



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

February 25, 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 Zubiate, Acting Chief DHCS Office of Tribal Affairs/Indian Health Program |
| Asset Test Amendment | |
| Asset Test Amendment | Linda Nguyen, Chief Policy Development Branch, Medi-Cal Eligibility Division |
| SPAs Scheduled for Submission by March 30, 2021 | |
| SPA 22-0001 | Jennifer Dias, DHCS Benefits Division |
| SPA 22-0014 | Corinne Chavez, HPM II Mark Spivack, DHCS Benefits Division |
| SPA 22-0023 | Teresa Castillo, Program Policy Section Medi-Cal Behavioral Health Division |
| SPA 22-0024 | Teresa Castillo, Program Policy Section Medi-Cal Behavioral Health Division |
| Feedback/Closing | All |

Asset Test Amendment

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Linda Nguyen, Branch Chief
Policy Development Branch
Medi-Cal Eligibility Division



Asset Test Amendment

As directed by California [Assembly Bill 133](#), DHCS will increase and eventually eliminate asset limits for Medi-Cal individuals whose eligibility is not determined using the modified adjusted gross income (MAGI)-based financial methods.

Phased-In Approach

- » **Phase I.** Effective July 1, 2022, apply a disregard of \$130,000 in nonexempt property for a single Medi-Cal enrollee and \$65,000 for each additional household member (up to a max of 10 members)
- » **Phase II.** Effective January 1, 2024, eliminate the asset test for non-MAGI Medi-Cal programs

Federal Authority to Effectuate Policy

- » **SPA.** In November 2021, DHCS received approval of [SPA 21-0053](#), which authorizes the Phase I disregard for most non-MAGI populations, effective July 1, 2022
- » **1115 Demonstration Amendment.** DHCS will seek Section 1115 demonstration authority to apply income disregards to three “deemed Supplemental Security Income (SSI)” populations:
 - Individuals who would be eligible for SSI/State Supplementary Payment (SSP) but for OASDI COLA increases since April 1997 (also known as the “Pickle” group)
 - Disabled Widows and Widowers (DWW)
 - Disabled Adult Children (DAC)

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 22-0001

Community Health Worker Services

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Jennifer Dias

DHCS Benefits Division

Background

- » Assembly Bill 133¹ added community health worker (CHW) services as a Medi-Cal covered benefit.
- » CHWs can include promotores de salud, community health representatives, and violence prevention professionals.
- » CHW services are provided by skilled and trained health educators who work directly with individuals who may have difficulty understanding or interacting with providers due to cultural and/or language barriers.
- » CHW services can assist those individuals by helping them to navigate the relationship with their health care providers, assist them in accessing health care services, and providing key linkages with other similar and related community-based resources.
- » CHW services help to extend the reach of providers into underserved communities, reduce health disparities, enhance provider communication, and improve health outcomes and overall quality measures.

¹Assembly Bill 133, (Committee on Budget, Health, Chapter 143, Statutes of 2021)

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.

Purpose

- » To seek the necessary approvals to add Community Health Worker (CHW) services as a covered benefit.

Summary of Proposed Changes

- » CHWs as another class of skilled and trained individuals who are able to provide clinically appropriate Medi-Cal covered benefits and services. CHWs will render Medi-Cal covered benefits and services, and would be under the supervision of a licensed, enrolled Medi-Cal provider.
- » These services would be available under both the fee-for-service (FFS) and managed care delivery system.
- » The proposed effective date for SPA 22-0001 is July 1, 2022. SPA 22-0001 is subject to approval by CMS.

Impact to Tribal Health Programs

- » Tribal clinics may use CHWs to provide services, but CHWs are not considered Memorandum of Agreement 638 clinic providers.
- » CHW services will not be considered billable encounters and will not be eligible for reimbursement at the federal All-Inclusive Rate (AIR).
- » The federal AIR includes costs for services delivered by the clinic, which may include services provided by CHWs at the clinic's discretion.

Impact to Federally Qualified Health Centers (FQHCs)

- » CHWs 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.
- » Some FQHCs may have some costs for CHW services built into their PPS rate.
- » FQHCs that choose to add CHW services for clinic patients may qualify for a Change in Scope of Services Request (CSOSR) under Welfare Institutions Code Section 14132.100 (e)(3)(B) if they meet specific criteria as required in the statute.

Impact to Indian Medi-Cal Beneficiaries

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

Contact Information

Benefits Division

CHWBenefit@dhcs.ca.gov

State Plan Amendment 22-0014

Expansion of the definition of a health care “visit” at Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Programs (THP)

Corinne Chavez, HPM II

Mark Spivack, DHCS Benefits Division

Background

- » DHCS proposes to permanently continue flexibilities in delivering Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), and Tribal Health Programs (THP) services 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-visual interaction and telephonic (audio-only) interaction, in the definition of a “visit” at FQHCs, RHCs, and THPs.

Purpose

- » To seek necessary federal approvals to expand the definition of a health care “visit” at FQHCs, RHCs, and THPs.

Summary of Proposed Changes

- » FQHC, RHC and THP visits, conducted via synchronous audio-visual interaction and telephonic (audio-only) interaction that meet all other requirements of a visit, will be reimbursable to these clinics.
- » The proposed effective date for SPA 22-0014 is April 1, 2022. SPA 22-0014 is subject to approval by the federal Centers for Medicare and Medicaid Services.

Impact to Tribal Health Programs

- » THPs will be able to receive Medi-Cal reimbursement for visits provided to beneficiaries by means of synchronous audio-visual interaction and telephonic (audio-only) interaction.
- » DHCS anticipates this will help THPs provide services to beneficiaries, especially for patients that live in rural or remote communities or for those who may lack access to transportation. Consequently, the change in the definition of a visit may increase Medi-Cal reimbursements to THPs.

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-visual interaction and telephonic (audio-only) interaction.
- » This may increase reimbursements to FQHCs.

Impact to Indian Medi-Cal Beneficiaries

» DHCS anticipates that Indian Medi-Cal beneficiaries will have increased access to health care services via telehealth, 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 or by mail to the address below:

Department of Health Care Services

Director's Office

ATTN: Angeli Lee

MS 0000

P.O. Box 997413

Sacramento, CA 95899-7413

SPA 22-0023

Updates to Medi-Cal Rehabilitative Mental Health Services

Teresa Castillo
Program Policy Section
Medi-Cal Behavioral Health Division

Background

- » Medi-Cal Specialty Mental Health Services (SMHS), including Medi-Cal Rehabilitative Mental Health Services, are provided by or arranged for by county Mental Health Plans.
- » Rehabilitative Mental Health Services include Mental Health Services, Medication Support Services, Day Treatment Intensive, Day Rehabilitation, Crisis Intervention, Crisis Stabilization, Adult Residential Treatment Services, Crisis Residential Treatment Services, and Psychiatric Health Facility Services.
- » Updates are consistent with the department's California Advancing and Innovating Medi-Cal (CalAIM) initiative through which DHCS proposes to update documentation requirements.

Purpose

- » To seek federal approval to update references and definitions, clarify requirements, and remove outdated information for Medi-Cal Rehabilitative Mental Health Services.

Summary of Proposed Changes

To seek necessary approvals to:

- » Update references to medical necessity
- » Simplify the definition of “assessment”
- » Remove the existing client plan requirement
- » Update associated plan development activities
- » Replace the term “telemedicine” with “telehealth” and clarify the services that can be provided via telehealth
- » Clarify the site requirements for Day Rehabilitation
- » Remove the term and definition for “community meetings”

Impact to Tribal Health Programs (THPs)

To the extent that THPs provides SMHS:

- » THPs will be required to ensure their programs comply with the revised definition of “assessment” and “treatment planning” and ensure that Day Rehabilitation programs meet site requirements.
- » THPs that offer SMHS will be able to provide the specified services via telehealth (this change to the state plan is consistent with current practice).
- » THPs will no longer be required to ensure that Day Treatment Intensive Services include “community meetings.”

*Additional guidance regarding reimbursement for SMHS will be provided in an upcoming Behavioral Health Information Notice.

Impact to Federally Qualified Health Centers (FQHCs)

To the extent that FQHCs provide SMHS:

- » FQHC's will be required to ensure their programs comply with the revised definition of "assessment" and "treatment planning" and ensure that Day Rehabilitation programs meet site requirements.
- » FQHC's that offer SMHS will be able to provide the specified services via telehealth (this change is consistent with current practice).
- » FQHC's that provide SMHS will also no longer be required to ensure that Day Treatment Intensive Services include "community meetings."

*Additional guidance regarding reimbursement for SMHS will be provided in an upcoming Behavioral Health Information Notice.

Impact to Indian Medi-Cal Beneficiaries

- » Beneficiaries will continue to receive “assessments” and “treatment planning” for SMHS in accordance with these new definitions and be able to receive Day Rehabilitation services at locations that meet the specified site requirements (Day Rehabilitation services may not be available at THPs depending on the services they offer).
- » Beneficiaries will continue to receive SMHS via telehealth in accordance with federal and state law.
- » Beneficiaries will no longer be required to receive “community meetings” as a part of their Day Treatment Intensive services.

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
1500 Capitol Avenue, MS 0000
Sacramento, CA 95814

SPA 22-0024

Proposes to Revise the Definition for Peer Support Specialists

Teresa Castillo
Program Policy Section
Medi-Cal Behavioral Health Division

Background

- » CMS approved SPAs 20-0006-A, 21-0051, and 21-0058, effective July 1, 2022, allowing Peer Support Specialists to provide Peer Support Services as a Medi-Cal Specialty Mental Health Service, Drug Medi-Cal and/or Drug Medi-Cal Organized Delivery System service in counties opting to participate in the Medi-Cal Peer Support Specialist Certification Program.
- » As approved, a Peer Support Specialist is defined as an “individual in recovery with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements.”

Purpose

- » To seek the necessary approvals to revise the definition of Peer Support Specialists.

Summary of Proposed Changes

- » Remove “in recovery” from the definition of a Peer Support Specialist.
- » Align with the required Medi-Cal Peer Support Specialist Certification Program, which requires Peer Support Specialists to be in recovery themselves or have lived experience with the process of recovery as a parent, caregiver, or family member.

Impact to Tribal Health Programs (THPs)

- » SPA 22-0024 will allow individuals in recovery, or parents, caregivers, or family members who have lived experience with the process of recovery to be certified Peer Support Specialists (provided they obtain a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and meet ongoing education requirements) in THPs in counties opting to implement the Medi-Cal Peer Support Specialist Certification Program.

*This SPA does not add Peer Support Specialists as billable providers in THPs. DHCS will issue guidance via a Behavioral Health Information Notice regarding SMHS reimbursement requirements.

Impact to Federally Qualified Health Centers (FQHCs)

- » SPA 22-0024 will allow individuals in recovery, or parents, caregivers, or family members who have lived experience with the process of recovery to be certified Peer Support Specialists (provided they obtain a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and meet ongoing education requirements) in FQHCs in counties opting to implement the Medi-Cal Peer Support Specialist Certification Program.

*This SPA does not add Peer Support Specialists as billable providers in FQHCs. DHCS will issue guidance via a Behavioral Health Information Notice regarding SMHS reimbursement requirements.

Impact to Indian Medi-Cal Beneficiaries

- » SPA 22-0024 will allow Indian Medi-Cal beneficiaries who reside in participating counties, to receive Peer Support Services from certified Peer Support Specialists who are either in recovery themselves, or have lived experience with the process of recovery as parents, caregivers or family members.

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
1500 Capitol Avenue, MS 0000
Sacramento, CA 95814

Feedback/Questions

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