

Department of Health Care Services Budget No. 4260

Report No.	Legislative Report Title—Brief Summary of Reporting Requirements	Admin. Justification for Proposed Elimination or Modification	Committee Staff Comments
1	Medi-Cal Managed Care Program (DHCS is required to report to the appropriate fiscal and policy committees of the Legislature core activities to improve the Medi-Cal Managed Care Program and to expand to the 13 new counties, as directed by the Budget Act of 2005 including key milestones and objectives of progress regarding changes to the existing program, submittal of state plan amendments to the federal Centers for Medicare and Medicaid Services, submittal of any federal waiver documents, and applicable key functions related to the Medi-Cal Managed Care expansion effort)	Delete the report - Managed Care expansion activities were completed on July 1, 2011 with the addition of Ventura county as the 30th county. This reporting requirement should be eliminated.	According to the Assembly Health Committee staff, the transfer of Seniors and Person with Disabilities to Managed Care was completed on July 1, 2012. However the Department is continuing to move additional populations into managed care including persons with disabilities, and people with dual eligibility for Medi-Cal and Medicare and at the same time will be expanding the Medi-Cal program with the Affordable Care Act. The Legislature may wish to consider modifying this reporting requirement to maintain strong oversight.
2	Implementation of W&I Code Section 14301.1 relating to development of payment rates for health plans participating in the Medi-Cal managed care program - DHCS is required to report on the implementation of W&I Code Section 14301.1 upon request to the appropriate fiscal and policy committees of the Legislature which requires DHCS to pay capitation rates established on or after August 1, 2007, to health plans participating in the Medi-Cal managed care program.	Delete the report. DHCS has never submitted a report to the Legislature on this. This reporting requirement should be eliminated.	This report to the Legislature is upon request only. The Legislature may wish to consider retaining this option in statute.
3	Report on community property interest of a married individual residing in a nursing facility separate from that of his/her spouse	Delete the report. This information can be provided upon request by the Legislature.	According to the Department of Health Care Services, this information can be provided to the Legislature upon request, however, the Assembly Health Committee would like to continue receiving this information when federal community property law is modified.

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4	Information gathered from the California Health Improvement Project, or from any other sources, that may explain the low participation rates in the optional program provided pursuant to Section 14007.9 of the Welfare and Institutions Code regarding services for disabled persons and any recommendations from the department on actions the state may take to increase participation by eligible persons	Delete the report. No due date is specified and the information can be provided upon request by the Legislature.	This report does not have a due date. The Legislature may wish to consider adding the due date of January, 2014 to this requirement.
5	Evaluation of the self-certification process and its impacts on the Medi-Cal program	Delete the report. This information can be provided upon request by the Legislature.	According to the Department of Health Care Services, information on the Medi-Cal self-certification program can be provided to the Legislature or public upon request. However, the Assembly Health Committee indicates that self-certification of income will be important aspect of the Affordable Care Act implementation and key to providing oversight.
6	Survey of Medi-Cal beneficiaries aimed at determining the reasons why they fail to enroll into a Medi-Cal managed care plan when required to do so by the department or its health care options contractor	Delete the report. This information can be provided upon request by the Legislature.	It is unclear whether the Department is proposing to delete the survey requirement as well as the reporting requirement. Stakeholders and others have expressed an interest in retaining both requirements.
7	Notification of inoperativeness of Section 14022.4 of the Welfare and Institutions Code as it applies to state community property law in determining eligibility for Medi-Cal long-term care	Delete the report. This information can be provided upon request by the Legislature.	The Department is required to report to the appropriate substate ombudsmen monthly as to which nursing facilities have filed a noticed of intent to withdraw from the Medi-Cal program and make this information available to the public as specified. There is no required report to the Legislature.
8	Copy of the State Medicaid Health Information Technology Plan	Delete the report. This information can be provided upon request by the Legislature.	The Assembly Health Committee has expressed an interest in continuing to receive the State Medicaid Information Technology Plan upon federal approval. The technology plan has implications for the efficiency and quality of care provided to people on Medi-Cal.

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9	Community outreach plan to help families learn about, and apply for, Medi-Cal and the Healthy Families Program	Delete the report. This information can be provided upon request by the Legislature.	The transfer of the Healthy Families Program to the Department of Health Care Services and the coordinated outreach of the Affordable Care Act, this report may no longer be necessary.
10	Evaluation of managed care contractors serving children with California Children's Services eligible conditions	Delete the report. This information can be provided upon request by the Legislature.	The managed care pilot project has been replaced with new projects rendering this reporting requirement obsolete.
11	Report on drug treatment authorization requests as applied to estimated savings, number of manufacturers entering negotiations, number of contracts executed, number of drugs added and deleted and impact on Medi-Cal beneficiaries and providers	Delete the report. This information can be provided upon request by the Legislature.	According the Assembly Health Committee, this report requirement can be considered for elimination.
12	Report on health care services payments	Delete the report. This information can be provided upon request by the Legislature. Comprehensive program information is also provided semi-annually in the Medi-Cal estimate.	The Legislature may consider asking the Department if removing the reporting requirement would also change their monthly comparison of actual payments against anticipated payments. If they are still performing this analysis and reporting to the Department of Finance, it is appropriate that the Joint Legislative Budget Committee would also receive the same information.
13	Report on implementation of pilot project authorizing rural hospitals to perform delegated acute inpatient treatment authorization review	Delete the report. This information can be provided upon request by the Legislature.	This report provides an interim evaluation after the first year of a two-year pilot project that allows rural hospitals to perform delegated acute inpatient treatment reviews. Since the Department of Health Care services is authorized to modify or terminate the pilot project upon evaluation, the Legislature may wish to continue receiving this information.

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14	Report on any modifications in benefits or eligibility and operational requirements of the In-Home Supportive Services program required for receipt of the IHSS Plus waiver	Delete the report. This information can be provided upon request by the Legislature.	This report provides timely updates to the Legislature on any federal modifications in benefits or eligibility and operational requirements of the In-Home Supportive Services program required for receipt of the IHSS Plus waiver. As the funding challenges continue for this important program, the Legislature may wish to continue receiving this information to help guide state policies.
15	Modifications in benefits or eligibility and operational requirements of the In-Home Supportive Services program required for the Medicaid state plan amendment to become effective	Delete the report. This information can be provided upon request by the Legislature.	This report provides timely updates to the Legislature on any federal modifications in benefits or eligibility and operational requirements of the In-Home Supportive Services program required for the Medicaid state plan amendment to become effective. As the funding challenges continue for this important program, the Legislature may wish to continue receiving this information to help guide state policies.
16	Annual external review of quality of Medicaid services furnished under each state contract with a health maintenance organization	Delete the report. This information can be provided upon request by the Legislature.	The annual independent external review of contracts with HMO's is required by federal law. The Legislature may want to continue receiving the final evaluations in a timely manner to assist in state policy decisions.
17	Result of fiscal and program review to ensure county compliance with provisions relating to health care for the indigent	Delete the report. This information can be provided upon request by the Legislature.	Since the Department of Health Care Services would still be required to conduct a fiscal and program review to ensure county compliance with health care provisions for the indigent, the Legislature may wish to continue receiving this information annually to assist state policy decisions.
18	DHCS Report on Medi-Cal Waivers- DHCS is required to provide semiannual updates to the Legislature regarding active Medi-Cal Waivers.	Delete the report. Prior to SB 853, DHCS posted on its Internet website a chart with the status of all DHCS waivers. DHCS proposes to annually update the SB 853 formatted report and to post it on the DHCS Internet website. This reporting requirement should be eliminated.	The Legislative may wish to consider requiring the Department of Health Care Services to continue to provide this information on their internet website.

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19	Statewide Eligibility and Enrollment Processing (SNAP) (DHCS and the State Department of Social Services shall submit a comprehensive plan to the appropriate fiscal and policy committees of the Legislature, including the Joint Legislative budget committee, at least 45 days prior to a request for an appropriation regarding the statewide eligibility and enrollment determination process for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, the Medi-Cal program, and the Supplemental Nutrition Assistance Program (SNAP))	Delete the report. The Administration suspended the efforts of this workgroup to focus on the requirements of federal health care reform. This reporting requirement should be eliminated.	According to the Department of Health Care Services, this workgroup and its efforts have been suspended to focus on federal health care reform. The Legislature may wish to consider suspending or modifying this requirement.
20	Primary Care Services (DHCS is required to report to the Legislature on its activities regarding utilization of clinics to provide health services pursuant to programs for agricultural workers, American Indians, rural health services, grants-in-aid, and the health services corps programs. Last one completed in 2008.)	Delete the report. This information can be provided upon request by the Legislature.	This every four-year reporting requirement began in 1992 and the last report was submitted in 2008. The Assembly Health Committee has expressed an interest in continuing to receive information about these vulnerable populations regardless of whether the Department has fulfilled its obligation in the past.
21	Selective Provider Contracting Program (SPCP) and Nurse Ratios- DHCS and the California Medical Assistance Commission shall provide fiscal information to the Joint Legislative Audit Committee and the Joint Legislative Budget Committee on an annual basis on the funds provided to the contract hospital participating in the Medi-Cal program, and the health plans participating in the Medi-Cal Managed Care program, for implementation of nurse-to-patient ratios	Delete the report. The California Medical Assistance Commission is being dissolved as of 6-30-12. This reporting requirement should be eliminated.	The California Medical Assistance Commission was scheduled to be dissolved 6-30-12. The Legislature may wish to continue requiring the Department to report on any funds provided to hospitals and health plans for the implementation of nurse-to-patient ratios.

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22	ADHC- Effective January 1, 2007, DHCS shall report annually to the appropriate policy and fiscal committees of the Legislature, as part of the budget submitted by the Governor on the implementation of changes made to the Adult Day Health Care Program by the act adding this section, including the impact of those changes on the number of centers and participants	Delete the report. AB 97, Committee on Budgets Chapter 3, Statutes of 2011 eliminated the AHDC program. As such, this report is no longer necessary given the change in law and to the program. This reporting requirement should be eliminated.	The Adult Day Health Care Program was eliminated in 2011 due to revenue shortfalls, however, it has been reconstituted by Court Order. There is a replacement program that is under Court supervision with reporting requirements that supersede this one.
23	Primary Care Services- DHCS shall report on the extent that funding for American Indian Health Service programs is allocated to grantees receiving department funding pursuant to Health and Safety Code Section 124585	Delete the report. Program funds were eliminated in July 2009. This reporting requirement should be eliminated.	Due to revenue shortfalls, American Indian Health Service programs were de-funded in July, 2009.
24	Primary Care Clinics- DHCS shall report regarding department activities under Division 106, Part 4, Chapter 7, Article 2, commencing with Section 124900 of the Health and Safety Code, regarding primary care clinics	Delete the report. This information can be provided upon request by the Legislature. Grant funds were taken out of the budget several years ago.	According to the Department of Managed Care, Grant funds for Primary Care Clinics have not been provided in the budget for several years.
25	Implementation of Section 1931 (b) of the Social Security Act in the Medi-Cal Program- DHCS shall report the status on the implementation of subdivisions (a) and (b) of Section 14005.30 of the Welfare and Institutions Code, regarding Medi-Cal eligibility standards and determinations	Delete the report. Policy implemented via All County Welfare Directors Letters (ACWDL) and Procedures Manual for over 10 years with no continued stakeholder or public interest in report on regs. This reporting requirement should be eliminated.	According to the Department of Health Care Services, this information is available in other forms and there is no continued stakeholder or public interest in a report on regulations. The Affordable Care Act provides new reporting requirements rendering this report obsolete.

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26	Medi-Cal Treatment Authorization- DHCS shall report on Medi-Cal treatment authorization request status.	Delete the report. The Treatment Authorization Request (TAR) process has become routine and there are generally few issues, such as backlogs, to report. In addition, as the Medi-Cal Program changes and becomes primarily based on managed care, the TAR process will be used less frequently. Over the next months and years, counties and most beneficiaries (e.g. Seniors and Persons with Disabilities) will transition to managed care and, with few exceptions, will not be subject to the TAR process. This reporting requirement should be eliminated.	According to the Department of Health Care Services, this reporting requirement is outdated and no longer necessary. However, the Assembly Health Committee has expressed an interest in continuing to receive this information.
27	Alternative Birth Centers- . DHCS shall report summarizing outcome measures of alternative birth centers awarded reimbursement relating to the safety, cost-effectiveness and patient acceptance of the center. The report should be Statewide and county-by-county and report on perinatal outreach coordination and expansion services	Delete the report. Report never completed because we never received data from alternative birthing centers, who were supposed to report to the department. This reporting requirement should be eliminated.	Alternative Birthing Centers never provided the necessary information to the Department of Health Care Services to complete this reporting requirement. The Legislature may wish to consider modifying this requirement to achieve the desired information.
28	DHCS shall submit an annual report to the Governor and the Legislature by January 31 of each year setting forth a comprehensive description of its activities and the operation and administration of the Medi-Cal program including, but not limited to, a fiscal accounting of expenditures, an evaluation of the relative cost and effectiveness of the various plans in accomplishing the desired goals, results of demonstration or pilot programs, and its recommendations as to legislation and other action as is necessary for carrying out the purposes of this chapter. (same as report directly below)	Delete the report. This requirement is from 1988 and much of this information is provided in the semi-annual Medi-Cal estimate. This reporting requirement should be eliminated.	Stakeholders and others have indicated that the information contained in the reports required by this code section relating to Medi-Cal is important for proper oversight and evaluation.

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29	DHCS shall conduct such studies as necessary to determine payments for services provided under this chapter. The results of or progress reports of studies of payments for Medi-Cal services concerning such studies shall be submitted to the Legislature by January 31 of each year. (same as report directly above)	Delete the report. This requirement is from 1988 and much of this information is provided in the semi-annual Medi-Cal estimate. This reporting requirement should be eliminated.	Report 28 and 29 are the same code
30	DHCS shall provide the appropriate fiscal and health policy committees of the Legislature with an annual progress and status report on the implementation of the Management Information System/Decision Support System (MIS/DSS). The annual progress and status report shall include a description of the current status of the project, including a list of the specific project objectives that have and have not been met at the time of the report and a comparison of the actual progress of the project with the most recent project schedule approved by the Legislature. The report also shall include estimated expenditures and staffing for the current fiscal year and proposed expenditures and staffing for the next fiscal year as well as a summary of cumulative total project expenditures to date and a projection of future expenditures necessary to complete the project	Delete the report. No further reporting needed since project was completed in March 2008. This reporting requirement should be eliminated. This section was made obsolete by the 2005 1115 Waiver.	Stakeholders and others have indicated that the information contained in the report required by this code section relating to the Management Information System/Decision Support System is important for proper oversight and evaluation. The Department is regularly complying with this requirement which provides the Legislature and public the information necessary for oversight and accountability.

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<p>31</p>	<p>DHCS shall report to the Legislature on the distribution and use of funds provided to hospitals under Section 16996.1 on an annual basis. As a condition of receiving funds under Section 16996.1, a hospital shall provide medically necessary inpatient treatment, including prescription drugs, for any condition detected as part of a child health and disability prevention screen for any child eligible for services under Section 104395 of the Health and Safety Code.</p>	<p>Delete the report. This information can be provided upon request by the Legislature.</p>	<p>Stakeholders and others have indicated that the information contained in the reports required by this code section relating to children's health services is important for proper oversight and evaluation.</p>
<p>32</p>	<p>Results of workgroup convened to address policy issues related to development of a pediatric service continuum</p>	<p>Delete the report. This information can be provided upon request by the Legislature.</p>	<p>According to the Department of Health Care Services, this information can be provided to the Legislature upon request. This reporting requirement is obsolete and has been superseded by statutory enactments of the workgroup recommendations.</p>
<p>33</p>	<p>Copies of all reports and updates provided to the federal Centers for Medicare and Medicaid Services as contained in the Los Angeles County waiver document, including the state's monitoring plan, the annual administrative budget report, quarterly status reports, independent audits, the worker retraining plan, and the quality assurance and improvement plan</p>	<p>Delete the report. This information can be provided upon request by the Legislature.</p>	<p>According to the Department of Health Care Services, copies of this information can be provided to the Legislature upon request. According to the Assembly Health Committee, this is an obsolete requirement.</p>
<p>34</p>	<p>Copy of the independent assessment of the state's Home and Community Based Waiver, as administered by the State Department of Health Care Services and the State Department of Developmental Services</p>	<p>Delete the report. This information can be provided upon request by the Legislature.</p>	<p>Stakeholders and others have indicated that the information contained in the report required by this code section relating to the Home and Community Based Wavier program is important for proper oversight and evaluation.</p>

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35	Medi-Cal Managed Care Program- DHCS is required to report to the appropriate fiscal and policy committees of the Legislature core activities to improve the Medi-Cal Managed Care Program and to expand to the 13 new counties, as directed by the Budget Act of 2005 including key milestones and objectives of progress regarding changes to the existing program, submittal of state plan amendments to the federal Centers for Medicare and Medicaid Services, submittal of any federal waiver documents, and applicable key functions related to the Medi-Cal Managed Care expansion effort	Delete the report. The managed care expansion has already been completed.	According to the Department of Health Care Services, the managed care expansion has already been completed. The Department is regularly providing quarterly reports required by federal law.
36	Home and Community Based Medication Dispensing Machine (MDM) Pilot Project- DHCS shall provide quarterly reports beginning October 1, 2011, to the Department of Finance and the appropriate fiscal and policy committees of the Legislature, describing the number of recipients participating in the MDM pilot project, the number of medication dispensing machines in use, costs of implementing and administering the pilot project, and any available data regarding medical and pharmacy utilization	Delete the report. Based on the initial findings, which were reported, the Administration has decided not to pursue this program. The Governor's Budget proposes to repeal the statutory requirement.	According to the Department of Health Care Services, the Administration has decided not to pursue this program. The Legislature may wish to require that the Department produce a report explaining how that decision was determined.
37	Administrative and programmatic transition plan concerning the transfer of the administration of Drug Medi-Cal functions currently performed by the State Department of Alcohol and Drug Programs to the State Department of Health Care Services	Remove reporting requirement and remove from the LCB List. This one-time report was already provided to the Legislature. No outstanding reporting requirement exists.	This one-time report was submitted to the Legislature.

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38	Evaluation of the personalized provider directory pilot project and its impact on the Medi-Cal managed care program	Remove reporting requirement and remove from the LCB List. This one-time report was already provided to the Legislature. No outstanding reporting requirement exists.	This one-time report was submitted to the Legislature.
39	Evaluation of the personalized provider directory pilot project and its impact on the Medi-Cal managed care program	Remove reporting requirement and remove from the LCB List. This one-time report was already provided to the Legislature. No outstanding reporting requirement exists.	This one-time report was submitted to the Legislature.
40	Report on Multiplan pilot program for provision of Medi-Cal services in San Diego County	Remove from the LCB List. This one-time report was already provided to the Legislature. No outstanding reporting requirement exists.	This one-time report was submitted to the Legislature.
41	Implementation and impact of changes to Medi-Cal payments to hospitals, including the impact on access to hospitals by managed care enrollees and on contracting between hospitals and managed care health plans	Remove reporting requirement and remove from the LCB List. These reports were already provided to the Legislature. No outstanding reporting requirement exists.	The required reports were submitted to the Legislature.
42	Status report until regulations of the Family Planning Access, Care, and Treatment (Family PACT) Waiver Program have been adopted	Remove reporting requirement and remove from the LCB list. Regulations were adopted and no outstanding reporting requirement exists.	Regulations were adopted and no outstanding reporting requirement exists.
43	Implementation and impact of changes made by Section 14166.245 of the Welfare and Institutions Code relating to rate reductions to hospitals receiving Medi-Cal reimbursement	Remove reporting requirement and remove from the LCB List. These reports were already provided to the Legislature. No outstanding reporting requirement exists.	Required reports were submitted to the Legislature.
44	An administrative and programmatic transition plan to guide the transfer of the Medi-Cal specialty mental health managed care and the Early and Periodic Screening, Diagnosis, and Treatment Program to the State Department of Health Care Services	Remove from the LCB List. This one-time report was already provided to the Legislature. No outstanding reporting requirement exists.	This one-time report was submitted to the Legislature.