

## 2021 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 21-001</a>	2021-2022 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 2021-2022 Medi-Cal Eligibility Data System (MEDS)/834 cutoff and processing schedule
<a href="#">APL 21-002</a>	Cost Avoidance and Post-Payment Recovery for Other Health Coverage (Supersedes Policy Letter 08-011) <b>Superseded by 22-027</b>	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). In addition, the APL provides instructions on using the Department of Health Care Services' (DHCS) Medi-Cal Eligibility Record for processing claims, as well as reporting requirements
<a href="#">APL 21-003</a>	Medi-Cal Network Provider and Subcontractor Terminations (Supersedes APL 16-001)	This APL clarifies the obligations of Medi-Cal managed care health plans (MCPs) when terminating or initiating terminations of contractual relationships between MCPs, Network Providers, and Subcontractors. This APL also establishes MCPs' obligations to check exclusionary databases and terminate contracts with Network Providers and Subcontractors who have been suspended or excluded from participation in the Medi-Cal/Medicare programs
<a href="#">APL 21-004</a>	Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (Supersedes APL 17-011 and Policy Letters 99-003 and 99-004)	This APL is intended to serve to inform all Medi-Cal managed care health plans (MCPs) of the dataset for threshold and concentration languages and clarifies the threshold and concentration standards specified in state and federal law and MCP contracts
<a href="#">APL 21-005</a>	California Children's Services Whole Child Model Program (Supersedes APL 18-023) <b>Superseded by 23-034</b>	This APL is intended to provide direction and guidance to Medi-Cal managed care health plans (MCPs) participating in the California Children's Services (CCS) Whole Child Model (WCM) program
<a href="#">APL 21-006</a>	Network Certification Requirements (Supersedes APL 20-003)	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) on the Annual Network Certification (ANC) requirements pursuant to Title 42

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		of the Code of Federal Regulations (CFR) sections 438.68, 438.206, and 438.207, and Welfare and Institutions Code (WIC) section 14197
<a href="#">APL 21-007</a>	Third Party Tort Liability Reporting Requirements (Supersedes APLs 01-002, 11-012 AND 17-021)	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) on the updated process for submitting service and utilization information and copies of paid invoices/claims for covered services related to third party liability (TPL) torts to the Department of Health Care Services (DHCS)
<a href="#">APL 21-008</a>	Tribal Federally Qualified Health Center Providers	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with information regarding the implementation of the Tribal Federally Qualified Health Center (Tribal FQHC) provider type in Medi-Cal with an effective date of January 1, 2021
<a href="#">APL 21-009</a>	Collecting Social Determinants of Health Data	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) on using the Department of Health Care Services (DHCS) Priority Social Determinants of Health (SDOH) Codes to collect reliable SDOH data
<a href="#">APL 21-010</a>	Medi-Cal COVID-19 Vaccination Incentive Program	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the Medi-Cal COVID-19 Vaccination Incentive Program. For the purposes of this APL, MCPs include Cal MediConnect Medicare/Medicaid Plans (MMPs)
<a href="#">APL 21-011</a>	Grievance and Appeals Requirements, Notice and “Your Rights” Templates (Supersedes APL 17-006)	This APL is intended to provide Medi-Cal managed care health plans (MCPs) with clarification and guidance regarding the application of federal and state legal requirements for processing grievances and appeals. This APL supersedes APL 17-006 and includes member notification templates developed by the Department of Health Care Services (DHCS), as well as updated DHCS templates for the attachments that must accompany member notifications
<a href="#">APL 21-012</a>	Enhanced Care Management Requirements <b>Superseded by 23-032</b>	This APL is intended to provide guidance to all Medi-Cal managed care health plans (MCPs) regarding the provision of the Enhanced Care Management (ECM) benefit
<a href="#">APL 21-013</a>	Dispute Resolution Process Between Mental Health Plans and Medi-Cal Managed Care Health Plans (Supersedes APL 15-007)	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) on how to submit a service delivery dispute to the Department of Health Care Services (DHCS) when the dispute cannot be resolved at the local level with a Mental Health Plan (MHP)
<a href="#">APL 21-014</a>	Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (Supersedes APL 18-014)	This APL is intended to clarify the Medi-Cal managed care health plans' (MCP) primary care requirement to provide Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women. This APL was formerly named “Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care.” This APL aligns

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		with the November 2018 and June 2020 updates to the United States Preventive Services Task Force (USPSTF) recommendations and supersedes APL18-014
<a href="#">APL 21-015</a>	Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal Initiative	This APL is intended to provide guidance to all Medi-Cal managed care health plans (MCPs) on the Benefit Standardization and Mandatory Managed Care Enrollment (MMCE) provisions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative
<a href="#">APL 21-016</a>	California Advancing and Innovating Medi-Cal Incentive Payment Program <b>Superseded by 23-003</b>	This APL is intended to provide Medi-Cal managed care health plans (MCP) with guidance on the incentive payments linked to the Enhanced Care Management (ECM) and Community Supports (In Lieu of Services [ILOS]) programs implemented by the California Advancing and Innovating Medi-Cal (CalAIM) initiative
<a href="#">APL 21-017</a>	Community Supports Requirements	This APL is intended to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the provision of Community Supports, previously referred to as In Lieu of Services, and the development and operation of these services by MCPs implementing Community Supports
<a href="#">APL 21-018</a>	Public and Private Hospital Directed Payment Programs for State Fiscal Years 2017-18 and 2018-19, the Bridge Period, and Calendar Year 2021	This APL is intended to provide e Medi-Cal managed care health plans (MCP) with instructions on the payment process required for the Designated Public Hospital (DPH) Enhanced Payment Program (EPP), the DPH Quality Incentive Pool (QIP), the District and Municipal Public Hospital (DMPH) QIP, and the Private Hospital Directed Payment (PHDP) programs for State Fiscal Years (SFY) 2017-18 and 2018-19, the Bridge Period (July 1, 2019 – December 31, 2020), and Calendar Year (CY) 2021, as applicable