

The Department of Health Care Services (DHCS) is formally requesting CMS approval to not complete the tribal/designee notification process for the following 1115 Waiver Request:

Waiver Request and Title	Background of Proposal	Justification
<p>Request for 1115 Waiver:</p> <p>Medi Cal Access Program (MCAP) to Medi-Cal Managed Care (MMC) Delivery System</p>	<p>The Department of Health Care Services (DHCS) is seeking approval to add the MCAP population to Medi-Cal Managed Care (MMC) delivery system, effective July 1, 2017. Beginning July 1, 2017, all new MCAP enrollees will be enrolled into a Medi-Cal managed care plan in accordance with their county of residence (with Aid Code 0E).</p> <p>MCAP was transitioned from the Managed Risk Medical Insurance Board to DHCS in 2014. In order to minimize care disruption, DHCS maintained the existing MCAP health plan delivery system, which is different from the traditional Medi-Cal health plan delivery system. With the integration of MCAP into CalHEERS, and in order to achieve program efficiencies and better serve enrollees in MCAP, DHCS will now be transitioning these pregnant women into the MMC delivery system.</p> <p>The primary focus of this transition plan is to maintain continuity of care for MCAP enrollees (all MCAP pregnant women will remain in their assigned health plan and delivery system until the end of the month of the 60th day following the end of their pregnancy) and to provide dental services to all MCAP subscribers. There will be no changes in the manner in which premiums are billed and collected.</p>	<p>DHCS does not believe that a tribal/designee notice is required because the provisions do not impact rates reimbursed to Indian Health programs.</p> <p>Further, MCAP enrollees are not Medi-Cal members; they are CHIP Title XXI enrollees who will be utilizing the Medi-Cal delivery system <u>only</u>.</p> <p>As such, this proposal has no impact on the individual beneficiary as required by the state plan nor does it change existing CHIP protections. It does not restrict eligibility or reduce or restrict access to covered services.</p>