



**Department of Health Care Service (DHCS) Tribal and Designees of Indian Health Programs Quarterly Webinar on Proposed Changes to the Medi-Cal Program  
May 28, 2021  
Questions and Answers**

**CalAIM Section 1115 Demonstration & Section 1915(b) Waiver Update**

1. **Question:** Will 1915(b) waiver services be paid at the all-inclusive rate or at the fee-for-service rate, such as peer support services, natural helpers, and traditional healers?

**DHCS Response:** The Department will take this back and provide an update.

2. **Question:** Will the tribal state comments and answers be made available for tribes and designees of Indian Health Programs?

**DHCS Response:** Yes, a summary of the comments received and the responses will be included in the submission to the Centers for Medicare and Medicaid Services (CMS) and will be posted on the DHCS web site.

3. **Question:** Tribes and tribal health programs have repeatedly informed DHCS of the need to maintain Tribal Uncompensated Care (TUC). Why will DHCS continue to pursue termination of TUC?

**DHCS Response:** DHCS acknowledges the concerns and will address them in writing by June 2021.

**SPA 21-0028 Medication Therapy Management (MTM) as a Medi-Cal Pharmacist Services Benefit**

4. **Question:** Will pain management and opioid medication qualify as an MTM service?

**DHCS Response:** If a beneficiary is on several medications including pain medications or was referred by their provider, the beneficiary qualifies for MTM. Therefore pain management and pain medication do qualify for MTM services.

5. **Question:** Will MTM replace payment for a visit with a Clinical Pharmacist?



**Department of Health Care Service (DHCS) Tribal and Designees of Indian Health Programs Quarterly Webinar on Proposed Changes to the Medi-Cal Program  
May 28, 2021  
Questions and Answers**

**DHCS Response:** There are no direct payments to any pharmacist. Payments are made to the pharmacy rather than individual pharmacists. MTM services reimbursement will be made to a pharmacy that provides the service, either by a clinical or non-clinical pharmacist.

6. **Question:** What kinds of services are being built into MTM?

**DHCS Response:** MTM has 5 key elements: a review of the beneficiary's current medications, creation of a personal medication record, developing a medication-related action plan, interventions and/or referrals to other health care providers, documentation of all action taken by the pharmacy and the related follow-ups. MTM services will be available to any willing pharmacy provider who signs a contract with DHCS to provide MTM services to eligible beneficiaries.

7. **Question:** Some clinics have a pharmacy. Will there be a conflict with a pharmacist providing MTM.

**DHCS Response:** One requirement of providing MTM is that pharmacists provide care coordination with other providers and/or referrals as appropriate. Therefore, there should not be a conflict.

8. **Question:** Some beneficiaries live in rural areas and do not have easy access to a pharmacy. Will they still be able to benefit from this service?

**DHCS Response:** Yes. MTM services can be provided in person at a pharmacy or via telehealth. Telehealth services are especially beneficial to Medi-Cal beneficiaries who live in rural areas or underserved communities, or who have transportation problems.