

**State of California  
Office of Administrative Law**

**In re:**  
**Department of Health Care Services**

**Regulatory Action:**

**Title 22, California Code of Regulations**

**Adopt sections:**

**Amend section: 50188**

**Repeal sections:**

**NOTICE OF APPROVAL OF CERTIFICATE OF  
COMPLIANCE**

**Government Code Sections 11349.1 and  
11349.6(d)**

**OAL Matter Number: 2016-0314-01C**

**OAL Matter Type: Certificate of Compliance  
(C)**

In addition to new amendments, this Certificate of Compliance by the Department of Health Care Services (the "Department") makes permanent the prior emergency rulemaking action (OAL File No. 2015-0615-02E) and readopt (OAL File No. 2015-1204-05EE) that adopted section 50188 in title 22 of the California Code of Regulations. Section 50188 addresses the matter of describing how and under what circumstances updated Medi-Cal beneficiary contact information shall be reported, which the Department was required to do through an emergency rulemaking no later than July 1, 2015. (See Health & Saf. Code, sec. 14005.36, subd. (e).)

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

**Date: April 21, 2016**

**Original Signed**

  
Steven J. Escobar  
Attorney

**For: Debra M. Cornez  
Director**

**Original: Jennifer Kent  
Copy: Jordan Espey**

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2015-0629-03	REGULATORY ACTION NUMBER 2016-0314-01C	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

APR 21 2016

1:57 PM

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY  
Department of Health Care Services

AGENCY FILE NUMBER (if any)  
DHCS-14-030E

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2015 28-2	PUBLICATION DATE 7/10/2015

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Medi-Cal Manged Care Information Sharing	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-0615-02E, 2015-1204-05EE
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 50188
	AMEND per agency request J.J.E., 04-20-2016
	REPEAL
TITLE(S) 22	

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)		<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

Dates of Availability: December 7, 2015 through December 22, 2015

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Jordan Espey	TELEPHONE NUMBER 916-445-1514	FAX NUMBER (Optional) (916) 440-5748	E-MAIL ADDRESS (Optional) Jordan.espey@dhcs.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

Original Signed

3/2/16

TYPED NAME AND TITLE OF SIGNATORY

Jennifer Kent, Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

APR 21 2016

Office of Administrative Law

**(1) Amend Section 50188 as follows:**

**§ 50188. Reporting Updated Beneficiary Contact Information.**

(a) When a Medi-Cal managed care plan receives updated beneficiary contact information from a beneficiary, or their authorized representative, the Medi-Cal managed care plan shall seek consent from the beneficiary before providing this updated beneficiary contact information to the ~~Department and~~ county department. The beneficiary may provide consent to the Medi-Cal managed care plan through mail, telephone, Internet or other commonly available electronic means, if those means are available to the Medi-Cal managed care plan.

(b) When a Medi-Cal managed care plan receives updated beneficiary contact information described in subsection (c) from a beneficiary, the Medi-Cal managed care plan shall provide that updated beneficiary contact information to the ~~Department and~~ county department, along with the beneficiary's Client Identification Number, date of birth, former address, and, if reporting a name change, the beneficiary's former name. If a beneficiary has not provided the Medi-Cal managed care plan with consent to provide updated beneficiary contact information to the ~~Department and~~ county department, the Medi-Cal managed care plan shall inform the ~~Department and~~ county department that consent was not given when it provides the information ~~to them~~.

(c) A Medi-Cal managed care plan shall provide only the following updated beneficiary contact information to the ~~Department and~~ county department:

- (1) Name;
- (2) Address; and
- (3) Telephone number.

(d) If a Medi-Cal managed care plan informs the county department that the

beneficiary did not consent to providing the updated beneficiary contact information, the county department shall attempt to verify that the updated beneficiary contact information is correct before updating the beneficiary's case file.

(1) The county department shall review information available to the county department, including, but not limited to, the ~~beneficiary's~~ CalWORKs and CalFresh case files of the beneficiary, or his or her immediate family members, which are open, or were closed within the last 90 days, and other sources of relevant information reasonably available to the county department to attempt to verify the updated beneficiary contact information.

(2) (A) If the county department is unable to verify the updated beneficiary contact information pursuant to subsection (d)(1) above, the county department ~~shall~~may attempt to contact the beneficiary to verify the updated beneficiary contact information using the method of contact identified by the beneficiary as the preferred method of contact, if a ~~method has been identified~~.

(B) If the county department is unable to verify the updated beneficiary contact information pursuant to paragraph (2)(A), the county department shall not include the information reported by the Medi-Cal Managed Care plan in the beneficiary's case file.

~~(3)~~(e) If a county department acquires updated beneficiary contact information from a source other than a Medi-Cal managed care plan or directly from a beneficiary, the county department shall contact the beneficiary to attempt to verify that the updated beneficiary contact information is accurate, prior to updating the information in the beneficiary's case file.

per agency  
request

Note: Authority cited: Section 20, Health and Safety Code; Sections 10725 and 14005.36, Welfare and Institutions Code. Reference: Section 14005.36, Welfare and Institutions Code.

J.J.E., 04-20-2016