Stage 1 Business Analysis

California Department of Technology, SIMM 19A.3 (Ver. 3.0.9, 02/01/2022)

1.1 General Information

1. **Agency or State Entity Name:** **4260 - Health Care Services, Department of**

   If Agency/State entity is not in the list, enter here with the organization code.

   Click or tap here to enter text.

2. **Proposal Name and Acronym:** **Centers for Medicare and Medicaid Services, Access Final Rule, Member Grievances and Member Planning**

3. **Proposal Description: (Provide a brief description of your proposal in <u>500 characters or less</u>.)**

   The Department of Health Care Services (DHCS) proposes enhancements to grievance management and person-centered service planning within Home and Community Based Services (HCBS). By improving data collection, oversight, and reporting processes, this initiative empowers Medi-Cal members by ensuring they receive care that aligns with their individual needs and preferences. Members will benefit from streamlined grievance resolution processes, greater transparency in service delivery, and personalized care planning that adapts to changing circumstances. These improvements not only enhance service quality and uphold beneficiary rights but also promote trust and satisfaction among members. Ultimately, this initiative ensures Medi-Cal members experience a more supportive, responsive, and member-focused healthcare system.

4. **Project Planning Start Date:** **4/1/2025**

5. **Proposed Project Execution Start Date:** **1/1/2026**

6. **S1BA Version Number:** **Version 1**

1.2 Submittal Information

1. **Contact Information**

   Contact Name: Adrianna Alcala-Beshara

Contact Email: Adrianna.Alcala-Beshara@dhcs.ca.gov

Contact Phone: 916-345-8629

   2. Submission Type: New Submission

If Withdraw, select Reason: Choose an item.

   If Other, specify reason here: Click or tap here to enter text.

Sections Changed, if this is a Submission Update: (List all sections changed.)

Click or tap here to enter text.

Summary of Changes: (Summarize updates made.)

Click or tap here to enter text.

   3. Attach Project Approval Executive Transmittal to your email submission.

   4. Attach Stage 1 Project Reportability Assessment to your email submission.

1.3 Business Sponsorship

1. Executive Champion (Sponsor)

   Title: Chief Deputy Director, California Department of Health Care Services (DHCS)

   Name: Tyler Sadwith

   Business Program Area: Health Care Programs

   Title: Chief Operating Officer for Programs

   Name: Chris Riesen

   Business Program Area: Program Integration and Operations Support

   Title: Deputy Director

   Name: Susan Philip

   Business Program Area: Health Care Delivery Systems

   Title: Deputy Director & Chief Information Officer

   Name: Crystal Taylor

   Business Program Area: Enterprise Technology Services

Title: Deputy Director & Chief Data Officer

Name: Linette Scott

Business Program Area: Enterprise Data and Information Management

2. Business Owner

Please note, all are DHCS staff unless referenced otherwise

Title: Deputy Director

Name: Susan Philip

Business Program Area: Health Care Delivery Systems

Title: Interim Deputy Director & Chief Quality and Medical Officer

Name: Palav Babaria

Business Program Area: Quality and Population Health Management

Title: Interim Deputy Director

Name: Bruce Lim

Business Program Area: Audits and Investigations

Title: Chief Deputy Director, California Department of Aging (CDA)

Name: Mark Beckley

Business Area: Home and Community Based Services, among others

Title: Chief Deputy Director, California Department of Public Health (CDPH)

Name: Rita Nguyen

Business Area: Home and Community Based Services, among others

Title: Chief Deputy Director, California Department of Development Services (CDDS)

Name: Michi Gates

Business Area: Home and Community Based Services, among others

Title: Chief Deputy Director, California Department of Social Services (CDSS)

Name: Claire Ramsey

Business Area: Home and Community Based Services, among others

3. Product Owner

Title: Assistant Deputy Director

Name: Joseph Billingsley

Business Program Area: Health Care Delivery Systems

TIP: Copy and paste or click the + button in the lower right corner on any section to add additional Executive Champions, Business Owners, or Product Owners with their related Business Program Areas as needed.

1.4 Stakeholder Assessment

The Stakeholder Assessment is designed to give the project team an overview of communication channels that the state entity needs to manage throughout the project. More stakeholders may result in increased complexity to a project.

1. Indicate which of the following are interested in this proposal and/or the outcome of the project. (Select 'Yes' or 'No' for each.)

State Entity Only: No

Other Departments/State Entities: Yes

Public: Yes

Federal Entities: Yes

Governor's Office: Yes

Legislature: Yes

Media: Yes

Local Entities: Yes

Special Interest Groups: Yes

Other: Yes

2. Describe how each group marked 'Yes' will be involved in the planning process.

DHCS is proposing to mature or establish the ability to obtain and report required data generated through its and other program operations on behalf of the State. Other State departments, including CDSS, CDPH, DDS, and CDA will be required to provide this information in a format that is mutually acceptable. This will require that they implement the programmatic activities and processes necessary to provide the required data and that they collaborate with DHCS to provide the federally required data elements.

Other Programs within DHCS will be engaged in the planning process as applicable and appropriate. These Programs are likely to be consulted during this project to better understand the potential enterprise needs.

CalHHS Agency will be involved by reviewing planning efforts and related artifacts and will work with the department and with the California Department of Technology to align planning requirements with project risk. Additionally, to the extent that the work being proposed represents a Strategic Capability for CalHHS, CalHHS will engage in the planning process to understand the technical approaches that might be leveraged or enhanced by other CalHHS efforts.

These other entities will be expected to participate in governance activities. This will include a DHCS sponsored Project Steering Committee (PSC) which will develop and implement a governance plan, ensuring collaboration and support among state departments and involved stakeholders in the planning process. The PSC will manage a communication plan, emphasizing stakeholder engagement and structured outreach. As appropriate, communications will be reviewed and approved by the PSC and sent to CMS, CalHHS Agency,, the governor's office, and the legislature.

The Public
The Public will benefit from the outcome of this work but will not participate directly in the project planning effort

Governor's Office
The Governor's Office may be interested in this project to the extent that it results in California's compliance with Federal Law. The Governor's Office will not be directly involved in the Project planning work

Legislature
DHCS has submitted a budget proposal for this effort; approval of that proposal will provide DHCS with the necessary funding for the project. The Legislature will not be directly involved in the Project planning work.

Media
The Media will not be directly involved in the Project planning work, nor is it likely to interested in the nature of the rule or the State's ability to achieve timely compliance.

Federal Entities
The Centers for Medicare and Medicaid Services (CMS) established the Final Rule and will monitor readiness and compliance. They will provide matching funding to support this project, and will monitor progress accordingly.

Local Entities
Local entities provide HCBS services and may be required to provide data needed to achieve compliance. They will likely do so through the specific programs that they support, but there is the potentially a need for them to submit data in a specific format in support of this project's objectives.

Special Interest Groups
Special Interest groups are not likely to be directly involved in the Project planning work, but may be interested in both the nature of the rule and the State's ability to achieve timely compliance.

1.5 Business Program

1. **Business Program Name:**

   A. Health Care Delivery Systems (HCDS), B. Quality Health and Population Management (QPHM), C. Enterprise Data Information Management (EDIM), D. Audits and Investigations (A&I).

   In addition, there are additional California sister departments*: California Department of Aging (CDA) Multipurpose Senior Services Program (MSSP) Waiver and the Community Based Adult Services (CBAS) Program, California Department of Developmental Services (DDS) Self Determination Program (SDP) Waiver, the HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD), and the HCBS-DD State Plan Option; California Department of Social Services (CDSS) In-Home Support Services (IHSS), and California Department of Public Health (CDPH) Medi-Cal Waiver Program (MCWP) *Sister departments that will not be using the new DHCS systems, but will need to send data to DHCS for DHCS to be able to accomplish federal reporting

2. **Program Background and Context:** Provide a brief overview of the entity's business program(s) current operations.

   The Department of Health Care Services (DHCS) administers Medi-Cal, California's Medicaid program, providing health care services to approximately 15 million Californians, including low-income individuals, families, seniors, and people with disabilities. DHCS partners with the Centers for Medicare & Medicaid Services (CMS) to ensure compliance with federal regulations, including the Ensuring Access to Medicaid Services Final Rule (CMS-2442-F), while overseeing health care delivery through managed care and fee-for-service (FFS) models. The CMS Final Rule, codified under 42 CFR Parts 431, 438, 441, and 447, aims to improve accountability, transparency, and member engagement by enhancing grievance management, standardizing person-centered planning, and streamlining data aggregation and monitoring for both FFS and managed care delivery frameworks. Failure to implement these requirements risks significant loss of federal funding and jeopardizes the health benefits of millions of Medi-Cal members. To meet these mandates, DHCS will leverage resources across its divisions to update policies, enhance data frameworks, and ensure compliance, with a focus on improving member outcomes and addressing implementation challenges, such as resource constraints and accessibility gaps.

Current Operations

DHCS operates through multiple divisions that manage various aspects of the Medi-Cal program, each playing a critical role in implementing the CMS Final Rule requirements:

- Health Care Delivery Systems (HCDS): This portfolio, encompassing the Integrated Systems of Care Division (ISCD), Medi-Cal Quality & Monitoring Division (MCQMD), and Managed Care Operations Division (MCOD), oversees managed care contracts, specialty programs, and services for high-risk populations, ensuring compliance with state and federal regulations. For this project, HCDS will update managed care contracts to align with CMS grievance management standards, enhance person-centered planning for HCBS members, and improve monitoring of service delivery to ensure timely access and quality care, particularly for high-risk populations served through counties, HCBS community-based organizations, and Program of All-Inclusive Care for the Elderly (PACE) programs.

- Quality Population Health Management (QPHM): This portfolio, including the Population Health Management Division (PHMD) and the Quality Health and Equity Division (QHED), is responsible for monitoring and improving the quality of care provided to Medi-Cal members. QPHM develops quality improvement initiatives, conducts performance evaluations, and addresses health disparities. For this project, QPHM monitors grievances and member planning from a quality-of-care perspective.

- The Enterprise Data and Information Management (EDIM) portfolio Data Analytics Division, Program Data Reporting Division. EDIM sets policy for the management, quality, and integration of data across the organization. EDIM's focus areas include data governance, data reporting, and data quality. EDIM enhances data-driven decision-making, supporting business intelligence to foster a culture of data excellence. EDIM are the data stewards for grievance reporting and person-centered plan reporting.

- The Audits and Investigations (A&I) portfolio is committed to ensuring compliance with regulatory standard. This portfolio focuses on conducting compliance audits, investigating data integrity, assessing risks, detecting and investigating fraud, and enforcing policies. Audits and Investigations play a crucial role in comprehensive risk assessments and compliance. A&I is involved in the quality reviews and reviews that are related to the grievance management process.

    These areas work collaboratively to ensure that Medi-Cal members have access to high-quality, affordable health care services.

Interagency Collaboration

DHCS coordinates with multiple state agencies impacted by Medi-Cal policies and the CMS Final Rule requirements, including:

- California Department of Aging (CDA): Oversees senior services, including the Multipurpose Senior Services Program (MSSP) Waiver and the Community Based Adult Services (CBAS) Program, ensuring person-centered planning and grievance management align with CMS standards for HCBS members.

- California Department of Developmental Services (DDS): Manages programs for individuals with developmental disabilities, including the Self Determination Program (SDP) Waiver, the HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD), and the HCBS-DD State Plan Option, updating service plans and monitoring to meet CMS requirements.

- California Department of Social Services (CDSS): Administers In-Home Support Services (IHSS), aligning grievance management and person-centered planning with CMS standards to ensure member engagement and transparency.

- California Department of Public Health (CDPH): Supports public health initiatives, including the Medi-Cal Waiver Program (MCWP), ensuring compliance with CMS grievance and planning requirements.

These departments' operations are impacted by the CMS Final Rule, particularly in service planning and member monitoring workflows, requiring inter-agency collaboration to standardize data, enhance accessibility, and address implementation challenges, such as resource constraints and disparities in local capacity.

DHCS as a state department does not have any current processes for receiving the required reports outside of a secure file portal, Excel spreadsheets, and fragmented systems, negating any synergistic opportunities to gather and grievances. This process does not enable data sharing amongst entities such MSSPs and contracted Managed Care Plans (MCPs) to better coordinate participant care, nor does it allow for timely data collection, sorting and review to ensure state and federal requirements are met without impacts to staff time and resources at the local and state level.

Due to heightened scrutiny imposed by CMS, the federal regulators are reviewing statutory requirements and enforcing more stringent interpretations of the regulations relating to grievance management and member planning to meet Medi-Cal member needs.

3. **How will this proposed project impact the product or services supported by the state entity?**

These regulations emphasize a person-centered approach in Medicaid programs, requiring that individuals or their authorized representatives lead the planning process for their care. States must review and update service plans annually or whenever there are significant changes in an individual's needs. The assessment process must thoroughly evaluate participants' needs, preferences, and personal goals to create tailored service plans and budgets. By July 9, 2027, these person-centered processes will be integrated into program management to ensure care aligns with individual circumstances and supports better outcomes.

Additionally, the regulations require the implementation of comprehensive grievance systems and quality improvement measures to enhance transparency and accountability in service delivery. States must establish procedures for beneficiaries to report grievances and maintain compliance with federal oversight. The Home and Community-Based Services (HCBS) will promote better monitoring of program effectiveness, supporting public transparency and ensuring programs meet the needs of participants efficiently and effectively. These changes aim to improve the overall quality of care and create a more responsive Medicaid framework.

DHCS submits the proposed project would impact the services supported by DHCS in the following ways:

1. **Enhanced Quality of Services:** Enhanced access and standardized measures for HCBS Access Quality and Safety. The Person-Centered Planning and grievance process framework will improve the care and services for members who receive care in non-managed care settings by providing increased visibility and oversight, ensuring payment is equitable and competitive so that members receive higher-quality, safe, and effective care.

2. **Addressing Social Needs:** Enhance standards to address social determinants of health within the context of grievance systems and member planning. This approach aims to improve health outcomes and reduce long-term healthcare costs by preventing serious health issues through effective member management.

By prioritizing grievance management and person-centered member planning, DHCS will ensure the timely delivery of high-quality services while maintaining compliance with federal regulations. Strengthening these areas will enhance the safety and quality of care for Medi-Cal members.

TIP: Copy and paste or click the + button in the lower right corner to add Business Programs, with background and context and impact descriptions as needed.

1.6 Project Justification

1. **Strategic Business Alignment**

   Enterprise Architect

   Title: IT Manager II

   Name: Andrew Nunes

   Strategic Plan Last Updated? 7/25/2024

   Strategic Business Goal: Goal 1: Put people first and design programs and services for whole person care in the community.

   Alignment: This project aligns with the goal of putting people first and designing programs and services for whole person care in the community by prioritizing member engagement, transparency, and individualized care within Medi-Cal's framework. By enhancing grievance management, the project ensures members' voices are heard and concerns are resolved promptly, fostering trust and empowerment, particularly for vulnerable populations such as those receiving Home and Community-Based Services (HCBS). The emphasis on person-centered planning, as mandated by the CMS Final Rule, tailors care plans to members' unique needs, preferences, and goals, integrating physical, behavioral, and social services to support whole person care. This approach promotes community-based care by enabling members to live independently and access services in their local environments, reducing reliance on institutional settings. Structured stakeholder engagement with advocacy groups and public communication strategies further ensures inclusivity and accessibility, though ongoing

evaluation is critical to address implementation challenges, such as resource gaps and disparities, to truly deliver holistic, community-focused care.

Strategic Business Goal: Goal 2: Increase meaningful access – Ensure individuals get care when, where, and how they need it by strengthening health care coverage, benefits, and provider and service capacity.

Alignment: This project aligns with the goal of increasing meaningful access by enhancing Medi-Cal members' ability to receive care when, where, and how they need it, through strengthened health care coverage and improved delivery of benefits, as mandated by the CMS Final Rule. By improving grievance management, the project ensures timely resolution of access-related concerns, such as delays in care or challenges in obtaining covered services, thereby streamlining the delivery of benefits to meet members' needs. The focus on person-centered planning enhances coverage by tailoring benefits.

Strategic Business Goal: Goal 5: Strengthen operations – Enhance our organizational structures, processes, and frameworks to improve program administration.

Alignment: This effort aims to significantly boost operational efficiency and effectiveness by refining organizational frameworks, streamlining processes, and leveraging existing resources. These improvements will not only enhance the overall quality and reliability of program administration but also ensure a more seamless and efficient experience for all stakeholders involved.

Strategic Business Goal: Goal 6: Leverage data to improve outcomes.

Alignment:
This project supports the strategic goal of leveraging data to improve outcomes by enhancing standardized data collection, analysis, and reporting. By focusing on grievance management and person-centered planning, it uses robust data frameworks to track trends, improve care quality, and tailor services to individual needs, leading to better health outcomes and member satisfaction. The initiative also addresses systemic issues and supports timely, data-driven interventions to improve Medi-Cal services.

TIP: Copy and paste or click the + button in the lower right corner to add Strategic Business Goals and Alignments as needed.

Mandate(s): Federal

Add the Bill language that includes system-relevant requirements:

Code	Regulation	Effective Date
42 CFR 441.301(c)(1) 42 CFR 441.301(c)(3)	***Person-centered planning process.*** The individual, or if applicable, the individual and the individual's authorized representative, will lead the person-centered planning process. When the term "individual" is used throughout § 441.301(c)(1) through (3), it includes the individual's authorized representative if applicable.	July 9, 2027
42 CFR 441.450(c)	(c) Definitions. As used in this part— Assessment of need means an evaluation of the needs, strengths, and preferences of participants for services. This includes one or more processes to obtain information about an individual, including health condition, personal goals and preferences, functional limitation, age, school, employment, household, and other factors that are relevant to the authorization and provision of services. Assessment information supports the development of the service plan and the subsequent service budget.	
42 CFR 441.540(c)	Reviewing the person-centered service plan. The State must ensure that the person-centered service plan for every individual is reviewed, and revised as appropriate, based upon the reassessment of functional need at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual. States must adhere to the requirements of § 441.301(c)(3), except that the references to section 1915(c) of the Act are instead references to section 1915(k) of the Act.	July 9, 2027
42 CFR 441.725(c)	Reviewing the person-centered service plan. The State must ensure that the person-centered service plan for every individual is reviewed, and revised as appropriate, based upon the reassessment of functional need as required in § 441.720, at least every 12 months, when the individual's circumstances or needs change significantly, and at the request of the individual. States must adhere to the requirements of § 441.301(c)(3), except that the references to section 1915(c) of the Act are instead references to section 1915(i) of the Act.	July 9, 2027

	Grievance system — (i) Purpose. The State must establish a procedure under which a beneficiary may file a grievance related to the State's or a provider's performance of the activities described in paragraphs (c)(1) through (6) of this section. This requirement does not apply to a managed care delivery system under the authority of sections 1915(a), 1915(b), 1932(a), or 1115(a) of the Act. The State may have activities described in paragraph (c)(7) of this section performed by contractors or other government entities, provided, however, that the State retains responsibility for ensuring performance of and compliance with these provisions.	July 9, 2026
-42 CFR 441.307(c)(7)(i)		
42 CFR 441.464(d)(5)	Implement and maintain a grievance process in accordance with § 441.301(c)(7), except that the references to section 1915(c) of the Act are instead references to section 1915(j) of the Act.	July 9, 2027
42 CFR 441.555(e)	Implement and maintain a grievance process, in accordance with § 441.301(c)(7), except that the references to section 1915(c) of the Act are instead references to section 1915(k) of the Act.	July 9, 2027
42 CFR 441.745(a)(1)(iii)	Grievances. A State must implement and maintain a grievance process in accordance with § 441.301(c)(7), except that the references to section 1915(c) of the Act are instead references to section 1915(i) of the Act.	July 9, 2027
42 CFR 441.474(c)	The quality assurance and improvement plan must comply with all components of §§ 441.302(k)(6), 441.311 and 441.312 and related reporting requirements relevant to the State's self-directed PAS program, except that the references to section 1915(c) of the Act are instead references to section 1915(j) of the Act.	July 9, 2027 for § 441.311(b) (compliance reporting) and § 441.311(d) (access reporting)

TIP: Copy and paste or click the + button in the lower right corner to add Bill Numbers/Codes and relevant language as needed.

2. **Business Driver(s)**

   Financial Benefit: No

   Increased Revenue: **No**

   Cost Savings: **No**

   Cost Avoidance: **No**

   Cost Recovery: **No**

   Will the state incur a financial penalty or sanction if this proposal is not implemented? **Yes**

If the answer to the above question is "Yes," please explain:

If states fail to implement the federal regulations outlined in the Access Final Rule, they can face several consequences. These are generally outlined in Title 42 CFR Part 430 (Medicaid Program) and Title 42 CFR Part 438 (Medicaid Managed Care) and include but are not limited to the following adverse consequences:

1. Sanctions, including the withholding of Federal Funds: States may face sanctions, including penalties or restrictions on their ability to participate in federal programs. CMS can withhold federal funds from states that do not comply with the regulations. This can impact the state's ability to fund Medicaid programs and services.
   o Relevant Regulation: 42 CFR § 430.35
2. Reduced Federal Support: Non-compliance can lead to reduced federal support and assistance, making it more challenging for states to meet the needs of their Medicaid members. The CFR regulations allow for waiver cancellation or denial to occur If the Access final Rule requirements are not met timely.
   o Relevant regulation: 42 CFR 441.302

Improvement

Better Services to the People of California: **Yes**

Efficiencies to Program Operations: **Yes**

Improved Equity, Diversity, and/or Inclusivity: **Yes**

Improved Health and/or Human Safety: **Yes**

Improved Information Security: **Yes**

Improved Business Continuity: **Yes**

Improved Technology Recovery: **No**

Technology Refresh: **No**

Technology End of Life: **No**

1.7 Business Outcomes Desired

Executive Summary of the Business Problem or Opportunity:

On April 22, 2024, CMS introduced the Ensuring Access to Medicaid Services Final Rule (CMS-2442-F). This rule aims to elevate standards for access, quality, and financial integrity within the Medicaid and CHIP programs.

The Final Rule aims to enhance the overall quality and oversight of Medicaid services, with a specific focus on improving grievance management data collection and reporting for Home and Community-Based Services (HCBS), as outlined in 42 CFR §§ 441.301(c)(7), 441.464(d)(5), 441.555(e), and

441.745(a)(1)(iii). The rule requires states to implement electronic frameworks to efficiently manage HCBS member grievances, including tracking submission dates, statuses, and resolutions, while ensuring timely responses—such as resolving standard grievances within 30 days—to increase transparency, standardize data collection and monitoring, and strengthen reporting requirements for these community-based services.

The Final Rule also mandates the creation of Person-Centered Service Plans (PCSPs) tailored to individual needs and preferences for members receiving Home and Community-Based Services (HCBS) through both Fee-For-Service (FFS) and Medicaid Managed Care delivery systems. DHCS must ensure PCSPs are conducted on eligible members with reassessments and updates conducted every 12 months to ensure they align with members' evolving needs and preferences. States must achieve and demonstrate a minimum 90% performance level.

Problem:

DHCS must comply with new federal rules requiring improvements to grievance management processes and person-centered planning, and relevant data frameworks for HCBS settings. Currently, DHCS's processes do not fully meet these requirements, risking federal non-compliance and potential penalties impacting of Medi-Cal funding.

Opportunities:

DHCS can improve its processes for handling and reporting grievances to improve the safety for Medi-Cal members and timeliness of necessary interventions to ensure safe and secure healthcare settings within the Medi-Cal system, and timely person-centered planning. This presents an opportunity to:

1. **Improve Healthcare Delivery**: Ensure timely and effective responses to grievances, enhancing the overall quality of care for Medi-Cal members. Requiring 95% compliance within 30 days for standard grievances for HCBS programs, CMS/DHCS aims to enhance the quality and safety of healthcare services by ensuring that member grievances are promptly and effectively addressed. Members will also receive improved levels of care by person-centered planning for the most tailored and best outcomes for care that are specific and centric to the member's needs. Medi-Cal members will receive more timely and effective interventions and monitoring, improving their overall health outcomes by mitigating their exposure to dangerous or harmful situations.

2. **Ensure Timely Grievance and Member Planning Reporting:** Adhere to timeframes for monitoring and reporting for person-centered planning and grievances. With timely interventions, members are able to timely receive interventions necessary for a safe and healthy healthcare environment

3. **Comprehensive Data Management:** Develop uniform methods for collecting and analyzing grievance data to support informed decision-making. With this, regulators have a much more comprehensive view to ensure member quality of care.

4. **Boost Compliance**: Meet federal requirements, safeguard Medi-Cal funding, and maintain the trust of stakeholders. Compliance with federal requirements ensures the continued availability of Medi-Cal funding, supporting the delivery of high-quality healthcare services for members.

Focusing on these process improvements will help DHCS continue overseeing the delivery of excellent healthcare services while staying compliant with federal regulations.

Objective ID: 1

Objective: In support of members' rights related to Fee-For-Service (FFS) Home and Community Based Services, establish a clear and accessible process for members to report grievances.

Metric: Ability for members to report grievances through accessible means, including written and oral

Baseline: 0% currently, this is a collection process to be developed.

Target Result: In accordance with initial or updated CMS timelines (currently July, 2026). California will provide FFS HCBS participants with the ability to report grievances through a variety of accessible channels that align with participant needs

Objective ID: 2

Objective: Demonstrate ability to effectively monitor and report compliant grievance resolution capabilities and timelines.

Metric 1.1: Comprehensive tracking and consolidated reporting for FFS HCBS Grievances

Baseline 1.1: Not applicable - new process.

Target Result 1.1: Aggregated reporting for all FFS HCBS grievances in alignment with CMS reporting within 1 year of the State's federally compliant implementation of its grievance management processes, which are currently required not later than July 2026.

1.8 Project Management

1. **Project Management Risk Score:** 0.6

   Follow the instructions in Statewide Information Management Manual (SIMM) Section 45 Appendix B Project Management Risk Assessment Preparation Instructions.

   Attach a completed Statewide Information Management Manual (SIMM) Section 45 Appendix A Project Management Risk Assessment Template to the email submission.

2. **Project Approval Lifecycle Completion and Project Execution Capacity Assessment**

   Does the proposal development or project execution anticipate sharing resources (state staff, vendors, consultants, or financial) with other priorities within the Agency/state entity (projects, PALs, or programmatic/technology workload)?

   Answer: Yes

Does the Agency/state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes?

Answer (No, New, Existing, or Both)**: Both New and Existing Processes**

1.9 Initial Complexity Assessment

1. **Complexity Assessment (Business Score):** 2.4

   Follow the instructions in the [Statewide Information Management Manual (SIMM) Section 45 Appendix D Complexity Assessment Instructions.](#)

   Attach a completed [Statewide Information Management Manual (SIMM) Section 45 Appendix C Complexity Assessment Template](#) to the email submission.

   NOTE: Business complexity is initially completed in PAL Stage 1. Technical complexity is initially completed in PAL Stage 2.

2. **Noncompliance Issues:** Indicate if your current operations include noncompliance issues and provide a narrative explaining how the business process is non-compliant.

   Programmatic regulations: **Yes**

   HIPAA/CIIS/FTI/PII/PCI: **No**

   Security: **No**

   ADA: **No**

   Other: **No**

   Not Applicable: Choose Yes or No.

   Noncompliance Description:

   The work effort is necessary to maintain federal compliance that is required for federal funding for California's Medicaid program (Medi-Cal).

3. **Additional Assessment Criteria**

   If there is an existing Privacy Threshold Assessment/Privacy Information Assessment, include it as an attachment to your email submission.

   How many locations and total users is the project anticipated to affect?

   Number of locations: **Statewide**

   Estimated Number of Transactions/Business Events (per cycle): **TBD**

   Approximate number of internal end-users: **TBD**

   Approximate number of external end-users: **TBD**

1.10 Funding

Planning

1. Does the Agency/state entity anticipate requesting additional resources through a budget action to **complete planning** through the project approval lifecycle framework? **Yes**

   If Yes, when will a budget action be submitted to your Agency/DOF for planning dollars?

   Spring Finance BCP for 2025-26 funds

2. Please provide the Funding Source(s) and dates funds for planning will be made available:

   DHCS is requesting funding, contracted services, and positions to implement the requirements of the Final Rules for Access and Managed Care. It is anticipated that DHCS will be able to draw down substantial amounts of federal funding for this effort in addition to the state general fund being requested. The funding shares would include up to 90 percent federal funding and 10 percent general fund toward the expenses of this project. The costs include any necessary infrastructure modifications, and interfaces to work with contracted services. Additionally, DHCS requests ongoing funding and positions to maintain the program.

   General Fund = 25% / Federal Fund = 75%, FY 2025-26 through FY 2030-2031 and ongoing.

Project Implementation Funding

1. Has the funding source(s) been identified for **project implementation**? **Yes**

   If known, please provide the Funding Source(s) and dates funds for implementation will be made available:

   General Fund = 25% / Federal Fund = 75%, FY 2025-2026 to FY 2030-2031 and ongoing.

   Will a budget action be submitted to your Agency/DOF? Yes

   If "Yes" is selected, specify when this BCP will be submitted: TBD

2. Please provide a rough order of magnitude (ROM) estimate as to the total cost of the project:
   Between $10 Million and $50 Million

End of agency/state entity document.

Please ensure ADA compliance before submitting this document to CDT.

When ready, submit Stage 1 and all attachments in an email to ProjectOversight@state.ca.gov.

Department of Technology Use Only

Original "New Submission" Date: 05/21/2025.

Form Received Date: 05/21/2025.

Form Accepted Date: 05/21/2025.

Form Status: Complete.

Form Status Date: 05/21/2025.

Form Disposition: Approved.

    If Other, specify: Click or tap here to enter text.

Form Disposition Date: 05/21/2025

Department of Technology Project Number (0000-000): 4260-254.