



Stakeholder Communication Update

October 2019

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



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Department Updates

Acting Director at DHCS

The new Acting Director for the Department of Health Care Services (DHCS) is Richard "Fig" Figueroa. Previously, Figueroa was appointed by Governor Newsom as Deputy Cabinet Secretary. Prior to serving in the Governor's Office, Figueroa was the Director of Prevention for The California Endowment, the nation's largest state-specific health care foundation. He served in several previous administrations, including as Deputy Cabinet Secretary for Governor Arnold Schwarzenegger and Deputy Legislative Secretary for Governor Gray Davis. Figueroa was also Legislative Director for Insurance Commissioner John Garamendi and served as a Legislative Consultant for the California State Senate Insurance and Budget and Fiscal Review Committees.

"It's a great honor to be appointed as Acting Director of one of the most consequential departments in state government. Governor Newsom has entrusted DHCS with responsibility for some of his most ambitious goals toward making comprehensive,

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quality health care available in our California For All. I look forward to leading the DHCS team in its efforts.” – Richard Figueroa

Executive Staff Appointments at DHCS

DHCS recently made several key executive staff appointments. As shared earlier this summer, DHCS [reorganized](#) its Mental Health and Substance Use Disorder Services functions. Newly appointed Deputy Director Kelly Pfeifer leads Behavioral Health, which consists of two new divisions, *Community Services* and *Licensing and Certification*. A new *Medi-Cal Behavioral Health Division* under the State Medicaid Director was created and the *Local Governmental Financing Division* under Health Care Financing will house Medi-Cal behavioral health financing policy.

The following executive appointments will lead the new divisions:

- Marlies Perez - Chief, Community Services Division (CSD)
- Janelle Ito-Orille - Chief, Licensing and Certification Division (LCD)
- Brenda Grealish - Chief, Medi-Cal Behavioral Health Division (MCBHD)

Ms. Perez has worked for the state for more than 28 years, most recently as Chief of the former Substance Use Disorder Compliance Division. As CSD Chief, Ms. Perez is the central contact for policy development and interpretation for community (non-Medi-Cal) behavioral health services.

Ms. Ito-Orille has worked for the state for more than 11 years, most recently as branch chief of SUD licensing and certification. As LCD Chief, Ms. Ito-Orille is the central contact for planning, implementing, and evaluating program policy related to behavioral health licensing and certification.

Ms. Grealish has worked for the state for more than 20 years, most recently as the Assistant Deputy Director of the Mental Health and Substance Use Disorder Services Division. As MCBHD Chief, Ms. Grealish is the central contact for policy development and interpretation for Medi-Cal behavioral health services.

Program Updates

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

Existing federal law requires DHCS to implement a program for aged, blind, and disabled persons who meet financial eligibility requirements. Existing law requires an individual under these provisions to satisfy certain financial eligibility requirements, including, among other things, that the individual's countable income does not exceed an income standard equal to 100 percent of the federal poverty level (FPL), plus an income disregard of \$230 for an individual, or \$310 in the case of a couple. SB 104 (Committee on Budget and Fiscal Review) requires DHCS to seek federal approval to

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disregard all countable income over 100 percent of the FPL, up to 138 percent of the FPL. This policy change is to be implemented no sooner than January 1, 2020. DHCS is currently working with the Centers for Medicare & Medicaid (CMS) on a State Plan Amendment (SPA) to implement this policy. Updates on the implementation of SB 104, as they become available, will be provided through the [Consumer Focused Stakeholder Workgroup](#).

Asthma Mitigation Project

The 2019 Budget Act allocated to DHCS a one-time appropriation of \$15 million from the General Fund for the Asthma Mitigation Project. The project will support environmental mitigation, education, and disease-management services to individuals suffering from poorly controlled, moderate to severe asthma. DHCS is working with various stakeholders to develop a work plan and implementation strategy. DHCS met with California Department of Public Health (CDPH) staff on September 23 to discuss existing asthma-related efforts and/or programs, and how both departments can potentially collaborate on the project. DHCS is actively working to develop effective strategies and approaches to implement the Asthma Mitigation Project, and will schedule a future meeting with CDPH staff and interested stakeholders to discuss implementation efforts. Additional information regarding the future stakeholder meeting will be released in the coming months.

California Advancing and Innovating Medi-Cal (CalAIM)

DHCS will be releasing the draft paper for the various concepts proposed under the CalAIM initiative on October 28, 2019, in advance of the Behavioral Health Stakeholder Advisory Committee and Stakeholder Advisory Committee meetings scheduled for October 29, 2019. These concepts have been developed in anticipation of the expiring Medi-Cal 2020 1115 Waiver as well as the 1915(b) Specialty Mental Health Services Waiver that will be occurring in 2020. As previously announced, DHCS will be holding a series of workgroups during November 2019 through February 2020 to receive stakeholder input on the CalAIM concepts. DHCS solicited applications for the five stakeholder workgroups and is currently determining the membership for the workgroups as the application period closed on September 27, 2019. Workgroup members who are selected will be notified in the coming weeks, and the schedule of the workgroup meetings, all open to the public, will be posted in October.

DHCS looks forward to engaging with stakeholders on the CalAIM concepts and garnering input that will inform the final CalAIM proposals that will be submitted to CMS in mid-2020. Information regarding CalAIM can be found on the DHCS [website](#), and all information regarding the proposal and stakeholder workgroups will be posted on that page.

California Community Transitions (CCT)

On January 24, 2019, the federal Medicaid Extenders Act of 2019 was enacted and authorized Money Follows the Person (MFP) Rebalancing demonstration grantees, including California (MFP is known as CCT in the state), to continue to transition people through December 31, 2019, using available MFP funding. On July 25, 2019, the President signed amendment S.R. 930 that allocated an additional \$122.5 million to the MFP demonstration in fiscal year 2019, but it did not extend the MFP demonstration beyond September 30, 2021. The purpose of the MFP/CCT demonstration is to “rebalance” the state’s spending from providing long-term care to individuals in institutions to providing them with home- and community-based (HCB) long term services and supports (LTSS) in the community setting of their choice. Under MFP/CCT, eligible individuals who have continuously resided in health care facilities for 90 days or longer will transition to community-based residences and receive the support of Medi-Cal Home- and Community-Based Services (HCBS). Participants are enrolled in the Demonstration for a maximum of 365 days post-transition, but also receive pre-transition services prior to leaving the inpatient facility. The Medicaid Extenders Act allows DHCS to continue to provide post-transition services to CCT participants through September 30, 2020, one year later than originally authorized.

Community-Based Adult Services (CBAS)

DHCS and the California Department of Aging (CDA) are working collaboratively to develop the new rate structure for CBAS supplemental payments, authorized under the 2019 Budget Act. The CBAS supplemental payments will be funded by General Fund revenue generated from the California Healthcare, Research, and Prevention Tax Act of 2016 (Proposition 56).

Dental Transformation Initiative (DTI)

DTI Domains	Payments To Date, as of July 2019
Domain 1 - Preventive Care	\$149.8 million
Domain 2 - Caries Risk Assessment	\$20.5 million
Domain 3 - Continuity of Care	\$35.2 million
Domain 4 - Local Dental Pilot Projects (LDPP)	\$35.6 million
Total	\$241.1 million

As of September 2019, 2,162 Medi-Cal dental providers have opted in to participate in Domain 2. DHCS has also visited eight LDPPs participating in Domain 4 to observe the administrative and clinical initiatives and innovations in action. In addition, bimonthly teleconferences with all LDPPs are ongoing to educate, provide technical assistance, offer support, and address concerns as well as share best practices and lessons learned. Fact sheets for all DTI Domains are available on the DTI [webpage](#).

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

As of October 1, 2019, 30 counties were approved to deliver DMC-ODS services, representing 94 percent of the Medi-Cal population statewide. There are eight additional counties working with a managed care health plan to implement an alternative regional model. DHCS' contracted External Quality Review Organization (EQRO) posted the quality review [report](#) for Nevada County and has completed EQRs for San Francisco, Orange, and San Bernardino counties. There are 10 completed county EQRs for fiscal year 2018-19 posted on the above webpage. 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 issued a total of 887 designations to alcohol and drug treatment providers in California. More information about the DMC-ODS is on the DHCS [website](#).

Family Planning, Access, Care, and Treatment (PACT) Program

Beginning in October 2019, DHCS will release a number of policy updates to strengthen the program integrity of the Family PACT program. These changes will ensure access to comprehensive family planning and reproductive health services by qualified providers enrolled in the program. DHCS will engage stakeholders for input on the various policy updates and, where appropriate, include the policy changes/updates in the Family PACT section of the Medi-Cal provider manual.

Ground Emergency Medical Transportation (GEMT) Quality Assurance Fee (QAF) Program

On September 6, 2019, CMS approved SPA [19-0020](#), which provides a reimbursement rate add-on to certain GEMT services rendered on or after July 1, 2019, through June 30, 2020. Services eligible for the add-on include CPT Codes A0225 (neonatal emergency transport), A0427 (advanced life support-emergency), A0429 (basic life support-emergency), A0433 (advanced life support, level 2), and A0434 (specialty care transport), excluding any transports billed for dry runs. DHCS will assess the QAF on each qualified GEMT service and pay the add-on to the reimbursement rate for Medi-Cal GEMT services for fiscal year 2019-20. Additional information about the GEMT QAF program is available on the [GEMT QAF website](#).

Home- and Community-Based Alternatives (HCBA) Waiver

An amendment to the HCBA waiver was submitted for approval to CMS on October 1, 2019. The primary purpose of this amendment is to modify enrollment criteria to prioritize all eligible individuals under age 21 for intake processing. The amendment also adds the "under 21" population as one that is eligible for reserved waiver slots. Reserved waiver slots may only be used by specific groups of individuals identified in the HCBA waiver. The modification to enrollment policy also required DHCS to better define other populations that are prioritized for intake, including individuals transitioning

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to the HCBA waiver from other home- and community-based programs, and to increase the number of slots allocated for “reserved” waitlist capacity. Finally, a number of edits have been made to improve the accuracy and consistency of language within the waiver. Prior to submitting the amendment to CMS for approval, DHCS posted the proposed amendment for a 30-day public comment period. All relevant comments were considered for incorporation into the HCBA waiver amendment. The final amendment to the HCBA waiver will become effective upon CMS approval.

Hospital Quality Assurance Fee (HQAF) Program

DHCS began the sixth iteration of the HQAF program on July 1, 2019. The HQAF program was established in 2009 to improve hospital reimbursement for services provided to Medi-Cal beneficiaries and to maximize federal funding for Medi-Cal. The HQAF program provides private hospitals with federally matched supplemental payments for inpatient and outpatient services and makes increased capitation payments to managed care plans (MCPs). In addition, the program generates funding for children’s health care coverage and public hospital grants. In 2016, California voters passed Proposition 52, which made the program permanent. DHCS developed the necessary financial models to calculate funding amounts for HQAF VI, and on September 30, 2019, DHCS submitted the corresponding SPAs, [19-0018](#) and [19-0019](#), to CMS for federal approval.

In-Home Operations (IHO) Waiver

The IHO waiver, one of California’s seven HCBS waivers, will sunset on December 31, 2019. DHCS will not renew the waiver. Renewal of the IHO waiver is unnecessary because the services available through the IHO waiver are also available through the HCBA waiver (formerly known as the Nursing Facility/Acute Hospital waiver), which was renewed in 2017. As part of that renewal, DHCS implemented an organized health care delivery system waiver model utilizing waiver agencies to conduct waiver administration and case management duties, improving capacity for waiver growth and expansion. In preparation for the sunset of the IHO waiver, DHCS case managers have been informing IHO waiver participants about the end of the waiver and presenting them with options available under the State Plan and other waiver programs. CMS requires state Medicaid agencies, such as DHCS, to ensure participants’ continuity of care, health and safety, and the provision of person-centered, informed decision making when working with waiver participants transitioning to other systems of care.

Managed Care Organization (MCO) Tax

Assembly Bill (AB) 115, which authorizes a revised per-enrollee MCO tax, was passed by the Legislature and signed by the Governor in September. This MCO tax replaces the prior tax that expired on June 30, 2019. The tax has been authorized for a three and a half year period from July 1, 2019 through December 31, 2022. DHCS submitted the required [waiver](#) request, which details the MCO tax structure, to CMS on September 30, 2019. DHCS will work with CMS to secure approval of the tax.

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Medical Interpreters Pilot

The 2019 Budget Act appropriated \$5 million in General Funds to DHCS for a medical interpreters pilot project. Spending is available until June 30, 2024. DHCS will collaborate with existing stakeholders associated with the implementation of AB 635 (Atkins, Chapter 600, Statutes of 2016) to determine the appropriate action plan and distribution of funding for the pilots. DHCS anticipates that meetings with stakeholders will begin this winter.

Medication Assisted Treatment (MAT) Expansion Project – California Drug Take Back Program

DHCS' MAT Expansion Project is funding the California Product Stewardship Council to help combat the opioid crisis and reduce the misuse of medications through the California Drug Take Back Program. This initiative expands options for the public to safely discard unwanted medicines with a statewide network of take-back receptacle bins, both for controlled and non-controlled medications. Beginning in fall 2019, the bins will be placed across California at Drug Enforcement Agency-approved locations, including California-licensed pharmacies, hospitals or clinics with onsite pharmacies, and law enforcement agencies. Project services include funding the drug-take back bins, disposal services through August 2020, technical assistance, and promotion of the bin locations throughout the duration of the project. The program also promotes DHCS' medication mail-back envelope program, in which 100,000 envelopes will be distributed to various organizations statewide, allowing individuals to safely return their unused medication in a preaddressed envelope to a reverse distributor and collector. More information about this initiative can be found [here](#).

Medi-Cal Health Enrollment Navigators Project

AB 74 (Chapter 23, Statutes of 2019) authorizes DHCS to allocate nearly \$15 million to participating counties or community-based organizations for Medi-Cal outreach and enrollment efforts in the state. Outreach and enrollment may include assistance with retaining and using health coverage and gaining access to needed medical care. DHCS is working with counties and advocates to implement the initiative as soon as possible. DHCS sent a survey to counties with a response due date of September 27, 2019. DHCS will review the feedback to help determine next steps. Funding is available for spending until June 30, 2022.

Medi-Cal Rx

[Executive Order N-01-19](#) requires DHCS to, in part, transition pharmacy services for Medi-Cal managed care to FFS by January 2021. On September 26, 2019, DHCS conducted a second Medi-Cal Rx advisory group meeting to further facilitate community awareness of the project and provide a forum for stakeholder feedback. The meeting was open to the public; participants included hospitals, clinics, health plans, drug manufacturers, and advocates. Additionally, as part of the overall implementation plan,

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DHCS released Request for Proposal (RFP) #19-96125 on August 22, 2019, to procure an external pharmacy administrative services vendor. Proposal packages were due on October 1, 2019. More information about the RFP can be found on the DHCS [website](#) or by emailing CSBRFP1@dhcs.ca.gov. For general project questions and/or comments, visit DHCS' dedicated [Medi-Cal Rx website](#), or email RxCarveOut@dhcs.ca.gov.

Mental Health Plan Network Certification

DHCS completed its second annual network certification of the county Mental Health Plans (MHPs) to ensure compliance with federal network adequacy requirements. DHCS issued corrective action plans to 29 MHPs that conditionally passed the certification requirements. The MHPs will be required to complete corrective actions by January 15, 2020. The network adequacy standards, assurance of compliance, and network certification results are on the DHCS [website](#).

Multipurpose Senior Services Program (MSSP) Waiver

DHCS and CDA are working collaboratively with CMS to renew the MSSP waiver for an additional five years, effective July 1, 2019. The objective of the MSSP is to avoid premature placement of persons in nursing facilities, while fostering independent living in the community. CMS granted the state a temporary extension of the current approved waiver to allow sufficient time to respond to CMS feedback on the proposed waiver application. The MSSP waiver provides social and health care management for frail elderly clients who qualify for placement in a nursing facility, but who wish to remain in the community. In 2019, the state Legislature approved a one-time appropriation, spread out over a three-year period, for a rate increase for MSSP care management and support services. This rate increase is included in the proposed waiver renewal application. This renewal will extend the MSSP waiver from July 1, 2019, through June 30, 2024.

Nonmedical Transportation (NMT)

As of September 4, 2019, DHCS received 196 applications from transportation companies requesting to enroll as NMT providers for FFS Medi-Cal. DHCS has approved 19 of the applications; 88 were denied for not meeting DHCS requirements. Currently, 12 applications are under review; 43 have been referred to DHCS Audits and Investigations; 32 were returned to the provider due to missing information; and two applications were withdrawn. A list of approved NMT providers is on the DHCS [transportation webpage](#), and updated monthly. 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 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 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

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appointment information. DHCS is in the beginning stages of soliciting a NMT broker for FFS beneficiaries. Information on the procurement process will be posted on the [DHCS website](#) when it becomes available.

Optional Benefit Restoration

The 2019 Budget Act restored several optional benefits that were excluded in 2009. Specifically, DHCS must restore audiology, speech, and podiatric services; incontinence creams and washes; and optometric and optician services, effective January 1, 2020, through December 31, 2021. In September 2019, DHCS submitted SPA [19-0046](#), which includes the restoration of benefits, to CMS for review and approval.

Proposition 56 - Medi-Cal Developmental Screenings

DHCS released its final Developmental Screening policy for all children with full-scope Medi-Cal coverage. The developmental screening uses a standardized set of questions to determine if a child's motor, language, cognitive, social, and emotional development are appropriately on track for their age. The Governor's 2019 Budget Act includes \$60 million (50 percent Proposition 56 funds and 50 percent federal funds) to support developmental screenings on an ongoing basis.

The new policy also includes changes to reimbursement for developmental screenings in Medi-Cal. The budget includes funding for direct payments to providers in Medi-Cal managed care plans (MCPs), and enables federally qualified health centers (FQHC), rural health clinics (RHC), and Indian health services (IHS) clinics to receive separate reimbursement in fee-for-service as well as receive payments from MCPs. Prior to this change, developmental screenings could be separately billed in FFS for most provider types; however, MCPs typically did not separately reimburse for the screenings. SPA [19-0041](#) will seek federal approval for the separate payment (\$59.90) for FQHCs, RHCs and IHS clinics. The same rate applies to FFS and the MCP directed payments.

The developmental screenings are performed at well-child visits at 9 months, 18 months, and 30 months. Providers will use a standardized screening tool that meets the criteria set forth by the American Academy of Pediatrics and CMS. DHCS posted the [public notice](#) for the SPA on August 16, 2019. The effective date is January 1, 2020. DHCS will establish Current Procedure Terminology (CPT) code 96110 with a Medi-Cal Rate of \$59.90 for providers to bill for this benefit.

For more information on the Developmental Screenings policy, please visit the [DHCS website](#).

Proposition 56 Supplemental Payments Updates

The following Medi-Cal supplemental payments were approved in the 2019 Budget Act and have received federal approval:

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- Family PACT Program: CMS approved SPA [19-0040](#) on August 20, 2019.
- Dental: CMS approved SPA [19-0038](#), effective July 1, 2019.
- Medi-Cal Family Planning: CMS approved SPA [19-0027](#); these supplemental payments will be retroactive to July 1, 2019, pending system changes.
- Non-Emergency Medical Transportation (NEMT): On September 19, 2019, DHCS submitted [SPA 19-0044](#) to CMS for federal approval. It seeks federal approval to establish a time-limited supplemental payment program for NEMT services. These supplemental payments will be retroactive to July 1, 2019, pending system changes and federal approval.

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

- Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), including habilitative and nursing: On August 22, 2019, DHCS submitted [SPA 19-0022](#) to CMS for federal approval. SPA 19-0022 extends the time-limited supplemental payment program for ICF/DD, ICF/DD-Habilitative, and ICF/DD-Nursing facilities for an additional 29 months, effective August 1, 2019, through December 31, 2021.
- Freestanding Pediatric Subacute (FS/PSA) Facilities: On August 22, 2019, DHCS submitted [SPA 19-0042](#) to CMS for federal approval. SPA 19-0042 proposes to extend the time-limited supplemental payment program for FS/PSA facilities for an additional 29 months, effective August 1, 2019, through December 31, 2021.
- Revenue from the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) will fund these programs from fiscal years 2019-20 through 2021-22.

Proposition 56 - Trauma Screening

Effective January 1, 2020, DHCS will begin paying for trauma screenings for both children and adults in FFS and through directed payments to providers through MCPs. FQHC, RHC, and IHS clinics will also be able to receive these payments in addition to their all-inclusive per-visit reimbursement. DHCS submitted SPA [19-0048](#) to seek federal approval for the payments to FQHCs, RHCs, and IHS clinics. In addition, DHCS submitted a directed payment request to require MCPs to pay providers for the screening. The FFS rate and the rate of the directed payment will be \$29. Individuals under 21 years of age may receive periodic rescreening as determined appropriate and medically necessary, but not more than once per year, per provider. Adults may be screened once in their lifetime, per provider. The required trauma screening tool for use by providers is ACES for children and Pediatric ACEs and Related Life-Events Screener (PEARLs) for adults. DHCS posted the public notice for the SPA on August 16, 2019. DHCS recently changed the designated procedural code for trauma screening—instead of one CPT code, the following two Healthcare Common Procedure Coding System (HCPCS) codes apply:

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- G9919 – Positive Screening with patient score of 4 or greater
- G9920 – Negative screening with a patient score of 0-3

The Governor’s 2019 Budget Act includes \$45 million (50 percent Proposition 56 funds and 50 percent federal funds) to support trauma screenings on an ongoing basis for all children with full-scope Medi-Cal coverage. Trauma screenings help providers to determine if Adverse Childhood Experiences (ACEs) have affected patients, which can inform patient treatment and encourage the use of trauma-informed care. For more information on the Trauma Screenings Policy, please visit the DHCS [website](#).

Quarterly Beneficiary Notice to Include Census Information

DHCS will include an informational flyer on the upcoming 2020 United States Census with the next scheduled quarterly mailing of the notice entitled, “Your Hearing Rights, A Guide to Medi-Cal Fair Hearings.” The mailing will be sent to all active Medi-Cal beneficiary households in October and November 2019.

Smile, California Campaign for the Medi-Cal Dental Program

In August 2019, *Smile, California* debuted its *Set Your Clean Routine* fotonovela—a pamphlet with images and dialogue that tells a story to a target audience. The *Set Your Clean Routine* is the third in a growing series of *Smile, California* fotonovelas, and contains side-by-side translations in Chinese and English. This fotonovela tells the story of oral health routines for various family members. This resource aims to educate members about the importance of regular dental visits and covered dental services. View the *Smile, California* fotonovelas [here](#).

Also, in September 2019, *Smile, California* launched a texting campaign – *Healthy Smile Tips*. Subscribers who opt in receive two to three text messages each month that include helpful information about maintaining healthy teeth and gums. To sign up to receive these tips, text SMILECA to 31996. To stay up to date on *Smile, California*, click [here](#) to receive Smile Alerts.

Whole Person Care (WPC) Pilot Program

On September 10, 2019, DHCS held an in-person Learning Collaborative to provide WPC pilots with an opportunity to learn about new state and federal resources to support housing initiatives and to discuss the sustainability of WPC services beyond 2020. The attendees also heard about promising practices, including offering social needs screening as part of an initial assessment in Contra Costa County’s WPC pilot; offering medical respite services in San Francisco County; and co-locating services with low-barrier shelters in the City of Sacramento’s WPC pilot (low-barrier means accepting people, who may have no other option, as they are and providing them with a safe, warm place of shelter). More information about the WPC pilot program is available on the DHCS [website](#).

Young Adult Expansion

Subject to the DHCS Director's approval of systems readiness, DHCS will implement the expansion of full-scope Medi-Cal to all eligible individuals ages 19 to 25, regardless of immigration status, effective January 1, 2020. To support this implementation, DHCS has created a dedicated [website](#) with basic information about the expansion. Frequently Asked Questions, notices, resources, and additional information about the expansion will be posted to the website as they become available. In preparation for the implementation, DHCS held a webinar on September 26, 2019, for interested stakeholders.

Stakeholder Meetings and Webinars

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting

The next BH-SAC meeting is scheduled for October 29, 2019, in Sacramento. Expected topics include a review of a concept paper for California's next waiver, CalAIM – California Advancing and Innovating Medi-Cal. The meeting will also include an update from Los Angeles County Mental Health Director Dr. Jonathan Sherin on the innovative approach to integrated behavioral health between Los Angeles County, Martin Luther King, Jr. (MLK) Community Hospital, and community providers on the MLK Campus. The purpose of the BH-SAC is to advise the Director and DHCS on the behavioral health delivery system. This includes behavioral health, prevention, treatment, and recovery services, and related waivers for mental health and substance use disorder services. To view meeting information and materials, visit the DHCS [website](#).

California Children's Services (CCS) and Whole Child Model (WCM) Advisory Group (AG) Meeting

On October 9, 2019, DHCS will host a CCS AG quarterly meeting with stakeholders, including parents and family advocates, to discuss the CCS program. Expected discussion topics include the 2019 Title V Needs Assessment, the WCM Evaluation, and Continuity of Care in the WCM. WCM MCPs will also provide an overview of how their respective MCP addresses care management for complex children and youth with special health care needs. To view CCS AG meeting agendas, presentations, webinars, and meeting materials, please visit the DHCS [website](#).

California Statewide Automated Welfare System (CalSAWS) Stakeholder Engagement Meetings

Per AB 1811 (Chapter 35, Statutes of 2018), the California Department of Social Services (CDSS), with support from DHCS, leads a monthly meeting with stakeholders, advocates, clients, the Office of Systems Integration, and the SAWS consortium to discuss implementing a SAWS for identified public assistance programs, including Medi-Cal. CDSS and DHCS are required to meet with stakeholders on a quarterly basis to discuss specific elements of the system, including areas of concern for advocates,

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with an emphasis on public-facing elements and other areas that impact clients, mobile applications, and certain ancillary services. The last meeting occurred on September 12, 2019. More information about the CalSAWS meetings is available on the [CDSS website](#).

Managed Care Advisory Group (MCAG) Meeting

The next MCAG meeting is scheduled for December 5, 2019, in Sacramento. The last meeting was held on September 5, 2019, and included a status update on DHCS' ongoing efforts to ensure the continuous improvement of Medi-Cal managed care health plans' delivery of accessible, high quality, cost effective services. Presentations were provided on the upcoming release of the Quality Strategy Report, a review of ongoing efforts to develop quality measures, and the results of the 2019 annual network certification of MCPs that were submitted to CMS prior to July 1, 2019. Additionally, DHCS published All Plan Letters and Dual Plan Letters to the DHCS [website](#).

The purpose of the MCAG is to provide stakeholders with a public forum to advise DHCS on the performance of the Medi-Cal managed care health system. Meetings are held on a quarterly basis, and membership and meeting information is made publically available on the DHCS website. To view meeting information and materials, or to sign-up for announcements and future meeting information, visit the DHCS [website](#).

Medi-Cal Dental Advisory Committee Meeting

DHCS will participate in the next quarterly Sacramento Medi-Cal Dental Advisory meeting on December 5, 2019. Additional stakeholder information is available on the DHCS [website](#).

Medi-Cal Dental Los Angeles Stakeholder Meeting

The next Medi-Cal Dental Los Angeles Stakeholder meeting is scheduled for October 17, 2019. DHCS will also facilitate a Dental Language Access Workgroup meeting immediately following the Los Angeles stakeholder meeting. To be added to this workgroup, please send your request to Dental@dhcs.ca.gov. Additional stakeholder information is available on the DHCS [website](#).

Medi-Cal Dental Member Support Services Webinar

DHCS hosted two informational webinars on Medi-Cal dental member support services on September 9 and 18, 2019. The webinars covered topics and processes related to Medi-Cal dental services, including care coordination, case management, complaint process, language assistance, personal health information requests, and the use of authorized representatives. Webinar materials are posted on the Medi-Cal dental stakeholder [webpage](#). Please email any questions to dental@dhcs.ca.gov.

Proposition 64 Advisory Group

On November 8, 2016, Proposition 64 was passed by voters allowing adults aged 21 and older to possess and use marijuana for recreational purposes. Proposition 64 requires DHCS to oversee cannabis tax revenue funds deposited into the Youth Education, Prevention, Early Intervention and Treatment Account (YEPEITA). Funding provided by Proposition 64 will enable California to take a substantial step forward in the areas of education and prevention for youth. With \$21.5 million in funding through the 2019 Budget Act, DHCS will support local programs that emphasize prevention-oriented care that promotes health and well-being for youth.

DHCS also established the Proposition 64 Advisory Group to share emerging trends in youth substance use, make recommendations to DHCS on best practices for youth substance prevention, and provide feedback on YEPEITA-funded program assessment, implementation, and evaluation. Advisory group membership includes volunteer health organizations, physicians who treat addiction, treatment researchers, family therapy and counseling providers, and professional education associations with relevant expertise on the administration of grants. The next advisory group meetings will be held on October 31, 2019, and December 5, 2019, in Sacramento. For more information, visit the DHCS [website](#).

Stakeholder Advisory Committee (SAC) Meeting

The next SAC meeting is scheduled for October 29, 2019, in Sacramento. Expected topics include an update on DHCS' Comprehensive Quality Strategy Report, and a deep-dive discussion on the CalAIM draft concept paper. The purpose of the SAC is to provide DHCS with feedback on health care policy issues affecting the Department, including Section 1115(a) 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](#).

Tribes and Designees of Indian Health Programs Meetings

DHCS is hosting two October meetings in Sacramento for tribes and designees of Indian health programs. The first meeting will occur on October 17, 2019, and will continue discussions on the development of a tribal FQHC provider type. At the second meeting, scheduled for October 18, 2019, DHCS staff will provide updates on DHCS programs and initiatives, including behavioral health, benefits, dental, pharmacy, and managed care. The meeting invitation and registration information are posted on the DHCS [website](#).

Reports

DHCS Comprehensive Quality Strategy (CQS) Report

DHCS is in the process of drafting a *DHCS Comprehensive Quality Strategy (CQS)* report, which combines and updates the previous *Med-Cal Managed Care Quality Strategy Report* with the previous *DHCS Strategy for Quality Improvement in Health Care* report. The CQS outlines the Department's process for developing and maintaining a broader quality strategy to assess the quality of care that beneficiaries receive, regardless of delivery system, defines measurable goals, and tracks improvement while adhering to regulatory managed care requirements. The CQS addresses the DHCS quality improvement infrastructure; quality strategy process; managed care state standards, assessment, and evaluation requirements, including the state-defined network adequacy standards; continuous program quality improvement and interventions; the state's plan to identify, evaluate, and reduce health disparities; the state's definition of "significant change"; and other quality improvement efforts in DHCS programs that are not part of the managed care delivery system. The report also highlights DHCS' coordinated delivery system reform efforts, including CalAIM, a multi-year initiative by DHCS to implement overarching policy changes across all Medi-Cal delivery systems, with the objective of: 1) Reducing variation and complexity across the delivery system; 2) Identifying and managing member risk and need through population health management strategies; and 3) Improving quality outcomes and driving delivery system transformation through value-based initiatives and payment reform.

The CQS covers all Medi-Cal managed care delivery systems, including Medi-Cal managed care health plans, county mental health plans, Drug Medi-Cal Organized Delivery Systems, and dental MCPs, as well as other non-managed care departmental programs. DHCS plans to post the draft CQS report for a 30-day public comment period and a 35-day tribal review process in November 2019.

Medi-Cal Managed Care Access Assessment Update

The Medi-Cal 2020 1115 Waiver included a requirement for DHCS to contract with its EQRO, Health Services Advisory Group (HSAG), to conduct a one-time assessment of access to care. This assessment evaluated primary, core specialty, and facility access to care during 2017-18 for Medi-Cal managed care members, based upon Knox-Keene requirements and existing MCP contracts. DHCS worked with HSAG and an advisory committee to develop the overall access assessment evaluation design, which was submitted to CMS in April 2017. HSAG hosted a final access assessment advisory committee meeting on June 20, 2019, to review the results of its analysis and to present a draft report. Public comments on the draft report were received from July 19 to August 19, 2019. The draft report is available on the DHCS [website](#). DHCS will submit the final report to CMS before the end of October.

Medi-Cal Managed Care Health Plan Monitoring

DHCS oversees Medi-Cal managed care health plans through various monitoring activities and makes these reports available on the DHCS [website](#): Quarterly [Managed Care Performance Dashboard](#), annual [Network Certifications](#), annual [Medical Audits and Corrective Action Plans](#), and [Encounter Data Validation Studies](#).