



# *Stakeholder Communication Update*

## *June 2017*

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 a subscriber and would like to receive these updates, 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](#). In addition, please visit [here](#) for recent data on Medi-Cal enrollment. For questions, concerns, or suggestions, you may contact us by email at [DHCSPress@dhcs.ca.gov](mailto:DHCSPress@dhcs.ca.gov). Be sure to follow DHCS on social media. Thank you.



### **Final Evaluation Designs for Medi-Cal 2020 Initiatives**

DHCS has submitted final designs to evaluate four programs under California's Medi-Cal 2020 demonstration for approval by the Centers for Medicare & Medicaid Services (CMS). DHCS developed the final evaluation designs in response to CMS' comments and stakeholder feedback on the draft evaluation designs. Under the Special Terms and Conditions of the Medi-Cal 2020 waiver, DHCS must specify methods to determine and analyze the impacts of the following programs over the course of the demonstration period: California Children's Services (CCS) pilot; Dental Transformation Initiative (DTI); Global Payment Program (GPP); and services for seniors and persons with disabilities (SPD). More information, including a link to the draft and final evaluation designs, are available [here](#). If you have general questions or comments, please email us at [1115Waiver@dhcs.ca.gov](mailto:1115Waiver@dhcs.ca.gov). For questions or comments about the DTI program, please contact [DTI@dhcs.ca.gov](mailto:DTI@dhcs.ca.gov). For questions or comments about the CCS pilot, please contact [CCSRedesign@dhcs.ca.gov](mailto:CCSRedesign@dhcs.ca.gov).

### **Whole Person Care (WPC) Pilot Program**

DHCS received 15 WPC applications for the second round of WPC applications, which were due on March 1. DHCS is in the process of reviewing them and anticipates that reviews will be completed by early June. Of the 15 applications, eight are from existing WPC pilots interested in expanding their programs, and seven are new applications, including one from a city and another from a consortium of small counties. The 18 WPC pilots, which were approved in the first round of WPC applications, held their first Learning Collaborative on May 15. More than 150 representatives from the local entities and their partners attended to discuss implementation, common successes, and collaborating on opportunities for improvement. The WPC pilot program provides locally-based comprehensive care to specific patient groups, coordinating physical health, behavioral health, and social services in a patient-centered manner, improving

the health and well-being of beneficiaries through an efficient and effective use of resources. Services target Medi-Cal beneficiaries who are high users of multiple health systems who traditionally have poor health outcomes. Populations served include those who are released from institutions or incarceration, have mental illness or a substance use disorder, or are currently homeless or at risk of homelessness. For more information about the WPC pilot program, please visit the DHCS [website](#).

### **Medi-Cal Dental Stakeholder Meetings**

DHCS on June 9 will participate in the Medi-Cal dental Los Angeles stakeholder meeting. DHCS also participated in the June 1 Sacramento Medi-Cal Dental Advisory Committee meeting. DHCS provides updates on the DTI, beneficiary outreach, performance measures, and other policy topics. More information about these meetings is available on the Medi-Cal Dental Program stakeholder engagement [page](#).

### **California Partnership for Long-Term Care**

DHCS on June 20 will host a second task force meeting to discuss potential changes to the Partnership insurance program. The task force was established per Senate Bill 1384 (2016), with the goal of implementing enhancements to the Partnership program and assisting consumers in addressing their long-term care needs. DHCS will work with other state departments, the Legislature, partner insurers, advocacy groups, and the general consumer population to provide a collaborative conversation on the future of the Partnership. More information about the task force is available on the DHCS [website](#).

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

DHCS has updated the DTI webinar archives with additional resources that can be found [here](#). For Domains 1 and 3, during the week of May 5, DHCS posted additional information to clarify the process for safety-net clinics to submit encounter data. The deadline was May 31 for clinics to submit encounter data on paper for inclusion in the next payment, and June 23 for electronic submissions. Provider opt-in to provide caries risk assessments and treatment (Domain 2) in selected counties is ongoing. For Domain 4, four of the 15 Local Dental Pilot Project (LDPP) contracts have been finalized, while the remaining 11 LDPP contracts are pending departmental review. More information about the DTI and its domains can be found on the DHCS [website](#).

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

The next MCHAP meeting is scheduled for June 28. DHCS held the regularly scheduled MCHAP meeting on April 18. The panel submitted recommendations to DHCS on children's behavioral health care, which will be posted to the DHCS website in the coming weeks. The MCHAP is a 15-member independent statewide advisory body that advises DHCS on matters relevant to children enrolled in Medi-Cal. Topics for the next meeting will include the Director's remarks in response to the recommendations on children's behavioral health care and an update on the children's health dashboard. To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

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

DHCS on July 11 will host the next quarterly CCS AG meeting with stakeholders, including parents and family advocates, to discuss implementation of the Whole-Child Model (WCM) and improvements to the CCS program statewide. At the April 12 meeting, discussion topics included an update on the allocation methodology and performance measures workgroup, a brief presentation on a health plan's best practices and lessons learned with implementing an integrated delivery system pilot, and an update on continuity of care as it applies to durable medical equipment. In addition to the AG meeting, DHCS facilitated two discussion groups on neonatal intensive care unit processes in the WCM. To view meeting agendas and presentations, or for more WCM information, please visit the DHCS [website](#).

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

The next SAC meeting is scheduled for July 19. DHCS held the regularly scheduled SAC meeting on May 17. The meeting provided updates on the Governor's revised budget proposal, the latest federal developments, and an update on the mental health parity managed care rule. The purpose of the SAC is to provide DHCS with feedback on Section 1115 waiver implementation efforts as well as other relevant health care policy issues affecting the department. 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. To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

### **Second Uncompensated Care Report**

DHCS on June 1 submitted to CMS the second of two reports on uncompensated care in California. DHCS contracted with Navigant to produce the reports, which are required by the Special Terms and Conditions of the Medi-Cal 2020 waiver. The first report was submitted to CMS on May 15, 2016, and focused on the level of uncompensated care at 21 designated public hospitals in California. The second report expanded the analysis of uncompensated care to all hospitals in the state. The reports are available on the DHCS [website](#).

### **Provider Application and Validation for Enrollment (PAVE)**

DHCS on June 1 hosted a stakeholder meeting to discuss updates to provider enrollment and the PAVE system. Staff also provided information about the progress of Release 2.0 as well as the implementation of Release 3.0, including new provider types and new functionality. DHCS continues to make progress with the PAVE system to enroll fee-for-service Medi-Cal providers. Since the system became operational on November 18, 2016, PAVE has registered more than 5,400 users. About 2,200 applications have been submitted through PAVE, and providers are in the process of completing an additional 1,900 applications. The PAVE website identifies the updated view of [provider types by release](#). To assist PAVE users, DHCS hosts a weekly question and answer webinar each Thursday during which providers can speak directly with PAVE experts. Additional information on these and other support resources available for PAVE users is located under [PAVE Support Resources](#) on the DHCS [website](#).

### **Final Rule for Covered Outpatient Drugs (COD)**

DHCS on May 30 submitted to CMS State Plan Amendment (SPA) 17-002 to update the Medi-Cal fee-for-service reimbursement methodology for CODs. On February 1, 2016, a Final Rule for CODs was released by CMS. This rule implements provisions of the Affordable Care Act that pertain to Medicaid reimbursement for CODs. Under the Final Rule, each state is responsible for establishing a Medicaid fee-for-service payment methodology that reimburses outpatient pharmacy providers based upon an actual acquisition cost, plus a professional dispensing fee. The submitted SPA will be posted on the Pending State Plan Amendments [webpage](#). To view the project materials, including overall timelines, please visit the Pharmacy Reimbursement Project [webpage](#).

### **HCBS Settings Final Rule Transition Period Extended Three Years**

CMS, in response to states' requests for more time to demonstrate compliance with regulatory requirements, announced a three-year extension for state Medicaid programs to meet the Home- and Community-Based (HCBS) Settings Final Rule requirements. The announcement on May 9 gives states until March 17, 2022, for HCBS Settings compliance. CMS originally implemented the HCBS Settings Final Rule on March 17, 2014, with a transition period of five years. The HCBS Settings Final Rule requires states to assess all residential and non-residential HCBS settings for compliance with the [HCBS Settings characteristics](#).

### **Nursing Facility/Acute Hospital 1915(c) Home- and Community-Based Services Waiver**

DHCS on May 17 received approval of its application to renew the Nursing Facility/Acute Hospital (NF/AH) 1915(c) Home- and Community-Based Services Waiver and increase its capacity. As requested, CMS approved renaming the waiver as the Home- and Community-Based (HCBS) Alternatives Waiver. The HCBS Alternatives Waiver was approved retroactive to January 1, 2017, for a five-year term that will end on December 31, 2021. The most significant change approved for implementation through the new waiver term is the shift to an organized health care delivery system waiver model that will enable DHCS to contract with HCBS waiver agencies to perform waiver administrative functions and comprehensive care management. Other significant changes approved in the renewal application include an increase in overall capacity by 5,000 over the course of the waiver term; consolidation of waiver levels of care; updates to participant rights; and alignment of the HCBS Alternatives Waiver with the Statewide Transition Plan. DHCS will use a Solicitation for Application (SFA) process to identify and select willing entities that meet the required qualifications to contract with DHCS as a HCBS Alternatives Waiver agency. DHCS plans to release the SFA this summer.

### **Access Assessment Advisory Committee**

California's Medi-Cal 2020 waiver Special Terms and Conditions require DHCS to conduct an Access to Care Assessment. DHCS is working with its External Quality Review Organization to conduct the Assessment, which will evaluate primary, core specialty, and facility access to care for Medi-Cal managed care beneficiaries. As a part of the Assessment process, the state established an advisory committee that includes representatives from consumer advocacy organizations, providers/provider associations, health plans/health plan associations, and legislative staff. DHCS

completed its second in-person committee meeting on March 28. Meeting objectives included an overview of the assessment framework, proposed design, and data collection and sources for the assessment. The proposed Access Assessment [Design](#) was sent to CMS for review on April 21. For questions or comments, please contact [Access.Assessment@dhcs.ca.gov](mailto:Access.Assessment@dhcs.ca.gov) or visit the DHCS [website](#).

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

The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services. Twenty-one counties from the first three phases (Bay Area, Southern California, and Central California) have submitted implementation plans, sixteen of which have been approved by DHCS. DHCS opened implementation for phase four counties (Northern California) on November 1, 2016. DHCS has also approved the interim rates for eight counties. There have been six intergovernmental agreements approved by CMS and three counties – Marin, Riverside, and San Mateo – are already delivering services. CMS requires all residential providers to meet the ASAM requirements and obtain a DHCS-issued ASAM designation as part of their participation in the DMC-ODS. As of May 8, DHCS has issued 622 ASAM designations identifying levels of care within 368 licensed residential facilities. DHCS is providing technical assistance through contracted services, regional meetings, county-specific sessions, and webinars. Additionally, in October 2016, DHCS submitted a concept design to CMS to further integrate substance use disorder and physical health services. Finally, DHCS is hosting the annual substance use disorders statewide conference, entitled “Focusing the SUD System of Care Toward Recovery” on August 22-24, 2017. More information about the DMC-ODS is available on the DHCS [website](#).

### **Medication Assisted Treatment (MAT) Expansion Project Update**

The Substance Abuse and Mental Health Services Administration (SAMHSA) approved the DHCS grant proposal for the state targeted response to the opioid crisis grant on April 21. The grant awarded \$44 million for up to two years to the California MAT expansion. The project will focus on populations with limited MAT access, including rural areas and tribal communities, and increases statewide access to buprenorphine. California will implement at least 15 CA Hub and Spoke Systems (CA H&SS) based upon Vermont’s Hub and Spoke Model. DHCS released a competitive Request for Application to participate in the CA H&SS on May 15 and hosted a webinar on the same day to help guide entities through the application process. More information about the California MAT expansion project is available on the DHCS [website](#).

### **National Award for Expanding Coverage for Adult Vaccines**

DHCS received a national award last month for expanding Medicaid coverage to include all routine adult vaccines as a pharmacy benefit, making California one of only a few states that do so. The National Adult and Influenza Immunization Summit presented the 2017 "Immunization Neighborhood Champion" Award to DHCS during a meeting in Atlanta. The award recognizes DHCS’ efforts to improve vaccination rates within the state. Medi-Cal previously covered only a few vaccines for adults through the pharmacy benefit. However, last year, DHCS issued a letter to all providers and Medi-Cal managed care plans requiring them to cover, as part of the pharmacy benefit, all adult

vaccines in the routine immunization schedules published by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control & Prevention (CDC). Among the more than 15 vaccines covered are flu, pneumonia, and hepatitis A and B. As a pharmacy benefit, pharmacists can administer the vaccines pursuant to a protocol with a prescriber, and also may independently initiate and administer vaccines on the ACIP-recommended routine immunization lists. Pharmacists who administer immunizations must meet training and certification requirements.

### **New Medi-Cal Dental Program Website**

DHCS on April 24 launched an updated website for the Medi-Cal Dental Program. This new website is a hub with links to information on a variety of topics, including dental fee-for-service reports and data, dental managed care reports and data, stakeholder meetings, the DTI, and the Denti-Cal website for providers. In the coming months DHCS will post additional reports per Assembly Bill 2207 (Statutes of 2016). To view the new website, please visit [here](#).