



**Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the
Medi-Cal Program
August 31, 2021**



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 Zubiato, Coordinator DHCS Office of Tribal Affairs/Indian Health Program
SPAs Scheduled for Submission by September 30, 2021	
SPA 21-0051 Medi-Cal Rehabilitative Mental Health Services	Teresa Castillo Program Policy Section Medi-Cal Behavioral Health Division
SPA 21-0058 Drug Medi-Cal Organized Delivery System (DMC-ODS) expanded substance use disorder services	Teresa Castillo Program Policy Section Medi-Cal Behavioral Health Division
SPA 21-0019 CalAIM Dental Initiatives	Carolyn Brookins Assistant Division Chief Medi-Cal Dental Services Division
SPA 21-0045 Supplemental Incentive Payments to Support Developmental and Trauma Screenings	Jennifer Dias Policy Analysis Unit DHCS Benefits Division
SPA 21-0063 Medication Therapy Management (MTM) in the Alternative Benefit Plan (ABP)	Raquel Sanchez DHCS Benefits Division
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/CaliforniStatePlan.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.



Addition of Peer Support Services for Specialty Mental Health Services; Changes to Client Plan and Telemedicine Provisions

State Plan Amendment (SPA) 21-0051

Teresa Castillo
Program Policy Section
Medi-Cal Behavioral Health Division



Background

- Senate Bill 803
 - Authorized the department to seek federal approvals to add peer support services as a distinct service and provider type in counties opting to participate and implement this service
- California Advancing and Innovating Medi-Cal (CalAIM)
 - Documentation changes for behavioral health programs
- Telehealth
 - Consistency in terminology



Purpose

To seek necessary approvals to:

- Add peer support services as a Medi-Cal Specialty Mental Health Service (SMHS) and to include peer support specialists as a distinct Medi-Cal SMHS provider type
- Remove the existing client plan requirement and associated plan development activities for Medi-Cal Rehabilitative Mental Health Services
- Remove the definition of “telemedicine” and instead use the term “telehealth” and clarify the permissible use of telehealth for Rehabilitative Mental Health Services



Summary of Proposed Changes

- Add peer support services as a distinct SMHS and SMHS provider type
- Remove existing client plan requirements and update associated plan development activities for Medi-Cal Rehabilitative Mental Health Services
 - Align with upcoming documentation changes implemented as part of CalAIM through which the department will be looking at implementing problem lists and progress notes to allow active and ongoing updates of a client’s evolving clinical status
- Remove the definition of “telemedicine” and instead use the term “telehealth” and clarify the permissible use of telehealth for Rehabilitative Mental Health Services

The proposed effective date of this SPA is January 1, 2022



Impact to Tribal Health Programs

- To the extent that a Tribal Health Program is a provider of SMHS, the Tribal Health Program may be able to provide peer support services as a SMHS if the county MHP chooses to implement peer support services*
- This proposal does not add peer support specialists as billable providers in Tribal health programs
- Tribal Health Programs will be required to implement upcoming changes to documentation requirements, which are not directly addressed in this SPA
- Changes regarding telehealth should not have an impact on Tribal Health Programs. The replacement of the term “telemedicine” with the term “telehealth” is technical and the clarifications regarding telehealth reflect current practice regarding the permissible use of telehealth

*DHCS will issue guidance via a behavioral health information notice regarding SMHS reimbursement requirements



Impact to Federally Qualified Health Centers (FQHCs)

- To the extent that a FQHC is a provider of SMHS, the FQHC may be able to provide peer support services as a SMHS if the county MHP chooses to implement peer support services*
- This proposal does not add Peer Support Specialists as billable providers in FQHCs
- FQHCs will be required to implement upcoming changes to documentation requirements, which are not directly addressed in this SPA
- Changes regarding telehealth should not have an impact on FQHCs since the replacement of the term “telemedicine” with the term “telehealth” is technical and the clarifications regarding telehealth reflect current practice regarding the permissible use of telehealth

*DHCS will issue guidance via a behavioral health information notice regarding SMHS reimbursement requirements



Impact to Indian Medi-Cal Beneficiaries

- SPA may increase access to peer support services for American Indian Medi-Cal beneficiaries who reside in participating counties and to the extent Tribal Health Programs and FQHCs provide this service
- Changes regarding telehealth should not have an impact on Indian Medi-Cal beneficiaries since the replacement of the term “telemedicine” with the term “telehealth” is technical and the clarifications regarding telehealth reflect current practice regarding the permissible use of telehealth



Contact Information

- Indian Health Programs and Urban Indian Organizations may submit written comments or questions within 30 days from the receipt of notice
- Comments may be sent by e-mail at:
PublicInput@dhcs.ca.gov
- Or by mail at:
Department of Health Care Services
Director's Office
1501 Capitol Avenue, MS 0000
Sacramento, CA 95814



Addition of Drug Medi-Cal Organized Delivery System (DMC-ODS) Expanded Substance Use Disorder Services in the Medicaid State Plan

State Plan Amendment (SPA) 21-0058

Teresa Castillo
Program Policy Section
Medi-Cal Behavioral Health Division



Background

- DMC-ODS has provided California counties with the option to provide expanded substance use disorder treatment services since 2015
 - Currently authorized under California’s Medi-Cal 2020 Section 1115(a) Demonstration Waiver through December 31, 2021
- In alignment with DHCS’ California Advancing and Innovating Medi-Cal (CalAIM) initiative, the authority is moving from the Demonstration Waiver to the 1915(b) waiver, and DMC-ODS services will be included in the Medicaid State Plan



Purpose

- To seek necessary approvals to include Drug Medi-Cal Organized Delivery System (DMC-ODS) expanded substance use disorder services in the Medicaid State Plan



Summary of Proposed Changes

- SPA 21-0058 proposes to add the following DMC-ODS expanded substance use disorder treatment services to the Medicaid State Plan:
 1. Outpatient Services (also known as Outpatient Drug Free or ODF)
 2. Intensive Outpatient Treatment
 3. Partial Hospitalization
 4. Residential Treatment
 5. Narcotic Treatment Program (also known as NTP or Opioid Treatment Program or OTP)



Summary of Proposed Changes (Continued)

6. Withdrawal Management

7. Clinician Consultation

8. Case Management

9. Peer Support Services

10. Medications for Addiction Treatment (also known as Medication Assisted Treatment or MAT) Delivered at Alternative Sites

11. Recovery Services

The proposed effective date of this SPA is January 1,
2022



Impact to Tribal Health Programs

- Including DMC-ODS services in the Medicaid State Plan instead of the current Section 1115(a) Demonstration Waiver should not impact Tribal Health Programs since this change is only a shift in the authority for the DMC-ODS services
- Counties must still opt in to participate in the DMC-ODS program

Payment requirements and access to Indian Health Care Providers (IHCP) are outlined in Behavioral Health Information Notice (BHIN) 20-065



Impact to Federally Qualified Health Centers (FQHCs)

- Including DMC-ODS services in the Medicaid State Plan instead of the current Section 1115(a) Demonstration Waiver should not impact FQHCs since this change is only a shift in the authority for the DMC-ODS services
- Counties must still opt in to participate in the DMC-ODS program

Payment requirements and access to IHCPs are outlined in
BHIN 20-065



Impact to Indian Medi-Cal Beneficiaries

- Including DMC-ODS services in the Medicaid State Plan instead of the current Section 1115(a) Demonstration Waiver should not impact Indian Medi-Cal beneficiaries since this change is only a shift in the authority for the DMC-ODS services
- Counties must still opt in to participate in the DMC-ODS program
- Indian Medi-Cal beneficiaries who are eligible for Medicaid and reside in counties that have opted in to the DMC-ODS can also receive DMC-ODS services through IHCPs as outlined in BHIN 20-065



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Sacramento, CA 95814



SPA 21-0019
CalAIM Dental Initiatives
Effective January 1, 2022

Carolyn Brookins
Assistant Division Chief
Medi-Cal Dental Services Division



Background

- DHCS proposed the California Innovating and Advancing Medi-Cal (CalAIM) multi-year initiative in October 2019, and conducted stakeholder engagement from November 2019-February 2020.
- CalAIM was postponed from January 1, 2021 to January 1, 2022 due to the Public Health Emergency.
- CalAIM dental proposals are based on the successful outcomes of the Dental Transformation Initiative, which was implemented in certain counties from 2016-2021 under the 2020 1115 Waiver.



Purpose

- Continue to increase preventive dental utilization for eligible Medi-Cal children and adults statewide.
- Establish and maintain continuity of care through a dental home.
- Improve oral health outcomes for Medi-Cal beneficiaries.



Summary of Proposed Changes

- Add new benefits
 - Caries Risk Assessment (CRA) bundled with nutritional counseling
 - Silver diamine fluoride (SDF)
- Add Pay-For-Performance (P4P) payments
 - 75 percent above the standard Schedule of Maximum Allowances (base rate) for preventive services.
 - \$55 annual payment per each beneficiary who receives at least one annual dental exam two or more years in a row



Impact to Tribal Health Programs and Federally Qualified Health Centers (FQHCs)

- New benefits (CRA and SDF), services will be reimbursable at the following rates:
 - **Indian Health Services** - All-Inclusive Rate (AIR)
 - **Tribal FQHC** - Alternative Payment Methodology (APM), which is set at the AIR
 - **FQHC** - Prospective Payment System (PPS)
- All providers will be required to take and complete the Treating Young Kids Everyday (TYKE) training to provide CRA.
- To earn P4P payments, providers are required to submit claims data to the dental fiscal intermediary.



Impact to Indian Medi-Cal Beneficiaries

- Preventive dental care will result in a positive oral health outcome for all Medi-Cal beneficiaries.
- CRA and SDF benefits available to child beneficiaries ages 0-6
- SDF available to high-risk and institutionalized beneficiaries of all ages who may benefit from non-restorative caries treatment



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Sunset Date Elimination for Supplement Payments for Developmental Screenings and ACEs Trauma Screenings SPA 21-0045

Jennifer Dias, DHCS Benefits Division



Background

- California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Prop. 56) approved on November 8, 2016.
 - Portion of tax revenue is allocated to DHCS for use as nonfederal share of health care expenditures.
- Developmental screenings are recommended for children up to 30 months of age under the Early and Periodic Screening, Diagnostic, and Treatment benefit.
- Early identification of adverse childhood experiences (ACEs) and providing the appropriate treatment are critical tools for reducing long-term health care costs.



Background

- Medi-Cal services provided at THPs and FQHCs are paid on a “per visit” basis. A visit is defined as a face-to-face encounter between a patient of a THP or FQHC and specified health care professionals.



Purpose

- To seek necessary federal approvals to eliminate the December 31, 2021 sunset date for the supplemental incentive payments to support developmental screenings and adverse childhood experiences (ACEs) screenings, also referred to as “trauma screenings.”



Summary of Proposed Changes

- Budget Act of 2021¹ eliminates the December 31, 2021, sunset date for supplemental payments for developmental screenings and adverse childhood experiences (ACEs) screenings, previously referred to as “trauma screenings”.
- Changes the source of the non-federal share of supplemental payments for ACEs screenings to the state General Fund.



Summary of Proposed Changes

- Screenings will continue to be billed and reimbursed in both managed care and fee-for-service (FFS) delivery systems.
- Payments will continue to be in addition to the amounts paid for the office visit that accompanies the screening.
- The effective date for SPA 21-0045 is January 1, 2022.



Impact to THPs

- THPs that have been providing developmental screenings and ACEs screenings may continue to see Medi-Cal beneficiaries accessing the services at the same levels as previously.
- Supplemental payments will continue to be available as a FFS payment in addition to the Office of Management and Budget Indian Health Service per visit rate.



Impact to FQHCs

- FQHCs that have been providing developmental screenings and ACEs screenings may continue to see Medi-Cal beneficiaries accessing the services at the same levels as previously.
- Supplemental payments will continue to be available as a FFS payment in addition to the Prospective Payment Systems per visit rate.



Impact to Indian Medi-Cal Beneficiaries

- Medi-Cal beneficiaries may continue to have improved access to developmental screenings and ACEs screenings, and treatment for any condition discovered during the screening.



Questions

- Contact:

Benefits Division

Medi-Cal.Benefits@dhcs.ca.gov



SPA 21-0063

ABP Update

Medication Therapy Management

Raquel Sanchez, Staff Services Manager

DHCS Benefits Division

August 31, 2021



Background

- Pursuant to Welfare and Institutions 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.
- SPA 21-0063 is the corresponding ABP update to SPA 21-0028, which grants the authority to provide Medication Therapy Management (MTM) reimbursement as an added pharmacist service to any pharmacy provider who is willing to participate by agreeing to the designated terms of the program and signing a contract with DHCS.



Purpose

- To seek the necessary approvals to add Medication Therapy Management in the Alternative Benefit Plan as a covered service under the Medi-Cal program.



Summary of Proposed Changes

- SPA 21-0063 is the corresponding ABP update to SPA 21-0028, which DHCS submitted to CMS on June 30, 2021.
- SPA 21-0063 will update the ABP to align with the MTM SPA 21-0028 granting the authority to pharmacy providers contracted with DHCS to provide MTM reimbursement as an added pharmacist service.



Impact to Tribal Health Programs

- MTM is not reimbursable at the federal all-inclusive rate (AIR). Tribal health programs that operate a retail pharmacy separately enrolled in Medi-Cal may request to contract with DHCS to become a specialty pharmacy and provide MTM services. Reimbursement would be under a separate fee schedule, subject to federal approval.
- DHCS will issue provider notifications regarding the process for becoming a contracted specialty pharmacy upon approval of SPA 21-0028.



Impact to FQHCs

- The proposed SPA may require a change in scope of services by FQHCs to include MTM services within the FQHC's Prospective Payment System (PPS) rate. When included in a FQHC's PPS rate, MTM services are not separately billable by the FQHC.
- If the services were not included in the FQHC's PPS rate calculation, MTM would be a benefit as defined in the California State Plan for a separately enrolled retail pharmacy provider at the FQHC location if the pharmacy provider signs a contract with DHCS to become a speciality pharmacy. Reimbursement would be under a separate fee schedule.
- DHCS will issue provider notifications regarding the process for becoming a contracted specialty pharmacy upon approval of SPA 21-0028.



Impact to Indian Medi-Cal Beneficiaries

- The addition of MTM as a covered benefit will provide multiple benefits to American Indian Medi-Cal beneficiaries.
- This includes beneficiaries who take specialty medications, are on multiple medications including over-the-counter, herbal, or dietary supplements, or who have multiple health conditions.
- DHCS anticipates that these benefits will include increased access to specialty drugs; reduced preventable medication-related problems, emergency room visits, and hospitalizations; and improved medication adherence and patient health.



Questions

- Contact:

Benefits Division

Medi-Cal.Benefits@dhcs.ca.gov



Feedback/Questions