



## *Stakeholder Communication Update*

February 2018

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](#) (SPA). 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.



### **Governor's Budget**

On January 10, 2018, Governor Brown released the 2018-19 Governor's Budget. The proposed budget for DHCS, \$104.5 billion, supports actions and vital services that reinforce the state's commitment to protect and improve the health of all Californians. It affirms the state's commitment to address the health care needs of Californians within a responsible budgetary structure. For Governor's Budget highlights, please visit the DHCS [website](#). Also, to view the November Estimate, as well as historical estimate information, please visit the Medi-Cal Local Assistance Estimates [webpage](#). In addition, the Department of Finance will soon be releasing trailer bill language, and you may check their [website](#) for more information.

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

DHCS will host the next SAC meeting on February 8, 2018, in Sacramento. The meeting is expected to include Director Kent's updates on the latest federal and state developments. The meeting will also include updates on Proposition 56, the managed care final rule, [adult dental benefit restoration](#), and the home- and community-based alternatives waiver. The purpose of the SAC is to provide DHCS with feedback on health care policy issues affecting DHCS, including Section 1115 waiver implementation efforts. 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 To view meeting information, materials, or historical documents, please visit the DHCS [website](#).

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

The next MCHAP meeting is scheduled for April 19, 2018, in Sacramento. At the January 31, 2018, meeting, Director Kent provided the panel with updates on the latest federal and state developments. The panel also heard presentations on school-based clinics in a community context. Additionally, the panel elected a new chairperson for 2018, determined panel member term lengths by lot, and discussed MCHAP's goals, plans, and objectives for 2018. 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](#).

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

The Centers for Medicare & Medicaid Services (CMS) has approved California's proposal to create Medicaid health homes to improve care for Medi-Cal beneficiaries with chronic health conditions. The December 19, 2017, decision by CMS approved amendments to the California Medicaid State Plan and the state's Medi-Cal 2020 waiver, authorizing DHCS to implement a HHP beginning in July 2018. California will implement the program through the Medi-Cal managed care delivery system. Federal law allows states to use HHPs to coordinate the full range of physical health, behavioral health, and community-based long-term services and supports (LTSS) needed by Medicaid members with chronic conditions. Enhanced federal matching funds of 90 percent are available for two years. The HHP will provide services in the following core areas: comprehensive care management; care coordination (physical health, behavioral health, community-based LTSS); health promotion; comprehensive transitional care; individual and family support; and referral to community-based and social support services. The California HHP is expected to be fully implemented across 29 counties by January 2020. For more information, please visit the DHCS [website](#).

### **Palliative Care (SB 1004)**

On January 1, 2018, DHCS implemented standards for all Medi-Cal managed care plans' (MCP) palliative care programs. Senate Bill 1004 (Chapter 574, Statutes of 2014) required DHCS to establish standards and provide technical assistance for Medi-Cal MCPs for the delivery of palliative care services. DHCS published All Plan Letter (APL) [17-015](#), *Palliative Care and Medi-Cal Managed Care*, on October 19, 2017, to establish the standards. DHCS continues to work closely with Medi-Cal MCPs in the implementation of their palliative care programs. Medi-Cal providers are eligible for palliative care training through the California State University, San Marcos [Institute for Palliative Care](#). For more information, please visit the DHCS [website](#).

### **Pediatric Palliative Care (PPC) Waiver**

CMS has granted DHCS a temporary extension of the current PPC waiver to February 14, 2018. DHCS is working closely with CMS on the renewal of the PPC waiver for an additional five-year term. Through the renewal, DHCS is proposing to shift the waiver program to an organized health care delivery system model. Within this model, DHCS will contract with waiver agencies to provide one waiver service (enhanced care coordination) and contract with other qualified providers to furnish all other direct waiver services. To ensure sufficient time for CMS to complete its review and approval

process, DHCS has submitted an additional request to temporarily extend the waiver through May 15, 2018. For more information, please visit the DHCS [website](#).

### **Form 1095-B for Tax Year 2017 – Minimum Essential Coverage (MEC)**

On December 22, 2017, the Internal Revenue Services (IRS) granted an extension to March 2, 2018, to provide Form 1095-B to Medi-Cal beneficiaries. DHCS has begun the 2018 mailing cycle of Form 1095-B for tax year 2017 and anticipates completing the mailing by mid-February. Similar to last year's mailing season, Form 1095-B mailings for the 12 largest counties will be staggered over the full schedule. DHCS has created a dedicated call line (1-844-253-0883) to assist beneficiaries with questions about the Form 1095-B mailings.

### **Provider Enrollment (21<sup>st</sup> Century Cures Act and Federal Final Rule)**

On November 14, 2017, DHCS issued [APL 17-019](#), which established new provider screening and enrollment requirements mandated by the 21<sup>st</sup> Century Cures Act and new federal Medicaid managed care regulations. These requirements took effect January 1, 2018, and aligned screening and enrollment requirements for Medi-Cal managed care network providers with those that have been in place for Medi-Cal fee-for-service (FFS) providers since the implementation of the Affordable Care Act. APL 17-019 allows Medi-Cal MCPs to comply with these requirements in a variety of ways. MCPs may either conduct all required screening and enrollment activities in-house and/or require their network providers to enroll as Medi-Cal FFS providers. MCPs may also collaborate on these activities or leverage the enrollment activities already conducted by Medi-Cal's FFS delivery system. DHCS is developing a Frequently Asked Questions document that will soon be published on the DHCS [website](#).

### **Developmental Disabilities Waiver Renewal**

CMS has approved the five-year renewal of the 1915(c) Home- and Community-Based Services Waiver for Californians with Developmental Disabilities, effective January 1, 2018. Significant changes from the prior waiver include the addition of housing access services, family support services, occupational therapy, physical therapy, and family/consumer training. The waiver renewal identifies the various components of specialized therapeutic services of the prior waiver. In addition, the renewal includes a new provider type under community living arrangement services -- enhanced behavioral supports homes. DHCS, in collaboration with the Department of Developmental Services (DDS), worked throughout 2017 to respond to CMS requests for additional information about the waiver renewal. For more information, please visit the DDS [website](#).

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

The final payment for [Domain 1](#) (preventive care) Program Year (PY) 1 is scheduled for February 2018. DHCS has created several new sample claim documents, available on the DTI [Domain 2](#) webpage, to illustrate how to bill for Domain 2 (caries risk assessment) services. Domain 2 outreach continues, in collaboration with Delta Dental, the California Dental Association, and other interested parties from the DTI small stakeholder workgroup. The outreach includes physical office visits, letters, and phone

conversations with providers. [Domain 3](#) (continuity of care) outreach efforts continue to focus on increasing safety net clinic participation, including clinics that participate in Domain 1 and are eligible to participate in Domain 3. In October 2017, DHCS issued recognition awards to the top Domain 3 providers in all 17 participating counties, which totaled 46 service office locations. DHCS also sent a survey to those providers to gather best practices to share with the other service office locations in Domain 3. The deadline for safety net clinics to submit DTI Domain 3 encounter data for PY 2 via paper forms is May 1, 2018. The deadline for safety net clinics to submit claims via Electronic Data Interchange (EDI) for PY 2 is June 22, 2018. The next Domain 3 payment is scheduled for June 2018. Finally, for [Domain 4](#), DHCS has executed 13 of the 14 Local Dental Pilot Project (LDPP) contracts; 10 pilots have submitted invoices to DHCS, and payments are being distributed. Monthly teleconferences with all LDPPs continue as an opportunity to educate, provide technical assistance, offer support, and address concerns. Additional information about the DTI is available on the DHCS [website](#).

### **Restoration of Adult Dental Services**

On January 1, 2018, DHCS restored optional adult dental benefits for beneficiaries ages 21 and older with full-scope dental coverage. Restored benefits include laboratory processed crowns, posterior root canal therapy, periodontal services, and partial dentures, including denture adjustments, repairs, and relines. The list of dental benefits is available in the Dental Provider Handbook, Section 5, Manual of Criteria, on the Denti-Cal [website](#). Dental providers may render, bill, and be reimbursed for the restored adult dental benefits. For a full list of the applicable codes, please refer to the above website. In addition, click [here](#) to view our presentation on the adult dental benefit restoration that will be given at the February 8, 2018, Stakeholder Advisory Committee meeting.

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

The next quarterly DHCS Sacramento Medi-Cal Dental Advisory Committee meeting is scheduled for February 1, 2018, and the bimonthly Medi-Cal Dental Los Angeles Stakeholder meeting is scheduled for February 16, 2018. DHCS provides updates on available dental utilization data, the progress of the DTI, Medi-Cal dental benefits, and ongoing outreach efforts, among other topics. Additional stakeholder information is available on 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. The final date for counties to submit an implementation plan to opt-in to the DMC-ODS waiver was September 1, 2017. Forty counties from the first four phases of implementation (Phase 1: Bay Area, Phase 2: Southern California, Phase 3: Central California, and Phase 4: Northern California) have submitted implementation plans, with all 40 implementation plans (IP) receiving DHCS approval. Of the 40 counties with submitted IPs, eight, mostly in Northern California, are part of the Partnership Health Plan regional model, which will collaborate to provide the required DMC-ODS services. All counties with approved IPs submitted fiscal plans by the November 1, 2017, deadline. Phase 5 includes the Indian Health Program-Organized Delivery System

(IHP-ODS), which opened on September 12, 2017. The intergovernmental agreements have been approved for San Francisco, Marin, Riverside, San Mateo, Santa Clara, Los Angeles, Contra Costa, Santa Cruz, Napa, and San Luis Obispo counties through CMS, and all have begun delivering DMC-ODS 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 January 19, 2018, DHCS has issued 640 ASAM designations identifying levels of care within 385 DHCS-licensed residential facilities. DHCS is providing technical assistance via contracted services, regional meetings, county-specific sessions, tribal consultation, and webinars. More information about the DMC-ODS is available on the DHCS [website](#).

### **California Medication Assisted Treatment (MAT) Expansion**

California's MAT expansion project strategically focuses on populations with limited MAT access, including rural areas and American Indian and Native Alaskan communities, and increasing statewide access to buprenorphine. Since the start of the grant period in May 2017, DHCS has implemented 19 California Hub and Spoke Systems, which have contracted with more than 100 spokes across 30 counties, and provided prevention and treatment services to more than 500 patients. During the first quarter of the grant period, UCLA published a needs assessment and strategic plan that provide data and implementation planning for the MAT expansion project. Also, DHCS is implementing a project to expand and improve MAT access in emergency department (ED) settings to better meet the needs of Californians who suffer from opioid use disorders. This project will establish MAT bridge services between 12 EDs – across four regions statewide – and outpatient providers to deliver sustained treatment for patients not currently enrolled in MAT maintenance or detoxification services. In addition, efforts to implement the Tribal MAT Project are ongoing, which include Project ECHO to improve MAT access for tribal and urban Indian communities; culturally informed suicide prevention; a culturally specific community opioid campaign; a statewide needs assessment for tribal and urban Indian communities to identify the geographical gaps in MAT services; tele-MAT with academic detailing; and tribal and urban Indian MAT Champions who will connect DHCS, native stakeholders, and non-Indian MAT providers to develop partnerships and facilitate technical assistance. More information about the MAT expansion project is available on the DHCS [website](#).

### **Proposition 56 Supplemental Payments – Family PACT Program**

DHCS received CMS approval on November 30, 2017, for State Plan Amendment [17-029](#), the supplemental payment to Family Planning, Access, Care, and Treatment (PACT) providers for evaluation and management (E&M) office visits. These supplemental payments are equal to 150 percent of the current Family PACT rates for specific E&M codes. The supplemental reimbursements will be given to Family PACT providers for E&M office visits rendered for comprehensive family planning services for the period of July 1, 2017, through June 30, 2018.

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

DHCS will convene its quarterly family planning stakeholder meeting on March 13, 2018. DHCS is committed to effective stakeholder engagement to help ensure that low-income Californians have access to health information, counseling and family planning

services to reduce the likelihood of unintended pregnancy, and help individuals maintain optimal reproductive health. The meeting announcement and details are posted on the DHCS [website](#).

## **Diabetes Prevention Program (DPP)**

On July 10, 2017, Governor Brown signed Senate Bill 97 (Chapter 52, Statutes of 2017), which requires DHCS to establish the DPP, consistent with guidelines issued by the federal Centers for Disease Control and Prevention (CDC). The DPP curriculum will promote and emphasize realistic lifestyle changes, weight loss through exercise, healthy eating, and behavior modification. In line with CMS' final ruling regarding Medicare's DPP, Medi-Cal's DPP will include a core benefit consisting of peer coaching sessions. Medi-Cal providers choosing to offer DPP services must comply with CDC guidance and obtain CDC recognition in connection with the National Diabetes Prevention Program. In preparation for implementing the DPP, DHCS is conducting a stakeholder engagement process to solicit feedback on important policy topics, such as participant retention and engagement, CDC recognition guidelines, and enrollment limits. To help inform policy development and resolve concerns regarding various topics, DHCS joined the Council for Diabetes Prevention, a national association that brings together national DPP industry stakeholders to increase access to the program, promotes high-quality standards through the sharing of best practices, and supports the long-term scalability and sustainability of the DPP. DHCS has also met with other state health and Medicaid agencies to discuss lessons learned, successes, best practices, and ideas for sustaining the DPP. In addition, DHCS has collaborated with stakeholders to survey managed care plans and current DPP suppliers to understand the issues and successes of current DPPs and to receive feedback on potential Medi-Cal coverage and reimbursement policies. For a summary of the survey results, please visit the DHCS DPP [webpage](#). To join the stakeholder listserv or to submit questions and/or comments, please email [DHCS DPP@dhcs.ca.gov](mailto:DHCS DPP@dhcs.ca.gov).