

2023 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 2023 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
APL 23-001	Network Certification Requirements (Supersedes APL 21-006)	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network Certification (ANC) requirements. This APL also advises MCPs of the new requirements pertaining to good faith contracting requirements with certain cancer centers and referral requirements
APL 23-002	2023-2024 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 2023-2024 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule
APL 23-003	California Advancing and Innovating Medi-Cal Incentive Payment Program (Supersedes APL 21-016)	This APL is intended to provide Medi-Cal Managed Care Plans (MCPs) guidance on the Incentive Payment Program (IPP) implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative
APL 23-004	Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 22-018)	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
APL 23-005	Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)	This APL is intended to clarify the responsibilities of Medi-Cal managed care health plans (MCPs) to provide Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to eligible Members under the age of 21. This guidance is intended to reinforce existing state and federal laws and regulations regarding the provisions of Medi-Cal services, including EPSDT
APL 23-006	Delegation and Subcontractor Network Certification (Supersedes APL 17-004)	This APL is intended to provide Medi-Cal managed care plans (MCPs) with guidance on the requirements for delegation and monitoring of Subcontractors. This APL also details the Subcontractor Network Certification (SNC) process wherein MCPs must

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		provide assurances that each Subcontractor's and Downstream Subcontractor's Provider Network meets state and federal network adequacy and access requirements.
APL 23-007	Telehealth Services Policy (Supersedes APL 19-009)	This APL is intended to provide Medi-Cal Managed Care Plans (MCPs) clarification DHCS' policy on covered services provided through telehealth modalities. This includes clarification on those Covered Services which can be provided via Telehealth and the expectations related to documentation for Telehealth
APL 23-008	Proposition 56 Directed Payments for Family Planning Services (Supersedes APL 22-011)	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.
APL 23-009	Authorizations for Post-Stabilization Care Services	This APL is intended to clarify Medi-Cal managed care health plans (MCPs) contractual obligations for authorizing post-stabilization care services
APL 23-010	Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (Supersedes APL 19-014)	This APL is intended to clarify that the MCP has primary responsibility for ensuring that all of a member's needs for Medically Necessary BHT services covered under Medicaid, are met across environments
APL 23-011	Treatment of Recoveries Made by the Managed Care Health Plan of Overpayments to Providers (Supersedes APL 17-003)	This APL is intended to provide guidance and clarification to Medi-Cal managed care health plans (MCPs) regarding federal and state legal requirements for MCPs' recovery of all Overpayments to Providers
APL 23-012	Enforcement Actions: Administrative and Monetary Sanctions (Supersedes APL 22-015)	This APL is intended to provide clarification to Medi-Cal managed care 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
APL 23-013	Mandatory Signatories to the California Health and Human Services Agency Data Exchange Framework	This APL is intended for Data Sharing Agreement (DSA) to define the parties that are subject to the Data Exchange Framework's (DxF) new data exchange rules and establishes a common set of terms, conditions, and obligations to support the secure exchange of and access to health and social services information in compliance with applicable laws, regulations, and policies

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APL 23-014	Proposition 56 Value-Based Payment Program Directed Payments (Supersedes APL 22-019)	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
APL 23-015	Proposition 56 Directed Payments for Private Services (Supersedes APL 19-013)	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with information on required directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified state-funded medical pregnancy termination services
APL 23-016	Directed Payments for Developmental Screening Services (Supersedes APL 19-016)	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, initially funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of standardized developmental screening services for children
APL 23-017	Directed Payments for Adverse Childhood Experiences Screening Services (Supersedes APL 19-018)	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with guidance on directed payments, initially funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of standardized Adverse Childhood Experiences (ACE) screening services for adults (through 64 years of age) and children
APL 23-018	Managed Care Health Plan Transition Policy Guide	This APL is intended to provide guidance to all Medi-Cal managed care health plans (MCPs) regarding the 2024 MCP Transition effective January 1, 2024. The 2024 Managed Care Plan Transition Policy Guide establishes and details the requirements for the implementation of the 2024 MCP Transition
APL 23-019	Proposition 56 Directed Payments for Physician Services (Supersedes APL 19-015)	This APL is intended to provide Medi-Cal managed care health 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 physician services
APL 23-020	Requirements for Timely Payment of Claims	This APL is intended to remind Medi-Cal managed care plans (MCPs) of their legal and contractual obligation to timely pay claims submitted by Providers for Covered Services to MCP Members

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APL 23-021	Population Needs Assessment and Population Health Management Strategy (Supersedes APL 19-011)	This APL is intended to provide guidance on the modified Population Needs Assessment (PNA) and new Population Health Management (PHM) Strategy requirements for Medi-Cal Managed Care Plans (MCPs)
APL 23-022	Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023 (Supersedes APL 22-032)	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. This APL applies to both Medi-Cal only beneficiaries and those dually eligible for Medicare and Medi-Cal, for their Medi-Cal Providers. This APL also describes other types of transitions into Medi-Cal managed care for specific Medi-Cal Member populations for which MCPs must allow Continuity of Care
APL 23-023	Intermediate Care Facilities for Individuals with Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care	This APL is intended to provide requirements to all Medi-Cal managed care plans (MCPs) for the Long-Term Care (LTC) Intermediate Care Facility/Home for Individuals with Developmental Disabilities services provisions of the California Advancing and Innovating Medi-Cal (CalAIM) benefit standardization initiative
APL 23-024	Doula Services (Supersedes APL 22-031)	This APL is intended to provide Medi-Cal managed care plans (MCPs) with guidance regarding the qualifications for providing doula services, effective for dates of service on or after January 1, 2023
APL 23-025	Diversity, Equity, and Inclusion Training Program Requirements (Supersedes APL 99-005)	This APL is intended to provide Medi-Cal managed care plans (MCPs) with guidance regarding the Diversity, Equity, and Inclusion (DEI) training program requirements
APL 23-026	Federal Drug Utilization Review Requirements Designed to Reduce Opioid Related Fraud, Misuse and Abuse (Supersedes APL 19-012)	This APL is intended to inform Medi-Cal managed care plans (MCPs) of their responsibilities related to the implementation of federal Medicaid Drug Utilization Review (DUR) requirements outlined in section 1004 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act
APL 23-027	Subacute Care Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care	This APL is intended to provide requirements to all Medi-Cal managed care plans (MCPs) on the Subacute Care Facility Long Term Care (LTC) benefit standardization provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, including the mandatory transition of Medi-Cal members to managed care

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APL 23-028	Dental Services – Intravenous Moderate Sedation and Deep Sedation/General Anesthesia Coverage	This APL is intended to identify information that MCPs must review and consider during the prior authorization process as described and detailed in the attached guidelines for IV moderate sedation and deep sedation/general anesthesia for dental procedures
APL 23-029	Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities	This APL is intended to identify the intent of the Memorandum of Understanding (MOU) required to be entered into by the Medi-Cal managed care plans (MCPs) and Third-Party Entities (defined below) under the Medi-Cal Managed Care Contract (MCP Contract) with the Department of Health Care Services (DHCS), and to specify the responsibilities of MCPs under those MOUs
APL 23-030	Medi-Cal Justice-Involved Reentry Initiative-Related State Guidance	This APL is intended to announce the release of the “Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative” ¹ for county welfare departments, state prisons, county correctional facilities, county youth correctional facilities, and/or their designated entity(ies).
APL 23-031	Medi-Cal Managed Care Plan Implementation of Primary Care Provider Assignment for the Age 26-49 Adult Expansion Transition	This APL is intended to provide Medi-Cal Managed Care Plans (MCPs) with guidance on the Age 26-49 Adult Expansion to ensure transitioning individuals maintain their existing Primary Care Provider (PCP) assignments to the maximum extent possible to minimize disruptions in services
APL 23-032	Enhanced Care Management Requirements (Supersedes APL 21-012)	This APL supersedes APL 21-012: Enhanced Care Management Requirements. The major revision to this APL is the addition of the ECM Risk Corridor methodology
APL 23-033	2024-2025 Medi-Cal Managed Care Health Plan MEDS/834 Cutoff and Processing Schedule	This APL is intended to provide the 2024-2025 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule as well as the updated outline of MCP 834 responsibilities and the Health Care Options (HCO) Secure Data Exchange Services file posting schedule. MCPs must adhere to the cutoff dates and timelines to allow adequate processing time for eligibility files and data, and to ensure timely payments
APL 23-034	California Children’s Services Whole Child Model Program (Supersedes APL 21-005)	This APL is intended to provide direction and guidance to Medi-Cal managed care plans (MCPs) participating in the California Children’s Services (CCS) Whole Child Model (WCM) Program
APL 23-035	Student Behavioral Health Incentive Program	This APL is intended to provide Medi-Cal managed care plans (MCPs) with guidance on the incentive payments provided by the Student Behavioral Health Incentive Program (SBHIP)