



Stakeholder Communication Update

April 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. Be sure to follow DHCS on social media, too. Thanks.



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Department Updates

COVID-19 Update

DHCS is actively engaged in the State’s response to the COVID-19 public health emergency, including working with the Centers for Medicare & Medicaid Services (CMS) on multiple [Section 1135](#) emergency relief requests (including follow-up requests from [March 19](#) and [April 10](#)) and [1115 Waiver](#) and [State Plan flexibilities](#).

These flexibilities will make it easier for California to quickly and effectively provide care to about 13 million Medi-Cal beneficiaries. On March 23, 2020, [CMS approved](#) the first wave of the Section 1135 flexibilities which became effective as of March 1, 2020 and will terminate when the public health emergency ends. The approved flexibilities include:

- Waiving or modifying the Medicaid fee-for-service (FFS) prior authorization requirements.
- Extending pre-existing authorizations and medical necessity processes in FFS delivery systems.
- Modifying federal time frames associated with appeals and fair hearings.
- Allowing providers to apply for enrollment in the FFS Medicaid program using streamlined enrollment procedures.
- Allows for a provision of services in alternative settings, effective for the duration of the Section 1115 Waiver.

DHCS recently issued an announcement [clarifying the definition of Essential Critical Infrastructure Workers](#).

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DHCS is experiencing rapidly changing circumstances and disruption to operations as a result of COVID-19. This has led to schedule changes, shifts in meeting formats to promote public safety, and modifications to policies and procedures that may affect providers, beneficiaries, and our program partners. DHCS has prepared a summary page of these policy changes on its [website](#) and will contact stakeholders through normal channels with details about changes in specific program areas.

1915(c) Home and Community-Based Services (HCBS) Waivers Flexibilities in Response to COVID-19

Effective for the period of February 4, 2020, to June 30, 2020, CMS recently approved DHCS' requests for five 1915(c) HCBS Waiver Appendix K amendments, which allow flexibilities during emergency situations that may impact the provision of health care services and California's ability to meet certain HCBS Waiver requirements. The purpose of 1915(c) HCBS waivers is to provide nursing level of care services to participants in their own homes and communities as an alternative to receiving care in an institution. The stand-alone Appendix K amendments are used to advise CMS of expected changes to HCBS Waiver operations or to request temporary amendments to approved Waivers. To be eligible to enroll in an HCBS waiver, participants must be assessed to ensure they meet requirements for a level of care that would require the same level of services provided in a long-term in-patient institution if they did not receive waiver services in the community. For this reason, COVID-19 presents a significantly higher risk to the HCBS waiver population, which includes older adults, persons living with chronic health conditions, and individuals living with nursing level of care disabilities. DHCS will provide additional information to participants, providers, and stakeholders upon receiving approval from CMS. The individual waiver requests and approval letter are linked below:

- [Appendix K Approval Letter](#)
- [Appendix K for 1915c Waivers: DDS](#)
- [Appendix K for 1915c Waivers: HCBA](#)
- [Appendix K for 1915c Waivers: ALW](#)
- [Appendix K for 1915c Waivers: HIV/AIDS](#)
- [Appendix K for 1915c Waivers: MSSP](#)

Program Updates

1915(i) State Plan for the Developmentally Disabled Amendment Submission

DHCS and the Department of Developmental Services (DDS) submitted a State Plan Amendment (SPA) at the end of March to the HCBS 1915(i) State Plan for the Developmentally Disabled (DD). The purpose of this SPA is to serve participants in their own homes and communities as an alternative to placing Medicaid-eligible individuals in intermediate care facilities for persons with developmental disabilities, and to implement time-limited rate increases for specific providers. The proposal recognizes that many individuals at risk of being placed in these facilities can be cared for in their homes and communities, preserving their independence and ties to family and friends at a cost no higher than that of institutional care. The proposed effective date of this rate increase is

January 1, 2020, through December 31, 2021. DHCS and DDS submitted a 1915(c) DD waiver amendment for the same rate increases, which CMS has [approved](#).

Adverse Childhood Experiences (ACEs) Screening Provider Training

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. As COVID-19 continues to spread, we are mindful that the public health policies and restrictions necessary to slow the spread are affecting all facets of our society and daily lives. These daily disruptions, coupled with fear of not knowing what may come, will undoubtedly result in stress and anxiety. The ACEs Aware initiative is taking immediate steps to help get information to providers that support self-care and patient resiliency. The initiative website, www.ACEsAware.org, has been updated to include a link to the state's COVID-19 website, and we have added a COVID-19 Resources page to connect providers with helpful tools to use trauma-informed care to respond to the high levels of stress and anxiety being felt by many. California Surgeon General Dr. Nadine Burke Harris is featured in COVID-19 public service announcements in English and Spanish, and DHCS is developing materials designed specifically to support providers as they serve on the front line of response.

In March, the ACEs Aware initiative launched the first of its "[Spotlight Series](#)," starting with DHCS' Medical Director, Dr. Karen Mark. The series showcases providers who share their reasons for supporting the ACEs Aware initiative and who encourage their colleagues to do the same by committing to taking the [Becoming ACEs Aware in California training](#) and [attest](#) to completing the training.

The California ACEs Learning and Quality Improvement Collaborative (CALQIC), which will support clinics in screening for and responding to ACEs in children and adults, released its request for applications (RFA) for clinics that wish to participate in the collaborative. CALQIC will run an 18-month statewide effort among at least 50 diverse pediatric and adult clinics across five regions, to be determined based on the RFA process. CALQIC will identify promising evidence-informed practices, tools, resources, and partnerships that will inform future phases of the ACEs Aware initiative. More information on CALQIC can be found at <https://www.careinnovations.org/programs/calqic/>.

DHCS is continuously adding clinical tools and [resources](#) to the ACEs Aware website. Questions about the initiative can be sent to info@acesaware.org.

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

Effective August 1, 2020, the ABD FPL program expansion will increase the program income limit to 138 percent of the federal poverty level (FPL). To support implementation, DHCS is developing a webpage to inform beneficiaries, stakeholders, and the general public about the program expansion. In July 2020, DHCS will begin outreach efforts to beneficiaries who will transition from share-of-cost Medi-Cal to the ABD FPL program as a result of the expansion. DHCS will continue to provide updates on the implementation through the [DHCS Consumer Focused Stakeholder Workgroup](#).

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Asthma Mitigation Project

The Budget Act of 2019 appropriated \$15 million from the State General Fund 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 the Center was executed at the end of January 2020, with funds released in February 2020. The Center released a [Request for Proposals](#) in February 2020, and held a proposers' webinar on March 4, 2020. All proposals are due by 1 p.m. on April 28, 2020. For additional information, including a [Frequently Asked Questions](#) document, please see the Center's [website](#).

Behavioral Health Integration (BHI) Incentive Program

By June 1, 2020, DHCS is expected to provide MCPs with final determination letters for approved BHI projects. 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. Incentives will be awarded to projects emphasizing needs for basic behavioral health integration, such as:

- Maternal access to mental health and substance use disorder screening and treatment,
- Medication management for beneficiaries with co-occurring chronic medical and behavioral diagnoses,
- Diabetes screening and treatment for people with serious mental illness,
- Follow-up after hospitalization for mental illness, and
- Follow-up after emergency department visit for behavioral health diagnosis.

MCPs will implement BHI Incentive Program projects over a 30-month period (July 2020 through December 31, 2022). Provider types eligible to apply included 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. For more information about the BHI incentive program, please visit the DHCS [website](#).

Dental Transformation Initiative (DTI)

DTI Domains	Total Payments as of February 2020
Domain 1 - Preventive Services	\$208 million
Domain 2 - Caries Risk Assessment	\$72.6 million
Domain 3 - Continuity of Care	\$35.2 million
Domain 4 - Local Dental Pilot Projects (LDPPs)	\$53.5 million
Total	\$369.3 million

DHCS released the January 2020 Domain 1 payments on February 5, 2020, and the next payment release is scheduled for July 2020. As of March 7, 2020, 2,794 Medi-Cal dental providers have opted in to participate in Domain 2. The counties with the highest number of participating providers are Fresno, Kern, Los Angeles, Orange, and San Diego. The next Domain 3 payment is scheduled for release in June 2020. As of January 21, 2020, DHCS visited all 13 LDPPs participating in Domain 4 to observe the administrative and clinical initiatives and innovations in action and to identify best practices for the state. The next Domain 4 teleconference is scheduled for April 16, 2020. The Domain 4 summary of LDPP applications is available on the [Domain 4 webpage](#). In addition, fact sheets for all DTI domains are available on the DHCS [website](#).

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

As of March 1, 2020, 30 counties were approved to deliver DMC-ODS services, representing 94 percent of the Medi-Cal population. In addition, there are seven counties continuing to work with a managed care health plan to implement an alternative regional model. One county has chosen to opt out at this time. DHCS received approval on April 7, 2020, from CMS for SPA 20-0001. DHCS' contracted External Quality Review Organization (EQRO) posted Fiscal Year 2019-20 reports for Contra Costa, Los Angeles, San Francisco, and San Joaquin counties. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services. ASAM designations continue to be processed for licensed residential alcohol and other drug program providers. DHCS has issued 895 designations to alcohol and drug treatment providers in California. Of these, 649 are actively providing DMC-ODS services. More information about the DMC-ODS is posted on the DHCS [website](#).

Hepatitis C – Update to DHCS Treatment Policy Chronic Case Management

On March 30, 2020, DHCS updated the [DHCS Treatment Policy for the Management of Chronic Hepatitis C](#). The updated policy eliminates the general requirement for Hepatitis C virus (HCV) genotype testing. This change reflects the latest recommendations from the American Association for the Study of Liver Diseases (AASLD)/Infectious Diseases Society of America (IDSA) guidelines on which the policy is based. Other changes to the policy include removing the language regarding age requirements, as such stipulations were already accounted for in the guidelines under Section 3.G - "Unlabeled Use of Medications." Additionally, the language around populations unlikely to benefit from treatment was simplified in accordance with the current AASLD/IDSA guidelines. To view the updated guidelines, please visit the DHCS [website](#).

Hospital Quality Assurance Fee (HQAF) Program

On February 25, 2020, DHCS received approval from CMS for the sixth iteration of the HQAF (HQAF VI) program. The HQAF program was established in 2009 to improve hospital reimbursement for services provided to Medi-Cal beneficiaries and to maximize federal funding in Medi-Cal. The HQAF program provides private hospitals with federally matched supplemental payments for inpatient and outpatient services and makes increased capitation payments to 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. Additional information is available on the DHCS [website](#).

The HQAF VI program period will last two and a half years, with a retroactive approval date of July 1, 2019, through December 31, 2021. Over this period, the HQAF VI program is expected to generate more than \$21.66 billion in combined federally matched supplemental payments for Medi-Cal FFS inpatient and outpatient services and Medi-Cal managed care. In addition, the program will generate approximately \$2.49 billion for children's health care coverage and more than \$376 million in grant funding for public hospitals. Federal approval documentation related to State Plan Amendments (SPA) 19-0018, 19-0019, and 19-0035 is available on the DHCS [website](#). The fee and payment schedule is still under development, but cycles are expected to commence in April 2020. The managed care private hospital directed payment proposal is being reviewed by CMS.

Medi-Cal Dental SPAs on Rates and Codes

On March 30, 2020, DHCS submitted two SPAs regarding dental care to CMS for approval. SPA 20-0014 is intended to update DHCS' dental fee schedule and associated rates in accordance with the Current Dental Terminology (CDT) dental code sets from CDT-14 through CDT-19, as detailed in the [Public Notice](#). SPA 20-0015 is intended to update the list of CDT codes identified in SPA 20-0014, which are eligible for supplemental payments using Proposition 56 funds, as detailed in the [Public Notice](#). Both SPAs have a proposed effective date of March 14, 2020.

Medi-Cal Health Enrollment Navigators Project

On July 1, 2019, Assembly Bill (AB) 74 appropriated \$59.7 million for DHCS to partner with counties and/or community-based organizations (CBOs) for the purposes of Medi-Cal outreach, enrollment, retention, and navigation services for hard-to-reach Medi-Cal populations. As a result of county and CBO responses to recent surveys, as of March 27, 2020, DHCS has approved funding for 36 counties and seven CBOs (serving 17 counties) to provide Navigators Project services within those 53 counties. DHCS continues to work with these counties and CBOs to assess and fund delivery of additional Navigators Project activities, and intends to distribute any remaining funds to current and/or additional counties and CBO's by the end of Fiscal Year 2019-20.

Medi-Cal Health Information Exchange Onboarding Program (Cal-HOP)

On February 25, 2020, DHCS received federal approval to launch the \$50 million stakeholder-initiated Cal-HOP, which will provide funding to help Medi-Cal providers access and use health information exchange technology. Cal-HOP will support hospitals in sending electronic event notifications of patient admission, discharge, and/or transfer to another health care facility or community provider as required under the recently released Interoperability Final Rule, and support greater data sharing that will improve the quality and effectiveness of care for Medi-Cal beneficiaries.

Qualified Health Information Organizations (QHIOs) will begin working with hospitals and ambulatory care providers to onboard, establish interfaces to expand data-exchange capabilities, and facilitate access to California's Controlled Substance Utilization Review

and Evaluation System (CURES) and public health registries. More information on Cal-HOP, including a list of QHIOs, is available on the DHCS [website](#).

Medi-Cal Rx

DHCS continues implementation activities per 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. On December 20, 2019, DHCS entered into a contract with Magellan Medicaid Administration, Inc. DHCS, in close partnership with Magellan, continues to gather and validate information on required changes, and will soon begin the first of several stages of testing as they work toward a successful assumption of operations (AOO) on January 1, 2021. For general project questions and/or comments, please visit the DHCS [website](#) or email RxCarveOut@dhcs.ca.gov. In addition, DHCS encourages stakeholders to review the Medi-Cal Rx [Frequently Asked Questions \(FAQ\) document](#).

Medicaid Optional Benefits Restoration

DHCS and the fiscal intermediary continue work to resolve claiming issues to allow podiatrists to bill in a similar manner as physicians for the restored podiatry benefits. 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 was mailed in February and March 2020. In early March, DHCS released a provider [NewsFlash](#) to announce system delays for the podiatric benefit.

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. DHCS is seeking federal approval via [SPA 20-0016](#), which was submitted to CMS on February 14, 2020. DHCS will continue to provide updates on the implementation of AB 1088 through the [DHCS Consumer Focused Stakeholder Workgroup](#) as they become available.

Medication Assisted Treatment (MAT) Expansion Project

The MAT Expansion Project is funded by the State Opioid Response (SOR) grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). An initiative within the MAT Expansion Project is the California Bridge Program, which develops hospitals and emergency departments (ED) into primary access points for the treatment of acute symptoms of opioid use disorder. The program has 52 participating hospitals spanning 35 counties, and there are 48 substance use navigators employed through the program to assist with patient linkages into maintenance MAT care.

The Budget Act of 2019 appropriated funds to DHCS to expand the California Bridge Program through the Behavioral Health Pilot Project (BHPP). The BHPP will develop

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behavioral health services in California's general acute care hospitals and provide funding to integrate trained counselors into EDs and build capacity for improved treatment of substance use disorder and co-occurring mental health disorders. The BHPP will provide one-time payments of \$50,000 for each behavioral health counselor position in selected general acute care EDs prior to July 2020. The California Bridge Program will support the BHPP by providing technical assistance, training, educational materials, and assistance with data collection. More information about the BHPP Request for Application can be found on the California Bridge to Treatment [website](#).

Additionally, the Federal Fiscal Year 2020 budget appropriated \$1.5 billion for the SOR grant. DHCS anticipates receiving funding from SAMHSA prior to the expiration of the current SOR grant in September 2020. For more information, please visit the MAT Expansion Project [website](#).

Nonmedical Transportation (NMT)

As of March 24, 2020, DHCS received 335 applications from transportation companies requesting to enroll as NMT providers for FFS Medi-Cal. Of the total, DHCS approved 56 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 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](#).

Outpatient Prescription Drug Rule – Blood Factor Reimbursement

SPA 19-0015 was approved by CMS on January 24, 2020, and is posted on the DHCS [website](#).

In November 2019, DHCS submitted SPA 19-0015 to CMS with a proposed effective date of July 1, 2020, to establish a new methodology for blood factor reimbursement for Hemophilia Treatment Centers (HTCs) and non-HTC specialty pharmacies, as follows:

- For HTCs, the proposed methodology will be the lower of either their Actual Acquisition Cost (AAC) (which is invoice price minus discounts, rebates, or chargebacks), plus a \$0.14 per unit dispensing fee, or Average Sales Price (ASP) plus 20 percent.
- Non-HTCs will be reimbursed at the lower of either AAC for the drug equal to invoice price minus any discounts (excluding a prompt-pay discount of less than, or equal to 2 percent), rebates, or chargebacks, plus a \$0.04 per unit dispensing fee, or ASP plus 20 percent.

Prior to submission, DHCS engaged extensively with stakeholders regarding the reimbursement methodology for both HTCs and non-HTCs. Implementation of DHCS'

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new reimbursement methodology and provider reimbursement will be prospective from the date of final approval from CMS.

Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Interim Evaluation

CMS approved the final PRIME interim evaluation on February 25, 2020. This evaluation covered the period of Demonstration Year (DY) 11 through DY 13, from July 2015 through June 2018. CMS acknowledged a number of important quality and structural improvements noted within the report. PRIME helped to motivate expanded partnerships with external service providers to improve care coordination and enhance the integration of physical and behavioral health. The evaluation's difference-in-differences analysis indicated progress in process measures for preventive and prenatal services for patients of both Designated Public Hospitals and District Municipal Public Hospitals respective to their comparison groups. CMS looks forward to the subsequent PRIME summative evaluation and its analysis on a greater number of outcome measures that will be possible with cumulative years of program data. The final PRIME interim evaluation is available on the DHCS [website](#).

Preventive Care Outreach Project

The California State Auditor (as requested by the Joint Legislative Audit Committee) in 2018 conducted an audit of DHCS' oversight of the delivery of preventive services to children in Medi-Cal. The audit findings, published in March 2019, concluded that millions of children do not receive the preventive services to which they are entitled. In response to the audit findings, DHCS launched the Preventive Care Outreach Project to increase utilization of preventive services by all eligible Medi-Cal beneficiaries under age 21. Phase 1 of this outreach effort began in March 2020 with a targeted outreach letter being mailed by DHCS to approximately five million beneficiaries. This notice informs beneficiaries under age 21 with full-scope Medi-Cal eligibility about the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit and how to access services. A targeted call campaign to these beneficiaries about the EPSDT benefit and how to access services was delayed due to concerns surrounding COVID-19. The revised schedule for the call campaign has not yet been finalized, but DHCS will keep MCPs apprised of the status. After Phase 1 of the outreach project is completed, Phase 2 will involve a contracted firm conducting a full review of available outreach efforts to determine the best way to reach this population. Phase 2 will also include surveying beneficiaries and involving stakeholders to design new outreach materials.

Provisional Postpartum Care Extension (PPCE) – Senate Bill (SB) 104

Senate Bill (SB) 104 (Chapter 67, Statutes of 2019) authorized DHCS to implement PPCE, which will extend Medi-Cal or Medi-Cal Access Program coverage for pregnant or postpartum individuals who have been diagnosed with a maternal mental health condition during their pregnancy, postpartum period, or 90-day cure period. PPCE is targeted for implementation on July 1, 2020, and may be suspended on December 31, 2021, unless further legislative action is taken. DHCS is currently moving forward with the publication of an All County Welfare Director's Letter (ACWDL) to provide counties guidance for PPCE-eligible beneficiaries.

Smile, California Campaign for Medi-Cal Dental Services

In March 2020, DHCS' *Smile, California* campaign debuted a video and flyer intended as additional resources for Medi-Cal members who are pregnant. The video and flyer (available in English and Spanish on [SmileCalifornia.org](https://www.smilecalifornia.org)) complement the existing Medi-Cal Covers Dental During Pregnancy [brochure](#), which debuted in February 2020. In addition, the social media gallery has been updated with new images and can be found on the Partners & Providers page on [SmileCalifornia.org](https://www.smilecalifornia.org). Also, members can now sign up for the *Smile, California* healthy tips text program directly from the website and receive healthy dental tips each month.

To sign up for Smile Alerts, please visit the *Smile, California* [website](#). Follow *Smile, California* on Instagram for the latest information and resources at [@SmileOnCalifornia](#).

SUPPORT Act – Drug Utilization Review Requirements

SPA [19-0049](#) was approved by CMS on February 21, 2020, and is posted on the DHCS website. 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 House Resolution 6, the federal Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

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. To support implementation efforts, DHCS has created a [webpage](#) that includes helpful information on the expansion, including [All County Welfare Director's Letter 19-23](#), a frequently asked questions document, beneficiary notices, data on the transitioned population, a transition baseline data set and February 2020 data set, and other related resources.

Stakeholder Meetings and Webinars

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting

DHCS will hold the next BH-SAC meeting on May 27, 2020, tentatively scheduled as a webinar. On February 12, 2020, DHCS held a BH-SAC meeting and provided updates on the proposed changes to the DMC-ODS waiver, California's Master Plan on Aging, and a brief update on trauma screening protocols. 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](#).

California Children's Services (CCS) Advisory Group (AG) Meeting

On April 15, 2020, DHCS will host the next CCS AG quarterly meeting via webinar with stakeholders. Instructions regarding the access to the meeting will be sent to all members and posted on the DHCS website. This meeting agenda will be limited to discussion of CCS-related COVID-19 issues. To view CCS AG meeting agendas, presentations, webinars, and meeting materials, please visit 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. DHCS, the Department of Developmental Services (DDS), California Department of Public Health (CDPH), California Department of Aging (CDA), and California Department of Social Services (CDSS) held the third EVV Phase II [stakeholder meeting](#) on March 3, 2020, to continue engaging stakeholders in the EVV process. 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. EVV Phase II is focused on identifying a solution to implement the system across the state departments that are subject to the federal requirement, but were not included in Phase 1. For Phase II, the state will use an Open Vendor Model in which it 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. To join the EVV Phase II stakeholder e-mail list, please contact EVV@dhcs.ca.gov. For more information about EVV Phase II, please visit the DHCS [website](#).

Fiscal Stakeholder Workgroup Meeting

Due to the ongoing COVID-19 emergency, DHCS cancelled the third fiscal stakeholder workgroup meeting that was scheduled for April 3, 2020. DHCS instead provided a written update to the workgroup participants that includes representatives from the California Health and Human Services Agency, Department of Finance, legislative budget and policy committees, and the Legislative Analyst's Office. The update included a summary of proposed reporting enhancements that could be incorporated into DHCS' financial management strategy. The Department will provide updates as appropriate.

Foster Care Model of Care Workgroup

The Foster Care Model of Care [Workgroup](#) is part of DHCS' California Advancing and Innovating Medi-Cal (CalAIM) initiative, and is hosted in partnership with CDSS. The intent of the workgroup is to create a long-term plan for how children and youth in foster care receive health care services (physical health, mental health, substance use disorder treatment, social services, and oral health) and serve as a venue for stakeholders to provide feedback on ways to improve the current system of care for children and youth in foster care. The workgroup also will determine whether or not a new system of care should be developed, and, if so, how it would be put in place.

Specifically, the workgroup will:

- Engage in collaborative discussions to develop policy recommendations and operationally achievable timelines for implementing a new, and/or transitioning to an existing but slightly different, model of care for children and youth in foster care, including former foster youth (FFY) programs and transitioning out of foster programs and services at age 26.
- Engage in meaningful dialogue and consensus building to ensure all key players, both internal DHCS/CDSS staff and external stakeholders, have an opportunity to provide feedback and perspectives to inform a uniform and agreed upon approach to address the unique and complex health care needs of this vulnerable population.
- Develop implementation work plans and timelines.

Workgroup meetings are tentatively scheduled to be held in Sacramento at 1700 K Street in the First Floor Conference Room. The initial meeting was originally scheduled for April 21, 2020, but because of the COVID-19 emergency the group tentatively will hold its first meeting on June 26, 2020. Additional information on meeting dates will be released on the DHCS [website](#) as soon as it is available. The dates of the workgroup meetings are:

- June 26, 2020
- August 21, 2020
- October 23, 2020
- November 20, 2020

For any questions and/or concerns about this workgroup, please contact CalAIMFoster@dhcs.ca.gov.

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

The next MCHAP meeting is scheduled for April 24, 2020, and will be held as a webinar. The January 30, 2020, meeting included updates on federal and state developments and an in-depth presentation on CalAIM. 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 last CFSW meeting was held on April 3, with the next CFSW meeting scheduled for May 1, 2020, from 10 a.m. to Noon. Additional stakeholder information is available on the DHCS [website](#).

Medi-Cal Rx Advisory Workgroup

On March 18, 2020, DHCS held the second of seven sessions of the Medi-Cal Rx Advisory Workgroup, which are intended to help facilitate and further inform DHCS’ ongoing efforts to implement pharmacy services improvements through the Medi-Cal Rx initiative, and is comprised of such organizations and entities as hospitals, clinics, health plans, counties, pharmacies, tribal health programs, and consumer advocates. The next

session is scheduled on May 26, 2020. For more information, please visit the [DHCS website](#).

Medi-Cal Rx Managed Care Plan (MCP) Engagement

On April 10, 2020, DHCS hosted an “All Plan Kick-Off” webinar. This webinar provided a comprehensive project overview as well as implementation/status updates in an effort to help all MCP partners get up to speed on Medi-Cal Rx. In addition to this “All Plan Kick-Off” webinar, DHCS will begin hosting regular monthly “All Plan Report Outs.” These will occur the first week of each month during the first occurrence of Managed Care Operation Division’s (MCO’s) existing standing “Managed Care Plan Call”, from 10 a.m. to 11 a.m. each Wednesday. DHCS will send invitations to all MCP partners in advance of those meetings, so please mark your calendars. For questions regarding MCP engagement, please email RxCarveOut@dhcs.ca.gov.

Medi-Cal Rx Public Forums

On February 18, 2020, DHCS hosted the third Medi-Cal Rx Public Forum via a webinar and in-person meeting. These meetings are intended to help ensure that the broader stakeholder community is kept up to date about Medi-Cal Rx implementation activities and timelines. The next meeting is scheduled on June 17, 2020. DHCS has posted all of the dates and times for these forums on the [DHCS website](#). For questions or comments relating to Medi-Cal Rx, please email RxCarveOut@dhcs.ca.gov.

Senate Bill 75: Medi-Cal for Students Workgroup

Pursuant to [Senate Bill 75](#) (Chapter 51, Statutes of 2019), the California Department of Education (CDE) and DHCS are jointly convening a workgroup that includes representatives from local educational agencies (LEAs), county agencies, nonprofit organizations, and other stakeholders to improve the coordination and expansion of access to available federal funds through the LEA Medi-Cal Billing Option Program (BOP), School-Based Medi-Cal Administrative Activities (SMAA) program, and medically necessary federal EPSDT benefits. On or before October 1, 2020, the workgroup will provide the chairs of the relevant policy committees and budget subcommittees of the Legislature and the Department of Finance with recommendations for program requirements and support services needed to ensure ease of use and access for LEAs and parity of eligible services throughout the state.

CDE and DHCS held the first meeting of this workgroup on February 25, 2020. The goal was to begin to explore the barriers to school-based health care and to develop a shared vision for what is needed to remove barriers and expand access. The next meetings of this workgroup are scheduled for May 28, 2020, and May 29, 2020. More information regarding this stakeholder workgroup is available on the [SB 75 Medi-Cal for Students website](#). For questions or comments, please email SMAA@dhcs.ca.gov.

Stakeholder Advisory Committee (SAC) Meeting

The next SAC meeting is scheduled for May 27, 2020, and is tentatively scheduled to be held as a webinar. At the February 12, 2020, meeting, DHCS provided updates on the latest federal and state developments. The meeting also provided updates on CalAIM, including proposed financing mechanisms, and expanding access to integrated care for

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dual eligible Californians. 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

The next Medi-Cal Dental Los Angeles Stakeholder meeting is scheduled for April 16, 2020. Additional information is available on the DHCS [website](#).