



**Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the Medi-Cal Program
August 31, 2020**



Purpose

- The Department of Health Care Services (DHCS) is hosting this webinar regarding proposed changes to the Medi-Cal Program. This webinar will provide information and allow for feedback on State Plan Amendments (SPA) and Waiver Renewals/Amendments proposed for submission to Centers for Medicare and Medicaid Services (CMS).
- Background: Executive Orders recognize the unique relationship of Tribes with the federal government and emphasize the importance of States to work with Tribes on matters that may impact Indian health.
- This webinar is one way for DHCS to provide information about the Medi-Cal program and get feedback verbally and in writing.



Agenda

Topics	Presenters
Welcome/Overview	Andrea Zubiante, Coordinator DHCS Primary, Rural, and Indian Health Division/Indian Health Program
SPAs Scheduled for Submission by September 30, 2020	
SPA 20-0035 and SPA 20-0036- Home Health Services	Robert Bayze and Raquel Sanchez DHCS-Medi-Cal Benefits Division
SPA Scheduled for Submission by October 2020	
SPA 20-0044- Establishment of Tribal FQHC Provider Type	Andrea Zubiante, Coordinator DHCS-Indian Health Program
Feedback/Closing	All



State Plan Amendment Overview



Medicaid State Plan Overview

- State Plan: The official contract between the state and federal government by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.
- The State Plan describes the nature and scope of Medicaid and gives assurance that it will be administered in accordance with the specific requirements of Title XIX of the Federal Social Security Act, Code of Federal Regulations, Chapter IV, and State law/regulations.
- California's State Plan is over 1600 pages and can be accessed online at:
<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniaStatePlan.aspx>



State Plan Amendment (SPA) Overview

SPA: Any formal change to the State Plan.

Approved State Plans and SPAs ensure the availability of federal funding for the state's program (Medi-Cal).

The CMS reviews all State Plans and SPAs for compliance with:

- Federal Medicaid statutes and regulations
- State Medicaid manual
- Most current State Medicaid Directors' Letters, which serve as policy guidance.



SPAs 20-0035 and SPA 20-0036

State Plan and ABP Update

Home Health Services

Robert Bayze, Program Analyst
DHCS Benefits Division
August 31, 2020



BACKGROUND

- Pursuant to Welfare and Institutions (W&I) Code Section 14132.02(a) and the Affordable Care Act, Section 2001, Medi-Cal implemented the Alternative Benefit Plan (ABP), or “benchmark” or “benchmark-equivalent,” medical coverage for newly eligible low-income adults with the same schedule of benefits provided to full-scope Medi-Cal beneficiaries.



BACKGROUND

- This update is in response to recent revisions to Section 440.70 of Title 42 of the Code of Federal Regulations which added physician assistants (PA), nurse practitioners (NP) and clinical nurse specialists (CNS) to order home health services, including durable medical equipment and medical supplies.



Proposed Changes

- This SPA proposes to allow PAs, NPs, and CNSs, in addition to physicians as currently authorized under the State Plan, to order home health services, including durable medical equipment (DME) and medical supplies, effective October 1, 2020.



IMPACT

Tribal Health Programs:

- To the extent that Tribal Health Programs provide these services, they will have more flexibility in who can order the services.



IMPACT

Federally Qualified Health Centers (FQHCs):

- To the extent that FQHC's provide these services, they will have more flexibility in who can order the services.



IMPACT

Indian Medi-Cal Beneficiaries:

- Medi-Cal beneficiaries may have increased access to these services, which may improve health outcomes for beneficiaries receiving these services.



Feedback/Questions



Questions

- Contact:

Benefits Division

DHCS-Benefits@dhcs.ca.gov



Establishment of Tribal Federally Qualified Health Center (FQHC) Provider Type In Medi-Cal SPA 20-0044

Andrea Zubiante, Coordinator
Indian Health Program



Purpose

- The purpose of this State Plan Amendment (SPA) is to seek necessary federal approvals to establish the Tribal Federally Qualified Health Centers (FQHC) provider type in Medi-Cal.



Background

- In response to Centers from Medicare and Medicaid Services (CMS) Frequently Asked Questions released January 18, 2017, DHCS is proposing changes to the State Plan to establish a Medi-Cal Tribal FQHC provider type.
- The proposed SPA was developed through meetings, and solicitation of written feedback with Tribes and designees of Indian Health Programs.



Proposed Changes

- DHCS is proposing to create a Tribal FQHC provider type in the Medi-Cal Program.
- The Tribal FQHC provider type will include the same scope of services and providers currently authorized in the Indian Health Services Memorandum of Agreement (IHS/MOA) state plan section, Supplement 6, Attachment 4.19-B
- Thus, IHS/MOA billable providers and associated services will also be allowed for Tribal FQHCs.



Proposed Changes

- Additionally, the Tribal FQHC provider type will expand allowable types of billable providers, service locations, and will modify allowable visit combinations
- Reimbursement for Tribal FQHCs will be at the Indian Health Services All Inclusive Rate (AIR) currently paid to IHS/MOA providers using an Alternative Payment Methodology (APM)
- The proposed effective date of this SPA is January 1, 2021.



Proposed Changes cont'd

- 1. Adopt existing services and providers as currently allowed in the IHS/MOA section of the DHCS State Plan as listed on pages 1-3 of Supplement 6, Attachment 4.19-B**
- 2. Expand Billable Providers and Service Locations, and Modify Allowable Visit Combinations**
 - Allow for the reimbursement for up to three visits per day, per beneficiary, in any combination of medical, mental health, dental, and ambulatory visits
 - Allow for the reimbursement of services outside the clinic facility
 - Allow for reimbursement for the following additional billable providers as ambulatory visits described on the following slides.



Proposed Changes cont'd

- **Chiropractor:** Includes chiropractic services provided by a Doctor of Chiropractic medicine who is licensed and meets standards issued by the State Board of Chiropractic Examiners¹
- **Specialist:** Includes medical specialty services provided by a licensed Doctor of Medicine who is certified by the appropriate board in the specialty of medical care provided²;
- **Registered Dental Hygienist (RDH):** Includes dental services provided by a RDH (under general supervision) authorized to perform such duties as outlined in their scope of practice by the California Board of Dental Hygiene;³

¹ As defined by Business and Professions Code (BPC) section 1000.

² As described in DHCS All Plan Letter 19-004.

³ As defined in the Dental Hygiene Board of California, Laws and Regulations



Proposed Changes cont'd

- **Registered Nurse (RN):** Includes nursing services provided in the home by a RN licensed by a state Board of Registered Nurses. The services provided must be within the scope of practice as outlined in the California Nursing Practice Act⁴.
- The RN must furnish independent and complete face-to-face nursing assessments, interventions, evaluations, and document services provided in the patient's Electronic Health Record.
- Home visit encounters must be based on a licensed physician or other licensed practitioner generated referral/consult.
- The licensed physician or other licensed practitioner who supervises those who provide the service(s) to the recipient must assume professional responsibility for the care of the recipient.
- Repeated or multiple visits to complete what is considered a reasonable and typical office visit are not covered services, unless it's medically necessary.

⁴ As defined in BPC section 2725.



Proposed Changes cont'd

- DHCS recognizes that health practitioners employed by Tribal health programs may be subject to the licensure requirements or regulations under the law of any other state in which they are licensed.⁵
- DHCS also recognizes the above services may be provided using telehealth flexibilities.



Proposed Changes cont'd

3. Establish an Alternative Payment Methodology (APM) to reimburse Tribal FQHCs at a IHS All-Inclusive Rate (AIR)

- In general, FQHCs are paid at rates that are based on the Prospective Payment System (PPS) methodology that requires submittal of cost reports;
- The Tribal FQHCs would not be required to report its costs for the purposes of establishing a PPS rate;
- The PPS rate will be established by reference to the average payments made to similar FQHCs throughout the state. DHCS will certify annually that the AIR is higher than the PPS rate;
- Thus, Tribal FQHCs will be paid using an APM rate;
- The APM rate will be set at the AIR, which is published annually in the Federal Register.



Impact to Tribal Health Programs

- The proposed SPA will allow eligible Tribal Health Programs providing primary care to modify their Medi-Cal provider type to a Tribal FQHC. Tribal FQHC providers will be reimbursed for the same set of services and providers listed in the DHCS State Plan, Supplement 6, Attachment 4.19-B.
- Additionally, Tribal FQHCs providers will be reimbursed for:
 - a. Up to three visits per day in any combination;
 - b. Services provided by additional ambulatory providers; and
 - c. Services provided outside the clinic facility.



Impact to Tribal Health Programs cont'd

- Tribal FQHCs will receive the AIR for these services claimed through the DHCS fiscal intermediary and the managed care plans (MCPs) as appropriate. DHCS will make required system changes and notify MCPs of the change in reimbursement policies upon receipt of federal approvals.
- Tribal health programs that choose to remain IHS/MOA providers will not be impacted by this proposal.



Impact to Federally Qualified Health Centers (FQHC)

- There will be no impact to FQHCs operating under the authority of Title V of Public Law 94-437.

Impact to American Indian Beneficiaries

- The proposed SPA will increase access to services for American Indian beneficiaries by allowing additional combination of visits and available providers to them by Tribal FQHCs.



Contact Information

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Feedback/Questions