



Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program February 27, 2015

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 writing.

Agenda



Topic	Presenter
Welcome/Overview	Andrea Zubiante, DHCS, Indian Health Program (IHP) Coordinator
Waivers Scheduled for Submission by March 30, 2015	
Section 1115 Waiver Renewal	Wendy Soe, DHCS, Senior Advisor for Policy Development
Medi-Cal Specialty Mental Health Services (SMHS) Waiver Renewal	Nancy Dailey, DHCS, Mental Health Services Division
SPA Scheduled for Submission by March 30, 2015	
Allied Dental Professionals Enrollment into the Medi-Cal Dental Services Program SPA 15-005	Kalanie Lipscomb, DHCS, Medi-Cal Dental Services Division
Substance Use Disorder (SUD) Services Expansion and Definition Changes SPA 15-012	Robert Maus, DHCS, SUD Prevention Treatment and Recovery Services
Feedback/Closing	All

Waiver Overview



What are Medicaid Waivers?

- “Waive” specified provisions of Medicaid Law (Title XIX of the Social Security Act).
- Allow flexibility and encourage innovation in administering the Medicaid program to meet the health care needs of each State’s populations.
- Provide medical coverage to individuals and/or services that may not otherwise be eligible or allowed under regular Medicaid rules.
- Approved for specified periods of time and often may be renewed upon expiration.

Section 1115 Waiver Renewal



“Bridge to Reform” Waiver 2010-2015

Current Waiver allows Medi-Cal to operate its managed care program, provide payment for uncompensated care, and provide services or coverage to populations otherwise not eligible

Current “Bridge to Reform” Waiver demonstration sunsets October 31, 2015

Waiver renewal request must be submitted to the Centers for Medicare and Medicaid Services (CMS) at least 6 months before the end of the current Demonstration

2015 Waiver Renewal: Vision and Goals

Vision for 2020

- Continue to build capacity in ways that better coordinate care and align incentives around Medi-Cal beneficiaries to improve health outcomes, while also containing health care costs.
- Bring together state and federal partners, plans and providers, and safety net programs to share accountability for beneficiaries' health outcomes.



Committed to demonstration of specific achievable metrics:

- Statewide
- Regional
- Plans
- Provider Systems

New Waiver Concepts & Strategies

Core Strategy 1: \$15 - \$20 billion Federal investment in the Waiver's comprehensive approach to delivery system alignment and innovation

Core Strategy 2: Advance quality improvement and improved outcomes through expanded Delivery System Transformation & Alignment Incentive Programs

- DSRIP 2.0 targeted at public safety net systems
- Regional Incentives among MCOs, County Behavioral Health Systems, Providers
- Fee-for-service quality improvement incentives
- Workforce development initiatives
- Access to housing & supportive services
- Whole-Person Care Pilots

Core Strategy 3: Transform California's public safety net for the remaining uninsured by unifying DSH and Safety Net Care Pool funding streams into a county-specific global payment system

Core Strategy 1:

Federal-State Shared Savings

Under the Waiver, a per-beneficiary-per-month cost amount would be established based on predicted costs for those beneficiaries absent the waiver (total funds)

The state would retain a portion of federal funds for the difference between actual expenditures and pre-established per beneficiary amounts

The savings serve as key reinvestment funding that will allow CA to implement many of the other waiver initiatives that will drive this savings as well as quality improvement

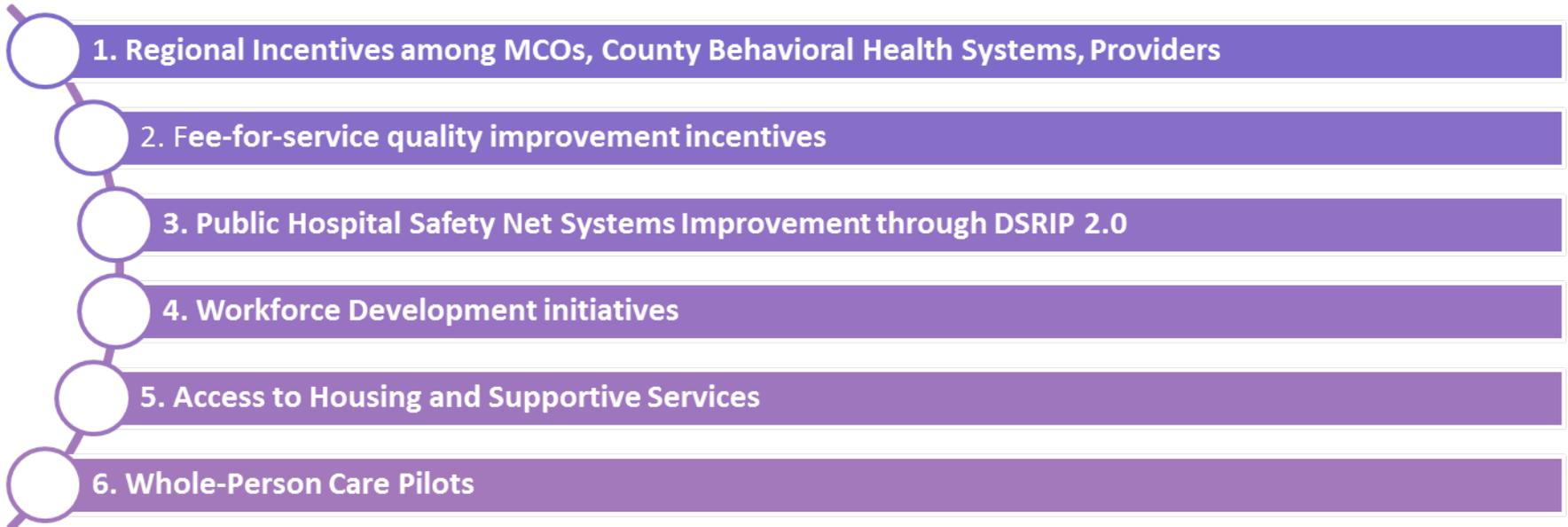
Concept is not a per-capita cap that limits entitlement spending; any excess spending over the anticipated per-beneficiary cost would count against budget neutrality margin and reduce Waiver expenditures

Core Strategy 2: Delivery System Transformation & Alignment Incentive Programs

Building upon successes under Bridge to Reform and broad innovation in healthcare, reinvent approaches to care delivery and purchasing that will improve health of Medi-Cal beneficiaries

Ability to target populations in need of specific focus or services

Establish statewide, regional, or provider level metrics working towards improvements in health equity, integration, and reducing total cost of care

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1. Regional Incentives among MCOs, County Behavioral Health Systems, Providers
 2. Fee-for-service quality improvement incentives
 3. Public Hospital Safety Net Systems Improvement through DSRIP 2.0
 4. Workforce Development initiatives
 5. Access to Housing and Supportive Services
 6. Whole-Person Care Pilots

Regional Incentives among MCOs, County Behavioral Health Systems, Providers

Focus on coordinated care across physical health, mental health, substance abuse disorder services, and long term care; improve quality and value within the delivery system

Incentive arrangements would require Medi-Cal managed care plans, county behavioral health systems, and providers to work together to achieve specific metrics

Use Waiver authority and funding to test alternative flexibilities to traditional Medicaid services that address social determinants of health, enhance plan/provider capacity, and foster enhanced care coordination

As a long-term goal, transition away from eligibility group-specific cost-based ratesetting to a blended value-based model

FFS Quality Improvement Incentives

Hospital Incentives for Maternity Care Improvement

- Medi-Cal pays for approximately 50% of all deliveries in CA. Over 60% of those deliveries occur through the Medi-Cal fee-for-service system
- Opportunity to influence quality and cost drivers
- Fee-for-service incentives to reduce non-medically necessary early elective Caesarians and promote efficient maternal and child health
- Bonus payments to hospitals that meet quality and reporting goals

FFS Dental Incentives

- Address local needs to expand access to dental services
- Strategies include: teledentistry, incentives to increase provider participation, training, encourage delivery of preventative services

DSRIP 2.0

Focused on public safety net systems

Evaluation focused more on outcomes and standardized projects and metrics

Five core domains:

- **Delivery System Transformation** – focused on redesigning ambulatory care, improving care transitions, and the integration of behavioral health and primary care
- **Care Coordination for High Risk/High Utilizing Populations** – focused on care management, health homes, and palliative care
- **Resource Utilization Efficiency** – focused on appropriate use of antibiotics, high cost imaging and pharmaceuticals
- **Prevention** – focused on core areas such as cardiac health, cancer, and perinatal care
- **Patient Safety** – focused on improving performance on metrics related to potentially preventable events and reducing inappropriate surgical procedures

Workforce Development

Address need to transform and expand primary care and specialty care access to serve the Medi-Cal population, given increased competition for providers post-ACA

Expand existing providers' ability to deliver quality care to additional Medi-Cal members and users of CA's safety net

Attract additional workforce to participate in the Medi-Cal program including new categories of health workers with expertise in physical-behavioral health integration and that have cultural and linguistic skill sets for broad community reach

Drive value by leveraging non-physician workforce; may include In-Home Supportive Services and Community Health Workers

Access to Housing and Supportive Services

Potential target populations: high-utilizers, nursing facility discharges; those experiencing or at risk for homelessness

Provide funding for housing-based care management/tenancy supports (outreach and engagement, housing search assistance, crisis intervention, application assistance for housing and benefits, etc.)

Allow health plans flexibility to provide non-traditional Medicaid services (discharge planning, creating care plan, coordination with primary, behavioral health and social services, etc.)

Allow plan contribution of funding to shared savings pool with county partners that could be used to fund respite care, housing subsidies, additional housing-based case management

Allow for health plans and counties to form regional integrated care partnership pilot programs leveraging the range of existing local, state and federal resources in a targeted approach

Regional Integrated Whole-Person Care Pilots

An enhanced model of Regional Partnerships requiring proposals for a geographic region, likely a county or group of counties, jointly pursued by the county and applicable Medi-Cal plans for that region

Subject to State and federal approval with potential to test additional flexibilities not currently allowed under Medicaid

Would include: Medi-Cal managed care plans, county entities (e.g. physical health, behavioral health, social services, etc), spectrum of providers (e.g. hospitals, clinics, doctors, other medical/behavioral health providers), non-traditional supportive providers/services, etc.

Encourage innovation in delivery and financing strategies to improve health outcomes of target populations

Include approaches across the spectrum of delivery system alignment and transformation (MCO/provider, MCO/county, access to housing and supportive services, workforce development)

Evaluation component will measure health outcomes, impact on total cost of care, scalability, and sustainability beyond Waiver term



Core Strategy 3: Public Safety Net Payment Reform

Transform the traditional Disproportionate Share Hospital (DSH) and Safety Net Care Pool (SNCP) reimbursement structures away from cost-based systems

Establish county-specific global payments that integrate DSH and SNCP funding and serve as lever for whole-person coordinated care

Public safety net systems would be paid a global budget amount for services provided to the uninsured; systems would be required to meet established service thresholds in order to receive full payment

Includes inpatient facility stays, face-to-face and technology-based outpatient visits, and preventative, case management, and health education services

Service targets would recognize the high-value of activities designed to reduce unnecessary emergency room visits/hospital stays, including non-traditional services

Stakeholder Engagement & Public Input

Ongoing opportunity for public input to dedicated e-mail inbox or by mail

Continuous posting of public input and concept development on DHCS website

Upcoming public forums on Waiver Renewal:

- March 03, 2015: Final DSH/SNCP Pool final workgroup webinar
- March 16, 2015 (tentative): Waiver Renewal application webinar
- March 31, 2015: deadline to submit Waiver Renewal application to CMS

Impact on Indian Health Programs

Additional flexibility for health plans and providers to provide non-traditional Medi-Cal reimbursable services to beneficiaries or enter into incentive program arrangements

IHPs may also be able participate in other proposed waiver activities; including delivery system integration, care coordination, prevention projects, work force development incentives, and the Tribal Uncompensated Care Program (TUCP)

No impact to how IHPs participate in MC managed care or IHP federal managed care protections

Impact on Indian Medi-Cal Beneficiaries

Waiver renewal allows the continuation of the existing Medi-Cal program structure and seeks to improve patient experiences in receiving appropriate, quality, coordinated care, and expanding access within the delivery system

No new impact to how Indian Medi-Cal beneficiaries participate in Medi-Cal. Proposal does not alter or change the existing state and federal managed care protections afforded to American Indians (i.e. right to receive services from an Indian Health Program, etc.).

Indian Medi-Cal beneficiaries may also continue to have access to services not currently available in the Medi-Cal program through the TUCP (i.e. podiatry and certain adult dental services).

Questions / Comments / More
Information:

WaiverRenewal@dhcs.ca.gov

[http://www.dhcs.ca.gov/provgovpart/
Pages/WaiverRenewal.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/WaiverRenewal.aspx)

Medi-Cal Specialty Mental Health Services (SMHS) Waiver Renewal Request



Background

- California administers a Section 1915(b) Freedom of Choice waiver to provide Specialty Mental Health Services (SMHS) which is due for renewal. DHCS operates and oversees this waiver.
- The proposed 9th waiver term is July 1, 2015 through June 30, 2020;
- Draft due to CMS March 31, 2015



Description

Characteristics:

- Uses a managed care model of service delivery
- Administered locally by each county's Mental Health Plan (MHP) and each MHP provides, or arranges for, SMHS for Medi-Cal beneficiaries.
- The SMHS waiver population is all Medi-Cal beneficiaries.
- All Medi-Cal beneficiaries have access to waiver services if they meet medical necessity criteria.
 - a beneficiary must have one or more included diagnosis, and must meet specific impairment and intervention criteria.

Impact

Impact on Indian Health Programs

- Extends the term of the existing SMHS waiver
- IHPs and UIHOs may contact their county MHP to obtain information on contracting to provide SMHS for eligible Medi-Cal beneficiaries

Impact on Indian Medi-Cal Beneficiaries

Extends the term of the existing SMHS waiver to allow for continued services

Contact Information

Programs may submit written comments or questions concerning this waiver within 30 days from February 11, 2015. Comments may be sent by email to Shelly.Osuna@dhcs.ca.gov or by mail to the address listed below:

Department of Health Care Services
Mental Health Services Division
Program Policy and Quality Assurance Branch
1500 Capitol Avenue, MS 2702
P.O. Box 997413
Sacramento, CA 95899-7413
ATTN: Shelly Osuna

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

- 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.

Allied Dental Professionals Enrollment into the Medi-Cal Dental Services Program (SPA) 15-005



Background

- Registered Dental Hygienists (RDHs), Registered Dental Hygienists in Extended Functions (RDHEFs), and Registered Dental Hygienists in Alternative Practice (RDHAPs) meet provider qualifications per Federal law.¹
- DHCS intends to submit SPA 15-005 to allow the enrollment of RDHs and RDHEFs into the Medi-Cal dental program as covered providers if they are employed by certain entities. This SPA will also allow RDHAPs to enroll into the Medi-Cal dental program.

¹ 42 Code of Federal Regulations section 440.60 and 42 United States Code section 1396d (a)(6)

Description

- RDHs and RDHEFs will be allowed to enroll as providers in the Medi-Cal Dental Program if they are employed by:
 - (1) a public health program created by Federal, State, or local law; or
 - (2) a public health program managed by a Federal, State, county, or local governmental entity.
- SPA 15-005 will also allow RDHAPs to enroll into the Medi-Cal Dental Program as billing and/or rendering providers.
- Per SPA 15-005, RDHs, RDHEFs, and RDHAPs will be able to provide covered dental services within their scope of licensure.

Impact

Impact on Indian Health Programs

- May increase the number of allied dental providers who may render services
- Federally Qualified Health Centers (FQHCs) that seek to bill for services rendered by RDHs, RDHEFs, and/or RDHAPs are advised to submit a Change in Scope of Service Request.
- The Prospective Payment System rate will be recalculated to include hygienist costs and visits.
- Tribal Health Programs participating in Medi-Cal as Indian Health Services- Memorandum of Agreement (IHS-MOA) providers may bill for certain preventive services provided by RDHs, RDHEFs, and/or RDHAPs at the IHS all-inclusive rate. The permissible services will be outlined in the Denti-Cal Provider Handbook and Manual of Criteria, which can be viewed at the following website: www.denti-cal.ca.gov.

Impact

Impact on Indian Medi-Cal Beneficiaries

- Since SPA 15-005 will allow for additional dental providers to participate in the Medi-Cal dental program, beneficiaries will be able to avail themselves to services rendered by these new providers.
- The new providers may provide specified dental services, within their scope of practice, including, but not limited to, preventive services such as: prophylaxis, the application of fluorides, and pit and fissure sealants.
 - Additional information regarding permissible services and billing requirements will be forthcoming and will be provided on the Denti-Cal website as it becomes available.

Contact Information

You may visit the following link to view the Tribal Notice for SPA 15-005:

http://www.dhcs.ca.gov/services/rural/Documents/SPA15-005_AIIDenProfEnr.pdf

Comments regarding SPA 15-005 may be sent either by email to Nathaniel.Emery@dhcs.ca.gov or by mail to the address listed below by March 20, 2015:

Department of Health Care Services
1501 Capitol Avenue, Suite 71.326
P.O. Box 997417
Sacramento, CA 95899-7417
Attention: Nathaniel Emery

Substance Use Disorder Services (SUD) Expansion and Definition Changes (SPA) 15-012



Background

Senate Bill (SB) x1-1 allows the expansion of certain SUD services to all Medi-Cal beneficiaries. SB x1-1 added Section 14132.03 to the Welfare and Institutions (W&I) Code which allows DHCS to provide SUD services to more Medi-Cal beneficiaries.



Description

- DHCS will submit SPA 15-012 to the Centers for Medicare and Medicaid Services to seek approval for the following definition and coverage changes for Drug Medi-Cal (DMC) services:
 - Change the group counseling size definition to allow for the same capacity for all types of DMC treatment to two (2) to twelve (12) people to create greater continuity across DMC service types such as Outpatient Drug Free Treatment, Intensive Outpatient Treatment, and Narcotic Treatment Programs;
 - Expand coverage of Medication Assisted Therapy in the DMC program to allow for greater access at DMC treatment program sites; and
 - Allow greater flexibility with the limitations on individual counseling.
- Upon approval of the SPA, the effective date will be January 1, 2015. Eligibility for reimbursement for these changes shall begin on this date

Impact

Impact on Indian Health Programs

- To the extent that an Indian Health Program is a certified Drug Medi-Cal provider, this SPA will allow any treatment program to increase group counseling size to a minimum of two (2) people and a maximum of twelve (12) people, at least one of which must be a Medi-Cal eligible beneficiary. This SPA will also allow coverage under the DMC program for MAT and enhanced individual counseling options.



Impact

Impact on Indian Medi-Cal Beneficiaries

- This SPA will impact American Indian Medi-Cal beneficiaries in DMC treatment programs who receive group counseling as they could be participating in groups consisting of a minimum of two (2) and a maximum of twelve (12) people.
- It will also impact any American Indian Medi-Cal beneficiaries participating in DMC considered to need additional MAT or individual counseling services under the DMC program as all eligible Medi-Cal beneficiaries will be able to access these expanded benefits at DMC certified locations.

Contact Information

Department of Health Care Services
Substance Use Disorder Compliance Division (SUDCD)
1501 Capitol Avenue, MS 2600
P.O. Box 997413
Sacramento, CA 95899-7413
Attn: Marlies Perez, Chief

Feedback



Thank You!

