



# Department of Health Care Services



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Tribal and Designee Medi-Cal Advisory Process Webinar  
on Proposed Changes to the Medi-Cal Program  
August 29, 2014

# 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
<b>Welcome/Overview</b>	Andrea Zubiante, Indian Health Program (IHP) Coordinator
<b>SPAs Scheduled for Submission by September 30, 2014</b>	
<b>Adding Behavioral Health Treatment (BHT) as a Covered Medi-Cal Service SPA 14-026</b>	Laurie Weaver, Chief, Benefits Division
<b>Eligibility Groups – Mandatory Coverage Pregnant Women SPA 14-021</b>	Cynthia Cannon, Medi-Cal Eligibility Division
<b>Notification on Implementation of the Full-Scope Coverage and Affordability and Benefit Program for Low-Income Women SPA 14-025</b>	Cynthia Owens, Benefits Division
<b>Waivers Scheduled for Submission</b>	
<b>DHCS 1115 Demonstration Waiver Amendment</b>	Cynthia Cannon, Medi-Cal Eligibility Division
<b>Drug Medi-Cal Organized Delivery System 1115 Bridge to Reform Demonstration Waiver Amendment</b>	Don Braeger, Chief, Substance Use Disorder Prevention, Treatment, and Recovery Services
<b>Feedback/Closing</b>	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/CaliforniaStatePlan.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:
  - State Medicaid manual
  - Federal Medicaid statutes and regulations
  - Most current State Medicaid Directors' Letters, which serve as policy guidance.

**Adding Behavioral Health Treatment (BHT) as  
a Covered Medi-Cal Service  
SPA 14-026**

# Background

- SPA 14-026 will amend the State Plan to add Behavioral Health Treatment (BHT) services as a covered Medi-Cal benefit for individuals under 21 years of age with autism spectrum disorder to the extent required by the federal government
- It will be effective no sooner than required by the federal government. DHCS will seek approval to provide BHT as it is defined by Section 1374.73 of the Health and Safety Code

# Description

Pursuant to Section 14132.56 of the W&I Code, DHCS is required to perform the following in development of the benefit:

- 1) Obtain all necessary federal approvals to secure federal funds for the provision of BHT in Medi-Cal
- 2) Seek statutory authority to implement the new benefit in Medi-Cal
- 3) Seek an appropriation that would provide the necessary state funding estimated to be required for the applicable fiscal year
- 4) Consult with stakeholders

# Description

- In consultation with stakeholders, the Department will develop and define eligibility criteria, provider participation criteria, utilization controls, and the delivery system for BHT services, subject to the limitations allowed under federal law
- DHCS may enter into exclusive or nonexclusive contracts on a bid or negotiated basis, including contracts for the purpose of obtaining subject matter expertise or other technical assistance in implementing BHT services. Contracts may be statewide or on a more limited geographic basis
- The proposed effective date is July 1, 2014

# Impact

## Impact on Indian Health Programs

- This SPA may impact Indian Health Programs and Urban Indian Organizations because it may increase Medi-Cal beneficiary's access to services.

## Impact on Indian Medi-Cal Beneficiaries

- The SPA may impact Indian Health beneficiaries who are under the age of 21 and need services related to autism.

# Contact Information

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For more information:

<http://www.dhcs.ca.gov/services/medical/Pages/BehaviorHealthTreatment.aspx>

# **Eligibility Groups – Mandatory Coverage Pregnant Women SPA 14-021**

# Background

- **Currently:** Pregnant women with incomes up to and including 60% FPL are eligible for full-scope Medi-Cal
- SB 857 (Statutes of 2014, Chapter 31) authorized the expansion of full-scope Medi-Cal eligibility to pregnant women with incomes up to and including 138% FPL (pending federal approval)

# Description

- SPA 14-021 would increase the income limit for full-scope Medi-Cal for pregnant women up to and including 109% FPL
- Increase income limit to 138% FPL for this population via 1115 Demonstration Waiver Amendment

# Impact

## Impact on Indian Health Programs

- Current services will remain the same but with the increase more pregnant women will be eligible to receive full-scope Medi-Cal services through your organizations/clinics

## Impact on Indian Medi-Cal Beneficiaries

- DHCS does not anticipate an impact to eligibility for pregnant women
- Increasing the FPL up to and including 109% FPL allows more pregnant women enroll into full-scope Medi-Cal

# Contact Information

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**Full-Scope Medi-Cal Coverage and  
Affordability and Benefit Program for Low-  
Income Pregnant Women  
SPA 14-025**

# Background

- In accordance with Senate Bill 857, (Chapter 31, Statutes of 2014) (Welfare and Institutions (W&I) Code Sections 14148.65 and 14148.67), the California Department of Health Care Services (DHCS) in collaboration with Covered California, will implement the Full-Scope Medi-Cal Coverage and Affordability and Benefit Program for Low-Income Pregnant Women, subject to federal approvals.

# Description

DHCS will seek federal approval through SPA 14-025 to provide the following beneficiaries eligible for pregnancy related Medi-Cal coverage, with no-cost health coverage:

- Pregnant women with incomes above 138 percent up to 213 percent of the federal poverty level (FPL) who enroll in both Medi-Cal and a Qualified Health Plan (QHP) through the California Health Benefit Exchange (Exchange) will be able to choose to receive premium and out-of-pocket payment assistance and access additional Medi-Cal and Denti-Cal services to the extent those services are not covered in the Exchange QHP
- Pregnant women who enroll in both Medi-Cal and an Exchange QHP will also be able to access Medi-Cal Family Planning Services (i.e., exercise freedom of choice) even if those services are covered in the Exchange QHP
- Pregnant women will have the option to enroll or remain enrolled in Medi-Cal for pregnancy-related and postpartum services without enrolling or remaining enrolled in an Exchange QHP. They may also enroll or remain enrolled in an Exchange QHP without enrolling or remaining enrolled in Medi-Cal for pregnancy-related and postpartum services.

# Impact

## Impact on Indian Health Programs

- SPA 14-025 will impact Indian Health Programs and Urban Indian Organizations to the extent that providers may provide services to pregnant women who access Medi-Cal services not covered in the Exchange QHP. Billing for these services will not change and Indian Health Programs and Urban Indians Organizations will bill Medi-Cal fee-for-service.

## Impact on Indian Medi-Cal Beneficiaries

- SPA 14-025 will only impact Indian Health Beneficiaries who are pregnant women by enabling them to access additional Medi-Cal services to the extent services are not covered in the Exchange QHP.

# Contact Information

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For more information:

<http://www.dhcs.ca.gov/services/medical/Pages/Affordability-and-Benefit-Program.aspx>

# 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.

# DHCS 1115 Demonstration Waiver Amendment

# Background

- **Currently:** Pregnant women with incomes up to and including 60% Federal Poverty Level (FPL) are eligible for full-scope Medi-Cal.
- SB 857 (Statutes of 2014, Chapter 31) authorized the expansion of full-scope Medi-Cal eligibility to pregnant women with incomes up to and including 138% FPL (pending federal approval).
- **SPA 14-021:** would increase the income limit for full-scope Medi-Cal for pregnant women up to and including 109% FPL.

# Description

- This waiver amendment would expand full-scope Medi-Cal for citizen and lawfully present pregnant women with incomes between 109 up to and including 138% FPL
- The expansion aligns full-scope Medi-Cal eligibility for pregnant women at the same income level as the new adult coverage group under the Affordable Care Act.
- The effective date for implementation of this waiver amendment will be the date that federal approval is obtained.

# Impact

## Impact on Indian Health Programs

- Current services will remain the same but with the increase more pregnant women will be eligible to receive full-scope Medi-Cal services through your organizations/clinics

## Impact on Indian Medi-Cal Beneficiaries

- DHCS does not anticipate an impact to eligibility for pregnant women
- Increasing the FPL up to and including 109% FPL allows more pregnant women to enroll into full-scope Medi-Cal

# Contact Information

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# **Drug Medi-Cal Organized Delivery System 1115 Bridge to Reform Demonstration Waiver Amendment**

# Background

- The Department of Health Care Services (DHCS) is seeking a Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver amendment that would amend DHCS's current Section 1115 Bridge to Reform Demonstration waiver. The amendment attempts to show how coordinated substance use disorder (SUD) care increases the success of DMC beneficiaries and address Affordable Care Act expanded benefits. The amendment reflects input given to DHCS through DMC Waiver Advisory Group and the public. Information about the waiver is on DHCS' website at:

<http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>.

# Description

- The amendment tries to show how coordinated SUD care increases the success of DMC beneficiaries. The waiver will give state and county officials more authority to select providers to meet drug treatment needs. This will strike a balance between ensuring access to these services while also ensuring that drug treatment services are consistent with program goals.

# Description

- DHCS is trying to realign the DMC program to make sure the greatest degree of access to beneficiaries while keeping a high and steady level of care across the State of California. The introduction of the waiver comes from:
  - The need to improve coordination of SUD treatment with county mental health and public safety systems and primary care.
  - The chance to further improve State run and county operated Medi-Cal Specialty behavioral health programs across counties.
  - The passing of the Affordable Care Act that will expand benefits and the number of possible Medi-Cal beneficiaries seeking additional substance use disorder treatment.
  - The need to improve the DMC program specific to recent program integrity issues.

# Impact

## Impact on Indian Health Programs

- Counties that sign up for the waiver will provide, maintain, and monitor a system of drug treatment providers. The network will provide plenty of access to all services covered in this proposed waiver amendment. American Indian health programs in participating DMC waiver counties may subcontract to give substance use disorder treatment services.
- Indian health programs in non-DMC waiver counties are not affected by this proposal as they may continue to provide services outlined in the State Plan.

# Impact

## Impact on Indian Medi-Cal Beneficiaries

- This proposed waiver may affect American Indian Medi-Cal beneficiaries by giving more access to more coordinated SUD services. Waiver services will be available as a Medi-Cal benefit for people who:
  - 1) meet the medical necessity criteria,
  - 2) receive DMC services in their county of residence,
  - 3) live within the service area where the DMC-ODS services are given.
- American Indian specific managed care protections are not impacted by this waiver proposal and will remain in effect.

# **Contact Information**

For any questions pertaining to the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver amendment, please contact:

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# Feedback

**Thank You!**