

**State of California
Office of Administrative Law**

In re:
Department of Health Care Services

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections: 50188

Amend sections:

Repeal sections:

**NOTICE OF APPROVAL OF EMERGENCY
REGULATORY ACTION**

**Government Code Sections 11346.1 and
11349.6**

OAL Matter Number: 2015-0615-02


OAL Matter Type: Emergency (E)

This emergency rulemaking by the Department of Health Care Services (the "Department") adopts section 50188 in title 22 of the California Code of Regulations. Section 50188 is adopted to address the matter of describing how and under what circumstances updated Medi-Cal beneficiary contact information shall be reported, which the Department is required to do through an emergency rulemaking no later than July 1, 2015. (See Health & Saf. Code, § 14005.36, subd. (e).)

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 6/24/2015 and will expire on 12/22/2015. The Certificate of Compliance for this action is due no later than 12/21/2015.

Date: June 24, 2015


Steven J. Escobar
Attorney

For: DEBRA M. CORNEZ
Director

Original: Jennifer Kent
Copy: Jordan Espey

EMERGENCY

See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 2011-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2015-0615-02E
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

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

JUN 24 2015
 2:11 PM

2015 JUN 15 PM 1:08
 OFFICE OF ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY Department of Health Care Services	AGENCY FILE NUMBER (if any) DHCS 14-030E
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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 Disapproved/Withdrawn			NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Managed Care Information Sharing	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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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
TITLE(S) 22	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input 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"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input checked="" type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<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)

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)	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 Jennifer Kent, Director	DATE 5/28/15
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For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 24 2015

Office of Administrative Law

(1) **Adopt 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, 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 from a beneficiary, the Medi-Cal managed care plan shall provide that updated beneficiary contact information to the Department and county department. 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 CaWORKs 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) If the county department is unable to verify the updated beneficiary contact information pursuant to subsection (d)(1) above, the county department 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.

(3) 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.

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.