All Programs and Services

Listed below are all programs and services offered by the Department of Health Care Services.

A | B | C | D | E | F | G | H thru M | N thru S | T thru Z |

Access for Infants and Mothers
Low-cost health coverage for pregnant women and infants.

American Indian Infant Health Initiative
Provides extensive home visiting/case management services to high-risk American Indian families.

Assisted Living Waiver (ALW)
The ALW is the Medi-Cal program that pays for specific assisted living benefits provided to eligible beneficiaries residing in Sacramento, San Joaquin, Los Angeles, Sonoma, Fresno, San Bernardino or Riverside county.

Behavioral Health Treatment (BHT)

The State of California intends to provide BHT services as a covered Medi–Cal benefit for individuals under 21 years of age with autism spectrum disorder.

Breast and Cervical Cancer Treatment
Free screening for breast and cervical cancer.

California Children's Services
Treatment for children with chronic or life-threatening health conditions and diseases.

Child Health and Disability Prevention
Preventive health program for low-income children and youth.

Children's Medical Services
Provides a comprehensive system of health care for children through preventive screening, diagnostic, treatment, rehabilitation, and follow-up services.

Community-Living Support Benefit Waiver Pilot Project (AB 2968)
Requires DHCS to provide a new Medi-Cal community-living support benefit to increase access to needed health-related and psychosocial services for persons residing in the City or County of San Francisco.

Coordinated Care Management
Coordinated Care Management is for eligible Medi-Cal seniors and persons with disabilities; identifies high risk and expensive chronic conditions and provides care management, education, support, and assistance finding and accessing health resources.

Denti-Cal
Dental Services are currently provided as one of the many benefits under the Medi-Cal program.

Drug Medi-Cal (DMC)
Provides counties and direct providers with important information about the requirements of the California Code of Regulations, Title 22, Section 51341.1 and the standards applicable to substance abuse treatment reimbursable through DMC.

EHR Incentive Program
In 2011, eligible Medi-Cal professionals and hospitals began to receive incentive payments to assist in purchasing, installing, and using electronic health records in their practices.

Estate Recovery
Recovers Medi-Cal expenditures from the estates of certain deceased Medi-Cal beneficiaries for services received on or after the individual's 55th birthday.

Every Woman Counts (EWC)
The mission of the EWC is to save lives by preventing and reducing the devastating effects of cancer for Californian women.

Fair Hearing
Complaints about how Medi-Cal benefits and services are/were handled, or if services have been denied or modified.

Family Planning, Access, Care and Treatment
Comprehensive family planning services to eligible low-income men and women.

Fraud and Abuse

Report Medi-Cal Fraud

Genetically Handicapped Persons Program
Treatment for specific genetic diseases.

Gynecologic Cancer Information Program (GCIP)
GCIP was established in statute (California Health and Safety Code 138.4) within the Office of Women's Health to increase awareness and education regarding gynecologic cancers.

Last modified on: 7/17/2015 1:38 PM

All Programs and Services

List of related programs and services that can help you find assistance for your specific needs. This includes health care services for low-income individuals and families, seniors, and children with special medical needs, as well as, programs for specific diseases and personal care.

A thru G | H | I | J | K | L | M | N thru S | T thru Z

Health Care Program for Children in Foster Care
Provides medical, dental, mental and developmental services to children and youth in foster care .

Health Insurance Premium Payment
Program that pays private health insurance premiums for certain high cost Medi-Cal beneficiaries.

Healthy Kids
A low-cost health care program available in many counties for children who are not eligible for full Medi-Cal.

High Risk Infant Follow-Up
Limited diagnostic services for children up to three years of age.

HIPAA (Health Insurance Portability and Accountability Act)
The HIPAA Privacy regulations require health care providers and organizations to follow procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared.

Home and Community-Based Services for the Developmentally Disabled (HCBS-DD)
This waiver authorizes home and community-based services for developmentally disabled persons who are Regional Center consumers.

Hospital Quality Assurance Fee
This program provides funding for supplemental payments to California hospitals that serve Medi-Cal and uninsured patients.

In-Home Operations
Oversees the development and implementation of home and community-based programs under Medi-Cal.

In-Home Supportive Services Plus Waiver
Personal care and domestic services to persons who are aged, blind or disabled and who live in their own homes.

Indian Health Program
Program to improve the health status of American Indians/Alaska Natives (AI/AN) living in urban, rural, and reservation or rancheria communities throughout California.

Information Management Division (IMD)
IMD supports Department-wide efforts for accurate and timely information that supports DHCS programs.

Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing (ICF/DD-CN)
The waiver requires the Department to commit to maintaining access to care, provision of quality services, adhering to cost effectiveness, and open access to emergency services for the target population eligible for services under the waiver.

Legislative and Governmental Affairs
Facilitates, coordinates, and advocates for the development of legislation in the interest of public health.

Long-Term Care
Increases the number of middle-income Californians who have quality long-term care insurance that prevents or delays their dependence on Medi-Cal.

Medi-Cal
This is a public health insurance program which provides needed health care services for low-income individuals and families.

Medi-Cal Eligibility Division
Division is responsible for the coordination, clarification, and implementation of Medi-Cal regulations, policy, and procedures to assure that Medi-Cal eligibility is determined accurately and on a timely basis by the 58 county public social services agencies.

Medi-Cal Managed Care
Contracts for health care services through established networks of organized systems of care, which emphasize primary and preventive care.

Medi-Cal Waivers
Waivers are programs that demonstrate and evaluate new health care delivery systems. These programs focus on reducing costs and providing services in a community based setting.

Medical Therapy
Occupational Therapy and Physical Therapy for children with eligible conditions.

Mental Health and Substance Use Disorder Services Division (MHSUDS)

Multipurpose Senior Services Program (MSSP) Waiver
The MSSP waiver is targeted to those medically fragile individuals over the age of 65 and is administered through MSSP sites throughout the state, under the California Department of Aging.

Last modified on: 7/24/2015 1:35 PM

All Programs and Services

List of related programs and services that can help you find assistance for your specific needs. This includes health care services for low-income individuals and families, seniors, and children with special medical needs, as well as, programs for specific diseases and personal care.

A thru G | H thru M | N | O |P | Q | R | S | T thru Z

Newborn Hearing Screening
Helps identify hearing loss in infants, and guide families to the appropriate services needed to develop communication skills.

Newborn Screening
Testing for specific genetic disorders.

Office of Clinical Preventive Medicine
Strives to promote collaboration and understanding between public health authorities and health care providers.

Office of Family Planning
Comprehensive family planning services to eligible low income men and women.

Office of Public Affairs
The Office of Public Affairs is responsible for the overall communications and outreach activities.

Ombudsman

An Ombudsman is a person in a government agency to whom people can go to make complaints or explain problems with the programs or policies of the agency.

Overpayments
The primary function is to recover funds due the Medi-Cal program

Personal Injury
The Personal Injury Unit is responsible for the recovery of Medi-Cal expenditures in personal injury actions involving Medi-Cal beneficiaries.

Pharmacy Benefits and Vision Care Services
Medi-Cal Pharmacy Benefits include Fee-For-Service Drug Program, Drug Rebate Program, Enteral and Medical Supplies Contracting, Drug Contracting, and Vision Care.

Presumptive Eligibility for Pregnant Women
Allows Qualified Providers to grant immediate, temporary Medi-Cal coverage for outpatient prenatal care and prescription drugs for conditions related to pregnancy to low-income, pregnant patients, pending their formal Medi-Cal application.

Primary, Rural, and Indian Health
Improve the health status of special, targeted population groups living in medically underserved urban and rural areas of California.

Program of All-Inclusive Care for the Elderly (PACE)
The PACE model of care provides a comprehensive medical and social service delivery system using an interdisciplinary team approach that provides and coordinates all needed preventive, primary, acute and long term care services

Public Clinics

This voluntary Certified Public Expenditure based program provides additional funding to eligible governmental entities that provide Clinic services to Medi-Cal beneficiaries.

Senior Care Action Network (SCAN)
SCAN Health Plan is a Medicare Advantage Special Needs Plan that provides all services in the Medi-Cal State Plan. Participants must be 65 years or older, Medi-Cal and Medicare eligible and reside in the SCAN service area.

Subacute Care Program
Specific reimbursement rates have been developed for providers of subacute care who have been licensed and certified by the CA Department of Public Health's Licensing and Certification program.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is a comprehensive health promotion approach for delivering early intervention and treatment services to people with, or at risk of developing, alcohol use disorders.

All Programs and Services

List of related programs and services that can help you find assistance, health care services for low-income individuals and families, for the elderly, personal care, specific diseases and children with special medical needs.

A thru G | H thru M | N thru S | T | U | V | W | X | Y | Z

Veterans Benefits Enhancement Project
The Department of Health Care Services (DHCS) Veterans Benefit Enhancement (VBE) project helps veterans who are receiving Medi-Cal Services obtain veteran benefits they are entitled to.

Welltopia

Connects Californians with credible resources for healthy personal, family, and community development, starting with topics that address the leading causes of preventable mortality and the social determinants of health. Find resources across a wide-range of topics, such as nutrition, physical activity, jobs and training, social services, health insurance, smoking cessation, stress management, and more.

Women, Infants and Children (WIC)
Nutrition program that helps pregnant women, new mothers and young children eat well and stay healthy.

Workers Compensation Recovery Program
Responsible for identifying and recovering Medi-Cal expenditures made on behalf of beneficiaries whose injuries are covered by Workers Compensation liability.

Working Disabled Program
Allows certain individuals to become eligible for Medi-Cal by paying low monthly premiums based on countable income.

Last modified on: 7/17/2015 2:19 PM

The Comprehensive Perinatal Services Program

CPSP

Goals of the Program

- To decrease the incidence of low birthweight in infants
- To improve the outcome of every pregnancy
- To give every baby a healthy start in life
- To lower health care costs by preventing catastrophic and chronic illness in infants and children

cdph.ca.gov/programs/cpsp

What is the CPSP Program?

- CPSP is a comprehensive program which provides a wide range of culturally competent services to pregnant women, from conception through 60 days postpartum.

- The program was developed from the OB Access Project, a successful perinatal demonstration project for 7,000 low income women that operated from 1979 to 1982 in 13 California counties.

- Comprehensive services were shown to reduce the low birthweight rate by one-third and to save approximately $2 in short-term Neonatal Intensive Care Unit (NICU) costs for every $1 spent.

- Because of these positive results, CPSP was legislated in 1984 and included as part of the Medi-Cal program in 1987.

- Medi-Cal Managed Care health plans are required to provide access to CPSP services for all Medi-Cal eligible enrollees.

What are the CPSP services?

CPSP Services include:

- Client orientation to comprehensive perinatal services
- Initial assessment, trimester reassessments, postpartum assessment, interventions, and follow-up services in:
  - Obstetrics
  - Nutrition
  - Health Education
  - Psychosocial Services
- Individual Case Coordination
- Prenatal Vitamin/Mineral Supplements
- Nutrition Program (WIC), genetic screening, dental care, family planning, and pediatric care, domestic violence, and more.

Who can become a CPSP provider?

Any of the following can be a CPSP provider, as long as they are an active Medi-Cal provider and have an active National Provider Identifier (NPI) number, and are in good standing with their licensure board:

- Physician (obstetrician/gynecologist, family practitioner, general practitioner, or pediatrician)
- Medical Group, any of whose members is one of the above physicians
- Certified Nurse Midwife
- Nurse Practitioner (family or pediatric)
- Preferred Provider Organization (PPO)
- Clinic (hospital, community, county)
- Alternative Birth Center

Who can deliver CPSP services?

The CPSP provider may employ or contract with any of the following practitioners to deliver services appropriate to their skill level:

- Physicians
- Certified Nurse Midwives
- Physician assistants
- Registered Nurses
- Nurse Practitioners
- Licensed Vocational Nurses
- Social Workers
- Psychologists
- Marriage, Family, and Child Counselors
- Registered Dietitians
- Health Educators
- Certified Childbirth Educators [American Society for Psychoprophylaxis in Obstetrics (ASPO)/Lamaze, Bradley, International Childbirth Education Association (ICEA)]
- Comprehensive Perinatal Health Workers (CPHW)
  - At least 18 years old
  - High School Diploma
  - Minimum one year paid perinatal experience

Models of CPSP service delivery

- Approved CPSP providers can be found in solo practice, group practice, health departments, hospitals, community clinics, managed care plans, Federally Qualified Health Center (FQHC), Indian Health Services (IHS), Rural Health Clinics (RHCs), and residency programs.
- In most cases, the entire CPSP program is offered within a single location. In others, obstetrical services are provided in the provider's office with other services provided elsewhere, under subcontract, or by a second CPSP provider.
- Flexibility of program design and implementation allows for the use of a wide range of professional and paraprofessional personnel.

How does CPSP work in FQHC, RHC & IHS

- TARs (Treatment Authorization Request) are not used in FQHCs or RHCs – however, all CPSP claims must meet the same justification necessary to obtain a TAR.
- CPSP visits in these health care delivery settings are paid at a flat fee per visit, for on-site and off-site services, as defined in their individual scope of practice.

How does CPSP work in Medi-Cal Managed Care?

- All Medi-Cal Managed Care health plans are required to ensure that their pregnant enrollees have access to CPSP services.
- It is the plan's responsibility to ensure that its contracted providers have the appropriate credentials.

Reimbursement schedule fee-for-service Medi-Cal

Obstetrical Services

Reimbursement for obstetrical services is the same for all providers (CPSP and non-CPSP). Obstetrical services may be billed as a global charge or fee-for-service.

SERVICES	REIMBURSEMENT
Initial Pregnancy-Related Exam	$ 126.31
Antepartum Exam ($60.48/visit x 8 visits)	$ 483.84
Delivery (vaginal or cesarean)	$ 544.72
Postpartum Exam	$ 60.48
Subtotal	**$1,215.35**

Special Bonuses

Additional reimbursement for approved CPSP providers:

Early entry into care [within 16 weeks of the last menstrual period (LMP)]	$ 56.63
10th Antepartum visit	$ 113.26
Available Bonuses	**$ 169.89**

Reimbursement schedule fee-for-service Medi-Cal

Support Services

- Support service reimbursement for health education, nutrition, and psychosocial services is available only to approved CPSP providers.
- Support services provided individually are reimbursed at $33.64/hour up to 23 hours. Group classes are reimbursed at $11.24/patient/hour up to 27 hours.
- A Coordination fee of $85.34 is available if all three, support service assessments are provided within four weeks of entry into care.
- Pregnant women can receive vitamin/mineral supplements (300-day supply) which are reimbursed at $30.00 distributed only by approved CPSP providers.
- Billing is on an itemized basis, using regular Medi-Cal billing forms. CPSP reimbursement codes are available for use by approved CPSP providers.
- Total available support service reimbursement: $1,192.54*
  In high-risk circumstances, additional support service reimbursement can be obtained through the treatment authorization request (TAR) process.

Total maximum OB/CPSP reimbursement (Before TAR): $2,577.78

- All Medi-Cal pregnant women who are enrolled in a Medi-Cal Managed Care plan are entitled to receive CPSP services. Reimbursement under managed care depends on the contractual agreement between the provider and health plan or Independent Practice Association (IPA).

CPSP Application Process

- Contact the CPSP Perinatal Services Coordinator (PSC) at your local health department for an application. Please go to the CPSP web page at **cdph.ca.gov/programs/cpsp** for the name and phone number of the PSC in your county.
- The completed application will be reviewed by the local CPSP coordinator and submitted to the California Department of Public Health (CDPH) for final certification.
- The application approval process may take up to 60 days from the date that CDPH receives a completed application.

For all CPSP services please contact the Perinatal Services Coordinator at your local health department.

Honorable Edmund G. Brown Jr.
Governor
State of California

Diana Dooley
Secretary
California Health & Human Services Agency

Howard Backer, MD, MPH
Interim Director
California Department of Public Health

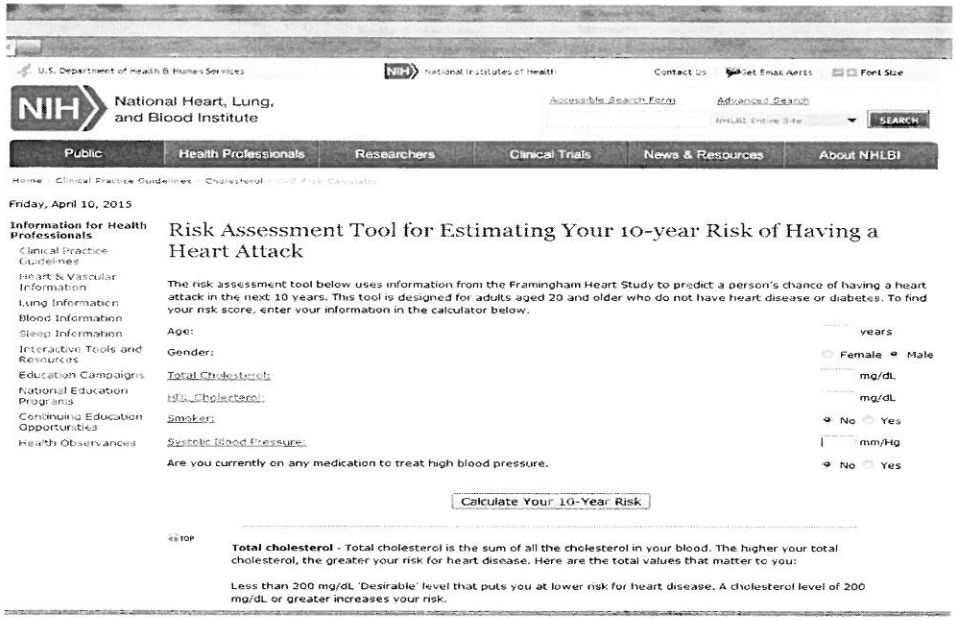
2011
California Department of Public Health
Maternal and Child Adolescent Health Program
1615 Capitol Avenue, MS 8306
Sacramento, CA 95899-7420

	Guideline for the Management of High Blood Pressure in Adults: ***Report by the Panel Appointed to the Eighth Joint National Committee (JNC 8).JAMA***	Frequency
Physician Visit Follow-up Care	Start of therapy until goal met. When B/P goal met. www.my.clevelandclinic.org	1X per month Every three to six months
Monitoring Lab Work	Serum potassium/creatinine	2X per year.
Management: Goal BP ≥60	Systolic BP <150 Diastolic <90	
Management: Goal BP <60	BP of less than 140/90	
Measurement Goal hypertensive adults with diabetes or nondiabetic chronic kidney disease (CKD)	BP of less than 140/90	
Initiate pharmacological treatment Population < 60 years	SBP of 140 mm Hg or higher and treat to a goal SBP of lower than 140 mm Hg.	
Initiate pharmacological treatment population aged >18 years with CKD	Treat to goal SBP of lower than 140 mm Hg and goal DBP lower than 90 mm Hg.	Initiate drug therapy and recheck in 1 month if not at goal, increase or add second drug individualized for patient
Initiate pharmacologic treatment to lower: 18 years or older with diabetes	Treat to a goal SBP of lower than 140 mm Hg and goal DBP lower than 90 mm Hg.	Initiate drug therapy and recheck in 1 month if not at

	Guideline for the Management of High Blood Pressure in Adults: ***Report by the Panel Appointed to the Eighth Joint National Committee (JNC 8).JAMA***	Frequency
		goal, increase or add second drug individualized for patient
Initial antihypertensive treatment should include a thiazide-type diuretic, (CCB), (ACEI), or (ARB).	General nonblack population, including those with diabetes.	
Initial antihypertensive treatment should include a thiazide-type diuretic or CCB.	In the general black population, including those with diabetes.	
Initial (or add-on) antihypertensive treatment should include an ACEI or ARB to improve kidney outcomes.	In the population aged 18 years or older with CKD and hypertension CKD patients with hypertension regardless of race or diabetes status.	Multiple drug therapy (two or more agents) is generally required to achieve blood pressure targets.
The main objective of hypertension treatment is to attain and maintain goal BP	If goal BP is not reached within a month of treatment, increase the dose of the initial drug or add a second drug from (thiazide-type diuretic, CCB, ACEI, or ARB).	Do not use an ACEI and an ARB together in the same patient.
If goal BP cannot be reached using the drugs in	If goal BP cannot be reached with 2 drugs, add and titrate a third drug from the list provided.	Consider referral to a hypertension

	Guideline for the Management of High Blood Pressure in Adults: ***Report by the Panel Appointed to the Eighth Joint National Committee (JNC 8).JAMA***	Frequency
		specialist
Lifestyle Workgroup Diet Recommendation	Panel recognizes the beneficial blood pressure effect of weight loss in those who are overweight or obese.	
Combining Dash and reduce sodium intake.	Adapt this dietary pattern to appropriate calorie requirements, personal and cultural food preferences, and nutrition therapy for other medical conditions (including diabetes). Reduction of sodium intake to 1,500 mg can result in even greater reduction in blood pressure	Combining DASH and reduced sodium intake, based on evidence that the blood pressure-lowering effect is even greater when these dietary changes are combined.
Life style modification recommendations	Lifestyle modification (i.e., healthy dietary pattern, regular physical activity, avoiding tobacco remains a critical component of health promotion and CVD risk reduction, both prior to and in concert with the use of blood pressure-lowering medication.	
Physical Activity	In the absence of contraindications, moderate-to-vigorous physical activity (such as a brisk walk) for approximately 160 minutes per week. This amount of physical activity lowers blood pressure and is consistent with recommendations for improving overall health.	
Tobacco Cessation	Assess for tobacco use and advise to quit arrange for	

	Guideline for the Management of High Blood Pressure in Adults: ***Report by the Panel Appointed to the Eighth Joint National Committee (JNC 8).JAMA***	Frequency
	smoking cessation treatment.	

	2013 ACC/AHA Blood Cholesterol Guidelines Treatment of Blood Cholesterol to reduce Atherosclerotic Cardiovascular Risk Guideline Stone NJ, et al.	Frequency
Calculation of 10 year ASCVD risk	In individuals not receiving cholesterol lowering drug therapy recalculate estimated 10 year ASCVD risk every 4-6 years in individuals aged 40-75 without clinical ASCVD or diabetes and with LDL-C 70-190mg/dL Link to risk calculator: http://cvdrisk.nhlbi.nih.gov/calculator.asp  	Recalculate every 4-6 years
Lifestyle Modification	Counseling regarding lifestyle modification (i.e. adhering to a heart healthy habits, avoidance of tobacco products and maintenance of a healthy weight) remains a critical component of health promotion and	At every relevant visit

	2013 ACC/AHA Blood Cholesterol Guidelines Treatment of Blood Cholesterol to reduce Atherosclerotic Cardiovascular Risk Guideline Stone NJ, et al.	Frequency
	ASCVD risk reduction, piro to and in concert with the use of cholesterol-lowering drug therapies.	
Statin Benefit groups	4 major statin benefit groups for whom the ASCVD risk reduction outweighs the risk of adverse event 1. Individuals with clinical ASCVD 2. Primary elevations LDL-C 190mg/dl 3. Diabetes aged 40-75 years with LDL-C 70 to 189mg/dL and without ASCVD 4. Without clinical ASCVD or diabetes with LDL-C 70 to 189mg/dL and estimated 10 year ASCVD risk ≥ 7.5%	NA
Statin Therapy	**Definitions:** **High Intensity:** Daily dose lowers LDL-C by approximately ≥50% **Moderate Intensity:** Daily dose lowers LDL-C by approximately 30% to < 50% Clinical ASCVD: ≤75 y High Intensity unless not tolerated then moderate intensity Clinical ASCVD >75 or if not a candidate for high intensity treat moderate intensity LDL-C ≥190 High intensity Statin or if not a candidate for high intensity treat moderate intensity Diabetes type 1 and 2 age 40-75 moderate intensity **OR** if estimated 10 year ASCVD is ≥ 7.5% High intensity statin 40-75 y with 10 year ASCVD is 7.5% Moderate to high intensity statin In selected individuals consider additional factors influencing ASCVD risk and potential ASCVD benefits adverse effects and drug to drug interactions and patient preferences for statin treatment. See Table below	NA

Table 5. High- Moderate- and Low-Intensity Statin Therapy (Used in the RCTs reviewed by the Expert Panel)*

High-Intensity Statin Therapy	Moderate-Intensity Statin Therapy	Low-Intensity Statin Therapy
Daily dose lowers LDL–C on average, by approximately ≥50%	Daily dose lowers LDL–C on average, by approximately 30% to <50%	Daily dose lowers LDL–C on average, by <30%
Atorvastatin (40†)–80 mg **Rosuvastatin 20** *(40)* **mg**	**Atorvastatin 10** *(20)* **mg** **Rosuvastatin** *(5)* **10 mg** **Simvastatin 20–40 mg‡** **Pravastatin 40** *(80)* **mg** **Lovastatin 40 mg** *Fluvastatin XL 80 mg* **Fluvastatin 40 mg bid** *Pitavastatin 2–4 mg*	*Simvastatin 10 mg* **Pravastatin 10–20 mg** **Lovastatin 20 mg** *Fluvastatin 20–40 mg* *Pitavastatin 1 mg*

Specific statins and doses are noted in bold that were evaluated in RCTs (17,18,46-48,64-67,69-78) included in CQ1, CQ2 and the CTT 2010 meta-analysis included in CQ3 (20). All of these RCTs demonstrated a reduction in major cardiovascular events. Statins and doses that are approved by the U.S. FDA but were not tested in the RCTs reviewed are listed in *italics*.

*Individual responses to statin therapy varied in the RCTs and should be expected to vary in clinical practice. There might be a biologic basis for a less-than-average response.

†Evidence from 1 RCT only: down-titration if unable to tolerate atorvastatin 80 mg in IDEAL (47).

‡Although simvastatin 80 mg was evaluated in RCTs, initiation of simvastatin 80 mg or titration to 80 mg is not recommended by the FDA due to the increased risk of myopathy, including rhabdomyolysis.

bid indicates twice daily; FDA, Food and Drug Administration; IDEAL, Incremental Decrease through Aggressive Lipid Lowering study; LDL–C, low-density lipoprotein cholesterol; and RCTs, randomized controlled trials.

Baseline measurements prior to initiating statin therapy and Routine measurements	Creatine Kinase baseline may be useful in those with increased risk for adverse muscle events. Transaminase (ALT) should be performed before initiating therapy. No monitoring of ALT levels recommended after initiation of therapy If baseline hepatic transaminases are normal there is no monitoring recommended by the FDA unless the patient develops symptoms	Baseline before therapy

	2013 ACC/AHA Blood Cholesterol Guidelines Treatment of Blood Cholesterol to reduce Atherosclerotic Cardiovascular Risk Guideline Stone NJ, et al.	Frequency
	while on therapy then it is reasonable to assess. Routine measurement is not recommended in individuals receiving statin therapy	
Monitoring Statin Therapy	Initial fasting lipid panel (total cholesterol, triglycerides, HDL-C, calculated LDL-C; followed by a second lipid panel 4-12 weeks after initiation of statin therapy to determine patient adherence. Thereafter 3-12 months as clinically indicated	3-12 months after initiation of therapy
Assessment of adverse events	Ask patient at each visit before and after initiation of statin therapy about muscle symptoms such as muscle weakness or fatigue, aching, pain, tenderness, cramps, or stiffness.	Each Relevant Visit
Addition of Non-statins to statins or to statin intolerant individuals	Consider the use of non-statin cholesterol lowering therapy for high risk patients who have a less than anticipated response to statin therapy, who are unable to tolerate a less than recommended intensity of a statin, or who are completely statin intolerant.	

Programs Overview

This section explains basic qualifying information about health care services administered to eligible California residents by the Department of Health Care Services (DHCS). Programs that are offered through Medi-Cal are identified in the description. Refer to eligibility sections in the Part 1 manual or policy and billing sections in the appropriate Part 2 manual for additional program information. An asterisk (*) indicates programs that have no correlating Part 1 or Part 2 manual section with additional information.

Adult Day Health Care (ADHC) Centers

State law eliminated Adult Day Health Care (ADHC) as a Medi-Cal benefit effective April 1, 2012. ADHC providers were given the option to transition, as appropriate, to the Community-Based Adult Services (CBAS) program, or other programs that met recipients' needs.

For CBAS information, refer to the Part 2 manual *Community-Based Adult Services (CBAS)* sections.

AIDS Waiver Program

The Department of Health Care Services Office of AIDS has received a federal waiver of certain Medicaid requirements, enabling the Medi-Cal program to provide home and community-based services to persons with a written diagnosis from his/her attending physician of HIV Disease or AIDS with current symptoms related to HIV Disease, AIDS or HIV Disease/AIDS treatment in lieu of placement in a nursing facility or hospital. The AIDS Waiver Program is approved by the Centers for Medicare & Medicaid Services (CMS) and must continue to be cost effective for the state to receive federal matching funds.

The Office of AIDS enters into agreements with agencies throughout California to administer the waiver program and provide case management services. These waiver agencies subcontract with, or employ (requires prior written authorization by the Office of AIDS), appropriately licensed providers to render direct care services.

To participate in the waiver program, a waiver agency must be one of the following:

- A Home and Health Agency licensed and certified by DHCS
- The outpatient department of a hospital licensed and certified by DHCS
- A county health department
- A community-based organization that meets certain DHCS Office of AIDS standards and requirements

Agencies that have demonstrated organizational, administrative and financial capabilities through the AIDS Case Management Program (CMP) are eligible to become a waiver agency.

Enrollment Procedures

Providers submit a letter to the Office of AIDS that includes a request to become a waiver agency, the counties to be served and a statement that becoming a waiver agency will be cost and administratively feasible.

DHCS Office of AIDS: Address/Telephone Number

Agencies interested in becoming waiver agencies or persons interested in learning more about the waiver program should contact the Office of AIDS at (916) 449-5900 or write to:

Department of Health Care Services
Office of AIDS
Community-Based Care Section
MS 7700
P.O. Box 997426
Sacramento, CA 95899-7426

Additional information about the waiver program can be found on the Office of AIDS Web site: *www.cdph.ca.gov/programs/aids*. For policy information, refer to the Part 2 manual, *Outpatient Services for AIDS Waiver Program*.

Breast and Cervical Cancer Treatment Program (BCCTP)

The Department of Health Care Services (DHCS) implemented the BCCTP on January 1, 2002. BCCTP provides urgently needed cancer treatment coverage to individuals with breast and/or cervical cancer who require treatment and have met the Centers for Disease Control (CDC) screening criteria, or were screened by a CDC provider.

The BCCTP is the first program in the nation with the capability to grant same day, temporary, full-scope Medicaid (accelerated eligibility [AE]) from the doctor's office through an Internet-based application for those women who appear, by the information on the application, to meet the federal eligibility requirements. Applicants receiving AE then undergo a final eligibility determination completed by an eligibility specialist (ES).

Those applicants who do not qualify for AE must have their BCCTP eligibility determined by an Eligibility Specialist (ES) before eligibility can be established in the Medi-Cal Eligibility Data System (MEDS).

California Alternative Assistance Program (CAAP)*

The Medi-Cal program includes Aid to Families With Dependent Children (AFDC) recipients under the California Alternative Assistance Program (CAAP), effective May 1, 1994. CAAP-AFDC recipients are identified by aid codes 3A (Family Group) and 3C (Unemployed Parent Group).

CAAP-AFDC recipients receive Medi-Cal and child care assistance instead of a federal cash grant. The CAAP-AFDC program provides full-scope Medi-Cal coverage with no Share of Cost until the recipients' county changes the status or removes them from the Medi-Cal Eligibility Data System (MEDS).

California Children's Services (CCS)

Individuals under 21 years of age who are residentially, financially and medically eligible for California Children's Services (CCS) diagnostic, treatment and therapy services are required by law to be referred to the CCS program for case management. Independent counties directly administer their own programs, while dependent counties are administered by three state regional offices.

* This program has no correlating Part 1 or Part 2 manual section.

Child Health and Disability Prevention (CHDP) Program

Health and Safety Code, Section 124025, *et seq.*, established the Child Health and Disability Prevention (CHDP) program. When the CHDP program was implemented in 1973, its primary purpose was to implement Federal Medicaid Early and Periodic Screening mandates in California. Over the years, the program has expanded to assure that all low-income children and youth in California have access to preventive health care services. The program has been financed by State funds, drawing from the General Fund and Tobacco Settlement Fund, to provide non-Medi-Cal eligible children and youth younger than 19 years of age with the same services as those available to Medi-Cal recipients younger than 21 years of age.

Annually, approximately 1.1 million children and youth have received State-funded CHDP health assessments and more than two million immunizations. Effective July 2003, the CHDP program is a "Gateway" maximizing the enrollment of uninsured children and youth in Medi-Cal or Healthy Families. Many of the children and youth served otherwise would not have been eligible for, or enrolled in, other health care.

Note: A law expanded the Medi-Cal program. Due to this law, services previously provided under the Healthy Families Program will now be provided under the Medi-Cal program. This transition will occur in phases throughout 2013. One of the first changes providers will see on January 1, 2013, is that CHDP Gateway Pre-Enrollment Transactions will no longer reference Healthy Families.

Community-Based Adult Services Program (CBAS)

Community-Based Adult Services (CBAS) centers offer a package of health, therapeutic and social services in a community-based day health care program. Services are provided according to a six-month plan of care developed by the CBAS center's multidisciplinary team. The services are designed to prevent premature and unnecessary institutionalization and to keep recipients as independent as possible in the community.

Comprehensive Perinatal Services Program (CPSP)

The Comprehensive Perinatal Services Program (CPSP) is within the scope of the benefits of the Medi-Cal program. Participation by Medi-Cal recipients is voluntary.

In addition to the "traditional" maternity services, CPSP allows qualified providers to be reimbursed for nutrition, psychosocial and health education services, and related case coordination. Reimbursement is also provided for prenatal vitamin and mineral supplements. Hospital outpatient departments, community clinics, county clinics, individual physicians, physician groups and certified nurse midwives are eligible to provide these services. Providers must have a current provider number and complete an application to participate as a CPSP provider.

County Medical Services Program (CMSP)

Only County Medical Services Program (CMSP) claims for which Medi-Cal retroactive eligibility periods have been identified will be processed.

Denti-Cal

The fee-for-service dental portion of the Medi-Cal program is known as Denti-Cal. The Denti-Cal program has been administered by Delta Dental since 1974. Medi-Cal recipients are eligible for dental services rendered under the Denti-Cal program. Providers should refer to the *Denti-Cal Provider Manual* for limitations or restrictions.

Drug Use Review (DUR)

Federal law requires that, effective January 1, 1993, California pharmacies participating in the Medi-Cal program must provide prospective Drug Use Review (prospective DUR). The Federal Department of Health and Human Services (DHHS) has issued guidelines to assist pharmacies in implementing the prospective DUR process.

Emergency Assistance (EA) Program

Emergency Assistance (EA) is a federally funded program under Title IV-A of the Social Security Act. It provides services to families in emergency situations. EA services are available to eligible families for up to six months or until the emergency is over, whichever is less. The EA program allows for 50 percent federal financial participation for probation and child welfare services.

Every Woman Counts

Every Woman Counts provides selected benefits to uninsured and underinsured women whose household income is at or below 200 percent of the Federal poverty level. The goal of the program is to reduce breast and cervical cancer mortality rates in this population of California women. In addition to offering screening and diagnostic services, Every Woman Counts is designed to facilitate annual rescreening of women with normal or benign breast and/or cervical conditions and to provide follow-up services for women with possible diagnoses of breast and/or cervical cancer, including referral for treatment when necessary. Only specified providers are able to offer cervical services at this time.

Expanded Access to Primary Care (EAPC)

Funding was eliminated for the Expanded Access to Primary Care (EAPC) program during the 2010 – 2011 Fiscal Year (FY) by the California State Budget signed into law on October 8, 2010.

The EAPC program was established by provisions of Chapter 1331, Statutes of 1989 (AB 75), and was re-authorized by Chapter 195, Statutes of 1994 (AB 816). The purpose of the EAPC program was to improve the quality and expand the access of outpatient health care for medically indigent persons residing in under-served areas of California. The EAPC program was funded by the Cigarette and Tobacco Products Surtax Fund, authorized by the Tobacco Tax and Health Protection Act of 1988 (Proposition 99).

The EAPC program reimbursed community-based primary care clinics exempt from federal taxation, including clinics operated by tribes or tribal organizations. Primary care clinics were funded for the delivery of medical services and preventive health care, including smoking prevention and cessation health education.

Policy information is available for reference purposes in the Part 2 manual, *Outpatient Services for Expanded Access to Primary Care (EAPC) Program.*

Family PACT

The Family PACT (Planning, Access, Care and Treatment) program is under joint administration of the Office of Family Planning (OFP) and Medi-Cal. The OFP is responsible for program policy, program monitoring, quality improvement and evaluation. The DHCS Fiscal Intermediary (FI) is responsible for client and provider enrollment, claims processing and providing public response regarding these issues.

One of the goals of the Family PACT program is to expand access to family planning services. Expanded access is achieved through the expansion of the provider community. Under Family PACT, any Medi-Cal provider who elects to provide the full scope of comprehensive family planning services consistent with Family PACT standards of care can enroll and be reimbursed at Medi-Cal rates.

Under this model program, all women and men in California with incomes at or below 200 percent of the federal poverty level with no other source of family planning health care coverage have access to comprehensive family planning services, including contraception, pregnancy testing, female and male sterilization, limited infertility services, reproductive health counseling and education related to contraceptive methods, as well as screening for sexually transmitted infections and breast and cervical cancer.

Note: Pregnancy care other than the diagnosis of pregnancy is not funded under the Family PACT program. Abortions and services ancillary to abortions are not funded under Family PACT.

Genetically Handicapped Persons Program (GHPP)

The Genetically Handicapped Persons Program (GHPP) is administered in conjunction with the California Children Services (CCS) to assure provision of medical care to adults with the following conditions:

- Hemophilia
- Cystic Fibrosis
- Hemoglobinopathies, including sickle cell disease, thalassemia
- Huntington's Disease, Joseph's Disease, Friedreich's Ataxia
- Metabolic diseases (PKU, Wilson's Disease, galactosemia)
- Von Hippel-Lindau syndrome

Individuals 21 years of age and older with any of these diagnoses may be referred to GHPP for case management and approval of services rendered. All GHPP authorizations and claims review for the entire state are conducted by state staff located in the GHPP office.

Healthy Families*

The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family incomes are at or below 200 percent of the federal poverty level. This program enrolls uninsured children of low-income Californians who are not eligible for full-scope Medi-Cal.

* This program has no correlating Part 1 or Part 2 manual section.

Heroin Detoxification

All heroin detoxification services must be performed by or under the supervision and orders of a licensed physician. Ancillary personnel actually preparing and administering medications must be acting within the limits of their licenses or certificates.

For policy information, refer to the Part 2 manual, *Outpatient Services for Heroin Detoxification*.

Home and Community-Based Services (HCBS)

Home and Community-Based Services (HCBS) are designed to provide safe and appropriate home and community care to recipients who would otherwise require long term placement.

The Department of Health Care Services (DHCS), Long-Term Care Division, In-Home Operations (IHO) Branch administers two 1915(c) HCBS waivers: the In-Home Operations (IHO) Waiver and the Nursing Facility/Acute Hospital (NF/AH) Waiver.

To be eligible to receive waiver services, an individual must meet Medi-Cal financial eligibility requirements. The appropriate county welfare department is responsible for making this Medi-Cal eligibility determination. All services must be cost-neutral to the Medi-Cal program. The total cost of providing waiver services and all other medically necessary State Plan services must be less than the total cost incurred for providing care to the recipient at the otherwise appropriate nursing facility. A recipient may be enrolled in only one 1915 (c) waiver at a time. If a recipient is eligible for services from two waivers, the recipient may choose the waiver that is best suited to their needs.

Services offered under these waivers include, but are not limited to, private duty nursing case management and waiver personal care services.

For policy information, refer to the Part 2 manual, *Outpatient Services for HHA and HCBS (Home Health Agencies and Home and Community-Based Services)*.

Home Health Agencies

Home Health services are reimbursable as an outpatient benefit when prescribed by a physician and provided at the patient's home in accordance with a written treatment plan reviewed by a physician every 60 days.

For policy information, refer to the Part 2 manual, *HHA and HCBS (Home Health Agencies and Home and Community-Based Services)*.

Hospice Care

Hospice care is medical multidisciplinary care designed to meet the unique needs of terminally ill individuals. Any Medi-Cal eligible recipient certified by a physician as having a life expectancy of six months or less may elect to receive hospice care in lieu of normal Medi-Cal coverage for services related to the terminal condition. Election of hospice care occurs when the patient (or representative) voluntarily files an election statement with the hospice provider. This statement acknowledges that the patient understands that the hospice care relating to the illness is intended to alleviate pain and suffering rather than to cure, and that certain Medi-Cal benefits are waived by this election.

Note: Any Medi-Cal eligible recipient younger than 21 years of age and certified by a physician as having a life expectancy of six months or less may elect to receive hospice care and curative treatment associated with the hospice-related diagnosis in addition to all other medically necessary Medi-Cal benefits to which the recipient is entitled.

For policy information, refer to the Part 2 manual, *Outpatient Services for Hospice Care Program*.

Indian Health Services Memorandum of Agreement (IHS/MOA)

On April 21, 1998, the Department of Health Care Services (DHCS) implemented the Indian Health Services Memorandum of Agreement (IHS/MOA) between the federal IHS and the Centers for Medicare and Medicaid Services (CMS). The IHS/MOA changed the reimbursement policy for services provided to Medi-Cal recipients within American Indian or Alaskan native health care facilities identified as federal "638" facilities. Providers electing to participate under the IHS/MOA are asked to complete and return an "*Elect to Participate*" *IHS/MOA Application* (form DHCS 7108). Enrolled IHS clinic providers are designated by provider prefix "NPI" (National Provider Identifier).

Services provided by IHS/MOA clinics are reimbursed on a per visit rate calculated by the federal government. This program includes the services of physician, physician assistant, nurse practitioner, certified nurse midwife, clinical psychologist, clinical social worker, services and supplies incidental to physician services, Comprehensive Perinatal Services Program (CPSP), ambulatory services under the state plan, and Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) program services.

In-Home Medical Care (IHMC) Waiver Program

The In-Home Medical Care (IHMC) Waiver program serves Medi-Cal recipients who, in the absence of waiver services, would otherwise require acute hospital care for at least 90 consecutive days.

In-Home Operations Waiver

The In-Home Operations (IHO) Waiver serves either 1) participants who have continuously been enrolled in a DHCS In-Home Operations administered Home and Community-Based (HCBS) waiver since prior to January 1, 2002, and require direct care services provided primarily by a licensed nurse; or 2) those who have been receiving continuous care in a hospital for 36 months or greater and have physician-ordered direct care services that are greater than those available in the Nursing Facility/Acute Hospital (NF/AH) Waiver for the participant's assessed level of care.

Local Educational Agency (LEA)

The Local Educational Agency (LEA) Medi-Cal Billing Option Program offers health assessment and treatment for Medi-Cal-eligible children and Medi-Cal-eligible family members within the school environment. Local Educational Agencies (LEAs), as defined under *California Education Code*, Section 33509(e), may apply to participate in this program.

LEA benefits include Targeted Case Management (TCM) services that assist eligible students and eligible family members to access needed medical, social, educational and other services.

For policy information, refer to the *Local Educational Agency (LEA)* sections in the appropriate Part 2 Medi-Cal manual.

Minor Consent Program

The Minor Consent Program offers eligible minors the opportunity to receive confidential care for specific services. *California Code of Regulations*, Title 22, Section 51473.2, states that providers may render services to minors without parental consent only if the services are related to sexual assault, pregnancy and pregnancy-related services, family planning, sexually transmitted diseases, drug and alcohol abuse treatment and counseling, and outpatient mental health treatment and counseling. If a public agency has legal responsibility for a minor, the minor is not eligible for Minor Consent Program services. The minor must apply for the regular Medi-Cal program.

Multipurpose Senior Services Program (MSSP)

The California Department of Aging (CDA), Medi-Cal Services Branch, has received a waiver of certain Medi-Cal state plan requirements, enabling the Medi-Cal program to offer home and community-based services to enable frail, elderly clients to remain at home as an alternative to institutionalized care. The MSSP waiver program allows agencies (MSSP providers) that contract with the Department of Health Care Services (DHCS) to provide comprehensive social and health case management.

For policy information, refer to the Part 2 manual, *Outpatient Services for Multipurpose Senior Services Program.*

Nursing Facility/Acute Hospital (NF/AH) Waiver Program

The NF/AH Waiver provides services in the home to Medi-Cal recipients who would otherwise receive care in an intermediate care facility, a skilled nursing facility, a subacute nursing facility, or an acute care hospital. Services include private duty nursing, case management, waiver personal care services and other home and community-based services.

OBRA and IRCA

Restricted or full-scope Medi-Cal benefits are extended to previously ineligible aliens, effective on or after October 1, 1988. This program was mandated by the *Federal Omnibus Budget Reconciliation Act of 1986* (OBRA) and the *Immigration Reform and Control Act of 1986* (IRCA). IRCA created a legalization program under which the status of certain aliens unlawfully residing in the United States may be adjusted over time to permanent resident status. In granting these aliens amnesty, the law specifies that their participation in certain assistance programs be restricted to five years. OBRA applies to other aliens such as undocumented aliens and temporary visitors.

Prenatal Care Guidance Program

The Prenatal Care Guidance (PCG) program is integrated into the existing Maternal and Child Health (MCH) programs in local health departments. The PCG seeks to educate Medi-Cal-eligible women about the importance of prenatal care as well as assist them in obtaining and continuing prenatal care.

Welfare departments are responsible for informing all mothers who apply for and are currently eligible for welfare that publicly funded medical care is available for their children. The integration of MCH and PCG activities will avoid duplicate effort and cost because information about prenatal and well-baby care is usually given to the same people.

Individual PCG programs have been developed at the county level and therefore differ among counties. For further information, contact the local MCH program through the local county health department.

Presumptive Eligibility (PE)

The Presumptive Eligibility (PE) program allows Qualified Providers to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy to low-income, pregnant patients, pending their formal Medi-Cal application. The PE program is designed for California residents who believe they are pregnant and who do not have health insurance or Medi-Cal coverage for prenatal care.

Rehabilitation Clinics

Physical therapy, occupational therapy, speech pathology and audiology evaluations and services are performed in outpatient rehabilitation clinics.

For policy information, refer to the Part 2 manual, *Outpatient Services for Rehabilitation Clinics*.

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) provide ambulatory health care services to recipients in rural and non-rural areas.

Rural Health Clinics (RHCs) extend Medicare and Medi-Cal benefits to cover health care services provided by clinics operating in rural areas. Specifically trained primary care practitioners administer the health care services needed by the community when access to traditional physician care is difficult.

Federally Qualified Health Centers (FQHCs) were added as a Medi-Cal provider type in response to the Federal Omnibus Budget Reconciliation Act (OBRA) of 1989. Federal law generally defines FQHC services the same as those offered by Rural Health Clinics.

Rural Hospital Swing Bed Program

The rural hospital swing bed program offers long term care services in areas where there is a shortage of Nursing Facility Level B (NF-B) beds. To be eligible for the rural hospital swing bed program, hospitals must:

- Meet the standards for hospitals specified in *California Code of Regulations*, Title 22, Section 51207.
- Be certified as a special hospital provider of long term care services under Title XVIII of the federal Social Security Act.
- Be approved by DHCS as a primary health services hospital in accordance with Division 2, Article 10, of the *Health and Safety Code* commencing with Section 1339.

Under the program, rural hospitals may designate some beds for use interchangeably as acute beds or nursing facility beds.

Specialty Mental Health Services

The State Department of Mental Health (DMH) implemented the Specialty Mental Health Services Consolidation Program for Medi-Cal recipients currently receiving or in need of outpatient or medical professional mental health services. This program expands the Psychiatric Inpatient Hospital Services Consolidation Program that has been in existence since January 1995.

Under the consolidation program, coverage for specialty mental health services will be provided through Mental Health Plans (MHPs) in California's 58 counties. In most cases, the MHP will be the county mental health department. MHPs render, or authorize and pay for specialty mental health services.

Subacute Care Programs

Adult and pediatric subacute level of care refers to very intensive, licensed, skilled nursing care provided in Distinct-Part/Nursing Facilities Level B (DP/NF-B) in acute care hospitals, or in Free-Standing Nursing Facilities Level B (FS/NF-B) to patients who have a fragile medical condition. Beds designated for either adult or pediatric subacute care cannot be used for swing beds.

Tuberculosis Program

The Medi-Cal Tuberculosis (TB) Program is funded under Title XIX of the Social Security Act to treat individuals who have been infected with TB. This program covers outpatient TB-related services for people who are TB-infected and eligible under aid code 7H. Recipients with aid code 7H will receive TB-related services at a zero Share of Cost.

Vaccines For Children (VFC)

The federal Vaccines For Children (VFC) program supplies vaccines free-of-charge to enrolled physicians for Medi-Cal-eligible children. Every Medi-Cal-eligible child younger than 19 years of age may receive vaccines supplied by the VFC program. To participate, providers must enroll in VFC even if already enrolled with Medi-Cal or the Child Health and Disability Prevention (CHDP) program.

Special Group Information

Eligibility information for individuals identified as members of special groups is found in the eligibility sections of the Part 1 manual.

Managed Care Information

Eligibility information about Managed Care Plans (MCPs) is found in the managed care sections of the Part 1 manual.