



OFFICE OF THE GOVERNOR

June 6, 2023

The Honorable Xavier Becerra
Secretary of the U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

RE: REQUEST FOR NEW DEMONSTRATION UNDER SECTION 1115 AUTHORITY

Dear Secretary Becerra:

I am pleased to submit the enclosed request for a new demonstration project under Section 1115 of the Social Security Act, entitled California's Reproductive Health Access Demonstration (CalRHAD).

With this application, California is seeking to enter into a new three-year demonstration agreement to strengthen California's sexual and reproductive health delivery system to support equitable access to a broad range of sexual and reproductive health services. Through this demonstration, California seeks authority to provide grants to reproductive health providers for enhancing capacity and access to sexual and reproductive health services and promoting the sustainability of California's reproductive health provider safety net for the benefit of individuals enrolled in Medi-Cal and other individuals who currently face barriers to access. California is requesting a demonstration effective date of January 1, 2024.

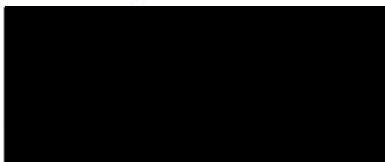
California's Section 1115 demonstration request will build on the State's investments for reproductive health services and complement other State efforts to promote equitable access to comprehensive sexual and reproductive health care. This demonstration will play a key role in advancing California's progress towards the goal of providing access to comprehensive sexual and reproductive health services for individuals enrolled in Medi-Cal and other individuals who need access to quality, affordable care.

The enclosed includes all information and content required for a demonstration request under Section 431.412 of Title 42 of the Code of Federal Regulations, including a description of the public and Tribal stakeholder processes that the California Department of Health Care Services has conducted over the last few months as we developed this request.

California's CalRHAD proposal aligns with the Biden Administration's priorities to advance health equity and strengthen access to sexual and reproductive health care for individuals who may face restrictions. We look forward to working with you to realize these goals and to continue our efforts to protect access to comprehensive sexual and reproductive health care services.

Thank you for your consideration. If you have any questions, please contact Jacey Cooper, California's State Medicaid Director, at jacey.cooper@dhcs.ca.gov.

Respectfully,



Gavin Newsom
Governor of California

Enclosures

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**State of California
Department of Health Care Services**

***Medicaid Section 1115 Demonstration
Request***

**California's Reproductive Health Access
Demonstration (CaRHAD)**

June 2023

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Introduction

California seeks to ensure that everyone in the Golden State has access to the information, services, and treatment needed to promote sexual and reproductive health and well-being. To advance these goals, California is seeking a new Medicaid demonstration project under Section 1115 of the Social Security Act (“the Act”) to strengthen the State’s reproductive health provider safety net, with an emphasis on ensuring access to sexual and reproductive health services, as well as the services and supports to access these services by addressing health-related social needs (HRSNs).

Through this demonstration, California’s Reproductive Health Access Demonstration (CalRHAD), the California Department of Health Care Services (DHCS) is requesting expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers for enhancing capacity and access to sexual and reproductive health services and promoting the sustainability of California’s reproductive health provider safety net, for the benefit of individuals enrolled in Medi-Cal and other individuals who currently face barriers to access.

California has a strong legacy of protecting bodily autonomy and reproductive choice, including through recent legislative [actions](#) to increase access to sexual and reproductive health services and providers, strengthen patient privacy protections, and protect people who are seeking legal abortions in California. Through this demonstration proposal, California proposes to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services, including family planning, for individuals enrolled in Medi-Cal, as well as other individuals who may need assistance to access such services. Providers that receive CalRHAD grants would *not* be permitted to use those funds for provision of any services, including abortions. California currently covers abortions for individuals enrolled in Medi-Cal and others using State funds, without federal Medicaid matching funds.

Section I. Program Description

Background

California has long prioritized the goal of providing access to comprehensive sexual and reproductive health services, including contraception, pregnancy testing, sterilization, sexually transmitted infection (STI) testing and routine screenings, education and access to Pre-Exposure Prophylaxis (PrEP), and reproductive cancer screening services, among others. Access to these services helps individuals and families achieve their desired birth spacing and family size; promotes preventive health and improves health outcomes for infants, children, and adults; and supports individuals and families in achieving their educational, career, and financial goals.¹ In California, Medi-Cal is the

¹ M. Kavanaugh and R. Anderson, “Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers,” Guttmacher Institute, July 2013. Available at: <https://www.guttmacher.org/sites/default/files/pdfs/pubs/health-benefits.pdf>.

largest payer for family planning and reproductive health services,² and the Medi-Cal program covers nearly half of all individuals of childbearing age in the State.³

Disparities in access to sexual and reproductive health services persist, however, including disparities based on geography,⁴ income,⁵ and race.^{6,7} HRSNs—including housing, employment, transportation, and childcare needs, among other factors—have been shown to affect many reproductive health conditions and can impede access to sexual and reproductive services, further exacerbating disparities.⁸

These disparities are at risk of further widening as sexual and reproductive health providers face the combined pressures of ongoing financial recovery and stabilization related to the COVID-19 Public Health Emergency (PHE), economic uncertainty, inflation, workforce challenges, and the effects from the U.S. Supreme Court’s June 2022 decision in *Dobbs v. Jackson Women’s Health Organization*. Since *Dobbs* was decided, California’s providers have seen a significant influx of patients traveling from other states to access reproductive health services that are no longer available in their home states,^{9,10} whether due to express legal prohibitions, the chilling effect those

² D. Early, M. Dove, H. Bocanegra, E. Schwarz, “Publicly Funded Family Planning: Lessons From California, Before And After The ACA’s Medicaid Expansion,” Health Affairs, 2018. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.0412>.

³ Internal California Department of Health Care Services data, 2021.

⁴ Power to Decide, “Contraceptive Deserts,” 2023. Available at: <https://powertodecide.org/what-we-do/access/contraceptive-deserts>.

⁵ Guttmacher Institute, Data Center: Women in Need of Contraceptive Services, 2023. Available at: <https://data.guttmacher.org/counties>.

⁶ D. Qato, “Women and Adolescent Girls Face Barriers Accessing Birth Control and Plan B – Even in Blue States Like California,” The Evidence Base, University of Southern California (USC) Leonard D. Schaeffer Center for Health Policy & Economics, July 2022. Available at: [Women and Adolescent Girls Face Barriers Accessing Birth Control and Plan B – Even in Blue States Like California – USC Schaeffer](https://evidencebase.usc.edu/women-and-adolescent-girls-face-barriers-accessing-birth-control-and-plan-b-even-in-blue-states-like-california-usc-schaeffer/).

⁷ Managed Care Quality and Monitoring Division, California Department of Health Care Services, “2020 Health Disparities Report,” December 2021. Available at: <https://www.dhcs.ca.gov/Documents/MCQMD/CA2020-21-Health-Disparities-Report.pdf>.

⁸ American College of Obstetricians and Gynecologists, “Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care,” Committee on Health Care for Underserved Women Opinion No. 729, January 2018. Available at: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/01/importance-of-social-determinants-of-health-and-cultural-awareness-in-the-delivery-of-reproductive-health-care>.

⁹ The Press Enterprise, End of Roe v. Wade Makes California an Abortion Destination, Planned Parenthood of Orange and San Bernardino Counties, July 2022. Available at: <https://www.plannedparenthood.org/planned-parenthood-orange-san-bernardino/about-us/news/end-of-roe-v-wade-makes-california-an-abortion-destination>.

¹⁰ B. Sears, C. Cohen, and L. Stemple, “People Traveling to California and Los Angeles for Abortion Care if Roe v. Wade is Overturned,” UCLA School of Law Center on Reproductive Health, Law, and Policy, June 2022. Available here: [https://law.ucla.edu/sites/default/files/PDFs/Center on Reproductive Health/California Abortion Estimates.pdf](https://law.ucla.edu/sites/default/files/PDFs/Center%20on%20Reproductive%20Health/California%20Abortion%20Estimates.pdf).

prohibitions create for reproductive health services overall, or growing “reproductive health deserts,” referring to geographic regions with a significant shortage of local reproductive health providers. This sudden increase in patient volume is all the more challenging because many of these new patients lack coverage or personal funds to pay for the services they receive.

DHCS seeks to continue California’s progress towards equitable access to comprehensive sexual and reproductive health services for individuals enrolled in Medi-Cal and other individuals who need access to quality, affordable sexual and reproductive health care. The grant funding outlined in this proposed demonstration will build on California’s [2022 Budget Act](#) investments for reproductive health services and complements other State efforts to promote equitable access to comprehensive sexual and reproductive health care, such as California’s Family Planning, Access, Care, and Treatment (Family PACT) Program.

Demonstration Goals

As noted above, DHCS seeks to bolster California’s sexual and reproductive health delivery system to support equitable access to comprehensive sexual and reproductive health services. Through this demonstration, California seeks to promote the following objectives:

- **Support access to whole-person sexual and reproductive health services for individuals enrolled in Medi-Cal, as well as other individuals who may face barriers to access.** Specifically, this demonstration would provide grants to sexual and reproductive health providers aimed at *enhancing access* to Medicaid services. The grants would not be used to reimburse the direct provision of services; however, the grants would help increase access to the following types of services:
 - Family planning services;
 - Family-planning-related services, as defined in the Centers for Medicare & Medicaid Services’ (CMS) State Health Official Letter ([SHO](#)) #16-008;
 - Sexual health services, including STI testing, routine screenings, education, and access to PrEP; and
 - Integrated primary care and behavioral health services offered by reproductive health providers, such as:
 - Well care; and
 - Behavioral health services and peer supports for individuals struggling with issues related to gender identity or sexual orientation.

Although California supports the ability for individuals who are pregnant to terminate their pregnancy, abortions *would not* be included nor reimbursed within the scope of this demonstration. California will maintain its current approach of covering abortions for individuals enrolled in Medi-Cal and others using State-only funds.

- **Support the capacity and sustainability of California’s sexual and reproductive health provider safety net.** California’s sexual and reproductive health providers face ongoing financial recovery, workforce, and stabilization challenges, which limits their ability to maintain and expand their capacity. The State also seeks to support community-based organizations (CBOs) that help individuals connect with health care services and health-related services and supports, alleviating administrative and cost burden on sexual and reproductive health providers. Through the demonstration, DHCS would provide grants to sexual and reproductive health providers to support partnerships with CBOs to build capacity and sustain access to services to address HRSNs.
- **Promote system transformation for California’s sexual and reproductive health safety net.** The State seeks to promote integrated models for the delivery of reproductive, primary, and behavioral health services and mitigate access barriers arising out of the social drivers of health. Through the demonstration, DHCS would provide grants to sexual and reproductive health providers to enhance availability of services in an integrated setting and capacity for patient supports to access services such as transportation, childcare, and logistical assistance arranging these and other supports.

Overall, the demonstration would promote the objectives of the Medicaid program by helping to assure access to sexual and reproductive services covered by Medi-Cal and bolstering the sustainability and capacity of the providers who offer these critical services. The State would comply with applicable federal laws.

Proposed Demonstration

The State is requesting expenditure authority for \$200 million (total computable) over a three-year demonstration term to advance the goals described above. California is requesting a demonstration effective date of January 1, 2024, with dollars flowing to providers no sooner than July 1, 2024. With these funds, DHCS will issue grants to sexual and reproductive health providers to support transitional non-service expenditures (e.g., equipment, technology investments) and investments to strengthen the accessibility, capacity, and sustainability of California’s sexual and reproductive health safety net. As noted above, CalRHAD funding *may not* be used for provision of any services, including abortions.

Permissible uses of CalRHAD grants. Grants under this demonstration would support provider and CBO capacity to provide sexual and reproductive health services and HRSN-related supports to reduce barriers to access.

- A. *Investments in provider capacity.*** Grants to providers would be used to support key workforce, equipment, and technology investments, including costs associated with:
- a. Staff recruitment, retention, or training;
 - b. Expanding available appointment times (e.g., evenings and weekends);
 - c. Expanding the range of services offered (e.g., family planning and related services; sexual health services; integrated primary care, behavioral health, or other services to promote whole-person care); and
 - d. Supporting necessary investments in non-service expenditures (e.g., autoclaves to sterilize medical equipment and other equipment, telehealth investments).
- B. *Patient access supports.*** To address barriers related to the social drivers of health, to the extent not otherwise covered by Medi-Cal or other payer, grants to providers would be used to:
- a. Establish or expand partnerships with CBOs who can assist with transportation, child care and similar needs, as documented in their grant request applications; or
 - b. Assist patients in identifying an appropriate and available provider, arrange travel, and connect patients with other social and health care services.

CalRHAD Grant Eligibility Criteria and Program Parameters. Providers critical to ensuring access to a broad spectrum of sexual and reproductive health services for individuals enrolled in Medi-Cal would be eligible to receive grant dollars under the program. Eligible providers are those defined as:

- One of the following provider types:
 - Providers enrolled in the Family PACT program;
 - Community health centers (including Federally Qualified Health Centers (FQHCs), FQHC look-alikes, migrant health centers, rural and frontier health centers, and non-profit community or free clinics licensed by the state as primary care clinics, or clinics affiliated with Disproportionate Share Hospital (DSH) facilities);
 - Tribal FQHCs;
 - Indian Health Service/Memorandum of Agreement (IHS/MOA) clinics;

- Rural hospitals, small hospitals (fewer than 50 beds), or critical access hospitals that are not part of a large health systems or hospital systems, or
- Other Medi-Cal enrolled providers as designated by DHCS.

AND

- Meeting all of the following criteria:
 - Enrolled in Medi-Cal;
 - Are located in California;
 - If applicable and not exempted from licensure, licensed under California law;
 - Provide a broad spectrum of sexual and reproductive health care services;
 - Serve a minimum volume of individuals enrolled in Medi-Cal; and
 - Accept patients regardless of ability to pay.

DHCS may prioritize grant awards to applying providers located in areas with documented reproductive health provider shortages and access challenges, including rural geographies or medically underserved areas, among others.

As part of the demonstration's operational protocols, DHCS would develop, for CMS review, parameters for the allocation, distribution, and oversight of payments under this demonstration.

Sections II–V. Demonstration Eligibility, Delivery System, Benefits, and Cost Sharing

The proposed demonstration would not modify the parameters for Medi-Cal eligibility, benefits, or care delivery systems. This demonstration would not involve enrolling specific individuals or covering specific services, and would not provide reimbursement for direct service provision. Rather, the proposed demonstration aims to support access, capacity, and sustainability for California's sexual and reproductive health safety net through grant payments to sexual and reproductive health providers, as described above.

Medi-Cal Eligibility

The State is not proposing any changes to Medi-Cal eligibility requirements.

Medi-Cal Delivery System

The State is not proposing any changes to the delivery systems employed in Medi-Cal.

Medi-Cal Covered Benefits

The State is not proposing any changes to the benefits available to individuals enrolled in the Medi-Cal program.

Medi-Cal Cost-Sharing

The State is not proposing any changes to cost-sharing under the Medi-Cal program.

Section VI. Implementation of Demonstration

To ensure successful implementation of the demonstration, DHCS will develop, for CMS review, policies and procedures for administration and oversight. As part of this process, DHCS will establish parameters for DHCS or a third-party administrator (TPA) to administer the grant awards, including review of grant applications, disbursement of funds, and collection of required provider documentation and reports, among other processes.

Section VII. Demonstration Financing and Budget Neutrality

DHCS requests expenditure authority for \$200 million (total computable) over three years, all of which would be considered administrative costs for purposes of federal financial participation (FFP). The State anticipates the demonstration will impact the approximately 1.3 million individuals who access family planning services through the Med-Cal program annually.

DHCS seeks expenditure authority to support the non-federal share of funding this three-year demonstration using Designated State Health Program (DSHP) expenditures. California is requesting \$85 million in DSHP funding overall, with the State contributing \$15 million in new State general fund dollars. DSHP expenditures under this demonstration will not affect other DSHP funds authorized or requested under the CalAIM demonstration or any other DHCS waivers or demonstration projects. California will work with CMS to develop Special Terms and Conditions (STCs) and DSHP funding and reimbursement protocols for the demonstration period to reflect the demonstration’s goals and funding levels.

Table 1. Federal Funding of DSHPs to Support CalRHAD Implementation

Federal Funding	Demonstration Years (DYs)			Total
	DY 1 (CY 2024)	DY 2 (CY 2025)	DY 3 (CY 2026)	
DSHP	\$85,000,000	\$0	\$0	\$85,000,000
Total	\$85,000,000	\$0	\$0	\$85,000,000

The following table shows the with waiver expenditures across the three Demonstration Years (DYs).

Table 2. Total Waiver Expenditures

Medicaid Aggregate	Demonstration Years (DYs)			Total
	DY 1 (CY 2024)	DY 2 (CY 2025)	DY 3 (CY 2026)	
CalRHAD Grants	\$200,000,000	\$0	\$0	\$200,000,000
Total	\$200,000,000	\$0	\$0	\$200,000,000

California seeks to draw down federal dollars associated with CalRHAD during the first DY, with grants flowing to providers in installments based on achievement of grant milestones. To the extent any of the funds associated with the CalRHAD grants are not fully expended or fully allocated in DY 1, CalRHAD grant funds may be reallocated across other CalRHAD DYs, subject to overall CalRHAD expenditure limits.

Section VIII. List of Proposed Waivers and Expenditure Authorities

Under Section 1115(a)(2) of the Act, California is requesting expenditure authority for the program described above, through which the State would award grants to support providers as they maintain or expand the capacity of California’s sexual and reproductive health safety net, for the benefit of individuals enrolled in Medi-Cal and other low- and middle-income people seeking timely access to comprehensive sexual and reproductive health care services. California is also seeking expenditure authority to support the non-federal share of funding using DSHPs. California is not requesting any waivers in connection with this demonstration.

To the extent that CMS advises the State that additional authorities are necessary to implement the programmatic vision and operational details described in this application, the State is requesting such waiver or expenditure authority, as applicable. California’s negotiations with the federal government, as well as State legislative/budget changes, could lead to refinements in these lists as we work with CMS to move the CalRHAD initiative forward.

Expenditure Authority

Table 3. Expenditure Authority Requests

Expenditure Authority	Use for Expenditure Authority
CalRHAD Grants	Expenditures for State grant administration, and capacity- and access-enhancing grant payments to qualified provider applicants under the demonstration, which may not otherwise be reimbursable under Section 1903 of the Act.

Expenditure Authority	Use for Expenditure Authority
DSHP	Expenditures for designated state health programs, identified in these STCs, which are otherwise fully state-funded, and not otherwise eligible for Medicaid matching funds. These expenditures are subject to the terms and limitations and not to exceed specified amounts as set forth in the STCs.

Section IX. Evaluation and Demonstration Hypotheses

The table below provides a preliminary plan to evaluate the demonstration and its achievement of the demonstration goals:

- Support access to whole-person sexual and reproductive health services for individuals enrolled in Medi-Cal, as well as other individuals who may face barriers to access;
- Support the capacity and sustainability of California’s sexual and reproductive health provider safety net; and
- Promote system transformation for California’s sexual and reproductive health safety net.

These hypotheses and plan are subject to change and will be further defined as California works with CMS to develop an evaluation design consistent with the STCs and CMS policy.

Table 4. CalRHAD Evaluation Hypotheses and Approach

Hypotheses	Evaluation Approach	Data Sources
Providing CalRHAD grants to sexual and reproductive health providers will expand access to sexual and reproductive health services for individuals enrolled in Medi-Cal	Analyze the number or percentage of individuals enrolled in Medi-Cal of childbearing age utilizing family planning and family planning-related services, sexual health services, well care, behavioral health services, and peer supports in the pre- and post-implementation periods in CalRHAD provider sites	<ul style="list-style-type: none"> • Medi-Cal claims data
Sexual and reproductive health providers that receive CalRHAD grants will have expanded	Examine progress in developing capacity to provide sexual and reproductive health	<ul style="list-style-type: none"> • Surveys and/or interviews of sexual and reproductive health providers

Hypotheses	Evaluation Approach	Data Sources
capacity to provide sexual and reproductive health services to individuals enrolled in Medi-Cal and other individuals who currently face barriers to access	services, including improvements in available appointments, operating hours, telehealth capabilities, range of services offered, and connections to CBOs that offer supports to address HRSNs	<ul style="list-style-type: none"> • Pre- and post-implementation surveys to track changes and progress over time
Providing CalRHAD grants to sexual and reproductive health providers will enhance availability of services in an integrated setting and patient supports to access services	Examine Medi-Cal consumer perception of availability of services in an integrated setting and available supports, such as transportation and childcare	<ul style="list-style-type: none"> • Surveys and/or focus groups of consumers that receive services from sexual and reproductive health providers that receive CalRHAD grant funding • Pre- and post-implementation surveys to track changes and progress over time

The State is also proposing an evaluation goal to understand successes and challenges in setting up and operationalizing this demonstration to help inform lessons learned and best practices for other states potentially seeking to implement programs similar to CalRHAD. The State proposes to examine qualitative feedback shared by sexual and reproductive providers that receive CalRHAD grants obtained through surveys and/or interviews of such providers.

Section X. Oversight, Monitoring, and Reporting

Upon approval of this demonstration, California will monitor expenditures and submit reporting, including quarterly and annual monitoring reports, consistent with the STCs and CMS policy.

Section XI. Compliance with Public Notice Process

DHCS has and will continue to engage in robust stakeholder engagement on CalRHAD. In March 2023, DHCS released the requisite notices for the CalRHAD application and announced a state public comment period from March 16, 2023 through April 17, 2023. The following materials were shared for public comment:

- [Proposed Section 1115 application for CalRHAD](#)
- [Public Notice](#)
- [Abbreviated Public Notice](#)

- [Tribal Public Notice](#)

DHCS presented and discussed the CalRHAD proposal and implementation during two public hearings, the first on March 29, 2023 from 10:00 – 11:00 AM PT and the second on April 3, 2023 from 9:00 – 10:00 AM PT. DHCS also hosted a webinar to solicit Tribal and Indian Health Program stakeholder comments on March 20, 2023 from 9:00 – 10:00 AM PT. All hearings and webinar were held electronically to mitigate the spread of COVID-19 and maximize participation. The meetings also had online video streaming, telephonic conference capabilities, and closed captioning to ensure accessibility.

Public Comment Period

The required state public comment period for the draft CalRHAD Section 1115 application ran from March 16, 2023 to April 17, 2023. During the 30-day period, DHCS received 29 public comments, including 21 comments submitted via email and 8 comments provided orally or via the Zoom chat box functionality during two public hearings. DHCS did not receive any public comments via mail or during the webinar with Tribal and Indian Health Program stakeholders.

Appendix A summarizes key themes of the comments received and provides the State's responses, including on feedback related to CalRHAD's goals, implementation approach, grant eligibility criteria, permissible uses of funding, and program oversight and monitoring. The written comments are posted on the [California's Reproductive Health Access Demonstration webpage](#). The State greatly appreciates the valuable and thoughtful comments submitted by stakeholders.

Section XII. Demonstration Administration

Please see below for contact information for the State's point of contact for this demonstration application:

Name: René Mollow, MSN, RN

Title: Deputy Director, Health Care Benefits and Eligibility

Agency: California Department of Health Care Services

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Appendix A. Summary of Responses to Public Comments

Overview

From March 16, 2023 to April 17, 2023, California held the state public comment period for the draft CalRHAD Section 1115 application. During the 30-day period, DHCS received 29 public comments, including 21 comments submitted via email and 8 comments provided orally or via the Zoom chat box functionality during two public hearings. DHCS did not receive any public comments via mail or during the webinar with Tribal and Indian Health Program stakeholders.

This Appendix summarizes key themes of the comments received and provides the State's responses, including feedback related to CalRHAD's goals, implementation approach, grant eligibility criteria, permissible uses of funding, and program oversight and monitoring. The State appreciates these comments and will consider them as it continues to work to strengthen Medi-Cal and the sexual and reproductive health provider safety net in California.

Responses to Public Comments

Comments on CalRHAD Goals and Implementation Approach

***Comment:* Many commenters expressed strong support for CalRHAD. In particular, many commenters supported CalRHAD's goals of expanding sexual and reproductive health provider capacity and increasing access to patient supports to reduce barriers related to the social determinants of health.**

Response: DHCS appreciates the commenters' support for this request. California is committed to ensuring equitable access to comprehensive sexual and reproductive health services for individuals enrolled in Medi-Cal and other individuals who face barriers to access and looks forward to working with CMS to advance CalRHAD.

***Comment:* Many commenters requested that the demonstration period be extended from three years to five years to promote program sustainability and to allow for data collection.**

Response: DHCS appreciates the commenters' feedback on the length of the demonstration period. California's sexual and reproductive health providers face acute needs due to financial uncertainty, workforce challenges, and other pressures and the intent of the shorter demonstration period is to ensure grants are distributed quickly to providers. California seeks to draw down federal dollars associated with CalRHAD during the first Demonstration Year (DY), with grants flowing to providers in installments based on achievement of grant milestones. To the extent any of the funds associated with the CalRHAD grants are not fully expended or fully allocated in DY 1, CalRHAD grant funds may be reallocated across other CalRHAD DYs, subject to overall CalRHAD expenditure limits. Across the three-year demonstration period, DHCS will conduct

monitoring and evaluation efforts in line with the Special Terms and Conditions to oversee the program and its impact.

***Comment:* Two commenters expressed concerns that CalRHAD grant funds would be used to support abortions.**

Response: Providers that receive CalRHAD grants will not be permitted to use these funds to reimburse for direct services, including abortions. Instead, CalRHAD grants would support sexual and reproductive health provider and community-based organization capacity building and increase access to patient supports. Examples include supporting costs of expanding operating hours and available appointment times (e.g., evening and weekend times) and provider and CBO partnerships to provide transportation and child care.

California currently funds abortions for individuals enrolled in Medi-Cal using State-only funds, without federal Medicaid matching funds. California will continue the current approach of covering and funding abortions for individuals enrolled in Medi-Cal using State-only funds.

Comments on CalRHAD Grant Eligibility Criteria

***Comment:* Several commenters provided input on the eligibility criteria for providers to receive grant dollars through CalRHAD. Two commenters encouraged DHCS to expand the eligibility criteria to include additional provider types, such as emergency medicine providers and Title X providers.**

Response: DHCS appreciates stakeholders' comments on the eligibility criteria for CalRHAD grants. California recognizes the multitude of providers critical to ensuring access to a broad spectrum of sexual and reproductive health services for individuals enrolled in Medi-Cal and other individuals who face barriers to access. Title X providers participate in California's FamilyPACT program, and therefore are one of the eligible CalRHAD provider types.

***Comment:* One commenter expressed concerns that the provider eligibility criteria may potentially preclude Tribal FQHCs and Tribal Health Programs from receiving CalRHAD grants.**

Response: DHCS appreciates the commenter's feedback on the eligibility criteria as it relates to Tribal health providers. California is committed to ensuring Tribal FQHCs and Tribal health clinics are eligible to receive CalRHAD grants given their unique role in ensuring access to sexual and reproductive health services for Tribal members. DHCS revised the eligibility criteria to reflect this feedback and will continue to work with stakeholders to ensure Tribal health providers have the opportunity to apply for CalRHAD grants.

Comment: One commenter asked for clarity on whether eligible providers would include those who do not currently offer a broad spectrum of sexual and reproductive health care services or meet minimum Medi-Cal volume requirements, but are interested in expanding their capacity to do so. Many other commenters requested DHCS to further clarify the provider eligibility criteria such that Medi-Cal providers who do not provide the full range of contraceptives or appropriate referrals to other nearby providers and do not serve a minimum volume of sexual and reproductive health patients enrolled in Medi-Cal are not eligible to apply for CalRHAD grants.

Response: DHCS appreciates commenters' feedback on the eligibility criteria. Through CalRHAD, DHCS is seeking to strengthen and expand capacity in the state for Medi-Cal providers currently focused on providing a broad spectrum of sexual and reproductive health services.

Comment: One commenter requested clarification on whether applicants are required to be Medi-Cal or FamilyPACT providers to be eligible for grant funding.

Response: To be eligible for CalRHAD grants, providers must be Medi-Cal enrolled providers. All FamilyPACT providers must be enrolled in Medi-Cal, but a provider does not necessarily need to be a FamilyPACT provider to be eligible for CalRHAD.

Comments on Permissible Use of Grants

Comment: Multiple commenters supported CalRHAD grants being used for investments in provider capacity. Many commenters urged DHCS to explicitly include the following activities as permissible uses for CalRHAD grants: quality improvement activities to enhance sexual and reproductive health care delivery, adolescent-friendly services to increase access to and use of contraception, and community education and outreach activities to encourage linkages to care. Another commenter recommended that DHCS incorporate quality improvement guidelines that will incentivize providers to improve and expand access to contraceptive services.

Response: DHCS appreciates the commenters' input on permissible uses of CalRHAD grants. California recognizes the importance of quality improvement and training activities, offering services tailored to the unique needs of adolescents, and community education and outreach. However, DHCS is focused on activities tied to strengthening and expanding capacity in the state for sexual and reproductive health services, as outlined in the current criteria.

Comment: Several commenters expressed the importance of expanding access and capacity for sexual and reproductive health services and education among males, including for communities disproportionately impacted by HIV.

Response: California recognizes the importance of expanding access to sexual and reproductive health services for all Californians and understands the unique challenges experienced by communities disproportionately impacted by HIV. CalRHAD grants may be used to support providers and community-based organizations' capacities to enhance access to sexual and reproductive health services, which includes care like HIV education, STI and other routine screenings, and access to PrEP. DHCS updated the CalRHAD application language to make these goals more explicit.

Comment: Multiple commenters supported integrating well-care, behavioral health services, and peer supports for individuals struggling with issues related to gender identity or sexual orientation in reproductive health care settings in the CalRHAD application. Commenters urged the Department to expand permissible uses of grant funding under the program to include a broader range of peer supports to help improve adolescent sexual and reproductive and mental health well-being.

Response: DHCS appreciates the commenters' support for its goals of promoting access to integrated primary care and behavioral health services offered by reproductive health providers.

Comment: One commenter asked if DHCS planned to create a preferred vendor list of community-based organizations that providers are able to partner with to expand their capacity to provide services.

Response: DHCS does not intend to create a preferred list of community-based organizations for sexual and reproductive health providers to partner with to provide services to address health-related social needs. CalRHAD applicants will be responsible for identifying the organizations they want to collaborate with in their grant applications to meet the needs of their respective communities.

Comments on Grant Program Parameters, Oversight, and Monitoring

Comment: Two commenters recommended DHCS prioritize grant awards to providers in areas with reproductive health provider shortages, particularly rural and medically underserved areas.

Response: DHCS thanks the commenters for their input on grant funding prioritization. DHCS may prioritize grant awards to applying providers located in areas with documented reproductive health provider shortages and access challenges, including rural geographies or medically underserved areas, among others. As part of the demonstration's operational protocols, DHCS would develop parameters, subject to CMS approval, for the allocation, distribution, and oversight of payments under this demonstration.

Comment: Several commenters asked for further clarity on how CalRHAD dollars will be distributed.

Response: DHCS thanks the commenters for their questions. The CalRHAD grants will be distributed by DHCS to sexual and reproductive health providers following an application process. As part of implementation, DHCS will establish parameters for DHCS or a third-party administrator (TPA) to administer the grant awards, including review of grant applications, disbursement of funds, and collection of required provider documentation and reports, among other processes.

Other

In addition to comments directly related to CalRHAD, many commenters provided input about Medi-Cal and FamilyPACT coverage and rates for sexual and reproductive health services, Title X funding, and the community-based provider network, among other topics. While CalRHAD will not change coverage or reimbursement for sexual and reproductive health services in Medi-Cal and FamilyPACT, DHCS appreciates those comments and will consider them as it continues to work to strengthen Medi-Cal and the sexual and reproductive health provider safety net in California more broadly.

Appendix B: Public Notice

**DEPARTMENT OF HEALTH CARE SERVICES
NOTICE OF GENERAL PUBLIC INTEREST
RELEASE DATE: MARCH 16, 2023**

**PROPOSED SECTION 1115 DEMONSTRATION APPLICATION TO ENHANCE
CAPACITY AND ACCESS TO REPRODUCTIVE HEALTH PROVIDERS**

Background

The California Department of Health Care Services (DHCS) is providing public notice of its intent to (1) submit a Section 1115 application to the federal Centers for Medicare & Medicaid Services (CMS), titled California's Reproductive Health Access Demonstration (CalRHAD); and (2) hold two public hearings to receive public comments on this request.

California is seeking a new Medicaid demonstration project under Section 1115 of the Social Security Act ("the Act") to strengthen the State's reproductive health provider safety net, with an emphasis on ensuring access to sexual and reproductive health services as well as the services and supports to access these services by addressing health-related social needs (HRSNs).

Through this demonstration, California's Reproductive Health Access Demonstration (CalRHAD), DHCS is requesting expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers for enhancing capacity and access to sexual and reproductive health services and promoting the sustainability of California's reproductive health provider safety net, for the benefit of individuals enrolled in Medi-Cal and other individuals who currently face barriers to access.

California has a strong legacy of protecting bodily autonomy and reproductive choice, including through recent legislative [actions](#) to increase access to sexual and reproductive health services and providers, strengthen patient privacy protections, and protect people who are seeking legal abortions in California. Through this demonstration proposal, California proposes to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services, including family planning, for individuals enrolled in Medi-Cal, as well as other individuals who may need assistance to access such services. Providers that receive CalRHAD grants would *not* be permitted to use those funds for abortions. California currently covers abortions for individuals enrolled in Medi-Cal and others using State funds, without federal Medicaid matching funds.

I. Program Description, Goals, and Objectives of the Demonstration

California has long prioritized the goal of providing access to comprehensive sexual and reproductive health services, including contraception, pregnancy testing, and

sterilization, as well as sexually transmitted infection testing and reproductive cancer screening services. Access to these services helps individuals and families achieve their desired birth spacing and family size; improves health outcomes for infants, children, and adults of childbearing age; and supports individuals and families in achieving their educational, career, and financial goals.¹¹ In California, Medi-Cal is the largest payer for family planning and reproductive health services,¹² and the Medi-Cal program covers nearly half of all individuals of childbearing age in the State.¹³

DHCS seeks to bolster California' sexual and reproductive health delivery system to support equitable access to comprehensive sexual and reproductive health services. Through this demonstration, California seeks to promote the following objectives:

- **Support access to whole-person sexual and reproductive health services for individuals enrolled in Medi-Cal, as well as other individuals who may face barriers to access.** Specifically, this demonstration would provide grants to sexual and reproductive health providers aimed at *enhancing* access to Medicaid services. The grants would not be used for the direct provision of services; however, the grants would help increase access to the following types of services: family planning services, family-planning-related services, and integrated primary care and behavioral health services offered by reproductive providers. Although California supports the ability for individuals who are pregnant to terminate their pregnancy, abortions *would not* be included nor reimbursed within the scope of this demonstration. California will maintain its current approach of covering abortions for individuals enrolled in Medi-Cal and others using State-only funds.
- **Support the capacity and sustainability of California's sexual and reproductive health provider safety net.** California's sexual and reproductive health providers face ongoing financial recovery, workforce, and stabilization challenges, which limits their ability to maintain and expand their capacity. The State also seeks to support community-based organizations (CBOs) that help individuals connect with health care services and health-related services and supports, alleviating administrative and cost burden on reproductive health providers. Through the demonstration, DHCS would provide grants to sexual and reproductive health providers to support partnerships with CBOs to build capacity and sustain access to services to address HRSNs.

¹¹ M. Kavanaugh and R. Anderson, "Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers," Guttmacher Institute, July 2013. Available at: [Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers \(guttmacher.org\)](https://www.guttmacher.org/contraception-and-beyond-the-health-benefits-of-services-provided-at-family-planning-centers).

¹² D. Early, M. Dove, H. Bocanegra, E. Schwarz, "Publicly Funded Family Planning: Lessons From California, Before And After The ACA's Medicaid Expansion," Health Affairs, 2018. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.0412>.

¹³ Internal California Department of Health Care Services data, 2021.

- **Promote system transformation for California’s sexual and reproductive health safety net.** The State seeks to promote integrated models for the delivery of reproductive, primary, and behavioral health services and mitigate access barriers arising out of the social drivers of health. Through the demonstration, DHCS would provide grants to sexual and reproductive health providers to enhance availability of services in an integrated setting and capacity for patient supports to access services such as transportation, childcare, and logistical assistance arranging these and other supports.

Overall, the demonstration would promote the objectives of the Medicaid program by helping to assure access to sexual and reproductive services covered by Medi-Cal and bolstering the sustainability and capacity of the providers who offer these critical services. The State would comply with applicable federal laws.

II. Demonstration Approach

To achieve these goals, the State is requesting expenditure authority for \$200 million (total computable) over a three-year demonstration term to advance the goals described above. The State is seeking the expenditure authority following approval of California’s 2023-24 Annual Budget. With these funds, DHCS will issue grants to sexual and reproductive health providers to support transitional non-service expenditures (e.g., equipment, technology investments) and investments to strengthen the accessibility, capacity, and sustainability of California’s sexual and reproductive health safety net.

CalRHAD grants would support provider and CBO capacity to provide sexual and reproductive health services and HRSN-related supports to reduce barriers to access, focusing on investing in provider capacity and patient access supports. Funds could support purposes such as investments in key workforce, equipment, and technology and connection of patients with other social and health care services. DHCS will define provider eligibility criteria and engage in a selection process to award CalRHAD grants.

As noted above, CalRHAD funding *may not* be used for provision of any services, including abortions. California is not requesting any waivers in connection with this demonstration.

A. Eligibility, Delivery System, Benefits, and Cost Sharing

The proposed demonstration would not modify the parameters for Medi-Cal eligibility, benefits, or care delivery systems. This demonstration would not involve enrolling specific individuals or covering specific services, and would not provide reimbursement for direct service provision. Rather, the proposed demonstration aims to support access, capacity, and sustainability for California’s sexual and reproductive health safety net through grant payments to sexual and reproductive health providers, as described above.

The State anticipates the demonstration will impact the approximately 1.3 million individuals who access family planning services through the Medi-Cal program annually but does not anticipate changes in Medi-Cal enrollment due to the demonstration.

B. Financing and Budget Neutrality

DHCS requests expenditure authority for \$200 million (total computable) over three years, all of which would be considered administrative costs for purposes of federal financial participation (FFP).

DHCS seeks to support the non-federal share of funding this three-year demonstration using Designated State Health Program (DSHP) expenditures. California is requesting \$85 million in DSHP funding overall, with the State contributing \$15 million in new State general fund dollars. DSHP expenditures under this demonstration will not affect other DSHP funds authorized or requested under the CalAIM demonstration or any other DHCS waivers or demonstration projects. California will work with CMS to develop Special Terms and Conditions (STCs) and DSHP funding and reimbursement protocols for the demonstration period to reflect the demonstration’s goals and funding levels.

The following table shows the with waiver expenditures across the three Demonstration Years (DYs).

(in millions)	DY 1	DY 2	DY 3
CalRHAD Grants	\$200	\$0	\$0

To the extent any of the funds associated with the CalRHAD grants are not fully expended or fully allocated in DY 1, CalRHAD grant funds may be reallocated across other CalRHAD DYs, subject to overall CalRHAD expenditure limits.

III. Demonstration Waiver and Expenditure Authorities

Under Section 1115(a)(2) of the Act, California is requesting expenditure authority for the program described above, through which the State would award grants to support providers as they maintain or expand the capacity of California’s sexual and reproductive health safety net, for the benefit of individuals enrolled in Medi-Cal and other low- and middle-income people seeking timely access to comprehensive sexual and reproductive health care services. California is not requesting any waivers in connection with this demonstration.

To the extent that CMS advises the State that additional authorities are necessary to implement the programmatic vision and operational details described in this application, the State is requesting such waiver or expenditure authority, as applicable. California’s negotiations with the federal government, as well as State legislative/budget changes, could lead to refinements in these lists as we work with CMS to move the CalRHAD initiative forward.

A. Expenditure Authority

Expenditures for State grant administration, and capacity- and access-enhancing grant payments to qualified provider applicants under the demonstration, which may not otherwise be reimbursable under Section 1903 of the Act.

IV. Section 1115 Demonstration Hypotheses and Evaluation Approach

The table below provides a preliminary plan to evaluate the demonstration and its achievement of the demonstration goals:

- Support access to whole-person sexual and reproductive health services for individuals enrolled in Medi-Cal, as well as other individuals who may face barriers to access;
- Support the capacity and sustainability of California’s sexual and reproductive health provider safety net; and
- Promote system transformation for California’s sexual and reproductive health safety net.

These hypotheses and plan are subject to change and will be further defined as California works with CMS to develop an evaluation design consistent with the STCs and CMS policy.

Hypotheses	Evaluation Approach	Data Sources
Providing CalRHAD grants to sexual and reproductive health providers will expand access to sexual and reproductive health services for individuals enrolled in Medi-Cal	Analyze the number or percentage of individuals enrolled in Medi-Cal of childbearing age utilizing family planning and family planning-related services, sexual health services, well care, behavioral health services, and peer supports in the pre- and post-implementation periods in CalRHAD provider sites	<ul style="list-style-type: none"> • Medi-Cal claims data
Sexual and reproductive health providers that receive CalRHAD grants will have expanded capacity to provide sexual and reproductive health services to individuals enrolled in Medi-Cal and other individuals who	Examine progress in developing capacity to provide sexual and reproductive health services, including improvements in available appointments, operating hours, telehealth capabilities, range of services offered, and	<ul style="list-style-type: none"> • Surveys and/or interviews of sexual and reproductive health providers • Pre- and post-implementation surveys to track changes and progress over time

Hypotheses	Evaluation Approach	Data Sources
currently face barriers to access	connections to CBOs that offer supports to address HRSNs	
Providing CalRHAD grants to sexual and reproductive health providers will enhance availability of services in an integrated setting and patient supports to access services	Examine Medi-Cal consumer perception of availability of services in an integrated setting and available supports, such as transportation and childcare	<ul style="list-style-type: none"> • Surveys and/or focus groups of consumers that receive services from sexual and reproductive health providers that receive CalRHAD grant funding • Pre- and post-implementation surveys to track changes and progress over time

The State is also proposing an evaluation goal to understand successes and challenges in setting up and operationalizing this demonstration to help inform lessons learned and best practices for other states potentially seeking to implement programs similar to CalRHAD. The State proposes to examine qualitative feedback shared by sexual and reproductive providers that receive CalRHAD grants obtained through surveys and/or interviews of such providers.

V. Public Review and Comment Process

The 30-day public comment period for the CalRHAD Section 1115 application is from Thursday, March 16, 2023 until Monday, April 17, 2023. All comments must be received no later than 11:59 PM (Pacific Time) on **Monday, April 17, 2023**.

All information regarding the CalRHAD Section 1115 application can be found on the DHCS website at <https://www.dhcs.ca.gov/provgovpart/Pages/CalRHAD.aspx>. DHCS will update this website throughout the public comment and application process.

DHCS will host two public hearings to solicit stakeholder comments. The public hearings will be held electronically to mitigate the spread of COVID-19 and maximize opportunities for participation. The meetings will have online video streaming and telephonic conference capabilities to ensure statewide accessibility.

- March 29, 2023 – First Public Hearing
 - 10:00 – 11:00 AM PT
 - Register for Zoom conference link: https://manatt.zoom.us/webinar/register/WN_nCmc8aMqRfKzcOLZ2zcMKw
 - Please register in advance to receive your unique login details and link to add to calendar
 - Call-in information (312) 626-6799 or (888) 788-0099 (Toll Free)

- Webinar ID: 934 7718 5979
- Passcode: 032923
- Callers do not need an email address to use the phone option and do not need to register in advance
- April 3, 2023 – Second Public Hearing
 - 9:00 – 10:00 AM PT
 - Register for Zoom conference link:
https://manatt.zoom.us/webinar/register/WN_HN7m0tXLTLCyWiL9X8H6IQ
 - Please register in advance to receive your unique login details and link to add to calendar
 - Call-in information (312) 626-6799 or (888) 788-0099 (Toll Free)
 - Webinar ID: 935 9888 3169
 - Passcode: 040323
 - Callers do not need an email address to use the phone option and do not need to register in advance

The complete version of the draft of the CalRHAD Section 1115 application is available for public review at: <https://www.dhcs.ca.gov/provgovpart/Pages/CalRHAD.aspx>

If you would like to view the CalRHAD Section 1115 application or notices in person, you may visit your local county welfare department (addresses and contact information available at: <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>). You may also request a copy of the proposed CalRHAD Section 1115 application, notices, and/or a copy of submitted public comments, once available, related to the CalRHAD Section 1115 application by requesting it in writing to the mailing or email addresses listed below.

Written comments may be sent to the following address; please indicate “CalRHAD Section 1115 Application” in the written message:

Department of Health Care Services
Director’s Office
Attn: Jacey Cooper and René Mollow
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Comments may also be emailed to 1115waiver@dhcs.ca.gov. Please indicate “CalRHAD Section 1115 Application” in the subject line of the email message.

To be assured consideration prior to submission of the CalRHAD application to CMS, comments must be received no later than 11:59 PM (Pacific Time) on **Monday, April 17, 2023**. Please note that comments will continue to be accepted after April 17, 2023, but DHCS may not be able to consider those comments prior to the initial submission of the CalRHAD Section 1115 application to CMS.

Upon submission to CMS, a copy of the proposed CalRHAD Section 1115 application will be published at the following DHCS website at:

<https://www.dhcs.ca.gov/provgovpart/Pages/CalRHAD.aspx>

After DHCS reviews comments submitted during this State public comment period, the CalRHAD Section 1115 application will be submitted to CMS. Interested parties will also have opportunity to officially comment on the CalRHAD Section 1115 application during the federal public comment period; the submitted application will be available for comment on the CMS website at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>.

Appendix C: Tribal Public Notice

March 16, 2023

To: Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations

Subject: Notice of Intent to Submit Section 1115 Demonstration Application to Enhance Capacity and Access to Sexual and Reproductive Health Services

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal program that will be submitted to the Centers for Medicare & Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on American Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendments (SPAs), waiver requests or amendments, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS

Tribes and Indian Health Programs may also submit written comments or questions concerning this proposal within 30 days from receipt of notice. To be assured consideration prior to submission to CMS, comments must be received no later than 11:59 PM (Pacific Time) on Monday, April 17, 2023. Please note that comments will continue to be accepted after Monday, April 17, 2023, but DHCS may not be able to consider those comments prior to the initial submission of the California's Reproductive Health Access Demonstration Section 1115 application to CMS. Comments may be sent by email to 1115waiver@dhcs.ca.gov or by mail to the address below:

Department of Health Care Services
Director's Office
Attn: Jacey Cooper and René Mollow
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Please also note that DHCS will host a webinar for Tribes and Designees of Indian Health Programs on March 20, 2023 to discuss the proposal. Registration and call-in information are listed at the end of this document.

Sincerely,



Original Signed By

Andrea Zubiato, Chief
Office of Tribal Affairs
Department of Health Care Services

Enclosure

Department of Health Care Services (DHCS) Tribal and Designees of Indian Health Programs Notice

PURPOSE

To provide notice of DHCS' intent to (1) submit a Section 1115 demonstration request to the federal Centers for Medicare & Medicaid Services (CMS), titled California's Reproductive Health Access Demonstration (CalRHAD); and (2) to request feedback on the Section 1115 demonstration proposal described in this notice.

BACKGROUND

California is seeking a new Medicaid demonstration project under Section 1115 of the Social Security Act to strengthen the State's reproductive health provider safety net, with an emphasis on ensuring access to sexual and reproductive health services as well as the services and supports to access these services by addressing health-related social needs (HRSNs).

Through this demonstration, CalRHAD, DHCS is requesting expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers for enhancing capacity and access to sexual and reproductive health services and promoting the sustainability of California's reproductive health provider safety net, for the benefit of individuals enrolled in Medi-Cal and other individuals who currently face barriers to access.

California has a strong legacy of protecting bodily autonomy and reproductive choice, including through recent legislative [actions](#) to increase access to sexual and reproductive health services and providers, strengthen patient privacy protections, and protect people who are seeking legal abortions in California. Through this demonstration proposal, California proposes to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services, including family planning, for individuals enrolled in Medi-Cal, as well as other individuals who may need assistance to access such services. Providers that receive CalRHAD grants would *not* be permitted to use the funds for abortions. California currently covers abortions for individuals enrolled in Medi-Cal and others using State funds, without federal Medicaid matching funds.

PROGRAM DESCRIPTION, GOALS, AND OBJECTIVES

As noted above, DHCS seeks to bolster California's sexual and reproductive health delivery system to support equitable access to comprehensive sexual and reproductive health services. Through this demonstration, California seeks to promote the following objectives:

- **Support access to whole-person sexual and reproductive health services for individuals enrolled in Medi-Cal, as well as other individuals who may face barriers to access.** Specifically, this demonstration would provide grants to sexual and reproductive health providers aimed at *enhancing access* to services that qualify for federal Medicaid funding when offered to individuals enrolled in

Medicaid. The grants would not be used to reimburse the direct provision of services; however, the grants would help increase access to services such as family planning services, family-planning-related services, and integrated primary care and behavioral health services offered by reproductive health providers. Although California supports the ability for individuals who are pregnant to terminate their pregnancy, abortions *would not* be included nor reimbursed within the scope of this demonstration. California will maintain its current approach of covering abortions for individuals enrolled in Medi-Cal and others using State-only funds.

- **Support the capacity and sustainability of California’s sexual and reproductive health provider safety net.** California’s sexual and reproductive health providers face ongoing financial recovery, workforce, and stabilization challenges, which limits their ability to maintain and expand their capacity. The State also seeks to support community-based organizations (CBOs) that help individuals connect with health care services and health-related services and supports, alleviating administrative and cost burden on reproductive health providers. Through the demonstration, DHCS would provide grants to sexual and reproductive health providers to support partnerships with CBOs to build capacity and sustain access to services to address HRSNs.
- **Promote system transformation for California’s sexual and reproductive health safety net.** The State seeks to promote integrated models for the delivery of reproductive, primary, and behavioral health services and mitigate access barriers arising out of the social drivers of health. Through the demonstration, DHCS would provide grants to sexual and reproductive health providers to enhance availability of services in an integrated setting and capacity for patient supports to access services such as transportation, childcare, and logistical assistance arranging these and other supports.

Overall, the demonstration would promote the objectives of the Medicaid program by helping to assure access to sexual and reproductive services covered by Medi-Cal and bolstering the sustainability and capacity of the providers who offer these critical services. The State would comply with applicable federal laws.

DEMONSTRATION APPROACH

The State is requesting expenditure authority for \$200 million (total computable) over a three-year demonstration term to advance the goals described above. The State is seeking the expenditure authority following approval of California’s 2023-24 Annual Budget. With these funds, DHCS will issue grants to sexual and reproductive health providers to support transitional non-service expenditures (e.g., equipment, technology investments) and investments to strengthen the accessibility, capacity, and sustainability of California’s sexual and reproductive health safety net. As noted above, CalRHAD funding *may not* be used for provision of any services, including abortions. California is not requesting any waivers in connection with this demonstration.

California is requesting \$85 million in DSHP funding overall, with the State contributing \$15 million in new State general fund dollars. DSHP expenditures under this demonstration will not affect other DSHP funds authorized or requested under the CalAIM demonstration or any other DHCS waivers or demonstration projects. California will work with CMS to develop Special Terms and Conditions (STCs) and DSHP funding and reimbursement protocols for the demonstration period to reflect the demonstration's goals and funding levels.

IMPACT TO TRIBAL HEALTH PROGRAMS

Through this demonstration Tribal health programs would be eligible to receive grant dollars to support access, capacity, and sustainability for California's sexual and reproductive health safety net, as described above. DHCS would provide grants to Tribal health programs to support partnerships with CBOs to build capacity and sustain access to services to address HRSNs. The grants may not be used for provision of any services, including abortions.

DHCS is not proposing changes to Tribal health program services, eligibility, or any other related requirement authorized by this demonstration authority or the Medi-Cal State Plan.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Through this demonstration, FQHCs will be eligible to receive grant dollars to support access, capacity, and sustainability for California's sexual and reproductive health safety net, as described above. DHCS would provide grants to FQHCs to support partnerships with CBOs to build capacity and sustain access to services to address HRSNs. The grants may not be used for provision of any services, including abortions.

DHCS is not proposing changes to FQHC services, rates, eligibility, or any other related requirement authorized by this demonstration authority or the Medi-Cal State Plan.

IMPACT TO INDIAN MEDI-CAL ENROLLEES

Through this demonstration, DHCS seeks to support access to whole-person family planning and related services for individuals enrolled in Medi-Cal, including American Indians and Alaskan Natives, as well as other individuals who may face barriers to access. The grants would not be used for the direct provision of services; however, the grants would help increase access to services such as family planning services, family planning-related services, and integrated primary care and behavioral health services.

RESPONSE DATE

Tribes and Indian Health Programs may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. To be assured consideration prior to submission to CMS, comments must be received no later than 11:59 PM (Pacific Time) on Monday, April 17, 2023. Please note that comments will continue to be accepted after April 17, 2023, but DHCS may not be able to consider those comments prior to the initial submission of the CalRHAD Section 1115 application to CMS.

Comments may be sent by email to 1115waiver@dhcs.ca.gov or by mail to the address below.

DHCS will host the following webinar to solicit Tribal and Indian Health Program stakeholder comments. The webinar will be held electronically to mitigate the spread of COVID-19 and maximize opportunities for participation. The meeting will have online video streaming and telephonic conference capabilities to ensure accessibility.

- Monday, March 20, 2023 – Tribal and Designees of Indian Health Programs Webinar for CalRHAD Section 1115 Application
 - 9:00 – 10:00 AM PT
 - Register for Webex conference:
<https://dhcs.webex.com/weblink/register/r7f29502251199bcd3e13106f6a9155e8>
 - Please register in advance to receive your unique login details and link to add to calendar
 - Call-in information
 - Phone Number: 1.415.655.0001
 - Access Code: 2591 202 2525
 - Callers do not need an email address to use the phone option and do not need to register in advance

CONTACT INFORMATION

If Tribes and Indian Health Programs would like to view the CalRHAD Section 1115 application or notices in person, then they may visit their local county welfare department (addresses and contact information available at: <https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>). Tribes and Indian Health Programs may also request a copy of the proposed CalRHAD Section 1115 application, notices, and/or a copy of submitted public comments, once available, related to the CalRHAD Section 1115 application by requesting it in writing to the mailing address listed below or email address listed above.

Written comments on the CalRHAD Section 1115 application may be sent to the following address; please indicate “CalRHAD Section 1115 Application” in the written message:

Department of Health Care Services
Director’s Office
Attn: Jacey Cooper and René Mollow
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Appendix D: Documentation of Compliance with Public Notice Process

California Registrar Notice

Friday, March 17, 2023

Link: <https://oal.ca.gov/wp-content/uploads/sites/166/2023/03/2023-Notice-Register-Number-11-Z-March-17-2023.pdf?emrc=9a6a40>

CALIFORNIA REGULATORY NOTICE REGISTER 2023, VOLUME NUMBER 11-Z

Monitoring, Mitigation and Reporting Measures

1. The HCP requires an adaptive management program that ensures that take of Northern California steelhead is minimized and fully mitigated over the fifty-year term of the HCP.

The HCP requires HRC to comprehensively monitor the effectiveness of the plan's aquatic conservation measures. When effectiveness monitoring demonstrates the conservation measures are not succeeding, adaptive management measures will be triggered and the HCP adjusted, within the range of changes identified in the HCP, to ensure the conservation strategy will meet the HCP objectives.

2. HRC is required to prepare and submit annual fisheries reports to USFWS, NMFS, and CDFW each year during the life of the HCP including aquatic trends, amphibian and reptile monitoring, and an established Road Best Management Practices Evaluation Program.
3. HRC will also continue to report on animals encountered during bridge clearing activities and THP related watercourse classification and will specifically identify any juvenile salmon or steelhead that were encountered within the range of Northern California steelhead.

Security

The HCP Implementation Agreement and the Agreement Related to Enforcement of AB 1986 require HRC to provide a security to CDFW in the amount of \$2,000,000, adjusted annually for inflation for the life of the HCP. The Securities Account Disbursement Agreement, dated May 1, 2022, ensures this funding in accordance with the IA. The current escrow balance is \$3,766,000.00.

Conclusion

Pursuant to Fish and Game Code section 2080.1, take authorization under CESA is not required for the Project for incidental take of the covered Northern California summer steelhead, provided the Applicant implements the Project as described in the BO and HCP, including adherence to all measures contained therein, and complies with the mitigation measures and other conditions described in the BO, HCP, and ITP. If there are any substantive changes to the Project, including changes to the mitigation measures, or if the USFWS or NMFS amends or replaces the BO, ITP, or HCP, the Applicant shall be required to obtain a new consistency determination or a CESA incidental take permit for the Project from CDFW. (See generally Fish & Game Code, §§ 2080.1, 2081, subdivisions (b) and (c)).

CDFW's determination that NMFS's ITP and HCP are consistent with CESA is limited to Northern California summer steelhead.

DEPARTMENT OF HEALTH CARE SERVICES

SECTION 1115 DEMONSTRATION APPLICATION

This abbreviated public notice provides information of public interest regarding submission of a proposed Section 1115 demonstration request to the federal Centers for Medicare & Medicaid Services (CMS), titled California's Reproductive Health Access Demonstration (CalRHAD). The Department of Health Care Services (DHCS) is seeking this demonstration to strengthen the State's reproductive health provider safety net, with an emphasis on ensuring access to sexual and reproductive health services as well as the services and supports to access to these services by addressing health-related social needs (HRSNs).

Through this demonstration application, DHCS proposes to create a new CalRHAD grant program to enhance capacity and access for sexual and reproductive health services, including family planning, for individuals enrolled in Medi-Cal, as well as other individuals who may need assistance to access such services. CalRHAD grants would be available to reproductive health providers to support transitional non-service expenditures (e.g., equipment, technology investments) and investments to strengthen the accessibility, capacity, and sustainability of California's sexual and reproductive health provider safety net, potentially in partnership with community-based organizations (CBOs). Providers that receive CalRHAD grants would *not* be permitted to use those funds for abortion services. California currently covers abortion services for individuals enrolled in Medi-Cal and others using State funds, without federal Medicaid matching funds.

The State is requesting expenditure authority for \$200 million over a three-year demonstration term. The demonstration would promote the objectives of the Medicaid program by helping to assure access to sexual and reproductive health services covered by Medi-Cal and bolstering the sustainability and capacity of the providers who offer these critical services.

A copy of the proposed CalRHAD Section 1115 application and initial notice of public interest, both posted on March 16, 2023, is available on the DHCS website at <https://www.dhcs.ca.gov/provgovpart/Pages/CalRHAD.aspx>.

PUBLIC REVIEW & COMMENTS

DHCS will host the following public hearings to solicit stakeholder comments. The public hearings will be held electronically to mitigate the spread of COVID-19 and maximize opportunities for participa-

Friday, March 17, 2023 (Cont'd)

Link: <https://oal.ca.gov/wp-content/uploads/sites/166/2023/03/2023-Notice-Register-Number-11-Z-March-17-2023.pdf?emrc=9a6a40>

CALIFORNIA REGULATORY NOTICE REGISTER 2023, VOLUME NUMBER 11-Z

tion. The meetings will have online video streaming and telephonic conference capabilities to ensure state-wide accessibility.

- March 29, 2023 — First Public Hearing
 - 10:00–11:00 a.m. PT
 - Register for Zoom conference link: https://manatt.zoom.us/webinar/register/WN_nCmc8aMqRfKzcOLZ2zcMKw
 - Please register in advance to receive your unique login details and link to add to calendar
 - Call-in information (312) 626–6799 or (888) 788–0099 (Toll Free)
 - Webinar ID: 934 7718 5979
 - Passcode: 032923
 - Callers do not need an email address to use the phone option and do not need to register in advance
- April 3, 2023 — Second Public Hearing
 - 9:00–10:00 a.m. PT
 - Register for Zoom conference link: https://manatt.zoom.us/webinar/register/WN_HN7m0tXLTLcyWiL9X8H6IQ
 - Please register in advance to receive your unique login details and link to add to calendar
 - Call-in information (312) 626–6799 or (888) 788–0099 (Toll Free)
 - Webinar ID: 935 9888 3169
 - Passcode: 040323
 - Callers do not need an email address to use the phone option and do not need to register in advance

Written comments may be sent to the following address; please indicate “CalRHAD Section 1115 Application” in the written message:

Department of Health Care Services
 Director’s Office
 Attention: Jacey Cooper and Rene Mollow
 P.O. Box 997413, MS 0000
 Sacramento, California 95899–7413

Comments may also be emailed to 1115waiver@dhcs.ca.gov. Please indicate “CalRHAD Section 1115 Application” in the subject line of the email message.

To be assured consideration prior to submission of the CalRHAD Section 1115 application to CMS, comments must be received no later than 11:59 p.m. (Pacific Time) **Monday, April 17, 2023**. Please note that comments will continue to be accepted after April 17, 2023, but DHCS may not be able to consider those comments prior to the initial submission of the CalRHAD Section 1115 application to CMS.

SUMMARY OF REGULATORY ACTIONS

REGULATIONS FILED WITH THE SECRETARY OF STATE

This Summary of Regulatory Actions lists regulations filed with the Secretary of State on the dates indicated. Copies of the regulations may be obtained by contacting the agency or from the Secretary of State, Archives, 1020 O Street, Sacramento, CA 95814, (916) 653–7715. Please have the agency name and the date filed (see below) when making a request.

Secretary of State
 File # 2023–0120–01
 Conditional Voter Registration

This action makes permanent an emergency regulation that added a method for military and overseas voters and voters with disabilities to complete conditional voter registration and cast a provisional or non-provisional ballot.

Title 02
 Adopt: 2024.5
 Amend: 20021, 20022, 20023, 20024, 20025, 20026, 20027
 Filed 03/01/2023
 Effective 03/01/2023
 Agency Contact:
 Rachele Delucchi (916) 764–5934

California Pollution Control Financing Authority
 File # 2023–0221–01
 California Capital Access Program for Small Businesses

This emergency readoption removes the recapture mechanism designed to recycle contributions supporting future loan enrollments in the Capital Access Loan Program (CalCAP) for Small Business. This emergency is deemed pursuant to Health and Safety Code section 44520(b).

Title 04
 Amend: 8070, 8072, 8073
 Filed 03/03/2023
 Effective 03/03/2023
 Agency Contact:
 Kamika McGill (916) 653–0289

Citizens Redistricting Commission
 File # 2023–0214–04
 Conflict–Of–Interest Code

This is a conflict-of-interest code filing that has been approved by the Fair Political Practices Commission

Initial Stakeholder Emails

DHCS Stakeholder Update Email Listserv (Thursday, March 16, 2023)

From: DHCS Communications <DHCSCommunications@DHCS.CA.GOV>

Sent: Thursday, March 16, 2023 9:48 AM

To: DHCSSTAKEHOLDERS@MAILLIST.DHS.CA.GOV

Subject: California's Reproductive Health Access Demonstration: Public Comment and Public Hearings



DHCS Stakeholder Update

California's Reproductive Health Access Demonstration: Public Comment and Public Hearings

The Department of Health Care Services (DHCS) has begun a 30-day public comment period for a new Section 1115 demonstration request, entitled California's Reproductive Health Access Demonstration (CalRHAD). The public comment period is from March 16 through April 17. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

Background

DHCS is seeking federal approval to strengthen the state's reproductive health provider safety net. The demonstration will emphasize ensuring access to sexual and reproductive health services and the services and supports to access them by addressing health-related social needs (HRSNs).

Through the CalRHAD request, DHCS is seeking expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services and promote the sustainability of California's reproductive health provider safety net to benefit individuals enrolled in Medi-Cal and other individuals who face barriers to such access.

California is proposing to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services, including family planning. Providers receiving CalRHAD grants would not be permitted to use those funds for abortions. California covers abortions for individuals enrolled in Medi-Cal and others using state funds only, with no federal Medicaid matching funds.

Public Comment Materials

All public comment materials are posted on the [DHCS CalRHAD webpage](#); DHCS will update this page throughout the public comment period and application process. The following materials are posted on the webpage:

- [Public Notice](#)
- [Abbreviated Public Notice](#)
- [Proposed CalRHAD Section 1115 Application](#)

Opportunities to Comment

Written Comments

Comments will be accepted via U.S. mail or electronic mail.

DHCS Stakeholder Update Email Listserv (Cont'd) (Thursday, March 16, 2023)

Written comments may be sent to the following address; please indicate "CalRHAD Section 1115 Application" in the written message:

Department of Health Care Services
Director's Office
Attn: René Mollow and Jacey Cooper
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Email comments may be submitted to 1115Waiver@dhcs.ca.gov. Please indicate "CalRHAD Section 1115 Application" in the subject line of the email message.

To ensure consideration prior to our submission of the CalRHAD Section 1115 application to the Centers for Medicare & Medicaid Services (CMS), comments must be received no later than 11:59 PM PT (Pacific Time) on April 17. Please note that comments will continue to be accepted after April 17, but DHCS may be unable to consider those comments prior to the initial submission of the CalRHAD application to CMS.

Public Hearings

DHCS will virtually host the following public hearings to encourage and solicit stakeholder comments. The meetings will offer online video streaming and telephonic conference capabilities to ensure statewide accessibility.

Wednesday, March 29 – First Public Hearing

- 10 – 11 AM PT
- Register for Zoom conference:
https://manatt.zoom.us/webinar/register/WN_nCmc8aMqRfKzcOLZ2zcMKw
 - Please register in advance to receive your unique login details and link to add the hearing to your calendar

- Call-in information: (312) 626-6799 or (888) 788-0099 (Toll Free)
 - Webinar ID: 934 7718 5979
 - Passcode: 032923
 - Callers do not need an email address to use the phone option and do not need to register in advance

Monday, April 3 – Second Public Hearing

- 9 – 10 AM PT
- Register for Zoom conference:
https://manatt.zoom.us/webinar/register/WN_HN7m0tXLTLcyWil9X8H6IQ
 - Please register in advance to receive your unique login details and link to add the hearing to your calendar
- Call-in information: (312) 626-6799 or (888) 788-0099 (Toll Free)
 - Webinar ID: 040323
 - Passcode: 040323
 - Callers do not need an email address to use the phone option and do not need to register in advance

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Legislative & Governmental Affairs Email (Thursday, March 16, 2023)

From: Rolland, Melissa@DHCS <Melissa.Rolland@dhcs.ca.gov>

Sent: Thursday, March 16, 2023 12:31 PM

Subject: California's Reproductive Health Access Demonstration: Public Comment and Public Hearings

The Department of Health Care Services (DHCS) has begun a 30-day public comment period for a new Section 1115 demonstration request, entitled California's Reproductive Health Access Demonstration (CalRHAD). The public comment period is from March 16 through April 17. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

Background

DHCS is seeking federal approval to strengthen the state's reproductive health provider safety net. The demonstration will emphasize ensuring access to sexual and reproductive health services and the services and supports to access them by addressing health-related social needs (HRSNs).

Through the CalRHAD request, DHCS is seeking expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services and promote the sustainability of California's reproductive health provider safety net to benefit individuals enrolled in Medi-Cal and other individuals who face barriers to such access.

California is proposing to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services, including family planning. Providers receiving CalRHAD grants would *not* be permitted to use those funds for abortions. California covers abortions for individuals enrolled in Medi-Cal and others using state funds only, with no federal Medicaid matching funds.

Public Comment Materials

All public comment materials are posted on the [DHCS CalRHAD webpage](#); DHCS will update this page throughout the public comment period and application process. The following materials are posted on the webpage:

- [Proposed Section 1115 application for CalRHAD](#)
- [Public notice](#)
- [Abbreviated notice](#)

Opportunities to Comment

Written Comments

Comments will be accepted via U.S. mail or electronic mail.

Written comments may be sent to the following address; please indicate "CalRHAD Section 1115 Application" in the written message:

Department of Health Care Services
Director's Office
Attn: René Mollow and Jacey Cooper
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Email comments may be submitted to 1115Waiver@dhcs.ca.gov. Please indicate "CalRHAD Section 1115 Application" in the subject line of the email message.

To ensure consideration prior to our submission of the CalRHAD Section 1115 application to the Centers for Medicare & Medicaid Services (CMS), comments must be received no later than 11:59 PM PT (Pacific Time) on **April 17**. Please note that comments will continue to be accepted after April 17, but DHCS may be unable to consider those comments prior to the initial submission of the CalRHAD application to CMS.

Public Hearings

DHCS will virtually host the following public hearings to encourage and solicit stakeholder comments. The meetings will offer online video streaming and telephonic conference capabilities to ensure statewide accessibility.

- Wednesday, March 29 – First Public Hearing
 - 10 – 11 AM PT
 - Register for Zoom conference: https://manatt.zoom.us/webinar/register/WN_nCmc8aMgRfKzcOLZ2zcMKw
 - Please register in advance to receive your unique login details and link to add the hearing to your calendar
 - Call-in information: (312) 626-6799 or (888) 788-0099 (Toll Free)
 - Webinar ID: 934 7718 5979
 - Passcode: 032923
 - Callers do not need an email address to use the phone option and do not need to register in advance
- Monday, April 3 – Second Public Hearing
 - 9 – 10 AM PT
 - Register for Zoom conference: https://manatt.zoom.us/webinar/register/WN_HN7m0tXLTLcyWl9X8H6IQ
 - Please register in advance to receive your unique login details and link to add the hearing to your calendar
 - Call-in information: (312) 626-6799 or (888) 788-0099 (Toll Free)
 - Webinar ID: 040323
 - Passcode: 040323

Legislative & Governmental Affairs Email (Cont'd) (Thursday, March 16, 2023)

- Callers do not need an email address to use the phone option and do not need to register in advance

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Department of Health Care Services
Director's Office
P. O. Box 997413, MS 0000, Sacramento, CA 95899-7413
(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

Please note that the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

Melissa Rolland | Assistant Deputy Director
Legislative and Governmental Affairs
California Department of Health Care Services



Tribal & Indian Health Program Email (Thursday, March 16, 2023)

From: Tillisch, Emily@DHCS

Sent: Thursday, March 16, 2023 10:18 AM

To: DHCSINDIANHEALTH@MAILLIST.DHCS.CA.GOV; DHCSINDIANHEALTHEXECDIRECTORS@MAILLIST.DHCS.CA.GOV

Subject: California's Reproductive Health Access Demonstration: Tribal and Indian Health Program Public Comment & Tribal Meeting

The Department of Health Care Services (DHCS) has begun a 30-day Tribal and Indian Health Programs public comment period for a new Section 1115 demonstration request, entitled California's Reproductive Health Access Demonstration (CalRHAD). The public comment period is from March 16 through April 17. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

Background

DHCS is seeking federal approval to strengthen the state's reproductive health provider safety net. The demonstration will emphasize ensuring access to sexual and reproductive health services and the services and supports to access them by addressing health-related social needs (HRSNs).

Through the CalRHAD request, DHCS is seeking expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services and promote the sustainability of California's reproductive health provider safety net to benefit individuals enrolled in Medi-Cal and other individuals who face barriers to such access.

California is proposing to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services, including family planning. Providers receiving CalRHAD grants would *not* be permitted to use those funds for abortions. California covers abortions for individuals enrolled in Medi-Cal and others using state funds only, with no federal Medicaid matching funds.

DHCS is required to seek advice from Tribes and designees of Indian Health Programs on Medi-Cal matters having a direct effect on American Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009. DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendments (SPAs), waiver requests or amendments, or proposals for demonstration projects in the Medi-Cal program.

Public Comment Materials

All public comment materials are posted on the [DHCS CalRHAD webpage](#) and the [DHCS Tribal and Indian Health Program webpage](#); DHCS will update this page throughout the public comment period and application process. The following materials are posted on the webpages:

- [Tribal and Designees of Indian Health Programs Public Notice](#)
- [Public Notice](#)
- [Abbreviated Public Notice](#)
- [Proposed CalRHAD Section 1115 Application](#)

Opportunities to Comment

Written Comments

Comments will be accepted via U.S. mail or electronic mail.

Written comments may be sent to the following address; please indicate "CalRHAD Section 1115 Application" in the written message:

Department of Health Care Services
Director's Office
Attn: René Mollow and Jacey Cooper
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Email comments may be submitted to 1115Waiver@dhcs.ca.gov. Please indicate "CalRHAD Section 1115 Application" in the subject line of the email message.

To ensure consideration prior to our submission of the CalRHAD Section 1115 application to the Centers for Medicare & Medicaid Services (CMS), comments must be received no later than 11:59 PM PT (Pacific Time) on **April 17**. Please note that comments will continue to be accepted after April 17, but DHCS may be unable to consider those comments prior to the initial submission of the CalRHAD application to CMS.

Tribal Meeting

Tribal & Indian Health Program Email (Cont'd) (Thursday, March 16, 2023)

DHCS will virtually host a tribal webinar to encourage and solicit comments from Tribes and Indian Health Programs. The meeting will offer online video streaming and telephonic conference capabilities to ensure statewide accessibility.

- Monday, March 20, 2023 – Tribal and Designees of Indian Health Programs Webinar for Reproductive Health Section 1115 Demonstration
 - 9 – 10 AM PT
 - Register for WebEx conference: <https://dhcs.webex.com/weblink/register/r7f29502251199bcd3e13106f6a9155e8>
 - Please register in advance to receive your unique login details and link to add to calendar
 - Call-in information
 - Phone Number: 1.415.655.0001
 - Access Code: 2591 202 2525
 - Callers do not need an email address to use the phone option and do not need to register in advance

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Department of Health Care Services
Director's Office
P. O. Box 997413, MS 0000, Sacramento, CA 95899-7413
(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

Please note, the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting .

In addition, two public hearings for the general public will be held on: Wednesday, March 29, 2023 and Monday, April 3, 2023. Additional information about these hearings is available on the [DHCS CalRHAD Webpage](#).

**Office of Family Planning Family Planning, Access, Care, and Treatment
(Family PACT) Program Listserv Email
(Thursday, March 16, 2023)**

From: Office of Family Planning <ofpstakeholder@dhcs.ca.gov>
Sent: Thursday, March 16, 2023 10:31 AM
To: Moreno, Christina@DHCS <Christina.Moreno@dhcs.ca.gov>
Subject: [External]California's Reproductive Health Access Section 1115 Demonstration



**California's Reproductive Health Access Section 1115
Demonstration**

The Department of Health Care Services (DHCS) has begun a 30-day public comment period for a new Section 1115 demonstration request, titled California's Reproductive Health Access Demonstration (CalRHAD). The public comment period will take place from March 16 and ending on April 17, 2023.

DHCS is seeking federal approval to strengthen the state's reproductive health provider safety net. The demonstration will emphasize ensuring access to sexual and reproductive health services and the services and supports to access them by addressing health-related social needs (HRSNs).

**Office of Family Planning Family Planning, Access, Care, and Treatment
(Family PACT) Program Listserv Email (Cont'd)
(Thursday, March 16, 2023)**

Through the CalRHAD request, DHCS is seeking expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services and promote the sustainability of California's reproductive health provider safety net to benefit individuals enrolled in Medi-Cal and other individuals who currently face barriers to such access.

California is proposing to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services, including family planning. Providers receiving CalRHAD grants would not be permitted to use those funds for abortions. California covers abortions for individuals enrolled in Medi-Cal and others using state funds only, with no federal Medicaid matching funds.

Visit [DHCS CalRHAD webpage](#) for public comment opportunities.

**DHCS Stakeholder Update Email Listserv
(Friday, March 17, 2023)**

From: DHCS Communications <DHCSCommunications@dhcs.ca.gov>
Sent: Friday, March 17, 2023 7:35 PM
Subject: DHCS Stakeholder News



DHCS Stakeholder Update

DHCS is providing this update of significant developments regarding DHCS programs.

Top News

New DHCS Federal Request on Asset Flexibility During Continuous Coverage Unwinding

On March 10, DHCS submitted a waiver flexibility request to the Centers for Medicare & Medicaid Services (CMS) to support the unwinding of the continuous coverage requirement. The Section 1902(e)(14)(A) waiver flexibility seeks to make it easier for Non-Modified Adjusted Gross Income (MAGI), for example seniors and persons with disabilities, to renew their Medi-Cal coverage—and remain covered until California eliminates the asset limit on January 1, 2024. It will allow counties to use existing case file information to grant eligibility during renewals, and disregard any increases in assets since the last Medi-Cal determination. Also, for individuals who were not initially subject to an asset test at the time of their Medi-Cal application, but have now transitioned into a program requiring one, the waiver flexibility would allow California to renew based on their last known eligibility determination on file. DHCS is requesting this authority to be effective retroactive to March 1, 2023, and remain in effect through December 31, 2023.

The requested waiver flexibility only applies to Medi-Cal renewals and not to new applications. New Medi-Cal applications, specifically for Non-MAGI programs, are still subject to the asset test until it is eliminated. The asset test for new Medi-Cal non-MAGI applications was raised to \$130,000 per individual and \$65,000 per additional person on July 1, 2022. It is important to note that non-MAGI Medi-Cal members will still need to meet all other Medi-Cal eligibility criteria, including income, to remain Medi-Cal eligible at redetermination.

Once CMS approves, DHCS would issue immediate guidance to counties via a Medi-Cal Eligibility Division Information Letter.

DHCS Stakeholder Update Email Listserv (Cont'd) (Friday, March 17, 2023)

Program Updates

2024 Expansion of Medi-Medi Plans to Additional Counties

Starting January 1, 2024, DHCS will expand the availability of Medi-Medi Plans for dual eligible Medicare and Medi-Cal members to five additional central valley counties: Fresno, Kings, Madera, Sacramento, and Tulare. Medi-Medi Plans for dual eligible Medicare and Medi-Cal members are currently available in the seven former Coordinated Care Initiative (CCI) counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

Medi-Medi Plans is the California-specific program name for Medicare Advantage Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (D-SNPs). Under Medi-Medi Plans, dual eligible members can voluntarily enroll in a D-SNP for Medicare benefits and in a Medi-Cal managed care plan (MCP) for Medi-Cal benefits, which are both operated by the same parent organization for better care coordination and integration.

DHCS is meeting with local stakeholders in the five expansion counties to provide more information about Medi-Medi Plans, and will include this topic in future meetings of the [Managed Long-Term Services & Supports & Duals Integration Workgroup](#). More information about Medi-Medi Plans is available on the [Medicare Medi-Cal Plans webpage](#). Please email OMII@dhcs.ca.gov with any questions.

Health Enrollment Navigators Project

The Navigators Project recently made [webpage updates](#) to provide more targeted information for [advocate and stakeholder communications](#), [project partners](#), and [general announcements/other communications](#). The [project partners webpage](#) also includes specific information related to the Senate Bill (SB) 154 funding awards, a list of local community-based organizations and subcontracted entities by county, and the Project Partner Summary, which details high-level work efforts, such as enrollment and retention goals, funding amounts, subcontractors, and target populations being served.

Federal Approval of Mpox Vaccine Administration for Clinics

CMS recently approved a State Plan Amendment (SPA) to reimburse vaccine-only encounters at the fee-for-service (FFS) rate at certain clinics, retroactive to August 17, 2022. [SPA 22-0062](#) pertains to Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHCs), Indian Health Services Memorandum of Agreement (IHS-MOA), and Tribal FQHC clinic providers.

Effective March 10, 2023, FQHC, RHC, IHS-MOA, and Tribal FQHCs may submit claims for members enrolled in Medi-Cal managed care for Mpox vaccine-only encounters. Likewise, claims for FFS members may be submitted by FQHC, RHC, IHS-MOA, and Tribal FQHC providers using the instructions published in the December 13, 2022, article "[Mpox Vaccines Reimbursement at the Medicare Rate](#)".

DHCS Stakeholder Update Email Listserv (Cont'd) (Friday, March 17, 2023)

This reimbursement policy is effective for dates of service on or after August 17, 2022, through January 31, 2023, the end of the Mpox state public health emergency (PHE). At the conclusion of the PHE, the reimbursement rates for Mpox vaccine administration returned to the Medi-Cal FFS rates in effect at that time. Providers are reminded that each administration of the Mpox vaccine falls under a qualifying office visit or vaccine-only encounter, not both.

FQHC, RHC, IHS-MOA, and Tribal FQHC providers will receive a 120-day timeliness override to submit the Mpox vaccine-only encounters.

Traditional Indian Health (TIH) Request for Application (RFA) Release

During the week of March 20, DHCS anticipates the release of a RFA to fund three TIH education programs that will assist Indian clinics in providing services to American Indians in a culturally appropriate manner and to provide a forum for the Indian community to address TIH education. A total of \$300,000 is available to fund regional TIH programs for two fiscal years. This funding opportunity supports the provision of traditional Indian health care. Funds for this project are part of the \$11,576,000 allocated in the fiscal year 2022-23 budget for the restoration of Indian Health Program grant programs.

It is anticipated that \$100,000 per region will be made available to support each regional program for two fiscal years. The maximum funding is \$50,000 per region per fiscal year. The grant term is projected to start in May 2023 and continue through June 30, 2024.

For questions about the RFA, please email TribalAffairs@dhcs.ca.gov.

Join Our Team

DHCS is hiring for our fiscal, human resources, legal, auditing, health policy, and information technology teams. For more information, please visit the [CalCareers website](#).

DHCS is dedicated to preserving and improving the overall health and well-being of all Californians. DHCS' mission is to provide the most vulnerable residents with equitable access to affordable, integrated, and high-quality health care, and is currently transforming the Medi-Cal program to make sure it provides the care Californians need to live healthier, happier lives.

**DHCS Stakeholder Update Email Listserv (Cont'd)
(Friday, March 17, 2023)**

Upcoming Stakeholder Meetings and Webinars

California's Reproductive Health Access Section 1115 Demonstration: Tribal and Designee of Indian Health Programs Webinar

On March 20, from 9 to 10 a.m., DHCS will host a [Medi-Cal Tribal and Designee of Indian Health Programs webinar \(advance registration required\)](#) to provide information and receive feedback on California's Reproductive Health Access Demonstration (CalRHAD) 1115 request in advance of DHCS' submission to CMS. Tribal partners have been invited to participate in the webinar via email.

California's Reproductive Health Access Section 1115 Demonstration: First Public Hearing

On March 29, from 10 to 11 a.m., DHCS will host the first [\(advance registration required\)](#) of two public hearings to solicit stakeholder comments on a proposed CalRHAD Medicaid Section 1115 demonstration. DHCS is seeking approval from CMS to provide competitive grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services, promote the sustainability of California's reproductive health provider safety net, and benefit individuals enrolled in Medi-Cal and other individuals who currently face barriers to such access.

Screening and Transition of Care Tools Informational Webinar

On March 29, from 3 to 4 p.m., DHCS will hold a [Screening and Transition of Care Tools webinar \(advance registration required\)](#) to discuss the Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services, which went live on January 1, 2023, as part of California Advancing and Innovating Medi-Cal (CalAIM). This initiative is focused on implementing statewide screening and transition of care tools for both adults and individuals under 21 years old for use by Medi-Cal MCPs and county mental health plans. The webinar will include an overview of the purpose of the initiative, a discussion on notable requirements and case examples, and responses to frequently asked questions. For more information, please visit the [Screening and Transition of Care Tools webpage](#).

Children and Youth Behavioral Health Initiative (CYBHI) Monthly Public Webinar: March 2023

On March 29, from 3 to 4 p.m., DHCS will virtually host a [webinar \(advance registration required\)](#) to keep stakeholders apprised of DHCS' progress in implementing various workstreams for CYBHI. Key attendees include, but are not limited to, youth, parents, family members, behavioral health providers, Medi-Cal MCPs, county behavioral health departments, and commercial health plans, as well as educational and other cross-sector partners.

DHCS Stakeholder Update Email Listserv (Cont'd) (Friday, March 17, 2023)

Doula Stakeholder Workgroup Meeting

On March 30, from 12 to 2 p.m., DHCS will host the first public virtual stakeholder workgroup meeting regarding doula services. SB 65 requires DHCS to convene a workgroup to examine implementation of the doula benefit in Medi-Cal. The workgroup will discuss ways to ensure that doula services are available to Medi-Cal members, consider ways to minimize barriers and delays in payments to doulas, and recommend outreach efforts so members are aware of available doula services. The meeting registration link will be available on the [doula webpage](#) by March 24.

CYBHI RFA Technical Assistance Webinar

On March 30, from 1 to 2 p.m., DHCS will virtually host a public [CYBHI webinar \(advance registration required\)](#) on behalf of the Evidence-Based Practices (EBP) and Community-Defined Evidence Practices (CDEP) grants program. This webinar will focus on the "Round Two: Trauma-Informed Programs and Practices" RFA. DHCS will provide technical assistance by sharing responses to frequently asked questions received based on themes. During the webinars, DHCS will not address any live questions. Please email questions related to the Round Two RFA to CYBHI@dhcs.ca.gov. DHCS will post the FAQs to the [CYBHI EBP/CDEP grants webpage](#) by March 17.

In Case You Missed It

California Awards \$21.6 Million to Address the Opioid Crisis

On March 13, [DHCS awarded](#) \$12 million to 44 programs through the [California Youth Opioid Response project](#), and \$9.6 million to 28 entities through the [Low-Barrier Opioid Treatment at Syringe Services Programs project](#). This is the latest investment in a running total of more than half a billion dollars to help prevent opioid overuse and addiction, address opioid use disorders safely and effectively, and reduce overdose deaths.

DHCS Provides Update on Behavioral Health Virtual Services Platform for Children and Youth

On March 15, [DHCS confirmed](#) it will launch the Behavioral Health Virtual Services Platform, a new technology-enabled services solution for all children, youth, and families in California, in January 2024. The platform is part of Governor Newsom's [Master Plan for Kids' Mental Health](#) and CYBHI. For more information, please visit the [CYBHI webpage](#).

California's Reproductive Health Access Section 1115 Demonstration

On March 16, DHCS launched 30-day public and Tribal public comment periods to solicit feedback on a proposed CalRHAD Medicaid Section 1115 demonstration. DHCS is seeking approval from CMS to provide competitive grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services, promote the sustainability of California's reproductive health provider safety net, and benefit individuals enrolled in Medi-Cal and other individuals who currently face barriers to such access.

Additional information about the CalRHAD application is available on the [CalRHAD webpage](#).

Thank you,

**DHCS Stakeholder Update Email Listserv
(Friday, March 24, 2023)**

From: DHCS Communications <DHCSCommunications@dhcs.ca.gov>
Sent: Friday, March 24, 2023 8:44 PM
Subject: DHCS Stakeholder News

DHCS Stakeholder Update

DHCS is providing this update of significant developments regarding DHCS programs.

Top News

Governor Newsom's Proposal to Modernize California's Behavioral Health System

Governor Newsom [announced](#) next steps to modernize how California treats mental illness and substance use disorders, collectively known as the behavioral health system. His [plan](#) includes three key elements: a general obligation bond to fund behavioral health residential facilities along with housing for homeless veterans; a ballot initiative to modernize the Mental Health Services Act; and a proposal to make today's behavioral health system work better for all Californians by improving statewide accountability and access to behavioral health services. DHCS will hold a [webinar Wednesday, March 29](#), to provide more detail on the proposal.

Governor Newsom's Master Plan for Tackling the Fentanyl and Opioid Crisis

On March 20, Governor Newsom released his [Master Plan for Tackling the Fentanyl and Opioid Crisis](#), which builds on the Administration's \$1 billion investment to address the opioid crisis. The plan includes steps to support overdose prevention efforts, hold the pharmaceutical industry accountable, crack down on drug trafficking, and raise awareness about the dangers of opioids, including fentanyl. The plan is supported by the Governor's proposed 2023-24 budget—which includes \$79 million for Naloxone distribution to be managed by DHCS, \$10 million for education and support services grants, and an additional \$3.5 million to provide overdose medication to middle and high schools.

Program Updates

CMS Deems California Compliant with Renewal Requirements—Will Continue to Receive Enhanced FMAP

The Consolidated Appropriations Act of 2023 established new conditions for the continuous coverage unwinding and resumption of normal business operations for receiving increased Federal Medical Assistance Percentage (FMAP) after April 1. These conditions included a requirement to conduct Medicaid redeterminations consistent with federal requirements or the implementation of alternative strategies approved by the federal Centers for Medicare & Medicaid Services (CMS). On March 20, CMS determined that California is compliant with all applicable requirements.

DHCS Stakeholder Update Email Listserv (Cont'd) (Friday, March 24, 2023)

Navigators Project: Project Partner Summary

On March 17, the Navigators Project posted the [Project Partner Summary](#), which details enrollment and retention goals, funding amounts, subcontractors, and target populations being served. Additional information, such as work plans, will be released soon to give stakeholders a better understanding of how partners plan to effectively conduct outreach, enroll, retain, and assist individuals in obtaining and/or retaining their benefits. For more information, please visit the [Navigators Project webpage](#).

DHCS to Release Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payments (WRP)

DHCS will soon issue Hospital and Skilled Nursing Facility COVID-19 WRP totaling more than \$1 billion. DHCS will disperse funds to approved Covered Entities, Covered Services Employers, Physician Group Entities, and Independent Physicians, representing more than 832,000 total workers. Organizations will have 60 days from the receipt of funds to release payments to approved workers, payment [requirements and guidance](#) are posted on the [WRP webpage](#) to support entities on the overall distribution process. Please email any questions to wrp@dhcs.ca.gov.

Updated Carr vs. Becerra Guidance

On March 17, DHCS published Medi-Cal Eligibility Division Information Letter I [23-18](#) providing updated guidance to counties based on the March 2 court order from Carr v. Becerra. The guidance provides instructions on reinstating eligibility for certain individuals enrolled in Medicare Savings Programs (MSPs) during the COVID-19 public health emergency from March 1, 2020, through March 31, 2023. DHCS will reinstate eligibility to the individual's original MSP program, and members will remain in their same tier of MSP coverage until their continuous coverage unwinding Medi-Cal renewal is completed. DHCS will also notify individuals about the reinstatement, including providing information about the reimbursement of any out-of-pocket Medicare Part A premiums.

Medi-Cal Rx: Reinstatement Phase III and Provider Learning Tool Announcement

On March 24, Medi-Cal Rx Reinstatement Phase III, Lift 1 will begin for members ages 22 and older. The transition will phase out the Transition Policy for identified Standard Therapeutic Classes, which will lift the override of National Council for Prescription Drug Programs. Additional information is included in the 30-day countdown alert.

Additionally, last week, a scenario-based learning tool was launched for providers to self-test their understanding regarding the submission of prior authorizations in advance of the retirement of the Transition Policy. This tool is available as an [online quiz](#) or in a [printable PDF format](#).

Join Our Team

DHCS is hiring! DHCS has an immediate opening for [Chief, Medi-Cal Eligibility Division \(MCED\)](#). This position provides leadership, direction, and coordination of eligibility policy and operations among DHCS, California counties, and the federal government regarding Medicaid and the Children's Health Insurance Program.

DHCS is also hiring for our fiscal, human resources, legal, auditing, health policy, and information technology teams. For more information, please visit the [CalCareers website](#).

DHCS Stakeholder Update Email Listserv (Cont'd) (Friday, March 24, 2023)

DHCS is dedicated to preserving and improving the overall health and well-being of all Californians. DHCS' mission is to provide the most vulnerable residents with equitable access to affordable, integrated, high-quality health care, and is currently transforming the Medi-Cal program to make sure it provides the care Californians need to live healthy lives.

Upcoming Stakeholder Meetings and Webinars

California's Reproductive Health Access Section 1115 Demonstration (CalRHAD): First Public Hearing

On March 29, from 10 to 11 a.m., DHCS will host the first [\(advance registration required\)](#) of two public hearings to solicit stakeholder comments on a proposed CalRHAD Medicaid Section 1115 demonstration. DHCS is seeking approval from CMS to provide competitive grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services, promote the sustainability of California's reproductive health provider safety net, and benefit individuals enrolled in Medi-Cal and other individuals who currently face barriers to such access. Additional information is available on the [CalRHAD webpage](#).

Modernizing the Behavioral Health System Webinar

On March 29, from 3 to 4 p.m., DHCS will host a [webinar \(advanced registration required\)](#) to discuss Governor Newsom's proposal to modernize California's behavioral health system. The Administration plans to work in close partnership with the Legislature, as well as with the California State Association of Counties, other critical local government stakeholders, community-based service organizations, advocates, and people with lived experience as bill language is developed.

Doula Stakeholder Workgroup Meeting

On March 30, from 12 to 2 p.m., DHCS will host the first public virtual stakeholder workgroup meeting regarding doula services. SB 65 requires DHCS to convene a workgroup to examine implementation of the doula benefit in Medi-Cal. The workgroup will discuss ways to ensure that doula services are available to Medi-Cal members, consider ways to minimize barriers and delays in payments to doulas, and recommend outreach efforts so members are aware of available doula services. The meeting registration link will be available on the [doula webpage](#).

CalRHAD: Second Public Hearing

On April 3, from 9 to 10 a.m., DHCS will host the [second \(advance registration required\)](#) public hearing to solicit stakeholder comments on a proposed CalRHAD Medicaid Section 1115 demonstration.

In Case You Missed It

DHCS Awards \$1.75 Million to Train Providers on Substance Use Disorders

On March 20, DHCS awarded [\\$1.75 million to 25 programs](#) through the California Residency Program Collaborative Project. This project will advance the training of primary care doctors in the field of substance use disorders (SUD), including stimulants and opioids. The training is part of DHCS' broader efforts to address SUD, collectively known as the [California MAT Expansion Project](#), to increase access to Medication Assisted Treatment (MAT), reduce unmet treatment needs, and reduce opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities. For more information, please visit the [California MAT Expansion Project Overview webpage](#).

DHCS Stakeholder Update Email Listserv (Cont'd)
(Friday, March 24, 2023)

Published COVID-19 Information

- Updated: [Medi-Cal Covid-19 Vaccination Rates](#)
- Updated: [Covid-19 Impact on Medi-Cal Utilization](#)
- [Covid-19 Public Health Emergency Waiver Flexibility for Individuals With No Income](#)

Thank you,



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

www.dhcs.ca.gov



Tribal & Indian Health Program Email (Thursday, March 30, 2023)

California's Reproductive Health Access Demonstration (CalRHAD): Tribal and Indian Health Program Public Comment & Tribal Meeting

 Tillisch, Emily@DHCS <Emily.Tillisch@dhcs.ca.gov>
To: DHCSINDIANHEALTH@MAILLIST.DHCS.CA.GOV; DHCSINDIANHEALTHDIRECTORS@MAILLIST.DHCS.CA.GOV

California's Reproductive Health Access Demonstration: Tribal and Indian Health Program Public Comment & Tribal Meeting

The Department of Health Care Services (DHCS) has begun a 30-day Tribal and Indian Health Programs public comment period for a new Section 1115 demonstration request, entitled California's Reproductive Health Access Demonstration (CalRHAD). The public comment period is from March 16 through April 17. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

Background

DHCS is seeking federal approval to strengthen the state's reproductive health provider safety net. The demonstration will emphasize ensuring access to sexual and reproductive health services and the services and supports to access them by addressing health-related social needs (HRSNs).

Through the CalRHAD request, DHCS is seeking expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services and promote the sustainability of California's reproductive health provider safety net to benefit individuals enrolled in Medi-Cal and other individuals who face barriers to such access.

California is proposing to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services, including family planning. Providers receiving CalRHAD grants would *not* be permitted to use those funds for abortions. California covers abortions for individuals enrolled in Medi-Cal and others using state funds only, with no federal Medicaid matching funds.

DHCS is required to seek advice from Tribes and designees of Indian Health Programs on Medi-Cal matters having a direct effect on American Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009. DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendments (SPAs), waiver requests or amendments, or proposals for demonstration projects in the Medi-Cal program.

Public Comment Materials

All public comment materials are posted on the [DHCS CalRHAD webpage](#) and the [DHCS Tribal and Indian Health Program webpage](#). DHCS will update this page throughout the public comment period and application process. The following materials are posted on the webpages:

- [Tribal and Designees of Indian Health Programs Public Notice](#)
- [Public Notice](#)
- [Abbreviated Public Notice](#)
- [Proposed CalRHAD Section 1115 Application](#)

Opportunities to Comment

Written Comments

Comments will be accepted via U.S. mail or electronic mail.

Written comments may be sent to the following address; please indicate "CalRHAD Section 1115 Application" in the written message:

Department of Health Care Services
Director's Office
Attn: René Mollow and Jacey Cooper
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Email comments may be submitted to 1115Waiver@dhcs.ca.gov. Please indicate "CalRHAD Section 1115 Application" in the subject line of the email message.

To ensure consideration prior to our submission of the CalRHAD Section 1115 application to the Centers for Medicare & Medicaid Services (CMS), comments must be received no later than 11:59 PM PT (Pacific Time) on **April 17**. Please note that comments will continue to be accepted after April 17, but DHCS may be unable to consider those comments prior to the initial submission of the CalRHAD application to CMS.

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Department of Health Care Services
Director's Office
P. O. Box 997413, MS 0000, Sacramento, CA 95899-7413
(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

Please note, the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

Tribal Meeting

DHCS virtually hosted a tribal webinar on March 20 to encourage and solicit comments from Tribes and Indian Health Programs. The meeting offered online video streaming and telephonic conference capabilities to ensure statewide accessibility. Meeting materials are available on the [DHCS Tribal and Indian Health Program webpage](#).

In addition, the second and final public hearing for the general public will be held on Monday, April 3, 2023. Additional information about the hearings is available on the [DHCS CalRHAD Webpage](#).



Tribal & Indian Health Program Email (Thursday, April 13, 2023)

California's Reproductive Health Access Demonstration: Tribal and Indian Health Program Public Comment & Tribal Meeting



Tillisch, Emily@DHCS <Emily.Tillisch@dhcs.ca.gov>
To: DHCSINDIANHEALTH@MAILLIST.DHCS.CA.GOV; DHCSINDIANHEALTHEXECDIRECTORS@MAILLIST.DHCS.CA.GOV



Thu 4/13/2023 1:24 PM

California's Reproductive Health Access Demonstration: Tribal and Indian Health Program Public Comment & Tribal Meeting

The Department of Health Care Services (DHCS) has begun a 30-day Tribal and Indian Health Programs public comment period for a new Section 1115 demonstration request, entitled California's Reproductive Health Access Demonstration (CalRHAD). The public comment period is from March 16 through April 17 and will conclude on **Monday, April 17 at 11:59 PM PT (Pacific Time)**. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

Background

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Additional information about the hearings is available on the [DHCS CalRHAD Webpage](#).

**DHCS Stakeholder Update Email Listserv
(Thursday, March 30, 2023)**

From: DHCS Communications <DHCSCommunications@dhcs.ca.gov>
Sent: Thursday, March 30, 2023 7:20 PM
Subject: DHCS Stakeholder News

DHCS Stakeholder Update

DHCS is providing this update of significant developments regarding DHCS programs.

Top News

DHCS Receives CMS Approval of Asset Waiver Flexibility

On March 29, DHCS received approval from the Centers for Medicare & Medicaid Services to waive the asset test at redeterminations for members enrolled in Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal. The waiver flexibility, submitted by DHCS on March 10 to support the continuous coverage unwinding, is effective for renewals retroactive to March 1 through December 31. Asset elimination takes effect on January 1, 2024.

This waiver flexibility ensures continuity of coverage for seniors and persons with disabilities, and will prevent potential disruptions in their Medi-Cal coverage once redeterminations resume in April 2023. Medi-Cal members will still need to meet all other Medi-Cal eligibility criteria, such as income, to remain eligible for Medi-Cal.

DHCS issued [Medi-Cal Eligibility Division Letter \(MEDIL\) 23-19](#) to provide counties with immediate guidance on operationalizing the waiver flexibility.

Program Updates

Medi-Cal Continuous Coverage Toolkit is Available in 19 Languages and Keeping Medi-Cal Members Covered Webinar

This week, DHCS posted the [Medi-Cal Continuous Coverage toolkit](#) in 17 Medi-Cal threshold languages (in addition to the previously posted English and Spanish). Each toolkit includes materials that can be customized to help DHCS Coverage Ambassadors and partners assist Medi-Cal members with the redetermination process. The content encourages members to update their contact information to ensure they receive important information about keeping their Medi-Cal coverage. Toolkit assets include flyers, social media posts, messaging, including interactive voice response call scripts, sample emails, and text messages.

DHCS Stakeholder Update Email Listserv (Cont'd) (Thursday, March 30, 2023)

On April 6, from 1 to 2 p.m., DHCS will host a Continuous Coverage Unwinding and Communications Campaign webinar ([advance WebEx registration required](#)) to discuss the Medi-Cal renewal and redetermination process, communications campaign updates, and how DHCS Coverage Ambassadors and other partners can continue to help assist in this important effort. Organizations and individuals who work directly with Medi-Cal members, including communications teams, should attend.

COVID-19 Uninsured Group Program Toolkit Launch

DHCS [released](#) a COVID-19 Uninsured Group (UIG) Program toolkit (in [English](#) and [Spanish](#)) to provide information to more than 500,000 UIG Program members about how to apply for ongoing coverage through Medi-Cal or Covered California before the program ends on May 31, 2023. Due to the COVID-19 Public Health Emergency ending, Covered California will open a special enrollment period for UIG Program members that have their coverage ending. The special enrollment period will end 60 days after May 31, 2023. The toolkit offers vital information for [DHCS Coverage Ambassadors](#) to share broadly with their networks about where UIG Program members can find the resources to apply for health coverage, including contact details for their local county offices and how to apply online. More information about DHCS' strategy to unwind the UIG Program is available in the [Medi-Cal COVID-19 Public Health Emergency and Continuous Coverage Unwinding Plan](#) posted on the [Keeping Medi-Cal Members Covered webpage](#).

Dementia Care Aware Warmline

The Dementia Care Aware Warmline is now live at 1-800-933-1789, from Monday to Friday between 9 a.m. and 5 p.m. The warmline offers education and decision-making consultation for clinicians and primary care teams in California, covering topics related to dementia screening, assessment, diagnosis, management, and care planning.

The warmline also provides support for implementing the Dementia Care Aware cognitive health assessment as a screening approach, outlined [here](#). Consultants are available to answer questions that may arise during any stage of dementia care, how to make systems changes in their practice, and related medical legal considerations. Voicemail messages left after hours will be returned the next business day.

Note: Consultations are not intended as a substitute for professional medical care or advice, nor to replace a health care professionals' clinical judgment regarding their individual patient care.

Medi-Cal Rx Reinstatement Plan Update

As of March 24, Phase III, Lift 1 of the Medi-Cal Rx Reinstatement plan has been successfully implemented. Providers are required to submit prior authorizations for new and renewing prescriptions in specific drug classes for members age 22 and older. Additional information is available within the [Medi-Cal Rx Reinstatement Spotlight](#). Additionally, DHCS released a [30-day countdown for pharmacy providers and prescribers on Phase III, Lift 2](#).

DHCS Stakeholder Update Email Listserv (Cont'd) (Thursday, March 30, 2023)

Smile, California Campaign for Medi-Cal Dental Services

Social media campaigns to raise awareness about the Medi-Cal Dental Program and share important resources with Medi-Cal members begin in April. The campaigns will remind members that dental services are covered by Medi-Cal and inform them about transportation services that are available for dental appointments.

Additionally, a Smile, California, Smile Alert will continue promoting the [Provider Testimonial Video series](#), reminding members that the deadline for the required Kindergarten Oral Health Assessment is on May 31, and recognizing March as National Nutrition Month. Sign up for our [Smile Alerts](#) to stay informed about the Smile, California campaign.

From April 3 through June 2, Smile, California will promote the online 2023 Member Customer Service Satisfaction survey. The survey is available in 19 languages and is intended to collect feedback from members on their experiences with Medi-Cal customer service representatives. The survey will be published to the [Smile, California](#) and [Medi-Cal Dental](#) website and promoted in the April Member Bulletin, in a Smile Alert, on social media, and via a homepage banner on [SmileCalifornia.org](#).

Join Our Team

DHCS is hiring! DHCS has an immediate opening for [Chief of the Selection and Recruitment Branch](#) within the Human Resources Division. This position provides direction in the development and administration of annual department-wide recruitment plans, marketing, and a variety of recruitment activities designed to promote DHCS as an employer of choice.

DHCS is also hiring a [Chief of Medi-Cal Eligibility Division \(MCED\)](#). This position provides leadership, direction, and coordination of eligibility policy and operations among DHCS, California counties, and the federal government regarding Medicaid and the Children's Health Insurance Program.

DHCS is also hiring for our fiscal, human resources, legal, auditing, health policy, and information technology teams. For more information, please visit the [CalCareers website](#).

DHCS is dedicated to preserving and improving the overall health and well-being of all Californians. DHCS' mission is to provide the most vulnerable residents with equitable access to affordable, integrated, high-quality health care, and is currently transforming the Medi-Cal program to make sure it provides the care Californians need to live healthier, happier lives.

DHCS Stakeholder Update Email Listserv (Cont'd) (Thursday, March 30, 2023)

Upcoming Stakeholder Meetings and Webinars

California's Reproductive Health Access Section 1115 Demonstration (CalRHAD): Second Public Hearing

On April 3, from 9 to 10 a.m., DHCS will host the [second \(advance registration required\)](#) public hearing to solicit stakeholder comments on a proposed CalRHAD Medicaid Section 1115 demonstration. On March 16, DHCS launched 30-day public and Tribal public comment periods to solicit feedback on a proposed CalRHAD Medicaid Section 1115 demonstration. DHCS is seeking approval from CMS to provide competitive grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services, promote the sustainability of California's reproductive health provider safety net, and benefit individuals enrolled in Medi-Cal and other individuals who currently face barriers to such access. Additional information is available on the [CalRHAD webpage](#).

Nursing Facility Financing Reform Webinar

On April 12, from 3 to 4 p.m., DHCS will host a [stakeholder webinar \(advance registration required\)](#) to discuss the development of the Skilled Nursing Facility Workforce Standards Program and provide updates on other nursing facility financing programs authorized by Assembly Bill 186 (Chapter 46, Statutes of 2022). Additional information is available on the [Nursing Facility Financing Reform \(AB 186\) webpage](#).

ECM and Community Supports Data Guidance Webinar

On April 13, from 12 to 1 p.m., DHCS will host an [ECM and Community Supports webinar \(advance registration required\)](#) to release new data guidance standards supporting the exchange of information between MCPs and Community Supports providers. DHCS will also share updates to existing ECM and Community Supports CalAIM data guidance, based upon stakeholder feedback during the first year of implementation.

Sharing information among MCPs, providers, counties, community-based organizations, and DHCS is crucial for the successful implementation and long-term adoption of ECM and Community Supports. This webinar will offer MCPs, current and prospective ECM and Community Supports providers, and other interested stakeholders the opportunity to learn more about ECM and Community Supports data exchange, ask questions, and be informed about key changes for 2023.

In Case You Missed It

California Awards Additional \$88.5 Million to Help Transform Medi-Cal

On March 24, DHCS [announced](#) awards totaling \$88.5 million to help local organizations build their capacity and infrastructure in support of a more coordinated, person-centered, and equitable Medi-Cal system for all Californians. These funds further the vision of California Advancing and Innovating Medi-Cal (CalAIM), California's long-term commitment to transform and strengthen Medi-Cal, and will be used to develop and deploy the Medi-Cal [Enhanced Care Management](#) benefit and [Community Supports](#) services statewide.

DHCS Stakeholder Update Email Listserv (Cont'd) (Thursday, March 30, 2023)

PATH Technical Assistance (TA) Marketplace Round 2 Vendor Application Now Open

On March 28, DHCS opened the Providing Access and Transforming Health (PATH) TA Marketplace Round 2 vendor application window. The PATH TA Marketplace is a virtual marketplace for TA services, a one-stop-shop website where entities can access no-cost TA resources from curated and approved vendors to help build their capacity to transform Medi-Cal. Organizations interested in applying to qualify as a TA Marketplace vendor are strongly encouraged to join an [informational webinar \(advance registration required\)](#) on April 6, from 1 to 2 p.m. to learn more about the application process. The deadline to apply to qualify as a vendor is April 28, 2023.

Please visit the [TA Marketplace vendor webpage](#) for more information. For questions, please email ta-marketplace@ca-path.com.

DHCS Releases Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payments

On March 28, March 30, and April 5, DHCS is issuing Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payments (WRP) totaling more than \$1 billion. DHCS will disperse funds to approved Covered Entities (CEs), Covered Services Employers (CSEs), Physician Group Entities (PGEs), and Independent Physicians, representing more than 832,000 total workers. CEs, CSEs, PGEs, and Independent Physicians will have 60 days from the receipt of funds to release payments to approved workers. Requirements and guidance are posted on the [WRP webpage](#) to support entities in the overall distribution process. Please email any questions to wrp@dhcs.ca.gov.

Webinar on Governor Newsom's Proposal to Modernize California's Behavioral Health System

On March 29, the California Health & Human Services Agency, Department of Managed Health Care, and DHCS held a webinar to walk through the Governor's [proposal](#) to modernize California's behavioral health system. The proposal builds on the Administrations' previous investments and policy reforms to re-envision how the state treats mental health and substance use disorders. More information and the [presentation](#) are available on the [Modernizing our Behavioral Health Initiative webpage](#).

Thank you,



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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**DHCS Stakeholder Update Email Listserv
(Friday, April 7, 2023)**

From: DHCS Communications <DHCSCommunications@dhcs.ca.gov>
Sent: Friday, April 7, 2023 7:56 PM
Subject: DHCS Stakeholder News

DHCS Stakeholder Update

DHCS is providing this update of significant developments regarding DHCS programs.

Program Updates

Termination of COVID-19 Flexibilities for Family PACT and Updated Client Enrollment Policy

On March 26, 2020, DHCS published [guidance](#) that allowed Family Planning, Access, Care, and Treatment (Family PACT) providers to enroll and recertify clients through telehealth or other virtual/telephonic communication methods during the federally-declared COVID-19 PHE. This flexibility is temporary and is set to end upon termination of the PHE on May 11, 2023.

In preparation for the end of the PHE, DHCS updated the client enrollment policy, allowing Family PACT providers to continue enrolling and recertifying clients through synchronous or telephonic modalities post-PHE. The draft policy was open for public comment, and on April 14, the final client enrollment policy will be published in a [Family PACT Update Bulletin](#). Additionally, DHCS' responses to comments received will be published on the [Office of Family Planning webpage](#).

Effective for dates of service on or after May 12, 2023, Family PACT providers must adhere to the updated Client Eligibility section published in the Family PACT Policies, Procedures, and Billing Instructions manual.

Recovery Incentives Program: California's Contingency Management (CM) Benefit

DHCS approved Social Model Recovery Systems: Pasadena Council on Alcoholism and Drug Dependence, the first site in the state to begin offering CM services as part of the [Recovery Incentives Program](#). Beginning the week of April 3, eligible Medi-Cal members can begin receiving CM services at this location. DHCS anticipates additional sites will be approved on a rolling basis as implementation training and readiness assessment requirements are completed. For questions, please email RecoveryIncentives@dhcs.ca.gov.

Health Enrollment Navigators Project Funding Update

On April 7, 2023, DHCS sent a mandatory survey to [Health Enrollment Navigators Project](#) partners to provide an opportunity for them to receive the remaining project funding. The survey asks partners to describe how they will use additional funds on two focused activities: Medi-Cal renewal activities, and targeted outreach efforts on the Medi-Cal ages 26-49 expansion for undocumented Californians and asset elimination. DHCS worked with key stakeholders on this funding opportunity and how DHCS would strategically utilize these funds. During the week of May 1, DHCS anticipates completing its review of proposals and awarding funding. Approved partners can then begin implementing their funded activities.

The Health Enrollment Navigators Project reconciled partner payments for the \$59.72 million appropriated via Assembly Bill 74 (Chapter 23, Statutes of 2019), with a remaining balance of \$3.38 million. Also, there is an unallocated balance of \$226,000 from the \$60 million appropriated via Senate Bill 154 (Chapter 43, Statutes of 2022), for a total of \$3.6 million remaining to be allocated.

Additionally, DHCS posted the 35 individual partner work plans for public consumption on the [Project Partners Section webpage](#). These work plans will detail the specific actions, tasks, approaches, and target population groups for each partner's project activities. The partner's direct contact information aims to facilitate interaction and collaboration between partners and community-based organizations to maximize project efforts and impact.

Medi-Cal Reinstatements (*Carr v. Becerra*)

DHCS published [Medi-Cal Eligibility Division Information Letter \(MEDIL\) 23-18](#) regarding the reinstatement of eligibility for certain individuals enrolled in the Medicare Savings Program during the COVID-19 public health emergency (PHE) from March 1, 2020, through March 31, 2023. This updated guidance for counties was issued by the Centers for Medicare & Medicaid Services (CMS).

On April 5, DHCS restored the original Medicare Savings Program eligibility to 37,796 affected individuals based on refreshed data from the end of March. Medi-Cal members will remain in the same tier of Medicare Savings Program coverage until their continuous coverage unwinding Medi-Cal renewal is completed. By the beginning of May, DHCS will inform the affected population about the reinstatement and provide information about the reimbursement of any Medicare Part A premiums paid out of pocket by reinstated members.

Upcoming Letter of Intent Grant Deadline for the Indian Health Program (IHP)

DHCS allocated \$2.55 million from the available \$11.4 million for a second round of the IHP Request for Application (RFA), which will allow new IHP applicants to apply for funding. Round two applicants may request up to \$150,000 to support primary care recruitment and retention efforts for fiscal year 2022-23. Interested Indian health clinic corporations must submit a letter of intent no later than April 14. DHCS will only accept an RFA response from applicants who have submitted a letter of intent. Please email TribalAffairs@dhcs.ca.gov to request a copy of the form. Applicants who received funding under round one of the RFA process are ineligible for additional funds.

Smile, California Campaign for Medi-Cal Dental Services

During the week of April 10, in preparation for the Every Kid Healthy Week at the end of April, Smile, California will debut the new "Healthy Smiles from Pregnancy Through the Toddler Years" brochure to educate Medi-Cal members about the importance of practicing healthy dental habits during every life stage and visiting the dentist regularly. This brochure will be in English, Spanish, Chinese, Vietnamese, and Korean, and will be featured on all communication channels during this promotional period. To ensure information is shared with as many Californians as possible, Smile, California will begin to make website updates to SmileCalifornia.org and SonrieCalifornia.org, launch organic and social media campaigns for Instagram and Facebook, disseminate a Smile Alert and member bulletin, and leverage relationships with statewide partners to promote the new brochure. When promoting the brochure, Smile, California will also push existing materials and resources that were developed for pregnant individuals and new parents.

Join Our Team

DHCS is hiring for our fiscal, human resources, legal, auditing, health policy, and information technology teams. For more information, please visit the [CalCareers website](#).

DHCS is dedicated to preserving and improving the overall health and well-being of all Californians. DHCS' mission is to provide the most vulnerable residents with equitable access to affordable, integrated, high-quality health care, and is currently transforming the Medi-Cal program to make sure it provides the care Californians need to live healthier, happier lives.

Upcoming Stakeholder Meetings and Webinars

Children and Youth Behavioral Health Initiative (CYBHI) Monthly Public Webinar

On April 10, from 3 to 4 p.m., DHCS will host a [public webinar \(advance WebEx registration required\)](#) to keep stakeholders apprised of DHCS' progress in implementing various CYBHI workstreams. Key attendees include, but are not limited to, youth, parents, family members, behavioral health providers, Medi-Cal managed care plans, county behavioral health departments, and commercial health plans, as well as educational and other cross-sector partners. This webinar was previously scheduled for March 29.

Enhanced Care Management (ECM) and Community Supports Data Guidance Webinar

On April 13, from 12 to 1 p.m., DHCS will host an [ECM and Community Supports webinar \(advance registration required\)](#) to release new data guidance standards supporting the exchange of information between managed care plans (MCPs) and Community Supports providers. DHCS will also share updates to existing ECM and Community Supports CalAIM data guidance, based upon stakeholder feedback during the first year of implementation.

Sharing information among MCPs, providers, counties, community-based organizations, and DHCS is crucial for the successful implementation and long-term adoption of ECM and Community Supports. This webinar will offer MCPs, current and prospective ECM and Community Supports providers, and other interested stakeholders the opportunity to learn more about ECM and Community Supports data exchange, ask questions, and be informed about key changes for 2023.

In Case You Missed It

California's Reproductive Health Access Section 1115 Demonstration (CalRHAD)

On March 16, DHCS launched 30-day public and Tribal public comment periods to solicit feedback on a proposed CalRHAD Medicaid Section 1115 demonstration; comments are due by April 17. DHCS is seeking approval from CMS to provide competitive grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services, promote the sustainability of California's reproductive health provider safety net, and benefit individuals enrolled in Medi-Cal and other individuals who currently face barriers to such access.

Additional information about the CalRHAD application and how to submit public comments are available on the [CalRHAD webpage](#).

Dementia Care Aware New Screening Tool

DHCS recently [announced](#) that primary care providers in California have a new dementia screening tool, the [cognitive health assessment](#), available to help identify cognitive decline in their patients (age 65 and older) and determine next steps. Dementia Care Aware, a statewide initiative led by DHCS, [provides training](#) on this new assessment and support through a warmline to help primary care providers successfully screen for dementia in older adults.

Thank you,



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**DHCS Stakeholder Update Email Listserv
(Friday, April 14, 2023)**

From: DHCS Communications <DHCSCommunications@dhcs.ca.gov>
Sent: Friday, April 14, 2023 5:39 PM
Subject: DHCS Stakeholder News

DHCS Stakeholder Update

DHCS is providing this update of significant developments regarding DHCS programs.

Program Updates

Update: Long Term Care Benefit Standardization and Transition of Members to Managed Care

DHCS published [All Plan Letter \(APL\) 23-004](#) and updated the [frequently asked questions](#) (FAQ) for the skilled nursing facilities (SNF) long-term care carve-in based on stakeholder feedback. The APL includes updates on transportation to recurring appointments, provider communication on billing protocols, and exclusive services not subject to the directed payment policy. It also includes a new long-term services and supports liaison requirement. The FAQ and additional resources are available on the [DHCS LTC Carve-In webpage](#).

SNFs experiencing challenges contacting their managed care plans (MCP) should email MCQMD@dhcs.ca.gov for assistance.

California Statewide Automated Welfare System (CalSAWS) Migration Wave Three

On April 24, Orange, Santa Barbara, and Ventura counties will join the CalSAWS consortium. This migration is part of the state's plan to move all 58 counties, by December 31, 2023, to CalSAWS from the current split between two eligibility and enrollment systems: California Work Opportunity and Responsibility to Kids Information Network (CalWIN) and CalSAWS.

During the migration, the CalWIN system will be unavailable for the migrating counties from 5 p.m. on April 20 until they are active in CalSAWS on April 24 at 7:30 a.m. CalSAWS will be unavailable starting on April 21 at 3:30 p.m., and will be back online on April 24 at 7:30 a.m. The statewide application portal ([BenefitsCal](#)) will be available to applicants and members in these counties on April 24. There should be no disruption to the other ten CalWIN counties during this time.

Local county social services offices will be available on April 21 to address emergency services only. CalWIN counties will also have access to a CalWIN environment to allow county staff to see current case information and issue emergency benefits, as needed. Additionally, the CalWIN web portal will redirect applicants and members to county websites and Covered California to apply for benefits.

Opening Soon: Providing Access and Transforming Health (PATH) Justice-Involved Round 3 Funding Application

On May 1, DHCS will open the [PATH Justice-Involved Initiative Round 3](#) application. Round 3 funding will support correctional agencies, county behavioral health agencies, and other justice-involved stakeholders as they implement personnel, capacity, and/or IT systems that are needed for collaborative planning and implementation of pre-release service processes. For more information, visit the [Justice-Involved Capacity Building Program website](#).

Medi-Cal Rx

On April 21, the Medi-Cal Rx Transition Policy for members age 22 and older will be fully lifted. Additional information about Reinstatement Phase III, Lift 2 is available in the [Medi-Cal Rx Reinstatement Spotlight](#). This is the second in a series of lifts to phase out the grandfathering of historical prior authorizations and claims. More information is available in the [Medi-Cal Rx 30-Day Countdown - Phase III, Lift 2](#) communication.

Join Our Team

DHCS is hiring! DHCS has immediate openings for [Information Officer I/II positions](#) who will help DHCS keep the public informed about policy changes, program activities, and departmental objectives.

DHCS is also hiring for our fiscal, human resources, legal, auditing, health policy, and information technology teams. For more information, please visit the [CalCareers website](#).

DHCS is dedicated to preserving and improving the overall health and well-being of all Californians. DHCS' mission is to provide the most vulnerable residents with equitable access to affordable, integrated, high-quality health care, and is currently transforming the Medi-Cal program to make sure it provides the care Californians need to live healthier, happier lives.

Upcoming Stakeholder Meetings and Webinars

California Advancing and Innovating Medi-Cal (CalAIM): Workgroup Meeting for Managed Long-Term Services and Supports (MLTSS)

On April 19, from 10:30 a.m. to 12 p.m., DHCS will virtually host the [CalAIM MLTSS and Duals Integration Workgroup meeting \(advance registration required\)](#). Agenda topics will include updates on the continuous coverage requirement unwinding and the 2024 Medicare Medi-Cal Plan expansion counties, an overview of stakeholder and health plan feedback on the 2024 State Medicaid Agency Contract templates, and an overview of palliative care policy guidance for Dual Eligible Special Needs Plans.

Background materials, transcripts, and video recordings of the previous workgroup meetings, along with additional information about the workgroup, are posted on the [CalAIM MLTSS and Duals Integration Workgroup webpage](#). For questions or comments, please email DHCS at info@calduals.org.

Population Health Management (PHM) Advisory Group Meeting

On April 26, from 12:30 to 2 p.m., DHCS will host the next [PHM Advisory Group meeting \(advance registration required\)](#). The meeting will provide feedback on DHCS' proposed changes to the population needs assessment (PNA) that Medi-Cal MCPs are required to complete. DHCS envisions the modified PNA to promote greater alignment with local health departments and other community stakeholders, more robust community engagement, and a deeper understanding of member health, and social needs, and preferences from the communities in which they live. Stakeholders are encouraged to submit questions before the webinar to CalAIM@dhcs.ca.gov.

PATH Justice-Involved Round 3 Informational Session

On May 2, from 3 to 4 p.m., DHCS will hold an [informational webinar \(advance registration required\)](#) to provide application support for interested entities ahead of the July 30 application deadline for PATH Justice-Involved Initiative Round 3 funding. The meeting invite and additional details will be available on the [Justice-Involved Capacity Building Program website](#). For questions, please contact justice-involved@ca-path.com.

In Case You Missed It

California's Reproductive Health Access Section 1115 Demonstration (CalRHAD)

On March 16, DHCS launched 30-day public and tribal public comment periods to solicit feedback on a proposed CalRHAD Medicaid Section 1115 demonstration; comments are due by April 17. DHCS is seeking approval from the Centers for Medicare & Medicaid Services to provide competitive grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services, promote the sustainability of California's reproductive health provider safety net, and benefit individuals enrolled in Medi-Cal and other individuals who currently face barriers to such access.

Additional information about the CalRHAD application and how to submit public comments are available on the [CalRHAD webpage](#).

Published COVID-19 Information

- [Emergency State Fair Hearing Timeframe Changes](#)
- [Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19](#)

Thank you,



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Tribal & Indian Health Program Email (Thursday, April 13, 2023)

From: Tillisch, Emily@DHCS <Emily.Tillisch@dhcs.ca.gov>

Sent: Thursday, April 13, 2023 1:24 PM

To: DHCSINDIANHEALTH@MAILLIST.DHS.CA.GOV; DHCSINDIANHEALTHEXECDIRECTORS@MAILLIST.DHS.CA.GOV

Subject: California's Reproductive Health Access Demonstration: Tribal and Indian Health Program Public Comment & Tribal Meeting

California's Reproductive Health Access Demonstration: Tribal and Indian Health Program Public Comment & Tribal Meeting

The Department of Health Care Services (DHCS) has begun a 30-day Tribal and Indian Health Programs public comment period for a new Section 1115 demonstration request, entitled California's Reproductive Health Access Demonstration (CalRHAD). The public comment period is from March 16 through April 17 and will conclude on **Monday, April 17 at 11:59 PM PT (Pacific Time)**. This email provides background information, links to public comment materials, and information about how to provide feedback during the public comment period.

Background

DHCS is seeking federal approval to strengthen the state's reproductive health provider safety net. The demonstration will emphasize ensuring access to sexual and reproductive health services and the services and supports to access them by addressing health-related social needs (HRSNs).

Through the CalRHAD request, DHCS is seeking expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers to enhance capacity and access to sexual and reproductive health services and promote the sustainability of California's reproductive health provider safety net to benefit individuals enrolled in Medi-Cal and other individuals who face barriers to such access.

California is proposing to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services, including family planning. Providers receiving CalRHAD grants would not be permitted to use those funds for abortions. California covers abortions for individuals enrolled in Medi-Cal and others using state funds only, with no federal Medicaid matching funds.

DHCS is required to seek advice from Tribes and designees of Indian Health Programs on Medi-Cal matters having a direct effect on American Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009. DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendments (SPAs), waiver requests or amendments, or proposals for demonstration projects in the Medi-Cal program.

Public Comment Materials

All public comment materials are posted on the [DHCS CalRHAD webpage](#) and the [DHCS Tribal and Indian Health Program webpage](#). DHCS will update this page throughout the public comment period and application process. The following materials are posted on the webpages:

- [Tribal and Designees of Indian Health Programs Public Notice](#)
- [Public Notice](#)
- [Abbreviated Public Notice](#)
- [Proposed CalRHAD Section 1115 Application](#)

Opportunities to Comment

Written Comments

Comments will be accepted via U.S. mail or electronic mail.

Written comments may be sent to the following address; please indicate "CalRHAD Section 1115 Application" in the written message:

Department of Health Care Services
Director's Office
Attn: René Mollow and Jacey Cooper
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Email comments may be submitted to 1115Waiver@dhcs.ca.gov. Please indicate "CalRHAD Section 1115 Application" in the subject line of the email message.

To ensure consideration prior to our submission of the CalRHAD Section 1115 application to the Centers for Medicare & Medicaid Services (CMS), **comments must be received no later than 11:59 PM PT (Pacific Time) on Monday, April 17**. Please note that comments will continue to be accepted after April 17, but DHCS may be unable to consider those comments prior to the initial submission of the CalRHAD application to CMS.

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Department of Health Care Services
Director's Office
P. O. Box 997413, MS 0000, Sacramento, CA 95899-7413
(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

Please note, the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

Tribal Meeting

DHCS virtually hosted a tribal webinar on March 20 to encourage and solicit comments from Tribes and Indian Health Programs. The meeting offered online video streaming and telephonic conference capabilities to ensure statewide accessibility. Meeting materials are available on the [DHCS Tribal and Indian Health Program webpage](#).

Additional information about the hearings is available on the [DHCS CalRHAD Webpage](#).

DHCS Website Updates

DHCS Homepage (Thursday, March 16, 2023)

Link: <https://www.dhcs.ca.gov/>

California's Reproductive Health Access Section 1115 Demonstration Public Comment

The 30-day public comment period for California's Reproductive Health Access Demonstration (CalRHAD) Section 1115 application is from March 16 through April 17. To ensure consideration prior to submission to the Centers for Medicare & Medicaid Services, comments must be received no later than 11:59 PM (Pacific Time) on April 17. DHCS welcomes all public comments.

[LEARN MORE](#)

Governor's Budget FY 2023-24

The budget for DHCS supports vital services that reinforce the state's commitment to preserve and improve the overall health and well-being of all Californians while operating within a responsible budgetary structure. For Fiscal Year (FY) 2023-24, the Governor's Budget proposes a total of \$144.4 billion, and 4,772 positions for the support of DHCS programs and services. The budget includes resources for the Adult Expansion ages 26-49, Behavioral Health Community-Based Continuum waiver, further enhancements to CalAIM including the addition of transitional rent, strengthening oversight for substance use disorder licensing and certification, and additional funding to the Naloxone Distribution program to respond to the increase in opioid-related overdose in California.

Latest From DHCS

- Keep Your Medi-Cal Coverage
- Medi-Cal Continuous Coverage Requirement Toolkit
- Global Medi-Cal DVR Board Member Recruitment
- DHCS Launches Statewide Media Campaign to Help Californians Keep Their Medi-Cal Coverage
- California is First State in Nation to Expand Medicaid Services for Justice-Involved Individuals
- COVID-19 Updates
- CalAIM

Updates

- DHCS Stakeholder News
- California Embarks on Major Transformation of Medi-Cal Managed Care With First Statewide Procurement
- Important Change to Federal Public Charge Rule
- CalRHAD 1115 Demonstration Public Comment**
- Notice Regarding State Nondiscrimination Requirements - Updated June 13, 2020

Laws & Policies

- Updated: CalHHS Agency Public Charge Guide (English) (Spanish)
- Medicaid Managed Care Final Rule
- CalAIM 1115 Demonstration & 1915(b) Waiver
- Proposed State Plan Amendments
- DHCS Strategic Plan (PDF)

Popular Searches

- Other Health Coverage (OHC)
- Third Party Liability — Personal Injury / Estate Recovery
- Medi-Cal Payments
- Locate the Nearest County Office
- Form 1095-B

California's Reproductive Health Access Demonstration Webpage (Thursday, March 16, 2023)

Link: <https://www.dhcs.ca.gov/provgovpart/Pages/CalRHAD.aspx>

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California's Reproductive Health Access Demonstration

[Return to Section 1115 Medicaid Waiver Resources Page](#)

DHCS is seeking federal approval to strengthen the State's reproductive health provider safety net, with an emphasis on ensuring access to sexual and reproductive health services as well as the services and supports to access these services by addressing health-related social needs (HRSNs).

Through a new Section 1115 demonstration, titled California's Reproductive Health Access Demonstration (CalRHAD), DHCS is requesting expenditure authority under Section 1115(a)(2) to provide grants to reproductive health providers for enhancing capacity and access to sexual and reproductive health services and promoting the sustainability of California's reproductive health provider safety net, for the benefit of individuals enrolled in Medi-Cal and other Californians who currently face barriers to such access.

California is proposing to create a new CalRHAD grant program for providers to enhance capacity and access for sexual and reproductive health services – including family planning – for individuals enrolled in Medi-Cal and other individuals who may need assistance to access such services. Providers that receive CalRHAD grants would not be permitted to use those funds for abortion services. California currently covers abortion services for individuals enrolled in Medi-Cal and others using State funds, without federal Medicaid matching funds.

DHCS is seeking public comment on the CalRHAD Section 1115 request from March 16 through April 17, 2023. See below for how to submit public comments for consideration. DHCS welcomes all public comments.

State Public Comment Opportunities

The draft CalRHAD Section 1115 application is available for public review during the 30-day public comment period from March 16 through April 17, 2023.

- [Proposed Section 1115 application for CalRHAD](#)
- [Public notice](#)
- [Abbreviated notice](#)

The 30-day public comment period for the CalRHAD Section 1115 application will take place from Thursday, March 16, 2023, through Monday, April 17, 2023. To be assured consideration prior to submission to CMS, comments must be received no later than 11:59 PM (Pacific Time) Monday, April 17, 2023. Please note that comments will continue to be accepted after April 17, 2023, but DHCS may not be able to consider those comments prior to the initial submission of the CalRHAD application to CMS.

DHCS is inviting comments from stakeholders during two upcoming public hearing webinars, email, and/or mail.

- **Public Hearing.** DHCS will host the following public hearings to solicit stakeholder comments. The public hearings will be held electronically to promote social distancing and mitigate the spread of COVID-19. The meetings will have online video streaming and telephonic conference capabilities to ensure statewide accessibility.
 - Wednesday, March 29 - First Public Hearing
 - 10:00 - 11:00 AM PT
 - Register for Zoom conference: https://manatt.zoom.us/webinar/register/WN_nCmc8aMqRfKzcOLZ2zcMKw
 - Please register in advance to receive your unique login details and link to add the hearing to your calendar.
 - Call-in information: (312) 626-6799 or (888) 788-0099 (Toll Free)
 - Webinar ID: 934 7718 5979
 - Passcode: 032923
 - Callers do not need an email address to use the phone option and do not need to register in advance.
 - Monday, April 3 - Second Public Hearing
 - 9:00 - 10:00 AM PT
 - Register for Zoom conference: https://manatt.zoom.us/webinar/register/WN_HN7m0tXLTlCyWl9X8H6lQ
 - Please register in advance to receive your unique login details and link to add the hearing to your calendar
 - Call-in information: (312) 626-6799 or (888) 788-0099 (Toll Free)
 - Webinar ID: 040323
 - Passcode: 040323
 - Callers do not need an email address to use the phone option and do not need to register in advance
- **Email.** You may send comments to 1115Waiver@dhcs.ca.gov; please indicate "CalRHAD Section 1115 Application" in the subject line of the email message.
- **Mail-In.** You may send written comments to the following address; please indicate "CalRHAD Section 1115 Application" in the written message:

Department of Health Care Services
Director's Office
Attn: René Mollow and Jacey Cooper
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

You may request a copy of the proposed Section 1115 application for CalRHAD and/or a copy of submitted public comments related CalRHAD by sending a written request to the mailing or email address listed above.

For individuals with disabilities, DHCS will provide assistive devices such as sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into Braille, large print, audiocassette, or computer disk. To request such services or copies in an alternate format, please call or write:



California's Reproductive Health Access Demonstration Webpage (Cont'd) (Thursday, March 16, 2023)

Link: <https://www.dhcs.ca.gov/provgovpart/Pages/CalRHAD.aspx>

Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413
(916) 440-7400
Email: 1115Waiver@dhcs.ca.gov

Please note, the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting or event.

After DHCS reviews comments submitted during this State public comment period, the CalRHAD Section 1115 demonstration will be submitted to CMS. Upon submission to CMS, a copy of the proposed CalRHAD Section 1115 demonstration will be published on this webpage. Interested parties will also have the opportunity to officially comment on the CalRHAD Section 1115 demonstration during the federal public comment period; the submitted application will be available for comment on the CMS website ([California Waivers List](#)).

General Resources

- [Family Planning, Access, Care, and Treatment \(Family PACT\) Program](#)
- [Presumptive Eligibility for Pregnant Women](#)
- [Women's Health Information](#)

Last modified date: 3/16/2023 3:42 PM

[Non-Discrimination Policy and Language Access](#)

[Access Health Care Language Assistance Services \(SB 223\)](#)

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Medi-Cal Waivers Webpage (Thursday, March 16, 2023)

Link: <https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx>



Pending Waivers

- [California's Reproductive Health Access Demonstration \(CalRHAD\) 1115](#): (Note: DHCS is currently accepting public comments and plans to submit materials to CMS for review later this year)
- [CalAIM Section 1115 Demonstration](#)

Expired Waivers

- [1903\(w\)\(3\)\(B\) and \(C\) HQAF Phase IV \(2014-2017\)](#)
- [1903\(w\)\(3\)\(B\) and \(C\) HQAF Phase V](#)
- [1903\(w\)\(3\)\(B\) and \(C\) MCO Tax](#)
- 1915(c) HCBS Waivers
 - [Developmentally Disabled – Continuous Nursing Care \(DD-CNC\)](#)
 - In-Home Medical Care (IHMC)*
 - [In-Home Operations \(IHO\)](#)
 - Nursing Facility A/B (NF A/B)*
 - Nursing Facility Subacute (NF S/A)*
 - [Pediatric Palliative Care Waiver \(PPC\)](#)
 - [San Francisco Community Living Support Benefit Waiver \(AB 2968\)](#)
- [Express Lane Enrollment Program](#)
- [In-Home Supportive Services Plus \(IHSS Plus\)](#)

*Provided for Reference

Additional Resources

- [CalAIM Homepage](#)
- [CalRHAD 1115](#)
- [CalAIM 1115 Demonstration & 1915\(b\) Waiver](#)
- [California Medicaid Waivers Factsheet \(External Link\)](#)
- [HCBS Programs \(External Link to DDS\)](#)
- [Health Care Coverage Initiative](#)
- [Section 1115 Waiver Resources](#)

Section 1115 Medicaid Waiver Resources Webpage (Thursday, March 16, 2023)

Link: <https://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx>

Medi-Cal Members: Keep your coverage. Log on to [your account](#) or contact [your county office](#) to update your information.

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Section 1115 Medicaid Waiver Resources

[Back to Medi-Cal Waivers](#)

California has an active Section 1115 demonstration, approved by the Centers for Medicare & Medicaid Services (CMS) on December 29, 2021 and effective through December 31, 2026.

Contact Us

DHCS values your input. Please email questions and comments to 1115Waiver@dhcs.ca.gov.

Resources

Pending 1115 Waivers

- [California's Reproductive Health Access Demonstration \(CalRHAD\)](#)

Current 1115 Waivers

- [CalAIM 1115 Demonstration & 1915\(b\) Waiver](#)

Past 1115 Waivers

- [Medi-Cal 2020 Waiver](#)
- [Bridge to Reform Waiver](#)

Family PACT Webpage (Thursday, March 16, 2023)

Link: <https://familypact.org/>

Important Are you enrolled in Medi-Cal? Has your contact information changed in the past two years? Give your local county office your updated contact information so you can stay enrolled.
[Find your local county office](#)

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News and Updates

California's Reproductive Health Access Demonstration (CalRHAD) Public Comment

California is requesting a new Section 1115 demonstration, entitled California's Reproductive Health Access Demonstration (CalRHAD) Section 1115, which is available for public comment from Thursday, March 16, 2023 through Monday, April 17, 2023.

Visit [DHCS CalRHAD Webpage](#) for public comment opportunities.

Office of Family Planning Webpage (Thursday, March 16, 2023)

Link: <https://www.dhcs.ca.gov/services/ofp/Pages/OfficeofFamilyPlanning.aspx>

Office of Family Planning

The Office of Family Planning (OFP) is charged by the California Legislature "to make available to citizens of the State who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families". The purpose of family planning is to provide women and men a means by which they decide for themselves the number, timing, and spacing of their children.

The **Family Planning, Access, Care, and Treatment (Family PACT) Program** is administered by the California Department of Health Care Services (DHCS), OFP and has been operating since 1997 to provide family planning and reproductive health services at no cost to California's low-income (under 200% federal poverty level) residents of reproductive age. The program offers comprehensive family planning services, including contraception, pregnancy testing, and sterilization, as well as sexually transmitted infection testing and limited cancer screening services.

Announcements

California's Reproductive Health Access Demonstration (CalRHAD) Public Comment

California is requesting a new Section 1115 demonstration, entitled California's Reproductive Health Access Demonstration (CalRHAD) Section 1115, which is available for public comment from Thursday, March 16, 2023 through Monday, April 17, 2023.

Visit [DHCS CalRHAD Webpage](#) for public comment opportunities.

Indian Health Program Homepage (Thursday, March 16, 2023)

Link: <https://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx>

Medi-Cal Members: Keep your coverage. Log on to [your account](#) or contact [your county office](#) to update your information.

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Indian Health Program

The mission of the Indian Health Program (IHP) is to improve the health status of American Indians living in urban, rural, and reservation or rancheria communities throughout California. Health services for American Indians are based on a special historical legal responsibility identified in treaties with the U.S. government. California voluntarily accepted this responsibility by adopting Public Law (P.L.) 83-280 in 1954, which allowed for State jurisdiction of Indian affairs. The legislative authority for the program is Health and Safety (H&S) Code, Sections 124575 – 124595 and Title XVII Chapter 3.1, Section 1500-1541.

Upcoming Events: DHCS would like to highlight that these meetings are intended to allow Tribal and Indian health programs representatives a forum to provide feedback on elements of DHCS initiatives with specific impact to Tribes, Indian health programs, and American Indian Medi-Cal beneficiaries.

[Medi-Cal Tribal and Designees of Indian Health Programs Webinar regarding California's Reproductive Health Access Demonstration, Monday, March 20, 9:00 AM - 10:00 AM](#)

- To provide information and allow for feedback on California's Reproductive Health Access Demonstration (CalRHAD) Section 1115 request in advance of submission to the Centers for Medicare and Medicaid Services.

Request for Application (RFA) for the Indian



Special Programs

- [Updates on Tribal Federally Qualified Health Center Medi-Cal Provider Type](#)
- [American Indian Maternal Support Services Program](#)
- [Emergency Preparedness](#)

Tribal and Indian Health Program Designee Medi-Cal Advisory Process

- [Tribal and Indian Health Program Designee Medi-Cal Advisory Process](#)
- [Notices of Proposed Changes to Medi-Cal Program](#)
- [Meetings, Webinars, and Presentations](#)

Related External Links

- [Centers for Medicare and Medicaid Services \(Not DHCS\)](#)

Indian Health Program: Notices or Proposed Changes to Medi-Cal Program Webpage (Thursday, March 16, 2023)

Link: https://www.dhcs.ca.gov/services/rural/Pages/Tribal_Notifications.aspx

Tribal/Designee Notifications	Title	Release Date
Tribal/Designee Notifications: Demonstration Under Section 1115 of the Social Security Act	Notice of Intent to Submit CalRHAD Section 1115 Application	03/16/2023
SPA 23-0011	Coverage of Virtual Communication Services	02/23/2023
SPA 23-0015	Modification of the DHCS reimbursement methodology for Medi-Cal Behavioral Health services	02/23/2023
SPA 23-0010	Alternate Payment Methodology for Dyadic Services	02/22/2023

Indian Health Program: Meetings, Webinars, and Presentations Webpage (Thursday, March 16, 2023)

Link: <https://www.dhcs.ca.gov/services/rural/Pages/MeetingandWebinars.aspx>

Meetings, Webinars, and Presentations

The following meetings, webinars and presentations contain information related to Department of Health Care Services (DHCS) proposed budget proposals, American Indian Medi-Cal Utilization data, and/or proposed changes to the Medi-Cal Program. The presentations, meeting materials, and webinar recordings are from various DHCS sponsored meetings or webinars, Centers for Medicare & Medicaid Services Outreach & Education Meetings, and Federal Indian Health Services Program Directors' meetings.

Meeting materials, webinars, and presentations are available below:

2023 Meetings/Webinars

Title: Request for Application (RFA) for Traditional Indian Health Education Programs Informational Webinar

Date: March 29, 2023

Presentation Materials:

- [RFA Traditional Indian Health Education Programs Informational Presentation](#)

Title: Request for Application (RFA) Indian Health Program Grants Round Two Informational Webinar

Date: March 27, 2023

Presentation Materials:

- [RFA Indian Health Program Grants Round Two Informational Presentation](#)

Title: Tribal and Indian Health Program Representatives Meeting for California's Reproductive Health Access Demonstration (CalRHAD) Section 1115 Application Webinar

Date: March 20, 2023

Presentation Materials:

- [Tribal and Indian Health Program Representatives CalRHAD Section 1115 Application Webinar](#)
- [Tribal public notice](#) (March 16, 2023)
- [Proposed CalRHAD Section 1115 application](#) (March 16, 2023)
- [Public notice](#) (March 16, 2023)