

DHCS Responses to Follow-Up Items from May 17, 2018

Agenda Item/Topic	DHCS Response	DHCS Follow-Up
<p>2018-19 Budget</p> <p><i>Michelle Cabrera, SEIU:</i> Can you elaborate on the county allocation bridge funding mentioned in the budget?</p>	<p><i>Jennifer Kent, DHCS:</i> There is also budget bill language we will provide to SAC. This money can't supplant Medi-Cal Specialty Mental Health. We want to be flexible and are trying to target items not otherwise paid for by Medi-Cal. For example, this could be used for a flexible housing pool in Whole Person Care or in other counties, it can be used for housing vouchers or mobile outreach teams. Counties are thinking about the link between public safety and behavioral health services. Each county may have a different need, so it is meant to offer support through a short-term bridge, for what is not otherwise covered by Medi-Cal. The \$50M is not a lot across the state.</p>	<p>The funding is included as item 4260-118-0001 in SB 840:</p> <p>http://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB840</p>
<p>Managed Care Final Rule Implementation: Update on Key Components and Quality Strategy Report</p> <p><i>Kristen Golden Testa, The Children's Partnership/100% Campaign:</i> When will the EQRO analysis be complete?</p>	<p><i>Sarah Brooks, DHCS:</i> It is a separate report and I will follow up to let you know</p>	<p>The External Quality Review Organization Analysis should be completed by September.</p>

<p>Whole-Child Model in CCS</p> <p><i>Kim Lewis, National Health Law Program:</i> How much overlap of the networks between the existing CCS network and the MCPs exists in the phase one and two counties? Will beneficiaries receive information about whether their CCS provider is in the network and how to request continuity of care?</p>	<p><i>Sarah Brooks, DHCS:</i> Our analysis shows there is significant overlap but not 100% overlap of the networks. We will follow up with you on the actual levels of overlap. The beneficiary notices have included information on continuity of care options and their rights.</p>	<p>In order to ensure adequate coverage, MCPs were required to meet provider overlap thresholds in-county, regionally and statewide. For more information on the methodology used, please review the Compliance Assurance Report: http://www.dhcs.ca.gov/formsandpubs/Documents/AssuranceofComplianceADAMCQMD070618.pdf</p>
<p>Dental Program Update including Adult Dental Restoration, Utilization Report and DTI</p> <p><i>Marty Lynch, LifeLong Medical Care and California Primary Care Association:</i> Do we have data on how many adults on Medi-Cal had a visit? Data specific to adults over age 65?</p>	<p><i>Carolyn Brookins, DHCS:</i> Of all adults on Medi-Cal, 21% are receiving at least one annual visit. I don't have data on seniors, but I can follow up on that.</p>	<p>DHCS does not separately track data, but will consider it for future reports.</p>