

Medi-Cal Tribal and Indian Health Program Designee Annual Meeting Medi-Cal Overview



Department of Health Care Services (DHCS)
March 3, 2015

Overview

- Medi-Cal Basics
- Tribal/Indian Health Program Advisory Update
- DHCS

What is Medicaid?

- An entitlement program created in 1965 in federal law¹
- Makes available medically necessary health care services for low income families, children, pregnant women, seniors and persons with disability who meet criteria for program services
- Is a federal-state partnership which is jointly funded by state and federal funds
- Makes available federal funding, known as federal financial participation (FFP) for programs that are in compliance with applicable federal Medicaid statutes, regulations and policies

¹ Title XIX of the Federal Social Security Act

What is Medi-Cal?

- Medi-Cal is California's Medicaid program. This is a public health insurance program which provides needed health care services for low-income individuals, blind, and disabled. Medi-Cal was established in 1966 ¹
- Medi-Cal is administered by DHCS, which serves as the “Medicaid Single State Agency” and is responsible for ensuring the program is administered in accordance with applicable federal and state statutes, regulations and policies
 - Approximately 12.2 million enrollees in January 2015
 - Providers include over 561 hospitals and 133,590 private providers
- The 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 and it describes the nature and scope of Medicaid programs and gives assurances that it will be administered in accordance with federal law. California’s State Plan is over 1,900 pages and can be accessed online at:
<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan>

¹ Codified in Welfare & Institutions Code, starting at Section 1400. Medi-Cal regulations are found in California Code of Regulations, Title 22, Division 3

Medi-Cal State Plan Amendments and Waivers

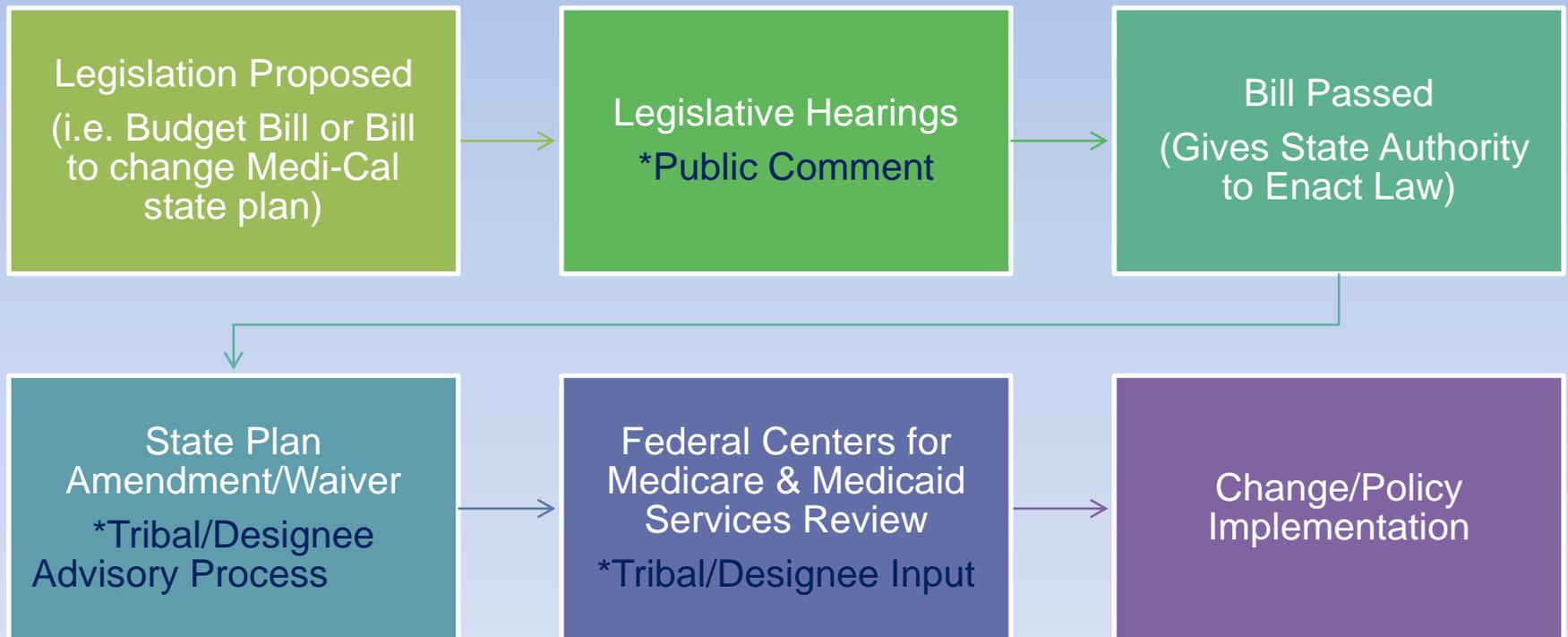
State Plan Amendment (SPA) - any formal change to the State Plan

- Approved SPAs ensure the availability of federal funding for the state's program
- Federal Centers for Medicare and Medicaid Services (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 Example: Adding Marriage and Family Therapists as Mental Health Providers (SPA 14-012) authorizes licensed MFTs, registered MFT interns, registered associate social workers, and psychological assistants as providers of Medi-Cal mental health psychotherapy services

Medicaid Waivers allow States to apply to the federal Secretary of Health and Human Services to obtain an exemption (i.e. "waive") from particular Medicaid statutes. Waivers allow:

- Flexibility and encourage innovation in administering its Medicaid program to meet the health care needs of its populations
- Ability to provide medical coverage to individuals who may not otherwise be eligible and/or provide services that may not otherwise be allowed under the regular Medicaid rules
- The three categories of federal Medicaid waivers are:
 - Section 1115: Research and Demonstration Projects, Section 1915 (b): Managed Care/Freedom of Choice Waivers, Section 1915 (c): Home and Community-Based Services Waivers
 - Waiver Example: Tribal Uncompensated Care Waiver Amendment allows for services to be provided that would otherwise not be allowed.

General Process for Changes to Medi-Cal Program



Tribal and Designees of Indian Health Programs Advisory Process

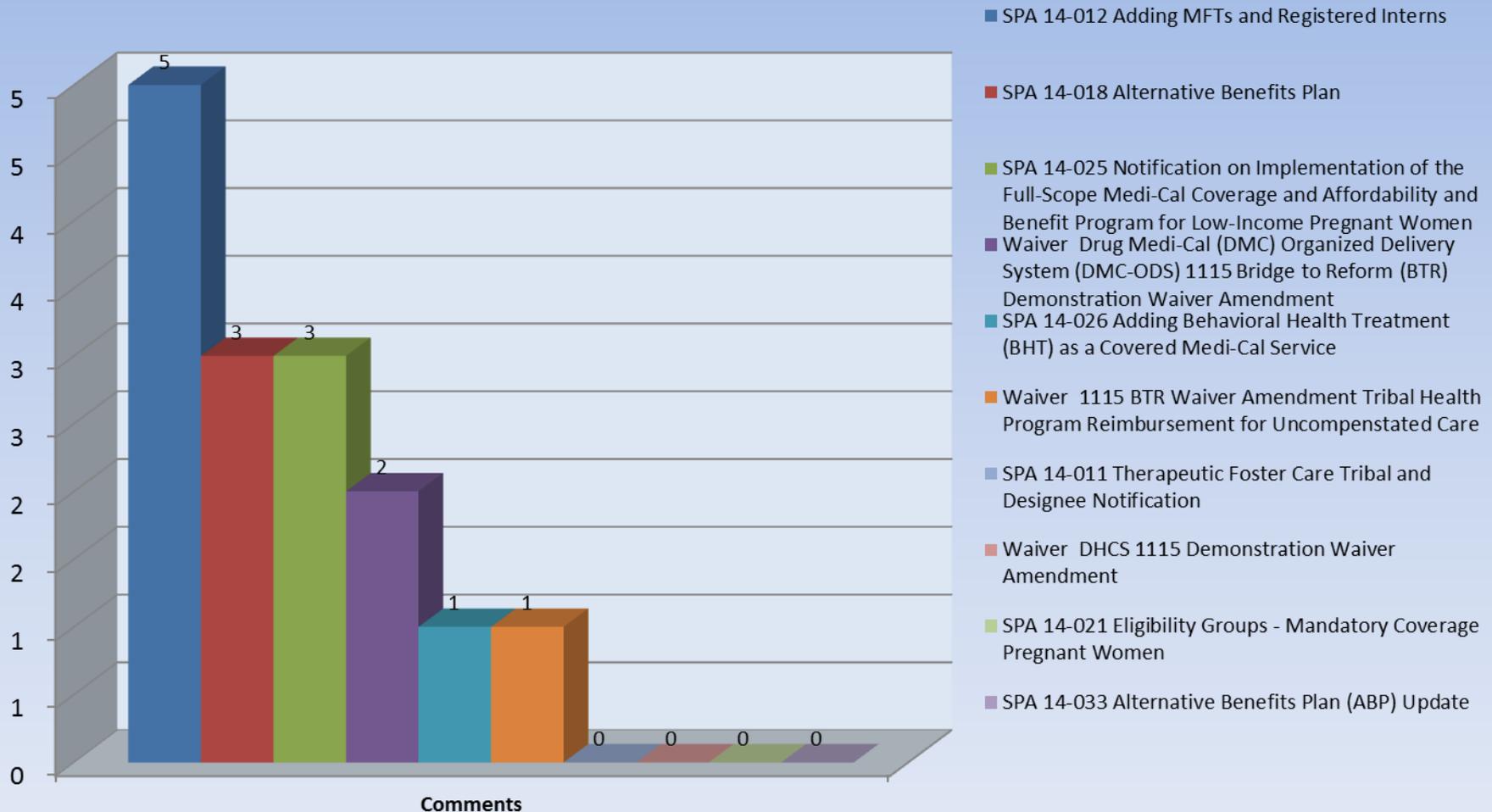
- Background: Executive Orders and statutes recognize the unique relationship of Tribes with the federal government and emphasize the importance of States to work with Tribes and Designees of Indian Health programs on matters that may impact Indian health
- DHCS is required to seek advice from Tribes and designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the Section 5006 (e) of Public Law 111-5, the American Recovery and Reinvestment Act of 2009 (ARRA)
- DHCS uses various methods to seek advice. The methods of communication include, but are not limited to the following:
 - Written communication (Notices)
 - Electronic (Webinars quarterly and teleconferences as needed)
 - DHCS hosts one annual Tribal meeting
 - DHCS may also convene other meetings if further discussion is needed or requested
 - DHCS also participates in federal meetings as requested
- DHCS requests designees from Indian health program boards of directors annually and directs communications with tribal chairpersons

Medi-Cal Tribal and Indian Health Program Designee Update

- Designees:
 - DHCS sent letters requesting selection of Indian Health Program Designees on August 18, 2014
 - 28 of 42 Indian health clinics have updated their designees to date
 - In the absence of a designee, DHCS directs communications to the clinic Executive Director
- Tribal Chairpersons:
 - DHCS completes an update of all Tribal Chairpersons twice yearly. The last update was completed in January 2015
- Next quarterly webinar is scheduled for May 29, 2015 at 2 p.m. Registration information is forthcoming.
- DHCS Tribal and Designee notices and Q & A are posted to the IHP website at:
 - <http://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx>

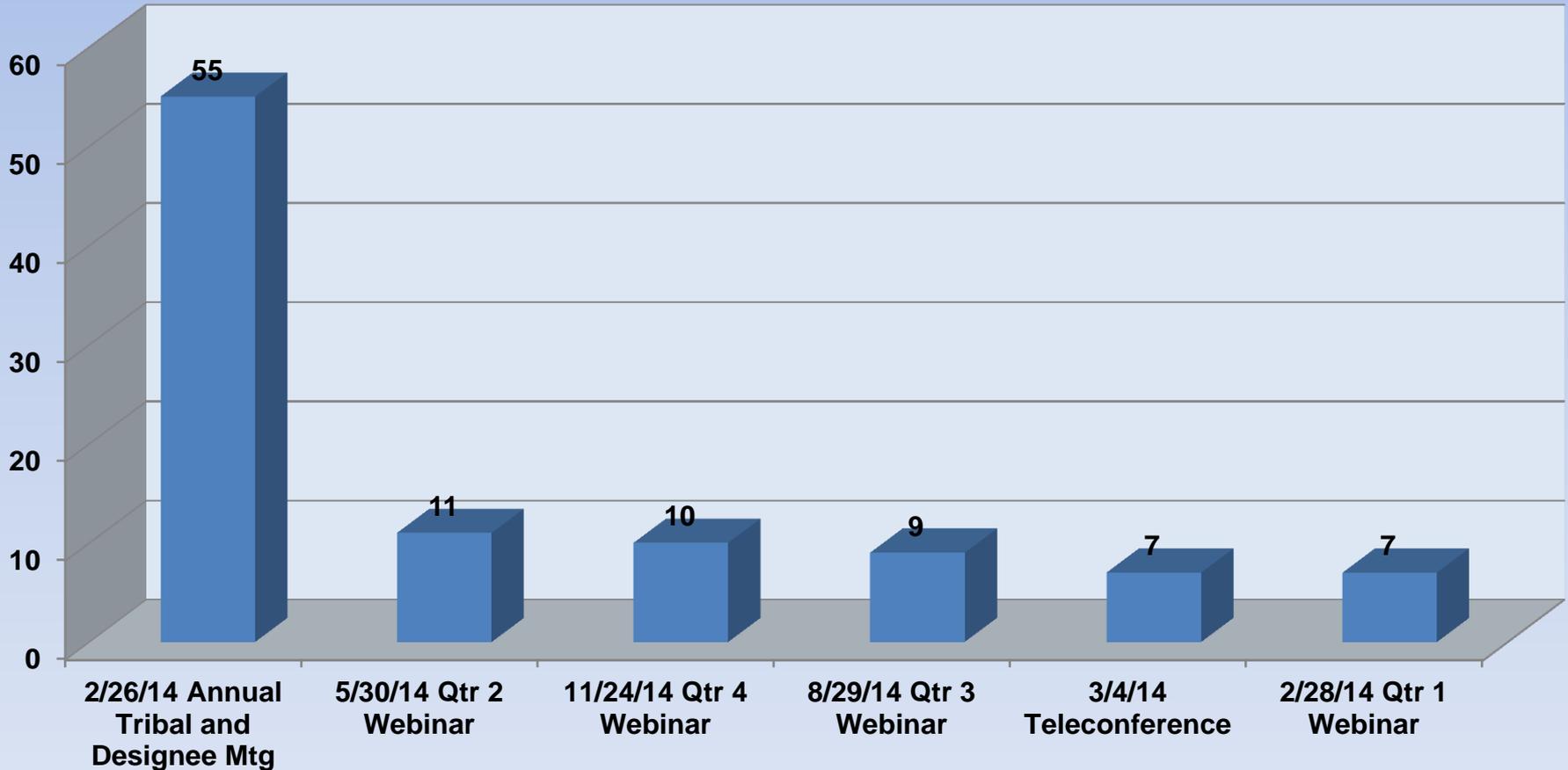
Advisory Process

Number of Questions/Comments Received for SPA/Waiver/Demonstration Projects in 2014



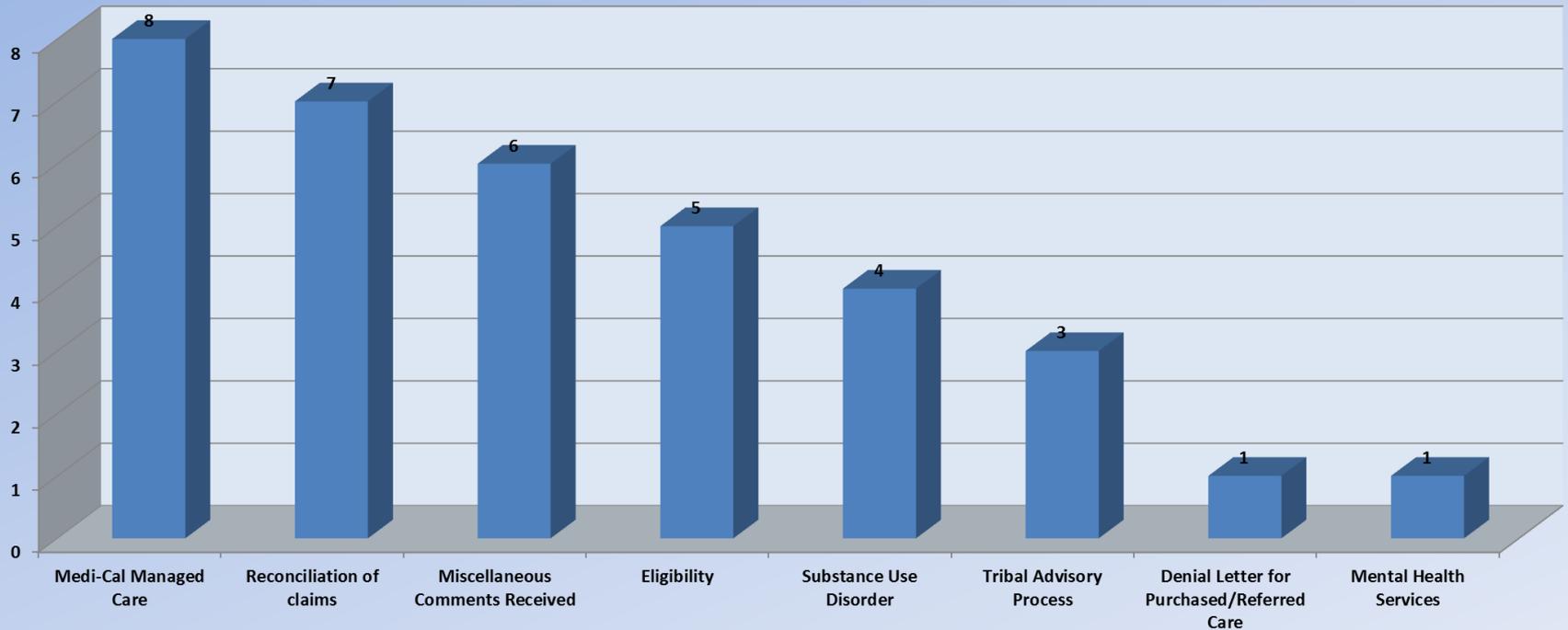
DHCS Advisory Meetings, Webinars, and Teleconferences in 2014

Number of Participants



2014 Tribal and Indian Health Designee Annual Meeting

Topics of Concern and Responses Received at Annual Meeting



Questions and Responses can be found at http://www.dhcs.ca.gov/services/rural/Documents/AnnMCTribalDes_5_23_14.pdf

Medi-Cal Budget/Staff

- For Fiscal Year (FY) 2015-2016 the Governor's proposed state budget is \$255.2 billion of which \$98 billion (38%) is for the support of DHCS' programs and services
 - \$588.6 million funds state operations while \$97.5 billion supports local assistance
 - Governor's budget estimates sources for DHCS budget as follows: \$19 billion from General Fund, \$61.3 billion from Federal Funds and \$17.6 billion from Special Fund and Reimbursements
- 3,841 DHCS employees provide services statewide for the administration of DHCS Programs



Source: DHCS 2015-16 Governor's Budget Highlights, January 9, 2015 and Governor's Budget Summary

State of California Organizational Chart

