



**Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the
Medi-Cal Program
August 31, 2011**

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 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 writing.

AGENDA

Topic	Presenter
Webinar Logistics	Lori Gonzalez, Go to Meetings
Welcome/Overview	Andrea Zubiante, Indian Health Program Coordinator
State Plan and State Plan Amendment (SPA) Overview	Andrea Zubiante, Indian Health Program Coordinator
Review of Proposed SPA	Donnie Minor, Pharmacy Division
Medicaid Waiver Overview	Andrea Zubiante, Indian Health Program Coordinator
Review of Proposed Waivers Renewal and Amendments	-Leydis Church, Long Term Care Division -Dina Kokkos-Gonzales, Benefits, Waiver, Analysis, and Rates Division
Feedback/Closing	All

State Plan Amendment (SPA) Overview



Medicaid State Plan Overview

- State Plan: The official contract between the state and federal government by which a state ensure compliance with federal Medicaid requirements to be eligible for federal funding.
- The State Plan describes the nature and scope of Medicaid program 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 1400 pages and can be accessed online at:
<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>

State Plan Amendment (SPA) Overview

- State Plan Amendment: 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 Centers for Medicare and Medicaid Services 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.

Physician Administered Drug Reimbursement Methodology- SPA 11-018



Background

- The 2010 Health Budget Trailer Bill added Section 14105.456 to the Welfare and Institutions (W&I) code. W&I code 14105.456 allows the Department of Health Care Services (DHCS) to reimburse providers of physician-administered drugs at rates equal to what the department reimburses pharmacy providers.

Background Continued

A physician-administered drug is any prescription or non-prescription drug or vaccine administered or dispensed to a beneficiary by a Medi-Cal provider other than a pharmacy provider.

Providers of physician-administered drugs include:

- Physicians
- Nurses
- Midwives
- Any qualified healthcare provider



Impact

- **Impact on Indian Health Programs:**

The new reimbursement methodology will only impact Indian Health Programs and Urban Indian Organizations that submit fee-for-service claims to Medi-Cal for physician-administered drugs.

- **Impact on Indian Health Beneficiaries:**

It is not anticipated that this SPA will directly impact care to Indian Medi-Cal beneficiaries.

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Waiver Overview



What Are Medicaid Waivers?

- The Federal government to waive specified provisions of Medicaid Law (Title XIX of the Social Security Act)
- Flexibility and encourage innovation in administering the Medicaid program to meet the health care needs of each State's populations
- Ability to provide medical coverage to individuals and/or provide services that may not otherwise be eligible or allowed under regular Medicaid rules
- Medicaid Waivers are for specified periods of time and must be renewed upon expiration.

Nursing Facility/Acute Hospital Waiver Renewal



Background

- The Nursing Facility Acute Hospital (NF/AH) Waiver, began in 2007 and ends in December 31, 2011. The In-Home Operations (IHO) Waiver was renewed on January 1, 2010. The NF/AH waiver is being processed for renewal to include the same language that was included in the IHO Waiver when it was renewed.
- The NF/AH Waiver provides Medi-Cal beneficiaries with long-term medical conditions, who would otherwise be in a skilled nursing facility or hospital, the opportunity to receive NF/AH Waiver services and benefits in order to remain in his or her home or in a home-like setting within the community.

Proposed Changes

- The requirements identified as “Standards of Participation” for Non-Profit Organizations have been revised to show changes recommended by Independent Living Centers.
- If (IHO) does not receive a primary care physician signed Plan of Treatment within 90 days (instead of the current 180 days) of the initial evaluation the case will be closed.
- The distinction between Acute and Subacute Level of Care will be clarified.
- The development of pediatric reimbursement rates for Congregate Living Health Facilities registered as Home Community Based Service Nursing Facilities.
- Expand the scope of Family Training Services to include training for non-family unlicensed caregivers.

Impact

- **Impact on Indian Health Programs:**

It is not anticipated that this waiver renewal will directly impact the Tribal and Urban Indian health Programs

- **Impact on Indian Health Beneficiaries:**

It is not anticipated that this waiver renewal will directly impact care to Indian Medi-Cal beneficiaries.



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Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver Renewal



Background

- California administers a Section 1915(c) Home and Community-Based Services (HCBS) Waiver for Medi-Cal recipients with HIV disease or AIDS under Title XIX of the Social Security Act. The California Department of Public Health (CDPH) Office of AIDS (OA) administers the waiver through an interagency agreement with the Department of Health Care Services (DHCS).
- The HIV/AIDS Waiver gives California the flexibility to develop and implement creative, community alternatives instead of institutionalization. The HIV/AIDS Waiver program has been in effect since January 1, 1992. It is currently approved through December 31, 2011. DHCS will submit to the Centers for Medicare and Medicaid Services (CMS) a waiver renewal application for a term of January 1, 2012 through December 31, 2017.

Description of the Waiver

- The HIV/AIDS Waiver provides comprehensive case management and direct care services at no cost to persons with HIV or AIDS as an alternative to nursing facility care or hospitalization.
- Case management includes a combined interdisciplinary team approach consisting of a nurse case manager and a social worker case manager, who work with the client and his or her doctor, family, caregiver(s), and other service providers, to determine and provide needed services.



Goals

The goals of the HIV/AIDS Waiver are to:

- Provide home and community-based services for persons with HIV/AIDS-related disabilities who may otherwise require institutional services;
- Help clients with disease management, preventing the spread of disease, stabilizing their health, improving their quality of life, and avoiding costly institutional care;
- Help clients and families move toward becoming independent; Increase coordination among service providers and stop duplication of services.



Services Provided

Services under the HIV/AIDS Waiver include:

- Attendant Care
- Homemaker Services
- Skilled Nursing – RN/LVN
- Nutritional Counseling
- Psychotherapy
- Nurse and Social Work Case Management
- Durable Medical Equipment/Medical Supplies
- Minor Physical Adaptations to the Home
- Nutritional Supplements/Herbal Therapy
- Non-Emergency Medical Transportation
- Home Delivered Meals

Proposed Changes

The waiver renewal reflects the following changes that occurred during the previous waiver term:

- Updates the name and structure of California's Single State Medicaid Agency by defining DHCS and CDPH roles due to the July 1, 2007 departmental split.
- Removes language regarding the former CDPH/OA Case Management Program.
- Removes language on symptom requirements from the level of care (LOC) eligibility requirements.
- Changes qualified managers' face-to-face reassessment intervals from 60 to 90 days or more often as needed.
- Changes CDPH/DHCS on-site monitoring/oversight intervals from 18 to 24 months.

Impact

- **Impact on Indian Health Programs:**

DHCS does not anticipate any direct impact to Indian health programs or urban Indian health organizations.

- **Impact on Indian Health Beneficiaries:**

DHCS anticipates that the removal of symptom requirements from the LOC eligibility requirements will increase waiver participation by serving more HIV/AIDS Medi-Cal recipients. This waiver will impact Indian health beneficiaries only to the extent that they receive services under this waiver.

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California Bridge to Reform Demonstration 1115 Waiver Amendment (Co-Payments)



Background

- The Department of Health Care Services (DHCS) requested technical assistance from the Centers for Medicare and Medicaid Services and submitted an amendment to the 1115 Bridge to Reform Demonstration Waiver, which would allow the State to impose mandatory copayments on Medi-Cal beneficiaries. DHCS shared this information at meetings held with Tribes and designees of the Indian health programs on July 19, 2011 and July 22, 2011.



Description of Waiver Amendment

- The mandatory copayments would be imposed on Medi-Cal beneficiaries regardless of eligibility category, age or whether they are participating in the Medi-Cal fee-for-service or enrolled in a health plan contracting with DHCS. However, a managed care health plan may establish a lower copayment or no copayment.
- Providers may collect the copayment from the beneficiary at the time of service. In the event the beneficiary does not pay the copayment at the time of service, the provider has the option to deny services, waive the copayment, or provide the service without waiving the copayment and hold the beneficiary liable for the amount owed. Providers will be reimbursed at the applicable Medi-Cal reimbursement rates less the copayment amount.

Description of Waiver Amendment Continued

Copayments would be required for the following services:

- nonemergency services received in an emergency room;
- emergency services received in an emergency room;
- each hospital inpatient day, with a maximum per admission;
- preferred drugs prescription or refill;
- non-preferred drug prescription or refill; and
- each visit for outpatient services including dental services received on an outpatient basis.



Impact

- **Impact on Indian Health Programs:**

The waiver amendment will impact Indian Health Programs because it imposes mandatory copayments on Medi-Cal beneficiaries. It will be the responsibility of the provider to collect these copayments.

- **Impact on Indian Health Beneficiaries:**

The waiver amendment will impact Indian Health beneficiaries because it imposes mandatory copayments on Medi-Cal beneficiaries.

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FEEDBACK/CLOSING



Thank You !

