



Addendum: Accessing Medi-Cal Services During COVID-19 Pandemic

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The COVID-19 pandemic has changed access to Medi-Cal in many ways: from expanding eligibility to how to access services. This supplement addresses some changes to Medi-Cal coverage and benefits as well as the needs of beneficiaries during the pandemic. The federal Medicaid agency (CMS) and the state Medi-Cal agency (DHCS) have issued extensive guidance on Medi-Cal eligibility and services since the state and federal emergencies were declared related to the pandemic and state and county shelter-in-place orders.

A. Accessing Medi-Cal Services During The COVID-19 Pandemic:

DHCS has directed many providers to limit non-essential, non-urgent, elective procedures during the pandemic.¹ California's Public Health Department issued guidelines on how providers should deliver services during the pandemic to ensure the safety of patients and medical staff. Medical offices that are currently open are screening patients for symptoms of the virus and taking extra precautions with non COVID-19 services.

Although providers currently have the option to delay certain services, most managed care plans cannot delay or cancel medically necessary treatment that would result in harm to a person's health even during a health crisis.² Medi-Cal providers must make individualized, clinically appropriate decisions before postponing or cancelling medically necessary treatment. However, providers are obligated to ensure certain medically necessary services are still available, "including but not limited to all acute emergency procedures, procedures necessary due to acute, debilitating symptoms, pregnancy-related services, labor and delivery, organ transplantation, dialysis, cancer treatments, neurosurgery, trauma, cardiac treatment and limb threatening vascular surgery."³ During the pandemic, DHCS has directed Medi-Cal providers to provide services via telehealth and/or virtual communications "whenever clinically appropriate and practicable."⁴

1. Prior Authorizations

During the course of the pandemic, all prior authorization requirements are waived for fee-for-service Medi-Cal beneficiaries.⁵ However, providers are still required to submit Treatment Authorization Requests (TARS)/Service Authorization Requests (SARS), including in the request that the "patient was impacted by COVID-19."⁶ Under these flexibilities, providers can submit TARs/SARs *after* services are rendered. Managed care plans also cannot require prior authorization for COVID-19 related testing and treatment services or for ongoing services authorized before March 18, 2020, and no cost-sharing is allowed for COVID-19 related

screening and testing.⁷ Managed care plans must adhere to the COVID-19 testing requirements outlined in the “COVID-19 Virus and Antibody Testing guidance.”⁸

DHCS requested plans to eliminate or expedite prior authorizations for all other services, including but not limited to “elective hospitalizations and/or procedures, durable medical equipment (DME), magnetic resonance imaging (MRI), hearing aids, laboratory services, speech/occupational/physical therapy services, nonemergency medical transportation, etc.”⁹ Regardless of whether a plan is requiring prior authorization, the managed care plans still has to ensure that it is providing access to medically necessary urgent and non-urgent care in a timely manner and adequate networks to handle an increase in the need for services, including by paying for out-of-network care as appropriate. Managed care members should also have 24-hour access to a plan representative with the authority to authorize services.¹⁰

B. TELEHEALTH

1. Telehealth under California Law

Since 2011, California law has defined telehealth as “the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site (e.g. home) and the health care provider is at a distant site.”¹¹

State law and policy require: 1) documentation of either verbal or written consent for the use of telehealth from the patient; 2) compliance with all state and federal laws regarding the confidentiality of health care information; 3) patient's rights to the patient's own medical information apply to telehealth interactions; and 4) that the patient not be precluded from receiving in-person health care services after agreeing to receive telehealth services.¹² There is no limitation on the type of setting between a health care provider and a patient when providing covered services appropriately through a telehealth modality.¹³ Services provided via telehealth do not require prior in-person contact between a health care provider and a patient.¹⁴ Further, a health care provider is not required to be present with the patient at the originating site unless determined medically necessary by the provider at the distant site.¹⁵

2. Medi-Cal Telehealth Provider Manual

Medi-Cal offers providers flexibility to determine if a particular service or benefit is clinically appropriate based on evidence-based medicine. It has traditionally covered two main telehealth modalities: (1) audio-visual, two-way, real time communication (synchronous) or (2) asynchronous store-forward communication, including e-consults.¹⁶

The DHCS Medi-Cal Telehealth Provider Manual (“Manual”) currently allows for increased flexibility in providers’ use of telehealth as a modality for delivering medically necessary services to their patients.¹⁷ Patients can provide consent either orally or in writing and the health care provider at the originating site must inform the patient, where appropriate, of the option to utilize a telehealth modality.¹⁸ Only the provider can assess the appropriateness of the telehealth modality to the patient’s level of acuity at the time of the service.¹⁹

Consultations via asynchronous electronic transmission cannot be initiated directly by patients.²⁰ In other words, e-consults are permissible only between health care providers.²¹ Telehealth may also be used for purposes of meeting network adequacy.²²

The Medi-Cal Telehealth Manual also includes a special chapter on California’s family planning Medicaid program, Family PACT (Planning, Access, Care and Treatment). Family PACT services are designed to support the use of contraceptive methods by assisting individuals who have a medical necessity for family planning services. This program allows providers to utilize existing telehealth policies as an alternative modality for delivering Family PACT-covered services when medically appropriate.²³

3. Updates on Medi-Cal Telehealth Policy as a Result of the COVID-19 Public Health Emergency

Prior to the pandemic, Medi-Cal only reimbursed providers who were licensed in California and enrolled as Medi-Cal providers.²⁴ In order to fill the needs for additional providers during the COVID-19 public health emergency, these licensure requirements have been relaxed.²⁵ Beginning March 23, 2020 (and effective retroactively to March 1, 2020), out-of-state providers may apply for enrollment in the FFS Medi-Cal program.²⁶ Among other flexibilities, these providers can be licensed to practice in another state.²⁷ These out-of-state providers, however, can only provide services to a Medi-Cal beneficiary who has been affected by COVID-19.²⁸ Medi-Cal FFS and Medi-Cal Managed Care Plans must reimburse providers at the same rate – whether a service is provided in-person or through telehealth—if the service is the same regardless of the modality of delivery, as determined by the provider’s description of the service on the claim.²⁹

As a result of the public health emergency, Medi-Cal and Medi-Cal Managed Care Plans are also reimbursing providers for services rendered over the phone and at the same rate as services rendered via video as long as those services are medically appropriate for the beneficiary. Virtual or telephonic communication may include a brief communication with another practitioner or with the patient, who because of COVID-19, cannot or should not be physically present.³⁰

4. SPECIFIC MEDI-CAL SERVICES

1. Prescription Drugs

Medi-Cal relaxed the rules for accessing prescription drugs in an effort to minimize in-person contact during the pandemic. Currently, beneficiaries can get up to a 100-day supply of most prescriptions, including early refills and medication assisted treatment for substance use disorders (SUD).³¹ DHCS allows for additional flexibilities in drug utilization controls, including for the six-month prescription limit and emergency prescriptions.³² Currently Medi-Cal allows for mailed and home delivery of prescription drugs, supplies, and equipment without the signature of the beneficiary.³³

During the public health emergency, Medi-Cal also covers over-the-counter acetaminophen (Tylenol) and cough medications. These are available without prior authorization in fee-for-service Medi-Cal. Managed care plan enrollees can contact their health plans to learn how to access this benefit.³⁴ Medi-Cal plans can also cover the cost of certain disinfectant solutions and wipes to help prevent the spread of COVID-19.³⁵

2. Behavioral Health Services

Medi-Cal covers behavioral and mental health care services, including specialty mental health and substance use disorders. There are several mental health and substance use programs to help individuals, including Medi-Cal beneficiaries, through the pandemic.³⁶ Medi-Cal County Mental Health Plans and Drug-Medi-Cal (DMC) programs must still assist individuals with finding a provider and most behavioral health services are available through telehealth to facilitate sheltering in place, whether it is fee-for-service or managed care.³⁷ At a time when beneficiaries may be facing heightened conditions such as depression, anxiety, trauma, or other stressful or obsessive thoughts by the pandemic, Medi-Cal beneficiaries can get specialty mental health services (SMHS) and services with an in-person component (i.e. residential treatment) via telehealth or telephone as determined clinically appropriate.³⁸

Beneficiaries in need of SUD services can also access most services via telehealth. In the DMC- Organized Delivery System (ODS) program, DHCS clarified that most SUD services may be provided via telehealth, including initial evaluations and follow-up interventions.³⁹ However, while DHCS has not included similar guidance for non-DMC-ODS counties, CMS issued guidance explaining that states may expand telehealth services without submitting a State Plan Amendment as long as there are no distinctions between reimbursement for services provided through telehealth and services provided through other ways.⁴⁰

While the federal government waived some of the strict requirements for delivery of opioid medication, DHCS also released guidance encouraging Narcotic Treatment Programs (NTP) to submit blanket exception requests for patients to receive their medications.⁴¹ Stable patients

can receive 28 days of take-home doses and less stable patients can receive 14 days of take-home doses.⁴² Flexibilities also allow for NTPs to provide medication delivery to patients at home or in a controlled treatment environment as long as it is done by an authorized NTP staff member, law enforcement officer, or National Guard personnel.⁴³

3. Reproductive and Sexual Health Services

The Department of Health Care Services instituted various changes on reproductive and sexual health during the pandemic. Although the Family PACT program had offered family planning services through telehealth, a recent change allows eligible individuals to virtually enroll and be recertified for Family PACT in order to slow the spread of COVID-19. Also, Medi-Cal beneficiaries may now access Depo-Provera directly from their pharmacy for self-administration.⁴⁴ Every Woman Counts (EWC), which provides free breast and cervical cancer screening and diagnostic services, is also requiring that providers accept applications and recertifications by telephone, including with telephonic signatures. The Breast and Cervical Cancer Treatment Program (BCCTP) provides cancer treatment to eligible individuals diagnosed with breast and/or cervical cancer and who are in need of treatment. EWC and FPACT providers who enroll individuals in BCCTP may accept telephonic signatures for BCCTP applications for immediate enrollment. Lastly, during the public health emergency, a person under the age of 21 can apply and get certified by telephone to Minor Consent Medi-Cal for coverage of certain services like family planning, pregnancy counseling, STI testing and treatment, substance use, and outpatient mental health. Lastly, monthly premiums for Medi-Cal Access Program have been waived for pregnant individuals who have been impacted by the public health emergency.⁴⁵

4. Dental Services

While dental providers can also cancel or postpone appointments, DHCS also encouraged dental providers to utilize teledentistry where possible.⁴⁶ Beneficiaries may access IV sedation or general anesthesia to treat emergency dental services during the pandemic.⁴⁷ Most recently, California announced that dentists could begin scheduling patients again for preventive and routine services, including if the appointment was cancelled before.⁴⁸ The Department also reminds providers and beneficiaries that dental providers cannot charge Medi-Cal beneficiaries for personal protective equipment (PPE) costs or any other COVID-19 administrative fees.⁴⁹

5. Children's Health Services

Children should still be able to access the Medi-Cal benefits they need during the COVID-19 pandemic, either in person or through telehealth. The American Academy of Pediatrics (AAP), in light of their Periodicity Schedule and care recommendations for the EPSDT benefit, developed guidance for providing pediatric well-child visits via telehealth during the pandemic.

AAP guidance states that well-child visits may happen via telehealth, but some elements should be completed in person. These elements include: the comprehensive physical exam, office and laboratory testing, hearing, vision, and oral health screening, fluoride varnish, and immunizations.⁵⁰

DHCS issued relevant guidance specifically expanding telehealth and relaxing prior authorization protocols for enrollees of the California Children's Services (CCS) program.⁵¹ All other guidelines described in this addendum apply for children who need services during the COVID-19 pandemic and the EPSDT criteria still stand.

6. Access to Durable Medical Equipment

Medi-Cal still must ensure access to durable medical equipment (DME) during the COVID-19 pandemic. The state of California directed that "rationing care based on a person's disability status is impermissible and unlawful under both federal and state law." This means that Medi-Cal providers, and providers at large, cannot ration care for persons with disabilities.⁵²

7. Transportation

During the pandemic, beneficiaries in need of nonemergency medical transportation (NEMT) and nonmedical transportation (NMT) during the pandemic are not required to obtain a prescription from a provider.⁵³ However, a TAR is still required to access NEMT and beneficiaries should be able to utilize the "safest available" transportation service between NMT and NEMT.⁵⁴ CMS also expanded the list of allowable destinations for ambulance transports, which may include "any destination that is able to provide treatment to the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished."⁵⁵ Such destinations include, but are not limited to: locations determined to be an alternative site as part of a hospital, critical access hospitals (CAH) or skilled nursing facilities (SNF), community mental health centers, FQHCs, physician offices, urgent care facilities, ambulatory surgery centers, any other location furnishing dialysis services outside of the End Stage Renal Disease (ESRD) facilities, and the beneficiary's home.⁵⁶

Currently, managed care plans must approve transportation requests in a timely manner, who may be infected with COVID-19 and who needs to see a provider in person and requests it. Plans must determine the appropriate mode of transportation to meet the needs of the beneficiary, especially those with urgent conditions such as dialysis or chemotherapy treatments. DHCS issued recommendations and safety procedures for providers to help prevent the spread of COVID-19.⁵⁷

ACCESS TO COVID-19 TESTING & TREATMENT COVERAGE FOR THE UNINSURED AND UNDERINSURED:

Effective August 28, 2020, DHCS implemented the COVID-19 Uninsured Group Program.⁵⁸ This program covers diagnostic testing, testing-related services, and treatment services, “including medically necessary care such as the associated office, clinic, or emergency room visits related to COVID-19 at no cost to the individuals.”⁵⁹ There are no income, resource, immigration, or other requirements to qualify and coverage begins when the individual applies for this program.⁶⁰ To align with CMS guidance and automate this coverage option, the COVID-19 Uninsured Group replaced the previous “Presumptive Eligibility for COVID-19” program launched on April 8, 2020.⁶¹

Coverage through the COVID-19 Uninsured Group begins on the date of application and ends on the last calendar day of the 12th month from the application date when the individual was determined eligible for this program or when the public health emergency ends, whichever is sooner.⁶² Individuals can apply at their nearest qualified provider or contact the Medi-Cal nurse helpline to find a qualified provider. Individuals can also retroactively enroll in the program back to April 8, 2020.

Despite the name, this program covers *both* uninsured and underinsured individuals.⁶³ This means that individuals with private insurance that does not *fully* cover COVID-19 screening, testing, and treatment services can apply for this program.⁶⁴

Older adults and persons with disabilities who might need immediate and more extensive services outside of COVID-19, may apply for Hospital Presumptive Eligibility (HPE). Unlike the COVID-19 Uninsured Group, HPE provides full scope services immediately upon applying at an eligible hospital.⁶⁵ During the pandemic, HPE providers can utilize telephonic signatures for HPE applications by noting in the case file “COVID-19 protocol.”⁶⁶

COVID-19 TESTING

COVID-19 testing and treatment is covered for all Medi-Cal beneficiaries regardless of their scope of coverage or their immigration status.⁶⁷ COVID-19 testing, and medically necessary treatment services, even if rendered outside a hospital, are deemed emergency services.⁶⁸ Medi-Cal beneficiaries with a share of cost are also entitled to no cost testing and treatment.

COVID-19 related testing is available and must be covered by all California health insurance plans, including Medi-Cal managed care plans. As described above, individuals who are underinsured or uninsured can utilize the COVID-19 Uninsured Group program at any qualified provider in order to obtain testing for COVID-19. Aside from the PE COVID-19 program, the California Department of Public Health (CDPH) also provides publicly-funded testing sites where residents can access free and confidential testing regardless of insurance coverage

status.⁶⁹ Currently, the CDPH is contracted with two providers of this community-based testing, Verily and OptumServe, which expires at the end of September 30, 2020. Both providers set up testing sites that provide free testing via drive-through and by appointment only in underserved communities throughout California. Both providers are also contracted to bill private or public insurance for testing, when available while simultaneously prohibited from billing individuals for the costs of the tests. This means that they must cover the cost of testing for uninsured and underinsured individuals.

Verily's testing sites are open to all individuals over the age of 18. Verily collects insurance information and bill private insurance when available. Appointments at OptumServe testing sites are reserved for individuals over the age of 18 who are uninsured, underinsured, undocumented, or experiencing homelessness. OptumServe does not collect insurance information as their sites provide testing for eligible individuals for free.

Last, all testing sites must comply with the CDPH's COVID-19 Testing Guidance. The guidance includes tiered populations for how testing should be prioritized:

- Tier 1: Hospitalized individuals *with* symptoms and testing for the purpose of investigation and management of outbreaks under the direction of state and local public health departments
- Tier 2: Individuals *with* symptoms, individuals who have been in close contact with confirmed cases, and asymptomatic individuals if meeting one of the following criteria:
 - Live in higher risk congregate facilities
 - Work in health care sector
 - Work in a congregate care facility
 - Provide care to an elderly person or person with a disability in the home
 - Work in emergency services sector
 - Work in a correctional facility
 - Patients requiring pre-operative/pre-hospital admission screening
 - Patients being discharged from hospitals to lower levels of care
- Tier 3: Asymptomatic individuals who work in retail or manufacturing, food services (including grocery stores), agricultural or food manufacturing, public transportation, or education
- Tier 4: All other individuals (including asymptomatic who believe they are at risk and routine testing by employers)

The CDPH Testing Guidance does not seem to bar providers, including Verily and OptumServe, from testing individuals in Tier 2 and Tier 3 under normal circumstances. Providers are simply required to prioritize lower tiers. It is unclear, however, under what circumstances providers are allowed to refuse to administer a test to individuals in higher levels. Presumably, prioritization is required only when tests are in short supply. However, the Guidance is clear that Tier 4 individuals may only receive a test if "the state's turnaround time, as monitored by CDPH, is less than 48 hours.

ENDNOTES

- ¹ Cal. Dep't Health Care Servs., Medi-Cal Guidance Relating to Non-Urgent, Non-Essential or Elective Procedures Relative to the 2019-Novel Coronavirus (COVID-19) (Mar. 24, 2020) [hereinafter Non-Urgent, Non-Essential or Elective Procedures], <https://www.dhcs.ca.gov/Documents/COVID-19/Non-Essential-Essential-Procedures-032420.pdf>.
- ² Cal. Dep't of Managed Health Care, APL 20-008 (March 18, 2020), [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-008%20\(OPL\)%20-%20Provision%20of%20Health%20Care%20Services%20During%20Self%20Isolation%20Orders%20\(3_18_20\).pdf?ver=2020-03-18-105412-317](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-008%20(OPL)%20-%20Provision%20of%20Health%20Care%20Services%20During%20Self%20Isolation%20Orders%20(3_18_20).pdf?ver=2020-03-18-105412-317).
- ³ Non-Urgent, Non-Essential or Elective Procedures, *supra* note 1.
- ⁴ Non-Urgent, Non-Essential or Elective Procedures, *supra* note 1; *See also*, Cal. Dep't Health Care Servs., Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19) (June 23, 2020), <https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth-Other-Virtual-Telephonic-Communications-6-19.pdf>.
- ⁵ Cal. Dep't Health Care Servs., Medi-Cal Fee-For-Service (FFS) Prior Authorization Section 1135 Waiver Flexibilities Relative to the 2019-Novel Coronavirus (COVID-19) (June 3, 2020) [hereinafter Medi-Cal Fee-For-Service (FFS) Prior Authorization], <https://www.dhcs.ca.gov/Documents/COVID-19/Section-1135-Waiver-Flexibilities-PA-updated-6-3-2020-Approved.pdf>.
- ⁶ Medi-Cal Fee-For-Service (FFS) Prior Authorization, *supra* note 5 at 2.
- ⁷ Cal. Dep't Health Care Servs., All Plan Letter 20-004, <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004.pdf>. *See also*, Cal. Dep't Managed Care, APL-20-006 (Mar. 5, 2020), [https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-006%20\(OPL\)%20-%20COVID-19%20Screening%20and%20Testing%20\(3_5_20\).pdf?ver=2020-03-12-154205-807](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-006%20(OPL)%20-%20COVID-19%20Screening%20and%20Testing%20(3_5_20).pdf?ver=2020-03-12-154205-807). *See also*, CMS, COVID-19 Frequently Asked Questions (FAQs) for State Medicaid and Children's Health Insurance Program (CHIP) Agencies (May 5, 2020), <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>.
- ⁸ Cal. Dep't Health Care Servs., COVID-19 Virus and Antibody Testing (Aug. 7, 2020), <https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-Antibody-Testing.pdf>.
- ⁹ Medi-Cal Fee-For-Service (FFS) Prior Authorization, *supra* note 5 at 2.
- ¹⁰ Cal. Dep't of Health Care Servs., Revised APL 20-004 (Aug. 18, 2020), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004-Revised.pdf>.
- ¹¹ AB 415, the Telehealth Advancement Act (2011), http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0401-0450/ab_415_bill_20111007_chaptered.html.
- ¹² Cal. Bus. & Prof. Code §2290.5
- ¹³ Cal. Health & Safety Code §1374.13.
- ¹⁴ Cal. Welf. & Inst. Code §14132.72(c).
- ¹⁵ Cal. Dep't Health Care Servs., Revised Medi-Cal Telehealth Manual (Jan. 2020) (Telehealth Manual); 42 C.F.R. §410.78.
- ¹⁶ Cal. Dep't Health Care Servs., Revised Medi-Cal Telehealth Manual (Jan. 2020) (Telehealth Manual). Asynchronous store and forward involves the transmission of a patient's medical information from a provider at the originating site (where the patient is located) to a provider in the distant site (the treating provider).
- ¹⁷ *Id.*
- ¹⁸ *Id.*
- ¹⁹ Cal. Dep't Health Servs., All Plan Letter 19-009 (Oct. 16, 2019), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-009.pdf>.
- ²⁰ *Id.*
- ²¹ *See supra* note 14, Telehealth Manual.
- ²² Cal. Dep't Health Care Servs., All Plan Letter 19-002 (Jan. 30, 2019), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-002.pdf>.
- ²³ Cal. Dep't Health Care Servs., Family PACT (Planning, Access, Care and Treatment) Program: Clinical Services: An Overview (Aug. 2019).
- ²⁴ Cal. Dep't Health Care Servs., Requirements and Procedures for Emergency Medi-Cal Provider Enrollment, https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_12.asp.
- ²⁵ *Id.*
- ²⁶ *Id.*
- ²⁷ *Id.*
- ²⁸ *Id.*
- ²⁹ Cal. Dep't Health Care Servs., Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus (COVID-19) (Apr. 30, 2020), https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V4.0.pdf; Cal. Dep't Health Care Servs., Supplement to All Plan Letter 19-002 (Mar. 18, 2020), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-009COVID-19.pdf>.

³⁰ Cal. Dep't Health Care Servs., COVID-19 Medi-Cal Services and Telehealth Notice (Mar. 27, 2020), http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30375.asp.

³¹ Cal. Dep't Health Care Servs., Fee-for-Service Pharmacy Benefit Reminders and Clarifications (May 4, 2020), <https://www.dhcs.ca.gov/Documents/COVID-19/Guidance-for-FFS-Pharmacy-Benefit.pdf>.

³² *Id.*

³³ Cal. Dep't Health Care Servs., Waiver of Requirement for Patient Signature On-File for Mailed or Delivered Prescriptions (Apr. 24, 2020), <https://www.dhcs.ca.gov/Documents/COVID-19/Pharmacy-In-person-Signature-Rule-Suspended-for-Delivered-Medications.pdf>.

³⁴ Cal. Dep't Health Care Servs., Fee-for-Service Temporary Reinstatement of Acetaminophen, and Cough and Cold Medicines for Adults (May 13, 2020), <https://www.dhcs.ca.gov/Documents/COVID-19/Coverage-of-Acetaminophen-and-CC-051320.pdf>

³⁵ All Plan Letter 20-004, *supra* note 6.

³⁶ Cal. Dep't Health Care Servs., COVID-19 Information for Beneficiaries and Members, <https://www.dhcs.ca.gov/Pages/COVID-19-Beneficiaries.aspx>.

³⁷ Cal. Dep't Health Care Servs., Behavioral Health Information Notice No: 20-009 (May 20, 2020),

³⁸ *Id.*

³⁹ *Id.* at 13. See also, U.S. Dep't of Justice Drug Enforcement Admin. DEA068 (March 31, 2020),

[https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20\(Final\)%20+Esign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20(Final)%20+Esign.pdf).

⁴⁰ CMS, *CMCS Informational Bulletin* (April 2, 2020), <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib040220.pdf>.

⁴¹ Subs. Abuse and Mental Health Servs. Admin., Opioid Treatment Program Guidance (March 19, 2020),

<https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>.

⁴² Cal. Dep't Health Care Servs., DHCS COVID-19 FAQ: Narcotic Treatment Programs (NTPs) (April 23, 2020),

<https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-FAQ-NTP.pdf>.

⁴³ *Id.* at 6.

⁴⁴ Cal. Dep't Health Care Servs., Information Regarding the Use of Subcutaneous Depot Medroxyprogesterone Acetate During

the 2019 Novel Coronavirus Public Health Emergency (Apr. 9, 2020), <https://www.dhcs.ca.gov/Documents/COVID-19/Medi-Cal-FFS-Depo-Provera-SQ-Temp-Policy.pdf>.

⁴⁵ Cal. Dep't Health Care Servs., Important information about Medi-Cal and COVID-19 (May 19, 2020),

<https://www.dhcs.ca.gov/Documents/Beneficiary-Outreach-Letter.pdf>.

⁴⁶ Cal. Dep't Health Care Servs., Information on the Novel Coronavirus (COVID-19) for Medi-Cal Dental Providers (Mar. 25,

2020), <https://www.dhcs.ca.gov/services/Documents/MDSD/Dental-COVID19-Notice.pdf>. See also, Cal. Dep't Health Care Servs., *Dental Provider Bulletin*, Vol. 36, No. 10 (April 2020),

https://dental.dhcs.ca.gov/DC_documents/providers/provider_bulletins/Volume_36_Number_10.pdf.

⁴⁷ Cal. Dep't Health Care Servs., *Dental Provider Bulletin*, Vol. 36, No. 11 (April 2020),

https://dental.dhcs.ca.gov/DC_documents/providers/provider_bulletins/Volume_36_Number_11.pdf.

⁴⁸ [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/ResumingCalifornia%E2%80%99sDeferredandPreventiveHealthCare.aspx)

[19/ResumingCalifornia%E2%80%99sDeferredandPreventiveHealthCare.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/ResumingCalifornia%E2%80%99sDeferredandPreventiveHealthCare.aspx)

⁴⁹ Cal. Dep't Health Care Servs., Smile California *Denti-Cal Provider Bulletin* Vol. 36, 18 (July 2020),

https://www.dental.dhcs.ca.gov/DC_documents/providers/provider_bulletins/Volume_36_Number_18.pdf.

⁵⁰ Cal. Dep't Health Care Servs., Revised APL 20-004, *supra* note 7.

⁵¹ Cal. Dep't Health Care Servs., CCS MTP Guidance Relative to the 2019-Novel Coronavirus (COVID-19) (April 29, 2020),

<https://www.dhcs.ca.gov/Documents/COVID-19/County-CCS-MTP-COVID-Guidance.pdf>. See also, Cal. Dep't Health Care

Servs., CCS Guidance Relative to 2019-Novel Coronavirus (COVID-19) Public Health Emergency (April 28, 2020),

<https://www.dhcs.ca.gov/services/ccs/Documents/County-CCS-COVID-Guidance-20200428.pdf>.

⁵² Cal. Dep't Health Care Servs., *Dental Provider Bulletin*, Vol. 36, No. 14 (May 2020),

<https://www.dhcs.ca.gov/Documents/COVID-19/Joint-Bulletin-Medical-Treatment-for-COVID-19-033020.pdf>

⁵³ Cal. Dep't of Health Care Servs., Information about Novel Coronavirus (COVID-19) for Medi-Cal Transportation Providers

(April 22, 2020, supersedes Mar. 14, 2020 guidance), [https://www.dhcs.ca.gov/Documents/COVID-19/Updated-NMT-](https://www.dhcs.ca.gov/Documents/COVID-19/Updated-NMT-NewsFlash-COVID-19.pdf)

[NewsFlash-COVID-19.pdf](https://www.dhcs.ca.gov/Documents/COVID-19/Updated-NMT-NewsFlash-COVID-19.pdf).

⁵⁴ *Id.*

⁵⁵ Cal. Dep't of Health Care Servs., Provision of Care in Alternative Settings, Hospital Capacity, State Plan and Blanket

Section 1135 Waiver Flexibilities for Medicare and Medicaid Enrolled Providers Relative to COVID-19 (June 3, 2020),

<https://www.dhcs.ca.gov/Documents/COVID-19/CM-Blanket-Waivers-6-3-2020-Approved.pdf>.

⁵⁶ *Id.* at 5

⁵⁷ Cal. Dep't Health Care Servs., Information About Novel Coronavirus (COVID-19) For Medi-Cal Transportation Providers

(Apr. 22, 2020), <https://www.dhcs.ca.gov/Documents/COVID-19/Updated-NMT-NewsFlash-COVID-19.pdf>.

⁵⁸ Cal Dep't of Health Care Servs., Frequently Asked Questions (FAQs) Coronavirus (COVID-19) Uninsured Group (Sept. 14, 2020), https://files.medi-cal.ca.gov/pubsdoco/COVID19_response/COVID19_UninsuredGroupProgram_FAQs.pdf.

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² *Id.* See 42 C.F.R. § 435.916(b). See also CMS, *Operationalizing Implementation of the Optional COVID-19 Testing (XXIII) Group Potential State Flexibilities* (Aug 31, 2020), <https://www.medicaid.gov/state-resource-center/downloads/potential-state-flexibilities-guidance.pdf>.

⁶³ *Id.*

⁶⁴ *Id.*

⁶⁵ Cal. Dep't of Health Care Servs., *Hospital Presumptive Eligibility: COVID-19 Flexibilities* (April 2, 2020), [https://www.dhcs.ca.gov/services/medical/eligibility/Pages/HospitalPE.aspx#:~:text=As%20California%20continues%20to%20respond,Federal%20Poverty%20level%20\(FPL\)%20effective.](https://www.dhcs.ca.gov/services/medical/eligibility/Pages/HospitalPE.aspx#:~:text=As%20California%20continues%20to%20respond,Federal%20Poverty%20level%20(FPL)%20effective.)

⁶⁶ *Id.*

⁶⁷ Cal. Dep't Health Care Servs., *Coverage of Emergency COVID-19 Inpatient or Outpatient Services* (April 8, 2020), <https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-Emergency-Services.pdf>.

⁶⁸ *Id.*

⁶⁹ State of California official homepage, *Testing and Treatment* (Sept. 13, 2020), <https://covid19.ca.gov/testing-and-treatment/>.