



# **Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program**

November 29, 2022

# 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, Acting Chief DHCS Office of Tribal Affairs/Indian Health Program
<b>SPAs Scheduled for Submission by December 31, 2022</b>	
SPA 22-0067	Vickshna Anand, Health Program Specialist I Office of Tribal Affairs
SPA 22-0051	Jennifer Dias, DHCS Benefits Division
SPA 22-0014	Geanne Lyons, DHCS Benefits Division
Feedback/Closing	All

# State Plan Amendment Overview

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# 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.

# **SPA 22-0067**

Continuation of Supplemental Payments to FQHCs, RHCs, IHS-MOAs, and Tribal FQHCs for COVID-19 Vaccine-Only Visits Following the End of the PHE

Vickshna Anand  
Health Program Specialist I  
Office of Tribal Affairs

# Background

- » During the Public Health Emergency (PHE), DHCS provided supplemental payments outside the per-visit rates paid to Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Indian Health Services-Memorandum of Agreement (IHS-MOA), and Tribal FQHCs when a COVID-19 vaccine was administered on its own outside of a billable visit. The supplemental payments were approved by the Centers for Medicare and Medicaid Services in State Plan Amendments (SPA) 20-0040 and SPA 21-0020.



# Purpose

- » To seek federal approval to continue supplemental payments to FQHCs, RHCs, IHS-MOAs, and Tribal FQHCs for COVID-19 vaccine-only visits following the end of the PHE.

# Summary of Proposed Changes

- » This SPA proposes to permanently continue providing supplemental payments to FQHCs, RHCs, IHS-MOAs, and Tribal FQHCs when COVID-19 vaccines are administered on their own outside of a billable visit. Reimbursement will be outside of the applicable Prospective Payment System (PPS)/All-Inclusive Rate (AIR) or Tribal FQHC Alternative Payment Methodology (APM). Supplemental reimbursement amounts will be based on the fee schedule rates established under SPA 20-0040. The proposed effective date for SPA 22-0067 is the day after the PHE ends.

# Impact to Tribal Health Programs

- » DHCS anticipates this proposal will continue to provide increased access to COVID-19 vaccines for Medi-Cal beneficiaries who seek services at a THP. Please note DHCS will continue to pay the applicable AIR or Tribal FQHC APM, which is set at the AIR, if the vaccination is administered during an in-person visit that meets the requirements of a billable visit.

# Impact to Federally Qualified Health Centers (FQHCs)

- » DHCs anticipates this proposal will continue to provide increased access to COVID-19 vaccines for Medi-Cal beneficiaries who seek services at a FQHC. Reimbursement for COVID-19 vaccine-only visits will not impact the annual DHCS reconciliation process. Please note DHCS will continue to pay the applicable PPS rate if the vaccination is administered during an in-person visit that meets the requirements of a billable visit.

# Impact to Indian Medi-Cal Beneficiaries

- » Medi-Cal beneficiaries may have increased access to COVID-19 vaccines, which is expected to improve health outcomes for beneficiaries receiving this service.

# Contact Information

- » Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov) or by mail to the address below:

Department of Health Care Services

Office of Tribal Affairs

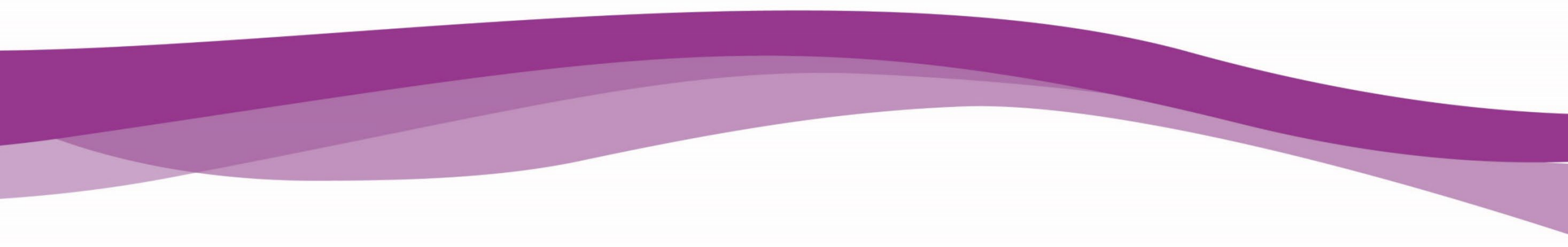
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**SPA 22-0051**  
**ABP Update**  
Doula Services  
and  
Continuation of AMFT and ACSW Services

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Jennifer Dias  
DHCS Benefits Division

# Background

- » SPAs 22-0002 and 22-0051 propose to add doula services as a covered benefit.
- » Doula services encompass the health education, advocacy, physical, emotional, and nonmedical support provided before, during, and after the end of a pregnancy, including throughout the postpartum period.
- » Doulas offer various types of support, including perinatal and labor support and guidance, health navigation, evidence-based education, and linkages to community-based resources.
- » Doula services will include maternity and labor support visits, which can be at the beneficiary's home or part of an office visit with a doula, and during delivery.



# Background Continued

- » Associate marriage and family therapists (AMFTs) and associate clinical social workers (ACSWs) have been delivering services under the supervision and license of a behavioral health practitioner in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) during the public health emergency (PHE). SPA 22-0014 proposes to allow AMFTs and ACSWs to continue to provide services in FQHCs and RHCs, per state law<sup>1</sup>. The continuation of AMFT and ACSW services would also extend to Tribal FQHCs, if approved by CMS. SPA 22-0051 will align the Alternative Benefit Plan (ABP) for the new adult group with changes made by SPA 22-0014.

<sup>1</sup> Senate Bill 966, (Limón, Chapter 607, Statutes of 2022)

# Background Continued

- » 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 identified in the State Plan.
- » 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.

# Purpose

- » To seek the necessary approvals to add doula services as a covered Medi-Cal benefit.
- » To seek the necessary approvals to add associate marriage and family therapists (AMFTs) and associate clinical social workers (ACSWs) as covered services/benefits under the Alternative Benefit Plan (ABP).

# Summary of Proposed Changes

- » The Budget Act of 2022<sup>1</sup> allocated funds to add doula services as a new benefit by skilled and trained individuals who are able to provide support care to pregnant and postpartum individuals throughout the perinatal period, including for up to one year after pregnancy.
- » DHCS is seeking to add doula services as a covered Medi-Cal benefit as part of its commitment to improve quality of life and health outcomes by preventing perinatal complications and improving health outcomes for birthing parents and infants.
- » Doula services will be available under both the fee-for-service (FFS) and managed care delivery systems.

<sup>1</sup> Senate Bill 154 (Skinner, Chapter 43, Statutes of 2022)

# Summary of Proposed Changes Continued

- » SPA 22-0051 proposes to continue reimbursement for AMFT/ACSW services billed under the license of an authorized behavioral health practitioner for FQHCs, RHCs, and Tribal FQHCs for the new adult group.
- » SPAs 22-0002 and 22-0051 propose to add doula services as a new benefit under both the FFS and managed care delivery systems for beneficiaries included in the ABP. It will also allow for reimbursement of Tribal 638 clinics for doula services provided under the ABP as a FFS payment outside of the All-Inclusive Rate (AIR), as described in the previously released notice for SPA 22-0002.

# Summary of Proposed Changes Continued

- » The tribal notice for SPA 22-0002 was published on September 9, 2022. SPA 22-0002 was submitted to CMS on November 7, 2022, and is currently pending CMS approval.
- » SPA 22-0014 proposes to allow AMFTs and ACSWs to continue to provide services in FQHCs and RHCs, and is scheduled to be submitted to CMS by December 31, 2022. SPA 22-0014 has an effective date of January 1, 2023.
- » SPA 22-0051 will align the Alternative Benefit Plan (ABP) with changes made by SPAs 22-0002 and 22-0014.
- » The proposed effective date for SPAs 22-0002 and 22-0051 is January 1, 2023. SPAs 22-0002 and 22-0051 are subject to approval by CMS.

# Impact to Tribal Health Programs

## Doula Benefit

- » A tribal clinic may use doulas to provide services, but doulas are not considered Indian Health Services-Memorandum of Agreement 638 clinic providers. Therefore, doula services will not be considered billable encounters and will not be eligible for reimbursement at the federal AIR.
- » Reimbursement for doula services will be available at FFS rates outside of the federal AIR or Tribal FQHC Alternative Payment Methodology (which is set at the AIR).

# Impact to Tribal Health Programs

## Continuation of AMFTs and ACSWs

- » DHCS does not anticipate any impact to tribal health programs that participate in Medi-Cal as Indian Health Services-Memorandum of Agreement providers because existing provisions<sup>1</sup> permit AMFTs and ACSWs to provide Medi-Cal mental health services.
- » The proposed SPA would allow tribal health programs enrolled as a Tribal FQHC to continue to be reimbursed for mental health services provided by AMFTs and ACSWs following the end of the PHE.

<sup>1</sup>Welfare and Institutions Code Section 14132.100



# Impact to Federally Qualified Health Centers (FQHCs)

## Doula Benefit

- » Doulas are not considered FQHC providers so their services will not be considered billable encounters and will not be eligible for Prospective Payment System (PPS) rate reimbursement. However, FQHCs may offer services provided by doulas.
- » FQHCs that choose to add doula services for clinic patients may qualify for a Change in Scope of Services Request<sup>1</sup> if they meet specific criteria as required in the statute.

<sup>1</sup> Welfare and Institutions Code Section 14132.100 (e)(3)(B)

# **Impact to Federally Qualified Health Centers (FQHCs)**

## **Continuation of AMFTs and ACSWs**

- » DHCS does not anticipate an impact to FQHCs as a result of this proposal as this service is a continuation of existing mental health services following the end of the PHE.

# Impact to Indian Medi-Cal Beneficiaries

## Doula Benefit

- » Medi-Cal beneficiaries may have increased access to these benefits, which is expected to improve maternal and infant health outcomes for American Indian beneficiaries receiving these services.

# **Impact to Indian Medi-Cal Beneficiaries**

## **Continuation of AMFTs and ACSWs**

- » DHCS does not anticipate an impact to American Indian beneficiaries as a result of this SPA because it proposes to continue access to AMFT and ACSW services for individuals who seek care at a FQHC, RHC, or Tribal FQHC.

# Contact Information

Benefits Division

[DoulaBenefit@dhcs.ca.gov](mailto:DoulaBenefit@dhcs.ca.gov)

# **State Plan Amendment 22-0014**

**Expanded Telehealth at Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Programs (THP)**

Geanne Lyons  
Benefits Division

# Background

» During the PHE, DHCS allowed for the use of expanded telehealth at FQHCs, RHCs, IHS- MOAs, and Tribal FQHCs. These flexibilities were approved by the Centers for Medicare and Medicaid Services in State Plan Amendments and waivers. DHCS proposes to permanently continue these telehealth related flexibilities in this proposed State Plan Amendment.

# Purpose

DHCS proposes to permanently continue flexibilities that were initiated during the COVID-19 Public Health Emergency (PHE).

- » Specifically, after the PHE ends, the California State Plan will permanently include telehealth services, delivered via synchronous (audio-only) interaction at Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), Tribal FQHCs and Indian Health Services Memorandum of Agreement (IHS-MOA) providers and asynchronous store and forward interaction at FQHCs, RHCs and Tribal FQHCs.



# Purpose Continued

- » An alternative payment methodology will also be authorized for virtual communication visits for FQHCs, RHCs, Tribal FQHCs and IHS-MOA providers.
- » Additionally, FQHCs, RHCs and Tribal FQHCs will be reimbursed for services delivered by Associate Clinical Social Workers (ACSW) or Associate Marriage Family Therapists (AMFT), when billed under the license of a behavioral health practitioner.

# Summary of Proposed Changes

- » FQHC, RHC, Tribal FQHC and IHS-MOA visits, conducted by synchronous (audio-only) interaction, that meet all other requirements of a visit regardless of the location of the patient or provider, will be reimbursed to these clinics at the clinic's applicable payment rate.
- » FQHC, RHC, and Tribal FQHC visits, conducted via asynchronous store and forward, that meet all other requirements of a visit regardless of the location of the patient or provider, will be reimbursed to these clinics at the clinic's applicable payment rate.
- » FQHCs, RHCs, Tribal FQHCs and IHS-MOA providers will be reimbursed an alternative payment methodology for virtual communication visits.

# Summary of Proposed Changes

- » Additionally, services delivered by ACSW and AMFT, billed under the license of a behavioral health practitioner, will be reimbursable to FQHCs, RHCs and Tribal FQHCs at the clinic's applicable payment rate.
- » The proposed effective date for SPA 22-0014 is January 1, 2023. SPA 22-0014 is subject to approval by the federal Centers for Medicare and Medicaid Services.

# Impact to Tribal Health Programs

- » IHS-MOA providers will be able to continue to receive Medi-Cal reimbursement for visits provided to beneficiaries by means of synchronous (audio-only) interaction regardless of the location of the patient or provider.
- » Tribal FQHCs will be able to continue to receive Medi-Cal reimbursement for visits provided to beneficiaries by means of synchronous (audio-only) interaction and asynchronous store and forward.
- » DHCS anticipates this will help THPs to provide services to beneficiaries, especially for patients that live in rural or remote communities or for those who may lack access to transportation.

# Impact to Tribal Health Programs

- » Additionally, the proposed SPA will allow THPs to continue providing virtual communication visits to assess medical concerns for Medi-Cal beneficiaries who seek services at a THP.
- » Tribal FQHCs will be able to provide ACSW and AMFT services as a billable visit, when billed under a licensed behavioral practitioner.
- » DHCS expects this may increase access to behavioral health specialists. DHCS doesn't anticipate an impact to IHS-MOAs as these services are already reimbursable visits by these providers.

# Impact to Federally Qualified Health Centers (FQHCs)

- » FQHCs will be able to receive Medi-Cal reimbursement for visits provided to beneficiaries by means of synchronous (audio-only) interaction and asynchronous store and forward regardless of the location of the patient or provider.
- » FQHCs can continue to provide virtual communication visits to assess medical concerns for Medi-Cal beneficiaries who seek services at a FQHC.

# Impact to Federally Qualified Health Centers (FQHCs)

- » Furthermore, FQHCs can permanently provide ACSW and AMFT services as a billable visit, when billed under a licensed behavioral practitioner. DHCS anticipates this proposal will increase access to behavior health specialists.

# **Impact to Indian Medi-Cal Beneficiaries**

DHCS anticipates that Indian Medi-Cal beneficiaries will have increased access to Medi-Cal services, which is expected to improve health outcomes for those receiving these services.



# Contact Information

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of the Tribal Notice. Comments may be sent by email to [Angeli.Lee@dhcs.ca.gov](mailto:Angeli.Lee@dhcs.ca.gov) or by mail to the address below:

Department of Health Care Services

Director's Office

ATTN: Angeli Lee

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# Feedback/Questions

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