



## *Stakeholder Communication Update*

The Department of Health Care Services (DHCS) is pleased to provide this bimonthly update of important events and actions at the department. If you are not currently receiving this update, please sign up on the DHCS [website](#). Please view the [Calendar of Events](#) for specific meetings and events, or review the [Stakeholder Engagement Directory](#) by program. You may also view our [State Plan Amendments](#). For questions, concerns, or suggestions, you may contact us by email at [DHCSPress@dhcs.ca.gov](mailto:DHCSPress@dhcs.ca.gov). Thank you.

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

DHCS held the regularly scheduled MCHAP meeting in Sacramento on January 27. DHCS executives discussed the recently approved 1115 waiver renewal and the fiscal year (FY) 2016-17 budget proposed by the Governor for DHCS. They also provided an update on the progress of implementing SB 75 to provide full-scope Medi-Cal coverage to all otherwise-eligible California children, regardless of immigration status. In addition, the panel agreed to consider recommendations to DHCS regarding pediatric dental programs and issues when MCHAP convenes for its March 16 meeting. At the previous MCHAP meeting last November, speakers addressed the SB 75 coverage expansion, and MCHAP members subsequently sent a letter to DHCS Director Jennifer Kent with recommendations to help overcome barriers to enrolling new beneficiaries under SB 75. The MCHAP is a 15-member independent statewide advisory body that advises DHCS on matters relevant to children enrolled in Medi-Cal. The panel meets every other month. For meeting information, materials, or historical documents, please visit the DHCS [website](#).

### **Form 1095B**

DHCS had expected to complete its mailing of Form 1095Bs to Medi-Cal beneficiaries by January 31. However, due to issues related to print/mail capacity, the Office of State Publishing (OSP) has determined that all of the forms will be mailed no later than February 29. As of February 1, approximately 3.3 million Form 1095Bs had been mailed, with approximately 9.2 million forms remaining. Under the Affordable Care Act (ACA), any entity that provides minimum essential coverage to individuals must report the information to the Internal Revenue Service (IRS) by January 31 of the following year. The IRS granted an extension of the reporting deadline for tax year 2015 to March 31. Therefore, this unexpected delay will not result in a federal compliance issue. DHCS established a dedicated phone line – (844) 253-0883 – to assist beneficiaries with questions resulting from the mailing.

### **Fair Labor Standards Act Personal Care Overtime – In-Home Supportive Services and Waiver Personal Care Services**

On February 1, California began implementation of the Fair Labor Standards Act (FLSA) new overtime rule that requires overtime pay for In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers when they work more than 40 hours in a week. Per state law, the maximum number of hours a provider is allowed to work in a week is 70.75, so personal care services may not exceed 70.75 hours a week of IHSS and WPCS combined, regardless of how many IHSS and/or WPCS participants a provider serves. There will be a three-month grace period from

February 1 through April 30 in which a provider will be paid for all hours of overtime incurred, and no violations will be reported. Also, exemptions to the new overtime rule may be granted. DHCS may allow overtime, through an exemption process, up to the waiver limit of 12-hour work days or 360 hours per month for a single WPCS provider. WPCS participants who are enrolled in either the Nursing Facility/Acute Hospital or In-Home Operations waivers on January 31 may receive an exemption if the care provider lives in the same home as the waiver participant; the care provider is now giving care to the waiver participant and has done so for two or more years without a break, or DHCS agrees that there are no other possible care providers near the waiver participant's home. The waiver participant must work closely with DHCS care managers to try to identify more care providers. Additionally, waiver participants may be required to select one or more additional providers to ensure sufficient hours of care are provided each day. Each provider must establish a regular work week schedule for each participant they serve, not to exceed the 70.75 hours, or with a DHCS-approved exemption of 360 hours a month, of IHSS and WPCS combined, not to exceed the participant's authorized monthly hours. Also beginning on February 1, WPCS providers who work for more than one participant may be eligible for travel time up to seven hours per work week. Travel time is not counted toward the maximum weekly and monthly hour requirements. More information on the FLSA overtime rule and how it affects IHSS can be found [here](#), and details about WPCS can be found [here](#).

### **Every Woman Counts**

On February 3, DHCS' Every Woman Counts (EWC) program will conduct a meeting with the Breast and Cervical Cancer Advisory Council in Sacramento. EWC meets with the advisory council twice per year. The meeting will include a guided discussion about EWC priorities, unit updates, and activities. Meeting materials will be posted on the DHCS [website](#) and emailed to stakeholders prior to the meeting. On February 24, EWC will conduct a meeting with stakeholders in Sacramento. EWC meets with stakeholders twice per year. Staff will provide an update on EWC activities. Meeting materials will be emailed to stakeholders prior to the meeting and will be posted on the DHCS website. For more information about EWC, please visit the DHCS [website](#).

### **DHCS Office of Family Planning Stakeholder Meeting**

On February 8, DHCS will convene its quarterly family planning stakeholder meeting to discuss operational and policy issues related to the administration of the Family Planning, Access, Care, and Treatment Program and Medi-Cal family planning services. The meeting announcements and details are posted on DHCS' Office of Family Planning stakeholder [website](#).

### **Nursing Facility/Acute Hospital (NF/AH) Waiver Renewal**

On February 10 and April 20, DHCS will hold technical expert workgroup meetings to discuss the waiver renewal. The NF/AH waiver is set to expire on December 31, 2016. DHCS is seeking to extend the waiver through December 31, 2021, and held two NF/AH waiver renewal kick-off meetings last fall to engage with stakeholders and receive feedback on the current waiver structure. DHCS also held a NF/AH waiver renewal technical expert workgroup meeting in December with stakeholders, advocacy groups, waiver participants, providers, family members, caregivers, and home- and community-based organizations and associations. DHCS looks forward to stakeholder and public participation and continuous input throughout the NF/AH waiver renewal process. Additional information can be found on the DHCS [website](#).

### **Coverage for All Children – Senate Bill (SB) 75**

On February 18, DHCS will conduct its second webinar for stakeholders regarding the SB 75 eligibility and enrollment plan. SB 75 requires DHCS to provide full-scope Medi-Cal benefits to children, under age 19, who do not have satisfactory immigration status or are unable to establish satisfactory immigration status. The law states the coverage will begin no sooner than May 1. After

the DHCS Director communicates to the Department of Finance that the system is ready to enroll these children into full-scope coverage, actual enrollment will begin. DHCS has been working collaboratively with interested stakeholders on implementation efforts, and updates are provided at the bi-weekly Immigration Workgroup meetings. Stakeholders interested in participating in the Immigration Workgroup, or seeking additional information, may contact DHCS at [SB75EligibilityandEnrollment@dhcs.ca.gov](mailto:SB75EligibilityandEnrollment@dhcs.ca.gov).

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

On February 25, the next SAC meeting will be held in Sacramento. The purpose of the SAC is to provide DHCS with feedback on 1115 waiver implementation efforts as well as other relevant health care policy issues impacting DHCS. SAC members are recognized stakeholders/experts in their fields, including, but not limited to, member advocacy organizations and representatives of various Medi-Cal provider groups. The meeting is expected to include a detailed discussion of the recently approved 1115 waiver renewal and the FY 2016-17 budget proposal for DHCS, along with updates on other ongoing DHCS program issues and developments. To view meeting materials, as well as materials from prior meetings, and the schedule for committee meetings in 2016, please visit the DHCS [website](#).

### **Medi-Cal Tribal and Indian Health Program Designee Meeting**

On March 1, DHCS anticipates hosting the Medi-Cal Tribal and Indian Health Program Designee annual meeting in Sacramento. DHCS Director Jennifer Kent is scheduled to attend and will provide an opportunity for stakeholders to ask questions and provide feedback. The agenda and registration information will be posted to the DHCS Indian Health Program [website](#) when available.

### **California Children's Services (CCS) Redesign**

On April 6, the next quarterly CCS Advisory Group (AG) meeting will be held in Sacramento. At the last quarterly CCS AG meeting on January 6, stakeholders, including parents and family advocates, discussed implementation of the Whole Child Model and improvements to the CCS program. The focus of the meeting was a comparison between Medi-Cal managed care, CCS program, and Whole Child Model requirements, and a presentation on the managed care readiness review process. DHCS also facilitated two technical workgroup webinars in December and one technical workgroup meeting in January. Meeting materials, including agendas and presentations for the technical workgroups and the AG meeting, can be found on the [CCS AG website](#). An additional technical workgroup meeting is being scheduled for early February. For more information, please visit the CCS AG website or e-mail [CCSRedesign@dhcs.ca.gov](mailto:CCSRedesign@dhcs.ca.gov).

### **Behavioral Health Treatment (BHT)**

On January 21, DHCS received federal approval of BHT services as a covered Medi-Cal service for individuals under 21 years of age with Autism Spectrum Disorder (ASD). California is the first state in the nation to obtain approval of this State Plan Amendment. In February 2016, DHCS will begin the transition of responsibility for providing BHT services from the Department of Developmental Services' (DDS) Regional Centers to Medi-Cal. DDS has identified approximately 1,600 fee-for-service (FFS) children who are receiving BHT services through the 1915(c) waiver and will now receive BHT services through the Regional Centers. Counties with 100 or more beneficiaries who receive BHT services will begin on February 1 to transition children, based upon the beneficiary's birth month, from Regional Centers to Medi-Cal managed care plans (MCPs). The process will take about six months. For example, children born in January and February will transition in February, those born in March or April will transition in March, etc. In Los Angeles County, beneficiaries will transition by Regional Center over a period of six months. For the period September 15, 2014, through December 31, 2015, MCPs received 10,030 calls regarding BHT services; 4,260 members

are receiving BHT services; 3,954 members were referred for a comprehensive diagnostic evaluation (CDE); and 3,600 CDEs were completed. Nearly 5,477 members were referred for a behavioral assessment, with 4,261 assessments completed. On August 14, 2015, DHCS posted the BHT Supplemental Rates for 2014-2015 on DHCS' BHT website. The supplemental rates are in draft form and are informational only until approved by the Centers for Medicare & Medicaid Services (CMS). State FY 2015-2016 capitation rates to be paid to MCPs are being updated to reflect changes in transition assumptions and will be posted to the DHCS website as soon as available. More information and updates on BHT are posted on the DHCS [website](#).

## **Coordinated Care Initiative (CCI)**

On January 7, Governor Brown released the proposed 2016-17 state budget, which continues the CCI and Cal MediConnect. In 2016, DHCS looks forward to continuing its partnership with plans, providers, and stakeholders to strengthen the program. DHCS will also continue working with community partners and Cal MediConnect plans to help share information about the program with eligible beneficiaries and to educate physicians, caregivers, and other trusted sources on how Cal MediConnect and coordinated care can improve the lives of their patients and loved ones. For more information, please visit the DHCS [website](#) or [calduals.org](http://calduals.org). As of December 1, 2015, approximately 116,000 beneficiaries are enrolled in a Cal MediConnect health plan in the seven CCI counties: 44,655 in Los Angeles, 4,354 in Orange, 13,718 in San Bernardino, 13,077 in Santa Clara, 16,442 in San Diego, 9,684 in San Mateo, and 13,813 in Riverside. Passive enrollment in Orange County continues through July 2016, while passive enrollment in all other counties is complete. Full enrollment data is available on the Cal MediConnect [dashboard](#). In December 2015, a second round of beneficiary [survey data](#) was released showing that an *overwhelming majority of Cal MediConnect enrollees are satisfied with the services provided by their health plans and are confident in their care*. Beneficiaries are also satisfied with their choice of doctors and hospitals and how their different providers are working together to deliver their care.

## **Health Homes Program (HHP)**

Based upon responses to the October 2015 Request for Interest sent to Medi-Cal managed care health plans, DHCS is expected to roll out HHP implementation in groups of counties beginning in 2017. The first group of counties -- Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, San Francisco, Shasta, Solano, Sonoma, and Yolo -- anticipate implementing HHP for members with serious mental illness in January 2017. On December 14, 2015, DHCS released an updated concept paper for the HHP. This concept paper includes updates on the HHP design based upon ongoing development and stakeholder feedback. HHP is an optional Medicaid benefit that will coordinate access to medical and behavioral health services, offer community-based long-term services and supports, and provide linkages to community social supports. For more information about the HHP, please visit the DHCS [website](#).

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

After receiving approval from CMS on August 13, 2015, DHCS began its DMC-ODS implementation efforts. The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for Substance Use Disorder (SUD) treatment services. DHCS is currently assisting Southern California Phase Two counties, and is reviewing four county implementation plans concurrently with CMS. Also, as part of their participation in the DMC-ODS, CMS requires all residential providers to meet the ASAM requirements and obtain a DHCS-issued ASAM designation. As of January 11, DHCS has designated 109 residential alcohol and/or other drug treatment facilities with the appropriate ASAM level of care. Additionally, DHCS hosts two technical assistance conference calls per month for county questions regarding implementation of the DMC-ODS. DHCS will host the annual Substance Use Disorders Statewide Conference in Garden

Grove on August 23-25, entitled “Shifting the SUD Paradigm.” More information about the DMC-ODS waiver is available on the DHCS [website](#).

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

On December 30, 2015, CMS approved up to \$375 million in federal funding for the Dental Transformation Initiative (DTI), as part of the 1115 waiver renewal. Over the course of the waiver demonstration period, DHCS will implement and operate the DTI’s four domains: Increasing Preventive Services Utilization for Children, Caries Risk Assessment and Disease Management Pilot, Increasing the Continuity of Care, and Local Dental Pilot Programs. Eligible dentists participating in one or more of the domains may receive incentive payments by satisfying the requirements established for each domain. Each of the four domains focuses on specific oral health issues in California, encourages access to care for beneficiaries, encourages provider participation, and offers provider incentives for ensuring the delivery of dental services to the Medi-Cal population. A schedule for stakeholder engagement and a work plan for the development of each domain will soon be available and posted on the DHCS website.

## **Adult Medicaid Quality Grant**

In January, DHCS reported to CMS baseline data for its Adult Medicaid Quality: Contraceptive Use Measure Grant using calendar year 2014 data. The grant gives California a unique opportunity to collect and report Medicaid data to CMS on a new developmental quality measure, which assesses contraceptive use in women, while helping states improve perinatal health outcomes. These data will also be useful in identifying opportunities to improve health care quality for women of childbearing age enrolled in Medicaid and to drive changes in care practices and delivery.

## **DHCS Open Data Portal Update**

On March 16, 2015, DHCS went live on the California Health and Human Services (CHHS) Open Data Portal. Since its launch, DHCS programs have been adding data to the portal. To date, program areas include the Family Planning, Access, Care, and Treatment Program, Child Health and Disability Prevention, statewide counts of Medi-Cal certified eligible individuals, and fee-for-service providers enrolled in the Medi-Cal program. In 2016 and beyond, DHCS, alongside other departments within CHHS, will continue to add data to the Open Data Portal, which provides tools for visualization, mapping, and exporting, in addition to supporting the development of applications. The Open Data Portal is accessible via the CHHS [website](#).

## **Medi-Cal EHR Incentive Program Implementation Updates**

DHCS’ work with our vendors continues as part the California Technical Assistance Program (CTAP) as we support providers and specialists in the adoption and meaningful use of electronic health record technology. Recent changes to federal regulations have updated the meaningful use requirements for 2015 through 2017. Code modifications to accommodate these changes in the California State Level Registry (SLR) are currently underway. In the interim, on December 15, 2015, the SLR suspended accepting meaningful use (MU) attestations from eligible professionals and hospitals for the 2015 program year. DHCS anticipates reopening MU attestations for 2015 in Summer 2016 when updates to the SLR are expected to be deployed to production. Providers have been instructed to check the SLR landing [page](#) for updates. Attestations for adoption, implementation, or upgrade remain open and are not affected by the suspension of MU attestations.

## **Successful Implementation of ICD-10**

On October 1, 2015, Medi-Cal successfully transitioned to ICD-10, the tenth edition of the International Classification of Diseases (ICD-10), Clinical Modification/Procedure Coding System. The use of ICD-10 codes will improve the ability to govern reimbursement, monitor a population’s health, track trends in disease and treatment, and optimize health care delivery. Medi-

Cal's efforts spanned the entire department, including fee-for-service claims paid through the fiscal intermediary Xerox, managed care encounters, and mental health and substance use disorder services claims paid through the Short-Doyle system. DHCS collaborated with federal partners, CMS, and stakeholders, such as provider associations, behavioral health plans/providers, and managed care health plans, to manage the transition. Post implementation monitoring and reporting continues. Thus far, no significant issues have been identified, which aligns with the Medicaid program across the nation. News in the industry has been favorable as well. The last official ICD-10 stakeholder forum was held on January 20, and details on go-forward plans were provided at the meeting. Information related to further ICD-10 efforts, including post-implementation analysis, reporting, or additional trainings, will be provided through DHCS' Office of HIPAA Compliance. For more information, please visit the DHCS [website](#).

### **Medicaid Information Technology Architecture (MITA) Update**

CMS is requiring DHCS to move toward creating flexible systems. Through the MITA initiative, DHCS will continue to streamline processes to access information from various systems. The MITA initiative is a national framework to support improved systems development and health care management, intended to foster integrated business and information technology transformation across the Medicaid enterprise. To operate more efficiently, DHCS is committed to achieving the maturity goals of the MITA framework and focus strategic planning, system changes, and upgrades around department-wide business processes rather than focusing on separate program needs. Toward that end, CMS will not approve enhanced federal funding without adherence to MITA, which continues to mature the business processes and positions DHCS to be more flexible as it serves the growing number of Medi-Cal members. Continued development of the MITA framework and associated governance allows DHCS to meet the goals of developing seamless and integrated systems that communicate effectively to achieve common Medicaid goals through interoperability and common standards. As required by CMS, DHCS conducts an annual MITA State Self-Assessment, which includes a state MITA roadmap. For more information about the MITA initiative, please view the DHCS [website](#).

### **California Pink Ribbon License Plate**

To date, 1,529 pre-orders have been received for the California Pink Ribbon License Plate. A minimum of 7,500 paid pre-orders, by mid-July 2016, are needed for DMV to begin producing the plates. You may pre-order the license plate at [www.PinkPlate.org](http://www.PinkPlate.org). Revenue generated by the license plates will go to the Breast Cancer Control Account to be used to raise breast cancer awareness and support breast cancer early detection efforts, including outreach, education, screening, diagnostic services, and treatment referral for women. On August 19, 2015, the Department Motor of Vehicles (DMV) approved the California Pink Ribbon License Plate. EWC is working closely with the Survivor Sisters, DMV, and the California Highway Patrol to bring the first of its kind Pink Ribbon License Plate to California.

### **Full-Scope Pregnancy Coverage Enrollment Update**

On August 1, 2015, CMS approved a State Plan Amendment that authorizes DHCS to expand full-scope Medi-Cal benefits to low-income pregnant women with incomes above 60 percent of the federal poverty level (FPL) up to and including 109 percent of the FPL. CMS also approved an amendment to California's Section 1115 Bridge to Reform waiver to expand full-scope Medi-Cal benefits to low-income pregnant women with incomes above 109 percent of the FPL, up to and including 138 percent of the FPL. As of November 2015, more than 22,000 pregnant women enrolled in the Full-Scope Pregnancy Medi-Cal Program. This is about a 70 percent increase from the average number (13,000) enrolled prior to the expansion.