx Advisory Workgroup**

On January 14, 2020, DHCS convened the first of seven sessions of the Medi-Cal Rx Advisory Workgroup, which is intended to help facilitate and further inform DHCS’ ongoing efforts to implement Medi-Cal Rx, and is comprised of such organizations and entities as hospitals, clinics, health plans, counties, pharmacies, tribal health programs, and consumer advocates. For more information, please visit the DHCS [website](#).

### **Medi-Cal Rx Public Forums**

On February 18, 2020, DHCS will host the third Medi-Cal Rx Public Forum via a webinar and in-person meeting, which will help to ensure that the broader stakeholder community is kept up to date about Medi-Cal Rx implementation activities and timelines. DHCS has posted all of the dates and times for these forums on the [DHCS Medi-Cal Rx Transition webpage](#), will post agendas in advance of the meetings, and will release reminder notices through various DHCS stakeholder email distribution lists. For questions or comments relating to Medi-Cal Rx, please email [RxCarveOut@dhcs.ca.gov](mailto:RxCarveOut@dhcs.ca.gov).

### **Proposition 64 Advisory Group**

On March 24, 2020, DHCS will host the Proposition 64 Advisory Group meeting in Sacramento at Sierra Health Foundation. During the meeting, DHCS will provide an update to advisory group members on the results of the Youth Substance Use Disorder Prevention Program Request for Application. The advisory group will also discuss project data collection and evaluation tools and the Round 2 project timeline. For more information about the upcoming meeting, please visit the DHCS [website](#).

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

The next SAC meeting is scheduled for February 12, 2020. The meeting will provide updates on the latest federal and state developments and updates on the Medi-Cal Healthier California for All initiative, including proposed financing mechanisms. The meeting will also include updates on the proposed federal Medicaid Fiscal Accountability Regulations and the Long-Term Services and Supports Programs, and Dual Eligible Special Needs Plans. 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 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 Medi-Cal Dental Meeting**

DHCS will facilitate a new semiannual Statewide Medi-Cal Dental Meeting in February 2020. The purpose of the meeting is to provide dental stakeholders throughout the state a forum to share feedback related to the Medi-Cal dental program, and for DHCS to share updates and information on new and/or upcoming work efforts. Additional details can be found on the Medi-Cal dental stakeholder engagement [webpage](#).