



# Stakeholder Communication Update

## February 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 [DHCSPress@dhcs.ca.gov](mailto:DHCSPress@dhcs.ca.gov). Please also follow DHCS on social media. Thanks.



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## **Department Updates**

### **California Advancing and Innovating Medi-Cal (CalAIM)**

On January 8, 2021, DHCS released a revised CalAIM proposal in conjunction with the Governor's budget release. Originally released in October 2019, the proposal has been revised based on stakeholder feedback and updated implementation timelines due to the impact of the PHE.

The [proposal](#) was published on the [DHCS CalAIM webpage](#) shortly after the Governor released his budget. DHCS also released a revised [Executive Summary](#) that includes a summary of major changes from the original proposal.

CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program. The major components of CalAIM build upon the successful outcomes of various pilots (including, but not limited to, the Whole Person Care Pilots, Health Homes, and the Coordinated Care Initiative) from the previous federal waivers and will result in a better quality of life for Medi-Cal members as well as long-term cost savings/avoidance.

CalAIM has three primary goals:

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1. Identify and manage member risk and need through whole-person care approaches and addressing Social Determinants of Health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

On January 28, DHCS held a webinar to formally introduce the revised CalAIM proposal. In February, DHCS intends to release several draft documents pertaining to Medi-Cal managed care plan (MCP) responsibilities related to the launch of the enhanced care management (ECM) benefit and in lieu of services (ILOS) program including the following:

- Contract requirements for MCP administration and delivery of the ECM benefit and ILOS program;
- Standard terms and conditions for MCP contracts with providers of ECM and ILOS; and,
- A “Model of Care” template in which each MCP will describe how it plans to implement and administer ECM and ILOS. The Model of Care will include a section for MCPs to describe how they will transition existing Whole Person Care (WPC) Pilots and Health Home Programs (HHP) into ECM and ILOS, as applicable.

These documents will be released together first as draft for public comment and as final in spring 2021.

In addition, DHCS is establishing a CalAIM Managed Long-Term Services and Supports (MLTSS) Duals Integration Workgroup, which will have an initial meeting on February 4, 2021.

## **COVID-19 Updates**

Due to the surge in COVID-19 cases within behavioral health facilities, DHCS, the California Department of Public Health (CDPH), and the California Department of Social Services (CDSS) are co-facilitating a new all-behavioral health provider call every Wednesday at 8 a.m. The call covers topics such as COVID-19 vaccination updates, emergency staffing, and facility flexibilities. It also includes updates from DHCS, CDPH, CDSS, and the California Health and Human Services Agency. More information about the behavioral health all-provider call, including call-in information, meeting notes and frequently asked questions (FAQs), can be found on the DHCS [website](#).

DHCS' Licensing & Certification Division continues to offer behavioral health facility flexibilities through policy changes and the authority granted in Executive Orders [N-43-20](#) and [N-55-20](#). These flexibilities include topics such as the expedited licensure application process, telehealth, fee waivers, virtual site visits, and counselor certification. The flexibilities are further explained in Behavioral Health Information Notices available on the

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[DHCS COVID-19 webpage](#). To request a facility flexibility, or if you have additional questions, please email [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov). With the recent federal approval of COVID-19 vaccines, DHCS is seeking federal approval to help support vaccine delivery to all Medi-Cal beneficiaries. The vaccine will be provided at no cost to all Californians. DHCS issued a FAQ [document](#) to provide information about who is covered, how to get vaccinated, and how DHCS plans to reimburse providers for the administration fee tied to the vaccine under Medi-Cal.

Additional COVID-19 vaccine information is available on the DHCS website, including an [All Plan Letter to Medi-Cal managed care plans](#). The COVID-19 [website](#) also has information about local resources, including links to county COVID-19 websites.

## Program Updates

### Adverse Childhood Experiences (ACEs) Screenings

ACEs Aware is a first-in-the-nation initiative led by DHCS and the Office of the California Surgeon General (CA-OSG) that gives Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs. DHCS, in partnership with CA-OSG, recently released a [draft ACEs Aware Trauma-Informed Network of Care Roadmap](#). This is an important part of the ACEs Aware statewide effort to [train providers](#) on how to screen patients for ACEs. The roadmap will serve as a guide for health care providers, social service agencies, and community-based organizations by providing practical steps to help grow cross-sector networks of care that support children, adults, and families in effectively mitigating the impact of ACEs and toxic stress.

On January 27, DHCS and CA-OSG [announced](#) the awarding of grant funding to 35 organizations across California to build and strengthen a robust network of care to effectively respond to ACEs and toxic stress with community-based health and social supports. The grants have two areas of focus: planning and implementation. Planning grants are focused on communities that have a high prevalence of ACEs, rural areas, tribal communities, and other communities that do not have existing ACEs response activities underway. Implementation grants will pilot strategies for augmenting trauma-informed networks of care.

### Annual Network Certification Update

On December 21, 2020, DHCS submitted network adequacy certification documentation to the Centers for Medicare & Medicaid Services (CMS). CMS approved an extension of the network adequacy certification reporting date from July 1, 2020, to January 1, 2021. The submission included the assurance of compliance for Medi-Cal managed care plans (MCP) and one Medi-Cal managed care specialty health plan, Senior Care Action Network (SCAN) Health Plan.

However, 22 MCPs were placed under corrective action plans (CAP) for not fully meeting network adequacy standards. DHCS is working with the MCPs on their CAP efforts and is analyzing the most recent network adequacy data to determine MCP compliance. The MCPs will have six months to address and rectify the CAP findings. The network adequacy standards and certification letters to CMS can be found on the DHCS [website](#).

## Behavioral Health Peer Support Services

On January 22, DHCS hosted a stakeholder listening session to obtain feedback on the peer support specialist certification process that DHCS will be developing pursuant to Senate Bill 803 (Chapter 150, Statutes of 2020). A second listening session is scheduled for March 2. The listening sessions cover training requirements, process requirements, and scope of practice. Each session is open to the public and allows public comment. Written comments are accepted for two weeks after the session and can be emailed to [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov). A detailed agenda and accompanying materials are sent to registrants before each session. The registration links are available on the DHCS [website](#). Resources, previous listening session materials, and other information on peer support services implementation activities, including an implementation timeline, are available on the DHCS website.

## CalHOPE

On November 9, 2020, DHCS began the Regular Services Program of the Crisis Counseling Assistance and Training Program grant. DHCS has partnered with the Mental Health Association San Francisco Warm Line, Aurrera Health Group, California Consortium for Urban Indian Health, California Mental Health Services Authority, and M&M Media Solutions on CalHOPE efforts.

As part of the media outreach in providing resources to support mental health and emotional well-being, CalHOPE has also officially partnered with the San Francisco 49ers and Los Angeles Kings.

### 49ers Update:

- On November 17, 2020, the 49ers issued a [press release](#) on the team's partnership with CalHOPE.
- As of December 2020, the 49ers, in partnership with CalHOPE, deployed 10,033 EDU playbooks throughout the Bay Area to support students, families, and communities in need during the COVID-19 pandemic.
- On January 13, 2021, a CalHOPE public service announcement (PSA) was released featuring 49ers head coach Kyle Shanahan, quarterback Jimmy Garoppolo, and tight end George Kittle. The PSA provides tips and resources to support mental and physical health. The 49ers posted the PSA on Facebook, Twitter, and Linked-In. The PSA can be viewed at [49ers.com/calhope](https://49ers.com/calhope).

- The 49ers digital display advertisements in Spanish and English are currently running on the 49ers.com website.

### **Los Angeles Kings Update:**

- As part of CalHOPE's partnership with the Kings, the CalHOPE logo will be featured on player helmets for all regular season home and away games. Additionally, CalHOPE.org logos and the CalHOPE poppy will be placed virtually on the ice during locally televised regular season home and away games.
- The Kings produced a [video](#) highlighting players, coaches, front office, and alumni speaking about their COVID 19-related stress and anxiety, and the pandemic's effects on their mental health. The video was posted on Los Angeles Kings digital channels (e.g., YouTube, Facebook, Instagram, Twitter, and LAKINGS.com). Additionally, rotational ads will be placed on LAKings.com and the Kings mobile app.

### **California Health Information Exchange Onboarding Program (Cal-HOP)**

Effective December 17, 2020, DHCS included independent laboratories as an eligible provider type under Cal-HOP. Independent laboratories are now eligible to receive support in onboarding to a Health Information Organization (HIO) to facilitate the electronic reporting of lab results, including COVID-19 test results, to affiliated providers and critical public health registries.

DHCS is committed to providing up to \$50 million to HIOs over the course of the program, which is available through September 2021. These funds support data exchange connections from an HIO to eligible providers and hospitals, including admission, discharge, and transfer messages (ADT), and queries of the Controlled Substance Utilization Review and Evaluation System (CURES). Through the Cal-HOP program, DHCS has already provided \$3 million to facilitate data exchange connections from an HIO to eligible providers and hospitals, and projects another \$8 million in payments over the next three months. Provider and hospital organizations can find a list of participating HIOs on the DHCS [website](#).

For more information about program requirements, or how providers can enroll with a participating HIO, providers are encouraged to visit the DHCS [website](#) and submit questions directly to [HIEOnboard@dhcs.ca.gov](mailto:HIEOnboard@dhcs.ca.gov) or to a participating HIO providing services to their region.

### **Dental Transformation Initiative (DTI)**

DHCS received federal approval from CMS to extend the Medi-Cal 2020 Section 1115 waiver demonstration for one year through December 31, 2021. The one-year extension includes DTI Domains 1, 2, and 3. Although CMS approved an "as is" extension of the state's section 1115 Medi-Cal 2020 demonstration, the Designated State Health

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Programs (DSHP) expenditure authority was not approved for the additional year. DHCS is reviewing the language and consulting with CMS on further information regarding the implications for DTI.

DHCS completed the Domain 1 payment scheduled for January 31, 2021, and providers can expect to receive their incentive payments during the first week of February. For Domain 2, DHCS has issued approximately \$128.1 million, as of December 31, 2020, and 3,114 Medi-Cal dental providers have opted to participate. For Domain 4, has issued \$89.8 million as of January 8, 2021. Also, as of December 31, 2020, all 13 Local Dental Pilot Projects have concluded operations. Fact sheets for all DTI domains are posted on the DHCS [website](#).

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

California's first regional DMC-ODS model began operating on July 1, 2020, bringing the total number of counties participating in the DMC-ODS to 37, representing more than 90 percent of the Medi-Cal population. The regional model is a collaboration among seven Northern California counties and Partnership HealthPlan. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for SUD treatment services. The Commission on Accreditation of Rehabilitation Facilities (CARF) is now accepting [applications](#) for certification of the ASAM levels of care. Providers may obtain either a CARF certification or DHCS LOC designation. ASAM designations continue to be processed for licensed residential alcohol and other drug program providers. Each alcohol and other drug program provider can have up to three ASAM level of care (LOC) designations (e.g., LOC 3.1, LOC 3.3, LOC 3.5). DHCS has processed 948 total designations for alcohol and drug treatment providers in California. Of the 948 designations, 665 are active for 348 providers. More information about DMC-ODS is posted on the DHCS [website](#). Additionally, DHCS 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. The EQRO has begun FY 2020-21 reviews, and to date, 11 DMC-ODS county reviews have been completed. The individual reports can be found at <https://www.caleqro.com/dmc-egro>.

### **Home and Community-Based Alternatives (HCBA) Waiver Renewal**

DHCS is preparing for the renewal of the HCBA waiver program and will submit the HCBA waiver renewal to CMS in fall 2021. DHCS is hosting several virtual technical workgroup meetings to solicit stakeholder input for the HCBA waiver renewal process. The selected stakeholders represent HCBA waiver participants, their families, service providers, HCBA waiver agencies, advocacy groups, associations, and Medi-Cal MCPs. Upon completion of the third and final technical workgroup meeting, scheduled for February 26, DHCS will incorporate stakeholder feedback and post the proposed waiver for a 30-day public comment period in June. Information on the HCBA waiver renewal, technical workgroup, and upcoming opportunities to provide public input are posted on the DHCS [website](#).

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## **Home and Community-Based Services (HCBS) Statewide Transition Plan (STP) Final Rule**

DHCS has been working to revise the STP, which details the state's process to comply with the federal HCBS settings final rule. DHCS is engaged in the remediation and heightened scrutiny process that was established by CMS for providers to achieve full compliance with the HCBS settings final rule by March 17, 2023. Onsite assessments have been completed, and each site has received a copy of its compliance report to develop a remediation plan. DHCS will amend the STP to include the outcomes of the assessments. The state will post heightened scrutiny information for public review and comment, including issuing notices for tribal consultation. Information for public comment will be posted to the DHCS website in the upcoming months. To help ensure provider compliance with the final rule, DHCS has been holding various training webinars and providing remediation support to providers. All trainings and forthcoming public comment information will be available on the DHCS [website](#).

## **HIV/AIDS Waiver Renewal**

DHCS, in collaboration with CDPH, must resubmit the 1915(c) HCBS AIDS Medi-Cal Waiver Program (MCWP) renewal application to CMS every five years. The current HIV/AIDS waiver term ends on December 31. On December 2, 2020, CDPH hosted a workgroup for sister agencies and AIDS MCWP project directors to provide input on the upcoming HIV/AIDS waiver renewal application that will be submitted to CMS this fall 2021. The new waiver term will be January 1, 2022, through December 31, 2026. Early this year, CDPH will begin hosting stakeholder input meetings. Stakeholders can submit written comments to [MCWPWaiverRenewal@cdph.ca.gov](mailto:MCWPWaiverRenewal@cdph.ca.gov).

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

DHCS is expanding and extending efforts to enroll hard-to-reach Medi-Cal populations. Effective July 1, 2019, Assembly Bill (AB) 74 (Chapter 23, Statutes of 2019) appropriated \$59.7 million for DHCS to partner with counties and/or community-based organizations (CBOs) for Medi-Cal outreach, enrollment, retention, and navigation services for hard-to-reach Medi-Cal and potentially eligible Medi-Cal populations. Due to the community health impacts of the COVID-19 public health emergency (PHE), navigator services are now more critical than ever. Project partners have implemented innovative and creative approaches to contact and enroll eligible populations in their local communities. As of January 2021, DHCS is partnering with 32 counties and 9 CBOs (serving an additional 20 counties) to provide navigators project services to those 52 counties. In December 2020, as part of Phase IV, DHCS allocated all remaining funds to current awardees and prospective CBOs. Phase IV allows CBO and county partners to submit a proposal for the remaining six non-awarded counties and 23 counties open to a dual partnership with a CBO; incorporate new/expand existing activities for all participants; extend their project performance period to March 31, 2022; and continue adjusting their outreach and enrollment approaches due to the challenges presented by the COVID-19 PHE. Information and updates related to the Medi-Cal Health Enrollment Navigators Project is available on the DHCS [website](#).

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## Medi-Cal HCBS Roadmap

On February 17, DHCS will host the second MFP supplemental funding stakeholder webinar. On December 4, 2020, DHCS hosted the first webinar to solicit stakeholder input and recommendations regarding DHCS' proposed strategy for utilization of the \$5 million supplemental funding opportunity that CMS made available through the MFP demonstration program. With the feedback and recommendations, DHCS further developed the proposal, which will be submitted to CMS to be considered for the supplemental funding award.

The second stakeholder webinar in February will allow DHCS an opportunity to present a detailed outline of the proposal and receive additional feedback from stakeholders to develop the final proposal. Additional information regarding the MFP supplemental funding opportunity, as well as the materials from the December 4, 2020, webinar is available on the DHCS [website](#).

## Medi-Cal Rx Implementation and Project Status Updates

On January 1, DHCS launched various Medi-Cal Rx Transitional Services and Supports (TSS), which will continue until the full implementation of Medi-Cal Rx on April 1. Medi-Cal Rx TSS include:

- A dedicated Medi-Cal Rx Customer Service Center (CSC), which provides support to Medi-Cal providers, beneficiaries, MCPs, and other interested parties. The Medi-Cal Rx CSC can be reached at (800) 977-2273, and is available 365 days per year, 24 hours per day; and 711 for TTY, which is available Monday through Friday, from 8 a.m. to 5 p.m.
- Additional Medi-Cal Rx TSS include website tools and functionalities (both public-facing and secure pharmacy portals) in advance of full implementation of Medi-Cal Rx. Available on the Medi-Cal Rx [website](#), these TSS include the Medi-Cal Rx Pharmacy Locator, Medi-Cal Rx Provider Manual, Medi-Cal Contract Drugs List, and other components to more completely support and help Medi-Cal providers, beneficiaries, MCPs, and other interested parties become more familiar with Medi-Cal Rx processes.

Additionally, in late December, DHCS mailed notices related to the revised implementation date of Medi-Cal Rx to all Medi-Cal beneficiaries. The full implementation of Medi-Cal Rx will include the launch of the claims processing and prior authorization administration/adjudication functionalities, among other related and supporting components and functionalities. DHCS continues to encourage Medi-Cal providers, MCPs, counties, beneficiaries, and other interested parties to sign up for the [Medi-Cal Rx subscription service](#) to receive Medi-Cal Rx updates by email.

For project questions or comments, visit the DHCS [website](#) or email [RxCarveOut@dhcs.ca.gov](mailto:RxCarveOut@dhcs.ca.gov). In addition, DHCS encourages stakeholders to review the

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most current Medi-Cal Rx [Frequency Asked Questions document](#), which is regularly updated with new questions as the project advances.

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

DHCS, in partnership with the Center for Care Innovations (CCI), released two Request for Application (RFA) opportunities to address SUD treatment in primary care settings: the Addiction Treatment Start Here (ATSH) Network and the ATSH Learning Collaborative. The ATSH Network provides additional support to participants of MAT programs that are in operation. CCI is creating an environment that will offer an array of technical assistance and support to expand access to MAT and create sustainability, as well as addressing emerging issues in caring for patients with other SUDs.

The ATSH Learning Collaborative will support up to 30 primary care health centers in initiating new MAT programs. Health centers accepted into the program will be eligible for up to \$45,000 in funding. The 18-month learning collaborative will offer learning sessions and webinars led by experts in the field, site visits to organizations with exemplar MAT programs, one-on-one coaching, and other technical assistance to support each organization in designing a program that meets the needs of its patient population. For more information regarding these and other MAT RFAs, please visit [www.CaliforniaMAT.org](http://www.CaliforniaMAT.org).

## **Money Follows the Person (MFP)/California Community Transitions (CCT)**

On December 27, 2020, the Consolidated Appropriations Act was signed into law. The Act authorized an extension of the MFP demonstration (known as CCT) and appropriated additional funding for 2021 through 2023. As a result, CCT transitions have been authorized to continue through at least December 31, 2023, and potentially through 2027 if federal grant funding remains available. Also, the Act reduces the number of days a person must be in an institution before they become eligible to enroll in the MFP/CCT demonstration, from 90 to 60 days. The new eligibility criteria began on January 26.

The Act also extended spousal impoverishment protections to beneficiaries with a level of care that would require institutionalization when they receive those services in a community setting instead of in an institution. Finally, the Act added new program evaluation and sustainability requirements to states' obligations under the grant; however, CMS is developing guidance on the new requirements and will provide more information as it becomes available.

## **Nonmedical Transportation (NMT)**

As of January 11, DHCS has received 448 applications from transportation companies requesting enrollment as NMT providers in fee-for-service (FFS) Medi-Cal. DHCS has so far approved 90 applications. A list of the approved NMT providers is posted on the DHCS [website](#), and is updated monthly as additional providers are approved. DHCS will

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continue to assist FFS Medi-Cal beneficiaries with NMT requests if there is no approved NMT provider in their area. DHCS began using a new mailbox on January 1, dedicated to NMT requests. FFS beneficiaries or their designees can email [DHCSNMT@dhcs.ca.gov](mailto:DHCSNMT@dhcs.ca.gov) to request transportation assistance. Requests should be sent at least five business days in advance of the appointment if the provider is unable to arrange NMT or if all other transportation options have been exhausted. Beneficiaries should not include personal information in their first email; DHCS staff will reply with a secure email asking for their appointment information.

## **Preventive Care Outreach Project for Children in Medi-Cal**

DHCS continues to make progress on outreach activities to encourage utilization of preventive services for children under age 21. The outbound call campaign by MCPs, as part of Phase 1 efforts to promote Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services that resumed on August 3, 2020, provides additional parameters and revised timelines for MCPs to complete the outreach campaign. As a result of these new parameters, MCPs had until December 31, 2020, to complete the first round of outreach to beneficiaries aged 0-3 and will complete the second round of outreach to beneficiaries aged 3-6 by March 31. Phase 2 of the outreach project continues to move forward as the Center for Health Literacy (CHL) completed interviews with stakeholders and surveyed MCPs in October 2020. In November 2020, CHL compiled analysis from both groups and will be designing new draft outreach materials and proposing new approaches to reach this population. New outreach materials and key messaging will be tested with stakeholders and beneficiaries in the coming months, and results will be shared with DHCS for next steps in the implementation of both new and revised materials. Phase 2 activities are scheduled to be completed by June 30.

## **Proposition 56 and Adult Optional Benefits**

Current law suspends most Proposition 56-funded payments effective July 1, 2021, unless certain conditions related to revenues and expenditures in the state budget are met. Additionally, certain adult optional benefits, a recent expansion of postpartum care eligibility, and additional screening for substance use in primary care settings for beneficiaries over age 21 are subject to suspension, effective December 31, 2021. The 2021-22 Governor's Budget proposes to delay the suspension dates by at least one year. For more information, please refer to DHCS' budget highlights on the DHCS [website](#).

## **Recommencement of Pharmacy Retroactive Claim Adjustments**

As outlined in State Plan Amendment (SPA) [17-002](#), DHCS implemented a new FFS reimbursement methodology for covered outpatient drugs on February 23, 2019. CMS required that DHCS make retroactive adjustments for impacted claims with dates of service from the policy effective date of April 1, 2017, through the system implementation date of February 23, 2019.

DHCS processed the first iteration of these adjustments (claims with dates of service in the month of April 2017) in May 2019, and then paused further adjustments. In fall 2019,

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DHCS contacted all Medi-Cal pharmacy providers to notify them of an alternative payment arrangement (APA) for remaining adjustments. Providers could register for this option via an online application that was available from October 28, 2019, through November 22, 2019. DHCS notified providers approved for the APA. Providers will have their remaining adjustments processed differently from the normal recoupment process, and their recoupment will begin with the February 11, 2021, warrant date.

For non-APA providers, DHCS will resume retroactive adjustments beginning with the February 19, 2021 warrant date, for the remaining affected claims with dates of service from May 1, 2017, through February 23, 2019. The California Medicaid Management Information System (MMIS) fiscal intermediary will adjust the affected claims until the full assumption of operations of Medi-Cal Rx, at which time remaining account receivables will be transferred to Medi-Cal Rx for the continuation of recoupments. Please refer to the updated [FAQs](#) on the Medi-Cal website for more information.

## **Self-Determination Program (SDP) Waiver Renewal**

The 1915(c) HCBS SDP waiver renewal and public notice was posted on the Department of Developmental Services' (DDS) [website](#) under the "Self Determination Program" tab for a 30-day public comment period from January 29 to February 28. The SDP provides consumers and their families with more freedom, control, and responsibility in choosing services and supports to help them meet objectives in their Individual Program Plan. DHCS anticipates that the waiver renewal application will be submitted to CMS by March 1. DHCS is requesting a new five-year term, effective July 2021 through June 2026. This would align with the beginning of the state FY. Questions or comments about this application can be e-mailed to [sdp@dds.ca.gov](mailto:sdp@dds.ca.gov).

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

*Smile, California's* well-received *What You Should Know About Returning to the Dentist During COVID-19* video was made available in Spanish and can be found on the [COVID-19 resource](#) page on SmileCalifornia.org and SonrieCalifornia.org. *Smile, California* collaborated with North Bay Regional Center to create two new resources: "Medi-Cal Covers Your Client's Dental Needs," designed to help regional center staff work with their clients to develop a plan for good oral health; and "Medi-Cal Covers Your Loved One's Dental Needs," designed to help unpaid family caregivers who care for a loved one to do the same. Both resources are now available on SmileCalifornia.org in English and Spanish. The *Smile, California* website was updated [with six new downloadable webpage banners](#), available in English and Spanish, for partners to upload to their organization's website and hyperlink to SmileCalifornia.org.

## **Stakeholder Meetings and Webinars**

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

On February 11, DHCS will hold the next BH-SAC meeting via webinar. The webinar is expected to include updates on the 1115 and 1915(b) waiver extension approvals, the

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Governor's proposed budget, including the CalAIM initiative, Foster Care Model of Care workgroup, and DHCS' reflections on the October BH-SAC discussion on racism and equity. The meeting will also include updates on COVID-19 and the medical necessity definition related to process changes. The purpose of the BH-SAC is to advise DHCS about the behavioral health delivery system. This includes behavioral health, prevention, treatment, recovery services, and related waivers for mental health and SUD services. To view meeting information and materials, please visit the DHCS [website](#).

### **Fiscal Stakeholder Workgroup**

Due to the ongoing COVID-19 PHE, DHCS has provided several written updates to workgroup participants that includes representatives from the California Health and Human Services Agency, Department of Finance, legislative budget and policy committees, and Legislative Analyst's Office. The next update on this ongoing priority will be provided in February and will include information on the development of a quarterly expenditure compare report and local assistance estimate-reporting enhancements that have been incorporated into DHCS' financial information.

### **Foster Care Model of Care Workgroup**

On February 26, DHCS will host the next Foster Care Model of Care Workgroup webinar. The December 17, 2020, webinar included discussions on options for managing care to improve the delivery system of health services for children and youth in foster care. Additionally, the Workgroup heard the results of two targeted focus groups comprised of parents/caregivers of children and youth in foster care, and children and youth currently in foster care, respectively, to consider how to incorporate the findings and takeaways from those focus groups into decisions around a model of care. The agenda and link for the February 26 webinar will be provided on the DHCS [website](#) closer to the meeting date. For questions or comments about this workgroup, please email [CalAIMFoster@dhcs.ca.gov](mailto:CalAIMFoster@dhcs.ca.gov).

### **Managed Long-Term Services and Supports (MLTSS) Duals Integration Workgroup**

On February 4, DHCS will hold the first meeting of the newly established CalAIM MLTSS Duals Integration Workgroup. The goal of the workgroup is to collaborate with stakeholders on the transition of Cal MediConnect to a statewide MLTSS and Dual Eligible Special Needs Plan aligned enrollment structure. This policy is intended to help meet the statewide goals of improving care integration and person-centered care, under both CalAIM and the California Master Plan for Aging. Further information is available on the DHCS [website](#).

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

On March 16, DHCS will hold the next MCHAP meeting via webinar. The January 26 webinar included discussions about the Governor's proposed budget and structural racism in the health care delivery system. The meeting also provided updates about the managed care preventive services and health disparities reports. 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**

On February 5, DHCS will hold the next CFSW meeting, from 10 a.m. to Noon, via a WebEx call. Additional information about the workgroup is available on the DHCS [website](#).

### **Medi-Cal Dental Statewide Stakeholder Meeting**

On February 18, DHCS will hold the next Medi-Cal Dental Statewide Stakeholder meeting virtually, from 10 a.m. to Noon. 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 information is available on the DHCS [website](#).

### **Medi-Cal Managed Care Advisory Group (MCAG) Meeting**

On March 11, 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 may focus on updates requested from stakeholders through the AG inbox. To request agenda items for future meetings, please email [advisorygroup@dhcs.ca.gov](mailto:advisorygroup@dhcs.ca.gov). To view meeting information, materials, and historical documents, please visit the DHCS [website](#).

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

On March 22, DHCS will hold the next Medi-Cal Rx Advisory Workgroup meeting, via webinar. These sessions are intended to help facilitate and further inform DHCS' ongoing efforts to implement pharmacy services improvements through the Medi-Cal Rx initiative. The workgroup is composed of such organizations and entities as hospitals, clinics, health plans, counties, pharmacies, tribal health programs, and consumer advocates. Information on how to join the next webinar will be provided on the DHCS [website](#).

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

On February 17, DHCS will host the next Medi-Cal Rx public forum, from 11 a.m. to Noon, via webinar. Information will be posted on the DHCS [website](#). For questions or comments related to Medi-Cal Rx, please email [RxCarveOut@dhcs.ca.gov](mailto:RxCarveOut@dhcs.ca.gov).

## **Senate Bill 75: School-Based Health Care Stakeholder Workgroup**

On February 8 and 9, DHCS will hold the next School-Based Health Care Stakeholder Workgroup meetings. Pursuant to [Senate Bill 75](#) (Chapter 51, Statutes of 2019) DHCS and the California Department of Education have convened a stakeholder workgroup to develop recommendations to improve the coordination of and access to available federal funds through the Medi-Cal Billing Option Program, School-Based Medi-Cal Administrative Activities program, and medically necessary federal EPSDT benefits. For additional information regarding the meetings, please visit the [Medi-Cal for Students Workgroup website](#). For questions or comments, please email [LEA@dhcs.ca.gov](mailto:LEA@dhcs.ca.gov).

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

On February 11, DHCS will hold the next SAC meeting, via webinar. The webinar is expected to include updates on the 1115 and 1915(b) waiver extension approvals, the Governor's proposed budget, including the CalAIM initiative, Medi-Cal enrollment, the COVID-19 dashboard, and DHCS' reflections on the October SAC discussion on racism and equity. The meeting will also provide status updates on DHCS' telehealth policy, the MCP procurement process, and Medi-Cal Rx. 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](#).

## **Tribes and Designees of Indian Health Programs Meeting**

On March 5, DHCS will host a webinar, from 10 a.m. to 1 p.m., for tribes and designees of Indian health programs. This meeting will provide updates on the Governor's proposed budget, CalAIM, Tribal Federally Qualified Health Center implementation, and Medi-Cal Rx. This meeting allows tribal and Indian health program representatives a forum to provide feedback on DHCS initiatives that affect tribes, Indian health programs, and American Indian Medi-Cal beneficiaries. The invitation and webinar registration information will be posted on the DHCS [website](#).

## **Reports**

### **Comprehensive Quality Strategy (CQS) Report**

DHCS will post the revised draft CQS report to the DHCS website [at this link](#) for public comment in mid-February. DHCS initially published a draft version of the report on November 18, 2019. The finalization of the CQS was delayed to allow inclusion of details related to the COVID-19 PHE impact, as well as the resulting CalAIM implementation pause and now-updated timeline.

The CQS report outlines DHCS' process for developing and maintaining a broader strategy to assess the quality of care that all beneficiaries receive; regardless of delivery system; defines measurable goals; and tracks improvement while adhering to regulatory managed care requirements. The CQS covers all Medi-Cal managed care delivery

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systems, including Medi-Cal MCPs, County Mental Health Plans, DMC-ODS, and Dental MCPs, as well as non-managed care departmental programs.

## **Health Disparities Report**

DHCS completed and posted its annual Health Disparities Report on the DHCS [website](#). The purpose of this report is to evaluate health care disparities affecting members enrolled in full-scope Medi-Cal MCPs and offer options to consider for improvement. These data were derived from calendar year 2019 and reported in 2020. The report identified some disparities in all racial/ethnic groups. Those findings align with national trends. It is important to note that during 2020, DHCS suspended hybrid measure reporting so providers could focus on the COVID-19 PHE. As a result, the analysis was limited to 10 administrative measure indicators, and the report is less robust than what would have been reported had the PHE not occurred. DHCS works to mitigate health disparities and will continue exploring opportunities for improvement.

## **Preventive Services Report**

DHCS recently released Part 1 of the 2020 Preventive Services Report, available on the DHCS [website](#). The report presents statewide and regional results for a total of eight indicators that assess the utilization of preventive services by Medi-Cal children and adolescents, and includes regional and demographic trends, findings, and recommendations. The report reflects data collected during calendar year 2019 and provides in-depth analyses of several existing DHCS measures as well as new administrative measures developed to capture utilization of services by pediatric Medi-Cal managed care members. DHCS continues to collaborate with CDPH to link available blood lead screening laboratory data with Medi-Cal data; however, these efforts have been delayed by the COVID-19 PHE's impact on CDPH operations. DHCS will release information for Blood lead screening indicators, as well as MCP-specific results for each indicator, as an addendum to the report in February.