

California's Reproductive Health Access Demonstration (CalRHAD)

Overview of Section 1115 Application for Tribal Partners

Welcome and Webinar Logistics

Dos & Don'ts of WebEx

- » Participants are joining by computer and phone
- » Everyone will be automatically muted upon entry
- » Use the Q&A or Chat box to submit public comments
- » Please use the Chat box for any technical issues related to the webinar



Continuous Coverage Unwinding

- » **The continuous coverage requirement will end on March 31, 2023, and Medi-Cal members may lose their coverage.**
- » **Medi-Cal redeterminations will begin on April 1, 2023, for individuals with a June 2023 renewal month.**
- » **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.
- » **How you can help:**
 - Become a **DHCS Coverage Ambassador**
 - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available
 - Check out the [Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan](#) (Updated January 13, 2023)

Continuous Coverage Unwinding Communications Strategy

- » On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ends on March 31, 2023. The campaign will complement the efforts of the [DHCS Coverage Ambassadors](#) that was launched in April 2022.
- » **Download** the [Phase 2 Toolkit](#) that focuses on Medi-Cal renewals and **customize for your use.**
- » **Direct Medi-Cal members to the newly launched** [KeepMediCalCoverage.org](#), which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

Today's Agenda

» **Background**

- Access to Sexual and Reproductive Health Services in California
- Section 1115 Demonstration Authority

» **Overview of California's Reproductive Health Access Demonstration (CalRHAD) Proposal & CalRHAD Grants**

» **Timeline & Public Comment**

Today's Objective

California is seeking a new Section 1115 demonstration to strengthen its sexual and reproductive health provider safety net, with an emphasis on ensuring access to sexual and reproductive health services and the supports to access these services by addressing health-related social needs (HRSNs).

In today's webinar, we will summarize California's Reproductive Health Access Demonstration (CalRHAD) proposal and receive comments from Tribal partners on the proposed approach.

How to Access Public Comment Materials

» [CalRHAD Request Webpage](#)

- CalRHAD Section 1115 application
- Public notice
- Abbreviated public notice

» [Indian Health Program Webpage](#)

- Tribal and Designees of Indian Health Programs public notice

Submitting Public Comments

The Tribal and Designees of Indian Health Programs public comment period for the CalRHAD Section 1115 application is from March 16, 2023 to April 17, 2023. To be considered prior to CMS submission, public comments must be received by 11:59 PM PT on Monday, April 17, 2023.

» **Mail:** Indicate “CalRHAD Section 1115 Application” in the address line

Department of Health Care Services (DHCS)

Director’s Office

Attention: Jacey Cooper and René Mollow

P. O. Box 997413, MS 0000

Sacramento, California 95899-7413

» **Email:** Indicate “CalRHAD Section 1115 Application” in the email’s subject line

1115waiver@dhcs.ca.gov

» **Today’s Webinar:**

- **Q&A or Chat Box.** All information and questions received through the Q&A box will be recorded as public comments
- **Spoken.** Participants will have the opportunity to verbally share public comments in the second half of the webinar

Background



Access to Sexual & Reproductive Health Services in California

California has long prioritized the goal of providing access to comprehensive sexual and reproductive health services, including contraception, pregnancy testing, sexually transmitted infection testing, and reproductive cancer screening services.

- » **Access to a broad range of sexual and reproductive health services helps:**
 - Improve health outcomes for infants, children, and adults of childbearing age
 - Improve whole-person health, including sexual health outcomes for adolescents and adults
 - Individuals and families achieve their desired birth spacing and family size
 - Support individuals and families in achieving their educational, career, and financial goals
- » **Medi-Cal is the largest payer for family planning and reproductive health services in California**, and the Medi-Cal program covers nearly half of all individuals of childbearing age in the State
- » **Disparities in access to sexual and reproductive health services persist**, including disparities based on geography, income, and race
- » **Unmet Health-Related Social Needs (e.g., transportation, childcare needs) can impede access to sexual and reproductive services**, further exacerbating disparities



California is requesting approval of a new Section 1115 demonstration from the Centers for Medicare & Medicaid Services (CMS) to strengthen the sexual and reproductive health provider safety net.

Background on Section 1115 Demonstration Authority

Under Section 1115 of the federal Social Security Act, the U.S. Secretary of Health and Human Services (HHS) has authority to approve a State's request to waive compliance with certain provisions of federal Medicaid law and/or provide federal funding for expenditures that are not otherwise reimbursable under a State Medicaid plan.

A Section 1115 demonstration (or waiver) must be:

- ✓ An experimental, pilot or demonstration project.
- ✓ Likely to assist in promoting the objectives of the Medicaid program.
- ✓ Budget neutral to the federal government.
- ✓ Limited in duration to the extent and period necessary to carry out the demonstration.

States must provide a **public process for notice and comment** on proposed demonstration applications and extensions.

CalRHAD Request



Goals of CalRHAD Request

Through CalRHAD, DHCS is requesting Section 1115 authority to provide grants to sexual and reproductive health providers for enhancing capacity and access to sexual and reproductive health services.

Goals of CalRHAD

- » **Support access to whole-person sexual and reproductive health services for individuals enrolled in Medi-Cal, as well as other individuals who may face barriers to access, including:**
 - Family planning services
 - Family-planning-related services (defined in CMS' [State Health Official Letter #16-008](#))
 - Integrated primary and behavioral health services offered by sexual and reproductive health providers
- » **Support the capacity and sustainability of California's sexual and reproductive health provider safety net**, including supporting partnerships with community-based organizations (CBOs) to build capacity and sustain access to services to address health-related social needs
- » **Promote system transformation for California's sexual and reproductive health safety net**, including promoting integrated models for the delivery of reproductive, primary, and behavioral health services and mitigating access barriers arising out of the social drivers of health

Permissible Uses of CalRHAD Grants

CalRHAD grants would support provider and CBO capacity to provide sexual and reproductive health services and health related social need supports to reduce barriers to access.
The grants would not be used to reimburse the direct provision of any services.

Permissible Uses

» Investments in provider capacity to support costs associated with:

- Staff recruitment, retention, or training
- Expanding available appointment times or expanding the range of services offered
- Non-service expenditures (e.g., equipment, telehealth investments)

» Patient access supports to:

- Establish or expand partnerships with CBOs who can assist with transportation, childcare, and similar needs
- Assist patients in identifying an appropriate and available provider, arranging travel, and connecting patients to services to address social and health care needs



Providers that receive CalRHAD grants would not be permitted to use these funds to reimburse for services, including abortions.

CalRHAD Grant Eligibility Criteria

Providers critical to ensuring access to a broad spectrum of sexual and reproductive health services for individuals enrolled in Medi-Cal would be eligible to receive grant dollars under the program.

To be eligible, providers must be one following provider types:

- » Providers enrolled in the Family Planning, Access, Care, and Treatment (PACT) program;
- » Community health centers (including Federally Qualified Health Centers (FQHC)), FQHC look-alikes, migrant health centers, rural and frontier health centers, and non-profit community or free clinics licensed by the State as primary care clinics, or clinics affiliated with Disproportionate Share Hospital (DSH) facilities);
- » Tribal health clinics (including Tribal FQHCs and Indian Health Services Memorandum of Agreement providers);
- » Rural hospitals, small hospitals, or critical access hospitals not part of large health systems or hospitals; or
- » Other Medi-Cal enrolled providers as designated by DHCS.

AND must meet all of the following criteria:

- » Are located in California and licensed under applicable California law;
- » Provide a broad spectrum of sexual and reproductive health care services;
- » Serve a minimum volume of individuals enrolled in Medi-Cal; *and*
- » Accept patients regardless of ability to pay.

As part of the CalRHAD post-approval operational protocols, DHCS would further develop, for CMS review, parameters for allocation, distribution and oversight of payments

CaRHAD Financing

DHCS is requesting from CMS expenditure authority for \$200 million over a three-year demonstration term. The State anticipates the demonstration will impact the approximately 1.3 million individuals who access sexual and reproductive health services through the Medi-Cal program annually.

- » **DHCS seeks to support the non-federal share of funding this three-year demonstration using Designated State Health Program (DSHP) expenditures**
 - California is requesting \$85 million in DSHP funding overall, with the State contributing \$15 million in new State general fund dollars
- » **The following table shows the with waiver expenditures across the three Demonstration Years (DYs)**

(in millions)	DY 1	DY 2	DY 3
CaRHAD Grants	\$200	\$0	\$0

- » To the extent any of the funds associated with the CaRHAD grants are not fully expended or fully allocated in DY 1, **CaRHAD grant funds may be reallocated across other CaRHAD DYs**

CalRHAD Evaluation & Monitoring

As part of the application, DHCS included a preliminary plan to evaluate the demonstration and its achievement of the demonstration goals. These hypotheses and plan are subject to change and will be further defined as California works with CMS to develop an evaluation design.

Potential Hypotheses

- » Providing CalRHAD grants to sexual and reproductive health providers will expand access to sexual and reproductive health services for individuals enrolled in Medi-Cal
- » Sexual and reproductive health providers that receive CalRHAD grants will have expanded capacity to provide sexual and reproductive health services to individuals enrolled in Medi-Cal and other individuals who currently face barriers to access
- » Providing CalRHAD grants to sexual and reproductive health providers will enhance availability of services in an integrated setting and patient supports to access services

Impact to American Indians, Indian Health Programs, & Urban Indian Organizations

Impact to Tribal Health Programs & FQHCs

- » **Tribal FQHCs, Tribal health clinics, FQHCs, and FQHC look-alikes, among other providers, would be eligible to receive grant dollars** to support access, capacity, and sustainability for California's sexual and reproductive health safety net
- » **DHCS is not proposing changes to:**
 - Tribal health program services, rates, benefits, eligibility, or any other related requirement
 - FQHC services, rates, eligibility, or any other related requirement
- » The grants would not be used for provision of any services, including abortions

Impact to American Indian & Alaska Native Medi-Cal Enrollees

- » **California seeks to support access to sexual and reproductive health services for individuals enrolled in Medi-Cal**, including American Indians and Alaskan Natives, as well as other individuals who may face barriers to access
- » The grants would not be used for the direct provision of services, but would help increase access to services

Timeline & Public Comment



Timeline & Next Steps

Milestones	Proposed Timeline
Conduct 30-day State public comment	Thursday, March 16 – Monday, April 17, 2023
Conduct 30-day Tribal State public comment	Thursday, March 16 – Monday, April 17, 2023
Tribal Webinar (Today's Meeting)	Monday, March 20, 2023 (9:00 – 10:00 AM PT)
Public Hearing (1 of 2)	Wednesday, March 29, 2023 (10:00 – 11:00 AM PT)
Public Hearing (2 of 2)	Monday, April 3, 2023 (9:00 – 10:00 AM PT)
Review public comments and finalize CalRHAD for CMS submission	Spring 2023
Submit CalRHAD application	Summer 2023
CMS conducts federal 30-day public comment period	Summer 2023
Negotiations with CMS	Fall & Winter 2023

CalRHAD Public Comment Period

To be considered prior to CMS submission, public comments on the CalRHAD request must be received by 11:59 PM PT on Monday, April 17, 2023.

Email Comments

Email 1115waiver@dhcs.ca.gov and include "**CalRHAD Section 1115 Application**" in the email subject line

Write-In Comments

Mail written comments to:
Department of Health Care Services
Director's Office
Attention: Jacey Cooper and René Mollow
P. O. Box 997413, MS 0000
Sacramento, California 95899-74173

CalRHAD Resources

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- CalRHAD Section 1115 application
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Public Comment

This public comment period is for the CalRHAD application.

- » **Q&A or Chat Box.** All information and questions received through the Q&A box will be recorded as public comments
- » **Spoken.**
 - Participants may “raise their hand” for Webex facilitators to unmute the participant to share their public comment
 - Alternatively, participants who have raised their hand may unmute their own lines, but DHCS asks that you wait for a facilitator to recognize your request to speak
 - DHCS will take comments or questions first from Tribal leaders and then all others on the webinar.
- » **If you logged on via phone-only.** Press “*9” on your phone to “raise your hand”

Thank You

