

## 2022 DHCS All Plan Letter Summaries

The Department of Health Care Services (DHCS) posts All Plan Letters (APLs) informing Medi-Cal Managed Care Plans (MCPs) of new guidelines and standards required by the state of California for Medi-Cal Services. Below is a summary of the 2025 APLs released by DHCS. To review previous years and full APL content, please visit the DHCS website linked below:

[Click here to view all APLs on the DHCS website](#)

APL #	Title of Letter	APL Summary
<a href="#">APL 22-001</a>	2022-2023 Medi-Cal Managed Care Health Plan Meds/834 Cutoff and Processing Schedule	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with the 2022-2023 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule
<a href="#">APL 22-002</a>	Alternative Format Selection for Members with Visual Impairments	This APL is intended to provide information about the Department of Health Care Services' (DHCS) processes to ensure effective communication with members with visual impairments or other disabilities requiring the provision of written materials in alternative formats, by tracking members' alternative format selections (AFS)
<a href="#">APL 22-003</a>	Medi-Cal Managed Care Health Plan Responsibility to Provide Services to Members with Eating Disorders	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with clarification and guidance regarding their responsibility to coordinate and provide medically necessary services for members who are diagnosed with feeding and eating disorders <sup>1</sup> (hereafter referred to as eating disorders) and are currently receiving Specialty Mental Health Services (SMHS) from a county Mental Health Plan (MHP)
<a href="#">APL 22-004</a>	Strategic Approaches for Use By Managed Care Plans to Maximize Continuity of Coverage as Normal Eligibility and Enrollment Operations Resume	This APL is intended to provide instruction to Medi-Cal managed care health plans (MCPs) about strategies that must be used by MCPs in collaboration with counties to help ensure eligible beneficiaries retain coverage in Medi-Cal and to ease transitions for individuals eligible for coverage through Covered California as the Department of Health Care Services (DHCS) prepares for the resumption of normal operations after the end of the continuous coverage requirement
<a href="#">APL 22-005</a>	No Wrong Door for Mental Health Services Policy	This APL is intended to provide Medi-Cal managed care health plans (MCP) with guidance and clarification regarding the No Wrong Door for Mental Health Services policy. This policy ensures that members receive timely mental health services without delay regardless of the delivery system where they seek care and that members are able to maintain treatment relationships with trusted providers without interruption

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<a href="#">APL 22-006</a>	Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services (Supersedes APL 17-018)	This APL is intended to explain the responsibilities of Medi-Cal managed care health plans (MCPs) for the provision or arrangement of clinically appropriate and covered non-specialty mental health services (NSMHS) and the regulatory requirements for the Medicaid Mental Health Parity Final Rule (CMS-2333-F). This APL also delineates MCP responsibilities for referring to, and coordinating with, County Mental Health Plans (MHPs) for the delivery of specialty mental health services (SMHS)
<a href="#">APL 22-007</a>	California Housing and Homelessness Incentive Program	This APL is intended to provide Medi-Cal managed care health plans (MCP) with guidance on the incentive payments linked to the Housing and Homelessness Incentive Program (HHIP) implemented by the California Department of Health Care Services (DHCS) in accordance with the Medi-Cal Home and Community Based Services (HCBS) Spending Plan
<a href="#">APL 22-008</a>	Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses (Supersedes APL 17-010)	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with guidance regarding Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. In addition, this APL clarifies MCP responsibilities regarding the coverage of transportation for pharmacy services with the implementation of Medi-Cal Rx, Medi-Cal enrollment requirements for transportation providers, as well as MCP coverage of transportation related travel expenses
<a href="#">APL 22-009</a>	COVID-19 Guidance for Medi-Cal Managed Care Health Plans	This APL is intended to provide information to Medi-Cal managed care health plans (MCPs) on changes to federal and state requirements for COVID-19 testing, treatment, and prevention
<a href="#">APL 22-010</a>	Cancer Biomarker Testing	This APL is intended to provide information to Medi-Cal managed care health plans (MCPs) about coverage requirements for cancer biomarker testing as required by Senate Bill (SB) 535
<a href="#">APL 22-011</a>	<p>Proposition 56 Directed Payments for Family Planning Services (Supersedes APL 20-013)</p> <p><b>Superseded by 23-008</b></p>	This APL is intended to provide Medi-Cal managed health care plans (MCPs) with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified family planning services with dates of service on or after July 1, 2019
<a href="#">APL 22-012</a>	Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal RX (Supersedes APL 20-020)	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with guidance on changes to the oversight and administration of the Medi-Cal pharmacy benefit

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<a href="#">APL 22-013</a>	Provider Credentialing/Re-Credentialing and Screening/Enrollment (Supersedes APL 19-004)	This APL is intended to inform Medi-Cal managed care health plans (MCPs) of their responsibilities related to the screening and enrollment of all Network Providers pursuant to Title 42 of the Code of Federal Regulations (CFR) Part 438 and Part 455 (Subparts B and E)
<a href="#">APL 22-014</a>	Electronic Visit Verification Implementation Requirements	This APL is intended to provide Medi-Cal managed care health plans (MCP) with direction regarding the implementation of the federally mandated Electronic Visit Verification (EVV) requirements
<a href="#">APL 22-015</a>	Enforcement Actions: Administrative and Monetary Sanctions (Supersedes APL 18-003)  <b>Superseded by 23-012</b>	This APL is intended to provide clarification to Medi-Cal managed care health plans (MCPs) of the Department of Health Care Services' (DHCS) policy regarding the imposition of administrative and monetary sanctions, which are among the enforcement actions DHCS may take to enforce compliance with MCP contractual provisions and applicable state and federal laws
<a href="#">APL 22-016</a>	Community Health Worker Services Benefit	This APL is intended to provide Medi-Cal managed care plans (MCPs) with guidance regarding the qualifications for becoming a Community Health Worker (CHW), the definitions of eligible populations for CHW services, and descriptions of applicable conditions for the CHW benefit
<a href="#">APL 22-017</a>	Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review (Supersedes APL 20-006)	This APL is intended to inform Medi-Cal managed care health plans (MCPs) of updates to the Department of Health Care Services' (DHCS) Primary Care Provider (PCP) site review process, which includes Facility Site Review (FSR) and Medical Record Review (MRR) policies
<a href="#">APL 22-018</a>	Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care  <b>Superseded by 23-004</b>	This APL is intended to provide requirements to all Medi-Cal managed care health plans (MCPs) on the Skilled Nursing Facility (SNF) Long Term Care (LTC) Benefit Standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of beneficiaries to managed care
<a href="#">APL 22-019</a>	Proposition 56 Value-Based Payment Program Directed Payments (Supersedes APL 20-014)  <b>Superseded by 23-014</b>	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with guidance on value-based directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), to Network Providers for qualifying services tied to performance on designated health care quality measures in the domains of prenatal and postpartum care, early childhood prevention, chronic disease management, and behavioral health care
<a href="#">APL 22-020</a>	Community-Based Adult Services Emergency Remote Services (Supersedes APL 20-007)	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with policy guidance regarding the end of CBAS Temporary Alternative Services (TAS) effective September 30, 2022, and implementation of Community-Based Adult

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		Services (CBAS) Emergency Remote Services (ERS) authorized under the California Advancing and Innovating Medi-Cal (CalAIM) 1115 Demonstration Waiver (Waiver), effective as of October 1, 2022
<a href="#">APL 22-021</a>	Proposition 56 Behavioral Health Integration Incentive Program	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with guidance on the Behavioral Health Integration (BHI) Incentive Program, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for achievement of specified milestones and measures tied to BHI
<a href="#">APL 22-022</a>	Abortion Services (Supersedes APL 15-020)  <b>Superseded by 24-003</b>	This APL is intended to provide Medi-Cal Managed Care Health Plans (MCP) with information regarding their responsibility to provide Members with timely access to abortion services
<a href="#">APL 22-023</a>	Street Medicine Provider: Definitions and Participation in Managed Care  <b>Superseded by 24-001</b>	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) on opportunities to utilize street medicine providers to address clinical and non-clinical needs of their Medi-Cal Members experiencing unsheltered homelessness
<a href="#">APL 22-024</a>	Population Health Management Program Guide (Supersedes APLs 17-012 and 17-013)	This APL is intended to provide guidance to all Medi-Cal managed care health plans (MCPs) regarding the implementation of the Population Health Management (PHM) Program and the role of the PHM Policy Guide
<a href="#">APL 22-025</a>	Responsibilities for Annual Cognitive Health Assessment for Eligible Members 65 Years of Age or Older	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) about the provision of the new annual Medi-Cal cognitive health assessment to eligible Members 65 years of age or older
<a href="#">APL 22-026</a>	Interoperability and Patient Access Final Rule	This APL is intended to notify all Medi-Cal managed care health plans (MCPs) <sup>1</sup> of the Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access final rule requirements as required by federal law
<a href="#">APL 22-027</a>	Cost Avoidance and Post-Payment Recovery for Other Health Coverage (Supersedes APL 21-002)	This APL is intended to provide clarification and guidance to Medi-Cal managed care health plans (MCP) for cost avoidance and post-payment recovery requirements when an MCP Member has other health coverage (OHC)
<a href="#">APL 22-028</a>	Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCP) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of adult and youth Members to the appropriate Medi-Cal mental health delivery system, and ensure that Members requiring transition between delivery systems receive timely coordinated care
<a href="#">APL 22-029</a>	Dyadic Services and Family Therapy Benefit	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with guidance on coverage requirements for the provision of the new Dyadic Services and family therapy benefit effective January 1, 2023

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<a href="#">APL 22-030</a>	Initial Health Appointment (Supersedes APL 13-017 and Policy Letters 13-001 and 08-003)	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the requirements of the Initial Health Appointment (IHA) beginning January 1, 2023
<a href="#">APL 22-031</a>	Doula Services  <b>Superseded by 23-024</b>	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with guidance regarding the qualifications for providing doula services, effective for dates of service on or after January 1, 2023
<a href="#">APL 22-032</a>	Continuity of care for Medi-Cal Beneficiaries who newly enroll in Medi-Cal Managed Care from Medi-Cal Fee-for-Service, and for Medi-Cal members who transition into a new Medi-Cal Managed Care Health Plan on or after January 1, 2023 (Supersedes APL 18-008)  <b>Superseded by 23-022</b>	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with guidance on Continuity of Care for beneficiaries who are mandatorily transitioning from Medi-Cal Fee-For-Service (FFS) to enroll as Members in Medi-Cal managed care