HEALTH OMNIBUS TRAILER BILL – AB 133

CalAIM Provisions

CalAIM Overview

- Requires DHCS to seek all necessary federal approvals to implement the California Advancing and Innovating Medi-Cal (CalAIM) Initiative, with effective dates of January 1, 2022, through December 31, 2026.
- Specifies components of CalAIM Initiative to include:
  - Continuation of the Medi-Cal Managed Care program
  - Continuation of a modified Global Payment Program (GPP)
  - Continuation of the Medi-Cal Specialty Mental Health Services Program
  - Continuation of the Drug Medi-Cal organized delivery system program
  - Behavioral health medical necessity changes, payment reform, administrative simplification, and Behavioral Health Quality Improvement Program
  - State Plan Dental Improvement Program
  - Enhancing county oversight and monitoring
  - Providing Access and Transforming Health (PATH) Supports
  - Targeted Pre-Release Medi-Cal Benefits for Qualified Inmates
- Requires DHCS to consult with interested stakeholders with regard to implementation of applicable CalAIM components.
- Permits the sharing of health, social services, housing, and criminal justice information, records, and other data with the state, Medi-Cal managed care plans, health care providers, social services organizations, care coordination and case management teams, and other authorized entities consistent with existing federal law. Requires DHCS to issue guidance identifying permissible data-sharing arrangement to implement CalAIM.
- Authorizes DHCS to require Medi-Cal managed care plans and plan subcontractors to be accredited by the National Committee for Quality Assurance (NCQA) for contract periods commencing on or after January 1, 2026.

Population Health Management

- Requests DHCS to implement Population Health Management Program under managed care starting January 1, 2023.
- Requests plans, after consultation with counties and other affected stakeholders, to develop and maintain a population health management program addressing member health needs at all points along the continuum of care.
- Population health management programs must:
  - Prioritize preventive and wellness services
  - Identify and assess beneficiary member risks and needs on an ongoing basis
  - Manage beneficiary member safety and outcomes during care transitions across applicable delivery systems
  - Identify and mitigate social determinants of health and reduce health disparities or inequities.
- DHCS shall implement in a way that expands access to medical, behavioral, and social services data and provides access to authorized entities.

- Requires program components be developed in consultation with CDPH, managed care plans, Medi-Cal behavioral health delivery system, county public health and social services, providers, community-based organizations and consumer advocates.
- Program shall include, but is not limited to:
    - Appropriate use of preventive services for children and adults, and other interventions including chronic disease management, referrals to behavioral and oral health, housing, nutrition and other health related social needs
    - Risk assessment comparable and consistent between plans
    - Algorithms must be comparable, standardized, and mitigated for racial and other biases through consideration of utilization and other patient risk factors. Algorithm used must be reported by DHCS.
    - Screen tool must be appropriate and comparable across plans.
    - Plans must incorporate findings of the population needs assessment into their population health management program.
    - Plans must describe how it will incorporate preventive and wellness services in partnership with behavioral health delivery systems, county public health and social services, providers, CBOs and consumer advocates.
    - DHCS shall post an annual analysis of the program beginning no later than January 1, 2024

Enhanced Care Management

- Requires DHCS to implement an enhanced care management (ECM) benefit designed to address the clinical and non-clinical needs on a whole-person-care basis for specified Medi-Cal beneficiaries.
- Specifies ECM implementation dates:
    - In counties with a Whole Person Care (WPC) Pilot Program or Health Home Program (HHP):
        - January 1, 2022: Managed care plans (MCPs) must cover ECM for existing target populations within WPC or HHP, or both.
        - January 1, 2023: MCPs must cover ECM for populations identified by DHCS among the following:
            - Children or youth with complex physical, behavioral, developmental, or oral health needs, including those eligible for California Children's Services (CCS)
            - Individuals experiencing homelessness
            - High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits
            - Individuals at risk for institutionalization and eligible for long-term care services
            - Nursing facility residents who want to transition to the community
            - Individuals with serious mental illness (SMI) and children with serious emotional disturbance (SED) or substance use disorder (SUD)
            - Individuals transitioning from incarceration requiring immediate transition of services to the community
        - July 1, 2023: MCPs must cover ECM for all populations listed above.
    - In counties without a WPC Pilot or HHP, MCPs must cover select ECM target populations identified by DHCS beginning July 1, 2022. All other populations are required to be covered beginning January 1, 2023, or July 1, 2023, in accordance with CalAIM terms and conditions.
- Specifies beneficiaries shall not receive duplicate targeted case management services.
- Requires MCPs proposing to keep some level of ECM in-house instead of contracting with direct providers to demonstrate to DHCS that its ECM benefit is appropriately community-based and provide a rationale to DHCS for not contracting with existing providers.

- Requires DHCS to develop a monitoring plan and reporting template for the implementation of ECM. Requires DHCS to annually publish a report on ECM utilization data, populations served, and demographic data.

In Lieu of Services

- Starting January 1, 2022, allows managed care plans to elect to cover in lieu of services or settings approved by DHCS under CalAIM.
- In lieu of services are only available to Medi-Cal beneficiaries enrolled in a Medi-Cal managed care plan.
- Services or settings DHCS may approve include, but are not limited to:
    - Housing transition navigation services
    - Housing deposits
    - Housing tenancy and sustaining services
    - Short-term post hospitalization housing
    - Recuperative care or medical respite
    - Respite
    - Day habilitation programs
    - Nursing facility transition or diversion to assisted living facilities
    - Nursing facility transition to a home
    - Personal care and homemaker services
    - Environmental accessibility adaptations or home modifications
    - Medically supportive food and nutrition services, including medically tailored meals
    - Sobering centers
    - Asthma remediation
- DHCS must post a list of in lieu of services offered by each plan on its website.
- DHCS shall develop, in consultation with plans and stakeholders, a monitoring plan and reporting template for implementation.
- DHCS shall conduct an independent evaluation of the effectiveness of in lieu of services by January 1, 2024.

Incentive Payments

- Starting January 1, 2022, and subject to appropriation, DHCS shall make incentive payments to plans that meet milestones and metrics associated with implementation of CalAIM.
- DHCS shall consult with plans and other stakeholders to establish the methodology, parameters and eligibility criteria.

State Plan Dental Improvement Program

- Requires DHCS to implement the State Plan Dental Improvement Program to further improve accessibility of dental services and oral health outcomes as a successor to the Dental Transformation initiative.
    -

County Oversight and Monitoring

- Requires DHCS to consult with counties and other affected stakeholders to develop and implement the following initiatives to enhance oversight and monitoring of county administration of the CCS program:
    - Establish statewide performance, reporting, and budgetary standards used to assess county compliance with federal and state requirements applicable to the CCS program.

- Conduct periodic CCS quality assurance reviews and audits.
- Assess each CCS program to ensure appropriate allocation of resources necessary with compliance with standards, policies, guidelines, and compliance requirements.
- Determine and implement a process to inform each CCS program of, and make available, the latest standards, policies, guidelines, performance, and compliance requirements.
- Establish a statewide, tiered enforcement framework to ensure prompt corrective action for counties that do not meet established standards and provide technical assistance to counties on measures where performance is consistently below expectations or on any identified issues.
- Require each county to enter into a memorandum of understanding (MOU) with DHCS to document each county's obligations in administering the CCS program.

- Requires DHCS to convene a workgroup of counties and other stakeholders to develop and implement one or more initiatives to improve the collection and use of beneficiary demographic and contact information in administering the Medi-Cal program and other applicable public assistance programs.

Providing Access and Transforming Health (PATH) program

- DHCS may make incentive payments, grants or other financial support available to qualified entities or providers under PATH to support services, infrastructure, and capacity building in advancing CalAIM.
- DHCS shall consult with affected entities and providers to establish the methodologies and parameters, and eligible criteria for PATH payments.
- Qualified entities to receive payments may include but are not limited to counties, Medi-Cal managed care plans, public hospital systems, community-based organizations, county sheriffs, adult and juvenile correctional facilities, or chief probation officers as approved in the CalAIM terms and conditions.
- The non-federal share may consist of intergovernmental transfers of funds by eligible governmental agencies or other public entities.

Jail Medi-Cal Enrollment

- Starting January 1, 2023, requires the jail administrator or designee to coordinate with an entity designated to assist county jail inmates with submitting an application for, or otherwise assisting in their enrollment in, a health insurance affordability program consistent with federal requirements.
- Requires the board of supervisors in each county, in consultation with the chief probation officer to designate an entity to assist juvenile inmates.
- The board of supervisors may only designate the county sheriff if the county sheriff agrees to perform the function and not designate the chief probation officer to assist unless the chief probation officer agrees.
- If the board of supervisors designates a community-based organization as the entity for county jail inmates, the county jail administrator or designee must approve. Likewise for juveniles, the chief probation officer or designee must approve.

Targeted Medi-Cal Services to Inmates

- Starting no sooner than January 1, 2023, a qualifying inmate of a public institution shall be eligible to receive targeted Medi-Cal services for 90 days (or the number of days approved in the CalAIM terms and conditions if fewer) prior to release if otherwise eligible.

- Services will be limited to those approved in the CalAIM Terms and Conditions.
- DHCS shall arrange for an independent, third-party evaluation of the hypotheses and outcomes associated with providing targeted services and post on the website, if federal approval is obtained.

Remaining Health-Related Provisions of AB 133
Health Care Affordability Reserve Fund • Creates the Health Care Affordability Reserve Fund for cashflow loans to the General Fund. • Directs the Controller upon order of the Director of Finance to transfer $333,439,000 from the General Fund into this new fund. • upon appropriation of the Legislature, the funds shall be used for health care affordability programs operated by the California Health Benefit Exchange (Exchange). • Directs the Exchange to develop options to provide cost sharing reduction subsidies for low- and middle-income Californians to be reported to the Legislature, Governor and the Healthy California for All Commission on or before January 1, 2022.
Health Equity and Quality • Requires the Department of Managed Health Care (DMHC) to convene a Health Equity and Quality Committee and make recommendations for standard health equity and quality measures, including annual benchmark standards for assessing equity and quality in health care delivery. • DMHC must consider expertise, diversity, expertise of other state agencies, consumer representatives that serve diverse populations, and experts, researchers and community members engaged in the development of approaches to measuring health equity**.** • Committee to provide recommendations on or before September 30, 2022, for the DMHC's consideration. • Requires DMHC to establish standard measures and benchmarks for equity and quality in health care delivery. • Requires at discussion in at least one public meeting. • Requires health plans to comply with annual benchmarks and compliance with reports. • Requires plans that contract with DHCS to have NCQA accreditation by January 1, 2026. • Requires DMHC to publish a Health Equity and Quality Compliance report starting in 2025.
California POLST eRegistry • Requires the Emergency Medical Services Authority (EMSA) to establish a statewide registry system for the purpose of collecting a patient's Physician Order for Life Sustaining Treatment (POLST) information from a health care provider.
Certificate of Live Birth • Expands access to the confidential portion of any certificate of live birth or fetal death, the electronic file of birth information and the birth mother linkage to the Department of Health Care Access and Information (formerly OSHPD – see below).
California Neurodegenerative Disease Registry Program • Requires the California Department of Public Health to collect data on the incidence of neurodegenerative disease beginning January 1, 2023. • Designates neurodegenerative disease as a disease required to be reported to CDPH.

- Requires hospitals, outpatient clinic, physician and surgeon or other health care provider and other facility diagnosing or providing treatment for a patient with neurodegenerative disease to report each case to CDPH in a format prescribed by CDPH.
- Requires aforementioned providers and facilities to provide CDPH with access to all records related to a case and would impose a $500 fine for willful violation.
- Defines neurodegenerative disease to include, but not be limited to Alzheimer's disease, multiple sclerosis, Huntington's disease and amyotrophic lateral sclerosis (ALS).
- Repeals these provisions on January 1, 2028

Sexually Transmitted Disease Prevention and Control Funding

- Adds nonprofit health care providers as eligible entities to receive funding from a local health department.
- Continues to require at least 50 percent of the funds to a LHD to be provided to community-based organizations and nonprofit health care providers**.**
- Adds a requirement that the local health jurisdiction demonstrate that the CBO or nonprofit health care provider that receives funding engaged representatives from impacted communities in the development of outreach activities.
- Requires local health jurisdictions to use these funds to facilitate expanded access to sexually transmitted infection clinical services, including but not limited to LBGTQ+ populations, including those who face confidentiality barriers in using health coverage to receive STI testing, treatment and related care.

PrEP and PEP

- Allows CDPH to allocate funds to local health departments and community-based organizations to support HIV preexposure prophylaxis and postexposure prophylaxis (PEP) navigation and retention coordinators and related services to increase PrEP and PEP initiation and retention of individuals most vulnerable to HIV**.**
- Navigation services may include but are not limited to outreach and education, community messaging, assistance with applying and retaining health coverage, assistance in enrollment in PrEP and PEP financial assistance program, care coordination and adherence support, financial assistance for transportation costs, and linkage to behavioral health, substance use, housing, and other social service programs.
- Requires the Office of AIDs to establish a simple application process for LHDs and CBOs.
- LHDs and CBOs must meet all of the following requirements:
    - Provide enrollment or clinical services for the HIV prevention program
    - Describe how funding for PrEP and PEP navigation and retention coordinators and related services will help improve initiation and retention in their area
    - Demonstrate the capacity to provide culturally appropriate PrEP and PEP navigation and retention services to one or more communities vulnerable to HIV
- LHDs and CBOs funded must collaborate with the Office of AIDS to conduct outcome and process evaluation. The Office of AIDS shall establish performance metrics to measure success.
- Allows the Office of AIDS to use funds to contract with a third-party entity to provide training, technical assistance, and capacity building of LHDs and CBOs.
- Allows, to the extent allowable under federal law, funds to be used for activities outlined in the ADAP Rebate Fund.

HIV and Aging Demonstration Projects

- Requires CDPH, in consultation with the California Department of Aging (CDA) to establish a program for demonstration projects to allow for innovative, evidence-informed approaches to improve the health and well-being of older people living with HIV**.**
- Demonstration projects shall:
  - Address multidisciplinary clinical and non-clinical needs
  - Be responsive to unique needs of older people living with HIV
  - Operate for a period of up to three years
  - Include evaluation and a plan for disseminating lessons learned
- CDPH shall:
  - Implement up to five demonstration projects
  - Establish a process to request applications
  - Award funding on a competitive basis
  - Determine funding levels of each project based on their project scope
- Allows any entity in any county to be eligible to operate a demonstration project if it meets the requirements.

HCV Test Kits

- Allows CDPH's Office of Viral Hepatitis Prevention to purchase HCV test kits and associated materials and supplies for distribution to CBOs and local health departments.
- Allows the Office of Viral Hepatitis Prevention to allocate funding to train CBO and LHD personnel to conduct HCV, HIV and STI testing and related activities.
- Allows the Office of Viral Hepatitis Prevention to hire staff to implement these activities.
- Requires the Office of Viral Hepatitis Prevention to establish a simple application process for LHDs and CBOs to apply to receive test kits and support.
- If requests for HCV test kits and support exceeds the funds available, the Office of Viral Hepatitis Prevention may prioritize distribution based on need and capacity to provide culturally appropriate services to one or more communities most vulnerable to HCV.

Department of Health Care Access and Information (HCAI)

- Recasts and reorganizes existing responsibilities of the Office of Statewide Health Planning and Development (OSHPD) under the newly created Department of Health Care Access Information (HCAI).
- Modifies the health care workforce clearinghouse to now be a health care workforce research and data center that will serve as the state's central source of health care workforce and education data.
- Requires HCAI to establish, implement, and administer the Health Care Payments Data Program to collect and report specified data on health care claims and payments.
- Requires HCAI to establish and maintain various health care professions workforce programs, including for physicians, licensed mental health care service providers, and nurses, and others.

Health Professions Career Opportunity Program

- Requires the HCAI to maintain a Health Professions Career Opportunity Program.
- HCAI shall implement programs at colleges and universities (public and private) and give priority to campuses in medically underserved areas or with students from groups underrepresented in medicine, demonstrate a commitment to diversity and associated institutional change, a track record of providing tailored student support, and strong health professions school partnerships. Programs shall include:
    - Pipeline programs that provide comprehensive academic enrichment, career development, mentorship, and advising in order to support students from underrepresented regions and backgrounds to pursue health careers.
        - May include internships and fellowships to enable students to compete for admission to graduate health professions schools or employment in the health field.
    - Annual postbaccalaureate reapplicant slots and the provision of student scholarships for reapplicant postbaccalaureate students to cover program tuition.
- Other program activities and objectives include:
    - Producing and disseminating a series of publications aimed at informing and motivating minority and disadvantaged students to purse health professional careers.
    - Conducting a conference series aimed at informing students of opportunities in health professional training and mechanisms of successfully preparing to enter the training.
    - Providing support and technical assistance to health professional schools and colleges as well as to student and community organizations active in health professional development of underrepresented groups in medicine.
    - Conducting relevant health workforce information and data analysis regarding underrepresented groups in medicine.
    - Providing consultation, recruitment, and counseling through other means.
    - Supporting and encouraging health professionals in training who are from underrepresented groups to practice in health professional shortage areas in California.
    - Implementation contingent on funding appropriated in the annual Budget Act or other statute.

Health Workforce Education and Training Council

- Renames the California Workforce Policy Commission to the Health Workforce Education and Training Council to be responsible for helping coordinate California's health workforce education and training to develop a workforce that meets California's health care needs.
- Modifies the membership from 15 to 17 members and requires the membership to represent various graduate medical education and training programs, health professions, and consumer representatives.
- New membership will include:
    - Six members appointed by the Governor
    - DHCS Director or designee
    - Department of Health Care Access and Information Director or designee
    - Three members appointed by the Speaker of the Assembly
    - Three Members appointed by the Chair of Senate Rules Committee
    - President of the University of California or designee
    - Chancellor of the California State University or designee

- Chancellor of the California Community Colleges or designee
- Council shall:
  - Develop graduate medical education and workforce training and development priorities for the state.
  - Discuss and make recommendations to the Department of Health Care Access and Information regarding the use of health care education and training funds appropriated by the Legislature
  - Develop standards and guidelines for residency and health professions education and training programs
  - Review outcomes from funded programs
  - Explore options for developing a broad graduate medical education and health professions education and training funding strategy
  - Advocate for additional funds and fund sources to stimulate expansion of education and training programs in California
  - Provide technical assistance and support for establishing new guidance
  - Review and recommend health professions career pathways or ladders
  - Carry out duties with consideration given to increasing workforce diversity, improving access, quality, and equity of health care for underserved, underrepresented, and Medi-Cal populations.
  - Have a primary focus on primary care, behavioral health, oral health, and allied health.

California Health and Human Services Data Exchange Framework

- Requires the California Health and Human Services Agency, along with its departments and offices, in consultation with stakeholders and local partners to establish the California Health and Human Services Data Exchange Framework on or before July 1, 2022, that shall include a single data sharing agreement and common policies and procedures to leverage and advance national standards for information exchange and data content to govern the exchange of health information among health care entities and government agencies in California.
- The framework will be designed to enable and require real-time access to, or exchange of, health care information among health care providers and payers through any health information exchange network, health information organization, or technology that adheres to specific standards and policies.
- Requires specified entities use exchange information according to the data sharing agreement for treatment, payment, or health care operations on or before January 31, 2024. Some entities (including general acute care hospitals, physician organizations and medical groups, etc.) are required to execute the framework data sharing agreement on or before January 31, 2023.
- Requires CHHS to convene a stakeholder advisory group by September 1, 2021, to advise on the development and implementation of the framework. Members are appointed by the CHHS Secretary and shall include:
  - Department of Health Care Services
  - Department of Social Services
  - Department of Managed Health Care
  - Department of Health Care Access and Information
  - California Department of Public Health
  - Department of Insurance
  - Public Employees' Retirement System
  - California Health Benefit Exchange
  - Health Care Service plans and health insurers

- Physicians
- Hospitals
- Clinics
- Consumers
- Organized labor
- Privacy and security professionals
- Health information technology professionals
- Community health information organizations
- County health, social services, and public health
- Community-based organizations providing social services

- Members will be convened in public meetings.
- CHHS will submit an update to the legislature based on input from the stakeholder advisory group no later than April 1, 2022.
- CHHS will work with CSAC to encourage inclusion of county health, public health, and social services as part of the California Health and Human Services Data Exchange Framework to assist public and private entities to connect through uniform standards and policies.
- Declares the intent of the Legislature that all state and local public health agencies will exchange electronic health information in real time with health care entities to protect and improve the health and well-being of Californians.
- Requires CHHS to develop a strategy in consultation with stakeholders, to secure digital identities on or before July 31, 2022.

State Dental Program.

- Requires, contingent upon a reduction in tax revenue allocations, a continuous appropriation to the State Dental Program to ensure total funding is maintained at $30 million annually.

Incompetent to Stand Trial Solutions Workgroup.

- Requires CHHS and Department of State Hospitals (DSH) to convene a workgroup to identify short, medium, and long-term solutions to advance alternatives to IST placement at DSH facilities.
- Specifies workgroup membership and requires the workgroup to submit recommendations to CHHS and DSH.
- Authorizes CHHS and DSH to implement specified actions around IST commitments if certain conditions are met.

Behavioral Health Continuum Infrastructure Program

- Authorizes DHCS to establish the Behavioral Health Continuum Infrastructure Program to award competitive grants to entities to construct, acquire, and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand capacity to provide comprehensive behavioral health services. Specifies grant eligibility criteria, including requiring recipients to provide matching funds or real property and requiring services to operate in the financed facility for the intended purpose for a minimum of 30 years.

Child and Youth Behavioral Health Initiative

- Requires CHHS and its applicable departments to implement and administer the Child and Youth Behavioral Health Initiative consisting of the following components:
  - Virtual platform for behavioral health services and supports
  - School-linked partnership, capacity, and infrastructure grants to support behavioral health services in supports in school settings
  - Incentive payments to qualified Medi-Cal managed care plans to implement interventions to increase access to child and youth behavioral health services and supports
  - Development and maintenance of a statewide fee schedule for school-linked outpatient mental health and substance use disorder treatment
  - Development and expansion of evidence-based behavioral health programs
  - Funding to targeted entities serving individuals 25 years of age and younger through the Behavioral Health Continuum Infrastructure Program (described above)
  - Comprehensive and culturally and linguistically appropriate public education and social change campaign
  - Investments in behavioral health workforce, education, and training
  - Funding to targeted entities serving individuals 25 years of age and younger through the Mental Health Services Act (MHSA)
- Authorizes HCAI to award competitive grants to entities and individuals qualified to expand the supply of behavioral health counselors, coaches, peer supports, and other allied health care providers serving children and youth, including those at school sites.

Office of Medicare Innovation and Integration

- Establishes the Office of Medicare Innovation and Integration in DHCS to:
  - Provide leadership and expertise on innovative models for Medicare beneficiaries in California
  - Support new and existing models and strategies to benefit Medicare-only beneficiaries, in collaboration with local, state and federal partners, and other stakeholders
  - Consider and develop strategies for Medicare and Medi-Cal enrollment, benefits, health care delivery systems, and data sharing and reporting to improve health outcomes, quality and cost effectiveness
  - Develop innovative approaches to integrated models of care and coordinated access to long-term services and supports for Medicare-only beneficiaries and dually eligible beneficiaries.

Pregnancy and Postpartum Medi-Cal Services

- Provides full-scope Medi-Cal benefits to a pregnant individual or targeted low-income child who is eligible for and receiving health care coverage under Medi-Cal, for the duration of pregnancy and for a period of one year following the last day of the individual's pregnancy.
- Requires DHCS to seek necessary federal approvals.
- Makes implementation subject to appropriation in the annual Budget Act or other act approved by the Legislature and is also contingent on federal approvals.

Medi-Cal for Undocumented Older Adults

- Expands Medi-Cal eligibility to an undocumented individual 50 years of age or older.
  - Implemented after DHCS director determines and communicates in writing to the Department of Finance that the systems have been programmed for implementation, but no sooner than May 1, 2022

Medically Tailored Meals

- Requires DHCS to implement the Short-Term Medically Tailored Meals Intervention Services Program in FY 2021-22 to award funds to qualified entities providing medically tailored meals intervention services to eligible Medi-Cal beneficiaries with specific conditions who reside in specified counties when meal services are unavailable under the Medically Tailored Meals Pilot Program.
    - Counties: Alameda, Contra Costa, Fresno, Kings, Los Angeles, Madera, Marin, San Diego, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma, and Tulare
    - Conditions: Diabetes, chronic obstructive pulmonary disease, renal disease, chronic kidney disease, cancer, malnutrition, HIV or AIDS, congestive heart failure
- Recipients can receive up to 21 meals per week for 12 to 52 weeks depending on diagnosis and need.
- Subject to available funds.
- If funds are available, intervention services shall include medical nutrition therapy or counseling for the program participants.
- Department may implement additional eligibility requirements based on acuity and other selection criteria in consultation with medically tailored meal providers.
- Funds must be awarded based on a methodology by the department to nonprofit and community-based organizations with expertise as medically tailored meals provided in the counties specified above.
- Providers must monitor and document the impacts of the Short-Term Medically Tailored Meals Intervention Services Program.
- DHCS shall develop a methodology for reimbursing contractors or other entities for services provided. DHCS shall allocate 5 percent of funds to a nonprofit organization fiscal sponsor to coordinate program administration.
- DHCS may, to extent permitted under federal and state law, may use Medi-Cal data to identify eligible beneficiaries.
- DHCS may only implement if federal financial participation is not jeopardized.

Medi-Cal Dental Managed Care

- Extends dental managed care contracts for Medi-Cal beneficiaries until December 31, 2022. Recall, Medi-Cal Dental Managed Care exists only in Sacramento and Los Angeles counties.

Medi-Cal Telehealth Flexibilities

- Extends telehealth flexibilities in the Medi-Cal program established during the COVID-19 pandemic until December 31, 2022.
- Requires DHCS to seek necessary federal approvals related to the delivery and reimbursement of telehealth services in the Medi-Cal program.
- Authorizes DHCS to use remote patient monitoring as an allowable telehealth modality for covered health services.
- In preparation of the Governor's 2022-23 January Budget, requires DHCS to convene an advisory group to provide recommendations on establishing and adopting billing and utilization management protocols for telehealth services.

Long-Term Care Facility Penalties

- Requires long-term health care facilities to comply with rulings issued by DHCS within three calendar days of a ruling related to Medi-Cal resident transfer, discharge, or readmission processes. Specifies penalty amounts for long-term care facility violations.
- Requires long-term health care facility to file a certification of compliance with DHCS.

Health Home Program • Ends the Health Home Program on January 1, 2022, or effective date reflected in necessary approvals obtained by DHCS to implement the Enhanced Care Management benefit under CalAIM, whichever is later.
Medi-Cal Benefit Suspensions • Repeals provisions specifying the suspension of various optional benefits within the Medi-Cal program. Recall, the Legislature previously included language requiring the suspension of specified benefits if the state's expenditures exceeded revenues.
Medication Therapy Management Medi-Cal Benefit • Requires DHCS to implement a medication therapy management (MTM) reimbursement methodology for covered pharmacist services within the Medi-Cal program. Requires DHCS to seek necessary federal approvals.
Dyadic Behavioral Health Visits Medi-Cal Benefit • Makes dyadic behavioral health visits a covered benefit under Medi-Cal starting no sooner than July 1, 2022. • Dyadic services benefit is a family- and caregiver-focused model of care to address developmental and behavioral health conditions of children as soon as they are identified and fosters access to preventive care for children, immunization completion, coordination of care, social-emotional health and safety, developmentally appropriate parenting, and maternal mental health. • Visits are provided for the child and caregiver or parent at medical visits, providing screenings for behavioral health, interpersonal safety, tobacco and SUD, and social determinants of health. • Only implemented to the extent federal approvals are obtained and FFP is available.