

Department of Health Care Services Activities Relating to Utilization of Clinics

Report to the Legislature

July 2012



TABLE OF CONTENTS

	<u>PAGE</u>
I. Executive Summary.....	1
II. Background.....	1
III. Seasonal Agriculture and Migratory Workers Program.....	2
IV. Indian Health Program.....	5
V. Rural Health Services Development Program.....	8
VI. Conclusion.....	11

I. Executive Summary

Health and Safety (H&S) Code Section 124485 requires the Department of Health Care Services (DHCS) to prepare and transmit to the Legislature a report of DHCS' activities relating to the utilization of clinics to provide comprehensive health services pursuant to the following programs:

- (1) Health of Seasonal Agricultural and Migratory Workers and Their Families Program (SAMW).
- (2) American Indian Health Services Program (IHP).
- (3) Rural Health Services Development Program (RHSD).
- (4) Grants-in-Aid to Clinic Program (GIA).
- (5) California Health Services Corps Program.

Pursuant to H&S Code 124485, the report shall be transmitted to the Legislature by July 1, 1992, and by July 1 of every fourth year thereafter.

II. Background

DHCS' mission is to improve the health status of special, targeted population groups living in medically underserved urban and rural areas of California. The principal objective of DHCS' Primary Rural Health Division (PRHD) is to improve, and make more accessible, comprehensive primary and preventive health care services and other public health services for at-risk persons, including the medically uninsured or indigent, and those who would otherwise have either limited or no access to services due to cultural or language barriers.

The PRHD administered four programs between Fiscal Year (FY) 2008 and 2012: SAMW; IHP; RHSD; and GIA. These programs provided infrastructure funding to community clinics for the provision of primary care. They have been in existence since the late 1970s. Funding for the GIA program was eliminated in FY 2008-2009. Additionally, funding for support and local assistance was never allocated for the California Health Services Corps program. This report will focus on activities relating to

utilization of clinics for the SAMW, IHP, and RHSD programs. It includes a description of activities that summarizes local assistance, training and technical assistance, and Medi-Cal operational activities for SAMW, IHP, and RHSD programs. PRHD supports approximately 12.25 full time equivalent positions to focus efforts on the provision of training, technical assistance, research, and coordination to maintain the clinic primary care infrastructure in California.

III. Seasonal Agriculture and Migratory Workers Program

The SAMW program was established in 1977. It is governed by H&S Code Sections 124400 through 124440 and 124550 through 124570. The SAMW program provides technical assistance and financial support to migrant clinics that deliver primary care services and health education to seasonal agricultural and migratory workers and their dependents. Additionally, the SAMW program examines and monitors the health status and health services of seasonal and agricultural workers and their dependents, and coordinates with similar programs of the federal government, other states, and voluntary agencies.

Local Assistance

- SAMW program provided \$8.2 million (General Fund) in infrastructure grants to 79 migrant health clinics during FY 2008-2009. This local assistance funding for migrant health clinics was available in FY 2008-2009 only. This funding was eliminated in FY 2009-2010 and subsequent years.
 - Funding supported a total of 386,600 encounters which included primary care visits, nutrition education, health education, and community outreach education.
 - PRHD monitored compliance to the grant requirements for primary care services to seasonal agricultural and migratory workers, and validated grant expenditures.

Training and Technical Assistance

PRHD provided the following list of trainings and technical assistance to SAMW clinics from 2008-2012:

- Disseminated information regarding migrant health research findings, state legislative updates, state program policy updates, and federal rulemaking.
- Distributed information on the availability of federal grants and loans, through an email list serve which afforded migrant health clinics alternative funding opportunities.
- Provided technical support to migrant health clinics with Health Resources and Services Administration (HRSA) federal grant applications.
- Completed an annual technical assistance needs assessment of clinic administrators of which the results were used to determine training and technical assistance services to the clinics.
- Conducted the annual RHSD and SAMW programs technical assistance conference. Topics presented included: California state budget update, Health Information Technology Financing Advisory Commission update, a best practice model for the implementation of electronic medical records in a clinic setting, Medically Underserved Population (MUP), Medically Underserved Area (MUA), and Health Professional Services Area (HPSA) re-designation outcomes.
- Coordinated with federal, state, and stakeholder groups such as: HRSA, Bureau of Primary Health Care, Office of Rural Health Policy, Office of Statewide Planning and Development (OSHPD), California Department of Public Health (CDPH), Office of Binational Border Health, California State Rural Health Association, California Primary Care Association, and California Association of Rural Health Clinics in the dissemination of information regarding health prevention strategies, quality improvement strategies, and federal policy and/or regulation updates to migrant health clinic administrators.
- Delivered, in collaboration with the CDPH Office of Binational Border Health, clinician trainings regarding endemic diseases from South America now found in California affecting seasonal and migrant workers.

- Provided training and technical assistance on effective telemedicine networks and strategies to develop and maintain the healthcare workforce.
- Provided technical assistance and health education materials to migrant health clinics on emergent health care issues including but not limited to: promoting sanitary behaviors to prevent the spread of H1N1 influenza virus, the high incidence of cervical cancer for Latina women and the importance of cervical cancer screening, and pesticide exposure.
- Provided trainings to administrators, clinicians, and clinic outreach workers/promotores on topics including emergency preparedness, strategies for successful health information technology (HIT) adoption, federally mandated HIT requirements/HIT financing, preparation for federal healthcare reform, best practices in recruiting and retaining rural health workforce, mandatory infection control reporting strategies, dental infection control strategies, Health Insurance Portability and Accountability Act (HIPAA) requirements, effective quality improvement components and evaluation, managing challenges in California's migrant health clinics, principles of medical homes, health center accreditation, childhood obesity program strategies and models, and Accountable Care Act provider screening and enrollment requirements.
- Assisted in placement of 17 primary care physicians to serve in migrant health clinics by recommending foreign medical graduates to the U.S. Department of State for J-1 Visa Waivers.
- Compiled and disseminated research on seasonal agricultural and migratory workers and dependents health population status, rural population demographic information, insurance utilization, and migrant health resources.
- Provided on-site technical assistance to maintain grant compliance.

Medi-Cal Operational Activities

PRHD was responsible for the following list of Medi-Cal operational functions in regards to migrant clinics from 2009-2012:

- 79 migrant health clinics are enrolled as federally qualified health centers (FQHC) Medi-Cal providers.

- Researched and analyzed Medi-Cal billing services information rendered by migrant health clinics.
- Interpreted federal and state policies regarding FQHCs, and updated the Medi-Cal provider policy manual, prepared Operating Instruction Letters to the Medi-Cal fiscal intermediary to amend FQHC policies or payments, and responded to bill analysis regarding FQHC policy.
- Prepared and submitted the cost of inflation Medicare Economic Index (MEI) rate to the Medi-Cal fiscal intermediary. The MEI rate is applied to the FQHC payment, which is adjusted annually based on Federal law.
- Prepared analysis on litigation regarding FQHC benefits provided to Medi-Cal enrollees, provider payments, and provider services.
- Provided information on Medicaid rate setting requirements for new clinic sites.

IV. Indian Health Program (IHP)

Health and Safety Code 124575 through 124595 directs DHCS to maintain a program for American Indians and their families. To meet these mandates, the IHP provides technical assistance and training to American Indian health clinics. IHP also coordinates with similar programs of the federal government, other states, and voluntary programs and conducts studies on the health and health services available to American Indians and their families throughout the state per the statute. Additionally, IHP administers the American Indian Infant Health Initiative (AIIHI) and manages a Tribal Emergency Preparedness program via an interagency agreement with the CDPH Emergency Preparedness Office (EPO).

Local Assistance

- IHP provided \$6.46 million (General Fund) in infrastructure grants to 32 Indian health clinic corporations (62 sites) throughout California during FY 2008-2009. This local assistance funding for Indian health clinics was available in FY 2008-2009 only. This funding was eliminated in FY 2009-2010 and subsequent years.

- Funding supported a total of 878,389 primary care clinic visits including 435,165 medical visits, 240,542 dental visits, and 202,682 public health nursing visits.
- PRHD monitored compliance to the grant requirements for primary care services to American Indians and their families and validated grant expenditures.
- Provided \$333,102 (interagency agreement with CDPH-EPO – Federal Fund) in one-time grants to 19 clinic corporations for H1N1 vaccination projects for hard to reach populations in FY 2009-2010.
 - Funded activities included: Public health nurse visits in remote and hard to reach areas, afterhours and weekend H1N1 vaccine clinics, H1N1 vaccine events at American Indian gatherings and events, and purchase of vital supplies including vaccine cold storage.
 - Provided oversight and monitoring of grant deliverables to ensure compliance with state and federal requirements.
- Provided \$2.096 million (Federal Title V) in grants to four Indian health clinic corporations for the administration of the AIHI from FY 2008-2009 through FY 2011-2012.
 - AIHI provides home visitation support services and health care instruction to high risk pregnant women and parenting American Indian families in five counties (Humboldt, Riverside, Sacramento, San Bernardino, and San Diego).
 - Provided oversight and monitoring of grant deliverables to ensure compliance with state and federal requirements.

Training and Technical Assistance

PRHD provided the following list of trainings and technical assistance to Indian health clinics from 2008-2012:

- Provided training and technical assistance via onsite visits, webinars, and telephone consultation to clinics on quality assurance/improvement, infection control, licensing and certification issues, and accreditation.

- Evaluated clinical board of directors, administration, financial, medical, dental, and community health service functions. Provided technical assistance on administration, governance, personnel, fiscal, program development, billing, and HIPAA compliance.
- Provided support to the American Indian Health Policy Panel (AIHPP), an advisory body that provides advice regarding the level of resources, priorities, criteria, and guidelines for improving the health status of American Indians in California.
- Conducted two regional trainings annually for AIHI personnel on subjects such as: the Healthy Families American home visitation curriculum, behavioral patterns of abused and neglected children, behavioral interventions for child development, the Maternal-Child Health curriculum entitled “Life Cycle Series,” motivational interviewing, dental sealants, foot disorders in children, perinatal mood disorders, and children with disabilities.
- Provided on-site technical assistance to maintain grant compliance and orient AIHI staff.
- Provided emergency preparedness training and on-site technical assistance to Indian health clinics and communities on surge capacity, assessing unique risks and threats, incident command systems, building community partnerships, developing collaborations with local public health officers, developing continuity of operations plans, working effectively with tribal governments, and developing individual clinic emergency plans.
- Completed an annual emergency preparedness and response needs assessment of Indian health clinics of which the results were used to determine training and technical assistance needs for the clinics.

Medi-Cal Operational Activities

PRHD was responsible for the following list of Medi-Cal operational functions in regards to Indian health clinics from 2009-2012:

- 63 primary care clinic sites in California serving American Indians including:
 - 14 FQHCs

- 49 Indian Health Services Memorandum of Agreement (IHS/MOA)
- Provided information and sought input from tribes and Indian health clinics on proposed changes to the Medi-Cal program as required by the American Recovery and Reinvestment Act of 2009 utilizing various communication methods including written notifications, webinars, face-to-face meetings, and teleconferences.
- Maintained list serve of tribes and Indian health clinic designees for dissemination of information and funding opportunities.
- Researched and analyzed Medi-Cal services and billing policies for compliance with federal and state guidelines for Indian health programs.
- Facilitated Medi-Cal administrative functions including assisting in the development of Medi-Cal policies affecting Indian health programs, review of Medi-Cal provider manual updates, Medi-Cal system changes, bill analysis, and annual tribal health clinic rate changes.
- Researched and developed Indian health clinic Medi-Cal utilization profile.
- Provided presentations on Indian health related Medi-Cal and DHCS activities to Indian health programs, tribal stakeholders, and federal partners.
- Researched and developed training to provide DHCS staff with information to effectively implement federal/state provisions of Medicaid programs that concern Indians and Indian health programs in California.

V. Rural Health Services Development Program

The RHSD program was established in 1977. It is governed by H&S Code Sections 124600 through 124785. RHSD provides technical and financial assistance to primary care clinics to ensure the maintenance of adequate health services and resources to medically underserved populations living in rural areas of California.

Local Assistance

- RHSD provided \$6.9 million (General Fund) in infrastructure grants to 122 primary care clinics to stabilize the rural health safety net. This local assistance

funding for was available in FY 2008-2009 only. This funding was eliminated in FY 2009-2010 and subsequent years.

- Funding supported a total 264,983 primary care visits, nutrition education, health education, and community outreach education encounters.
- PRHD monitored the delivery of primary care services of rural population and validated grant expenditures.

Training and Technical Assistance

PRHD provided the following list of trainings and technical assistance to RHSD clinics from 2008-2012:

- Disseminated information regarding rural health population research findings, state legislative updates, state programs policy updates, and federal rule making.
- Distributed information on the availability of federal grants and loans through an email list serve which afforded rural health clinics optional funding opportunities.
- Provided technical support to rural primary care clinics with HRSA federal grant applications.
- Completed an annual technical assistance needs assessment of clinic administrator. The results of the needs assessment were used to determine training and technical assistance needs for the clinics.
- Conducted the annual RHSD program technical assistance conference. Topics presented included: California state budget updates, HIT Financing Advisory Commission update, a best practice model for the implementation of electronic medical records in a clinic setting, and MUA, MUP, and HPSA re-designation outcomes.
- Provided on-site technical assistance to maintain grant compliance coordinated with federal, state, and stakeholder groups such as: HRSA, Bureau of Primary Health Care, Office of Rural Health Policy, OSHPD, CDPH, California State Rural Health Association, California Primary Care Association, and California Association of Rural Health Clinics in the dissemination of information regarding health prevention strategies, quality improvement models, and federal policy and/or regulation updates to rural primary care administrators.

- Provided technical assistance and training on effective telemedicine networks and strategies to develop and maintain a rural healthcare workforce.
- Provided technical assistance and trainings to administrators on topics including: emergency preparedness, strategies for successful HIT adoption, federally mandated HIT requirements, HIT financing, preparation for federal healthcare reform, best practices in recruiting and retaining rural health workforce, mandatory infection control reporting strategies, dental infection control strategies, HIPAA requirements, effective quality improvement components and evaluation, managing challenges in a rural primary care clinic, principles of a medical home, health center accreditation, preventive health issues - childhood obesity program strategies and models, and Accountable Care Act provider screening and enrollment requirements.
- Assisted in placement of 24 primary care physicians to deliver health services in rural primary care clinics by recommending foreign medical graduates to the U.S. Department of State for J-1 Visa Waivers.
- Compiled and disseminated research on rural health population status, rural population demographic information, insurance utilization, and rural health resources.

Medi-Cal Operational Activities

PRHD was responsible for the following list of Medi-Cal operational functions in regards to RHSD clinics from 2009-2012:

- 122 rural primary care clinics are enrolled as either FQHC or Rural Health Clinic (RHC) Medi-Cal providers.
- Researched and analyzed Medi-Cal billing services information rendered by rural primary care clinics.
- Provided information on Medicaid rate setting requirements for new clinic sites.
- Interpreted federal and state policies regarding FQHCs and updated the Medi-Cal provider policy manual, prepared Operating Instruction Letters to the Medi-Cal fiscal intermediary to amend FQHC/RHC policies or payments, and responded to bill analyses regarding FQHC/RHC policy.

- Prepared and submitted the cost of inflation MEI rate to the Medi-Cal fiscal intermediary. The MEI rate is applied to the FQHC/RHC prospective payment rate, which is adjusted annually based on Federal law.
- Prepared analysis on litigation regarding FQHC/RHC benefits provided to Medi-Cal enrollees, provider payments, and provider services.

VI. Conclusion

PRHD continues to offer resources directly to clinics. PRHD delivers trainings and technical assistance on emergent health issues and system changes, and supports Medi-Cal operational activities for SAMW, IHP, and RHSD programs to ensure adequate primary care services to Californians in rural and underserved populations.