

Verbatim Transcript

Event: Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program

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Andrea Zubiato: Good Afternoon everyone, and welcome to today's event, Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program.

Before we get started, I would like to go over a few items so you know how to participate in today's event.

If you have joined the presentation listening using your computer's speakers by default. This means, if you can hear music through your computer, you should be able to hear the presentation. If you would prefer to join over the telephone, just select "Use Telephone" in the Audio pane and the dial-in information will display.

If you have technical questions related to the webinar, please submit text questions by typing them into the Questions pane of the control panel. The lines will be opened at the end of the presentation for feedback and questions. Simply use the hand raising function located on the grab tab of your control panel.

Good afternoon everyone again this is Andrea Zubiato, Department of Health Care Services just like to briefly go over the purpose of today's call we are hosting this webinar regarding proposed changes to the Medi-Cal Program. This webinar will provide information and allow for feedback on State Plan Amendments and Waiver Renewals or Amendments should we ever have any proposed for submission to Centers for Medicare and Medicaid Services (CMS).

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.

Andrea Zubiato: This webinar is just one way that DHCS uses to provide information about the Medi-Cal program and get feedback verbally and in writing from our stakeholders.

This is just a brief overview of today's agenda, we have two SPA's that are scheduled for submission by September 30, 2016. And so these are the two we have here. I have here a representative from Long Term Health Care Division Tyra Tyler who will be speaking about SPA 16-026 and I will be talking about SPA 16-028. And again at the end we will have an opportunity for feedback and questions.

So before I get started we just like to typically go over what the State Plan is and get what the State Plan allows us what to do: The State Plan is 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 assurances 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. Our current State Plan is well over 1600 pages long and can be accessed online at the web address there and before you get worried about having to writing all that down you will get a copy of this presentation at the end of today to have access to that link.

A State Plan Amendment is 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.

At this time, I would like to introduce Tyra Taylor to talk about SPA 16-026

Tyra Taylor: Good afternoon everyone as Andrea said I am Tyra Taylor and I work for the Long Term Care Division here with the Department of Health Care services.

Tyra Taylor: Before we begin talking about the potential SPA amendment I would like to discuss about the background of the information that we are in the process of submitting for an Amendment.

On October 1st of 2013 the U.S. Department of Labor published what is called the Final Rule on the Application of the Fair Labor Standards Act to Domestic Services. The Fair Labor Standards Act extends protections to domestic services workers by:

Removing the ability of “third party” agencies to claim an exemption for personal care workers from minimum wage and overtime pay and it also allows the application of Federal rules related to pay for travel time and personal care services workers, In Home Supportive Services providers in California.

In California, Senate Bill 855 which was chaptered on June 20th in 2014 and Senate Bill 873 was chaptered on September 27th of 2014. Both of these bills addressed travel time and overtime compensation for In Home Supportive Services care providers.

On October 8th, 2014 an All County Letter 14-76, was released and documented the provisions of Senate Bill 855 as well as Senate Bill 873. On November 6th of 2015 the State of California announced that payment of overtime, travel time and wait time would be implemented as of February the 1st of 2016.

So depending on the necessity to submit a State Plan Amendment, I am going to go over the requirements for the implementation of Fair Labors Standards Act. Essentially In Home Supportive Services providers will be paid overtime at a rate equal to one and one-half times the regular rate of hourly pay when they work more than a 40-hour work week.

The term or phrase “Work week” is defined in statute as the period beginning at 12:00 a.m. on Sunday and includes the next consecutive 168 hours, and it terminates at 11:59 p.m. the following Saturday.

In Home Supportive Services providers will also be paid for travel time when the provider works for multiple beneficiaries and a care provider will not be compensated for travel time to and from his/her home to a beneficiary’s home it’s just when there traveling time only when traveling from one beneficiary’s home to the next.

Tyra Taylor: The proposed changes will not impact Tribal Health Programs or alternate services they receive in any way as tribal health programs do not administer In Home Supportive Services.

In addition, the changes will not impact **Federally Qualified Health Centers because** In Home Supportive Services can only be administered via approved care providers who must complete a mandatory orientation and must be approved by a local County Public Authority Agency.

In addition, the changes will impact all Medi-Cal beneficiaries who receive In Home Supportive Services; and this includes Indian Medi-Cal beneficiaries, by allowing them essentially take part in the same benefit that was previously discussed which means that their care provider would be allowed to work and receive compensation for overtime.

The changes also do not impact Indian Medi-Cal beneficiaries in any manner different from how they would impact any other Medi-Cal beneficiaries.

If there are any questions or if anyone would like additional information about the proposed changes outlined in the presentation, please feel free to contact me via email or by phone. My email address was listed here in the presentation and that number is my direct line as well.

Andrea Zubiante: Thank you so much Tyra and again I just wanted to remind you folks that we will be opening this at the end of this next presentation for questions and comments if anybody wants to ask anything in relation to SPA16-026.

So now I would like to talk about SPA 16-028 which is to clarify number of visits per day.

DHCS plans to submit SPA 16-028 to align the State Plan with current policy, which allows for reimbursement for three visits per day, if one is a medical visit, one is an ambulatory visit, and one is an other health visit for providers, who participate in Medi-Cal under the Indian Health Service (IHS)/Centers for Medicare and Medicaid Services (CMS)* Memorandum of Agreement and you will note sometimes you will see referred to as IHS/MCS MOA but CMS is now formerly known as the Health Care

Andrea Zubiato: Financing Administration. So that is why sometimes you see the other acronym.

DHCS' policies for number of reimbursable visits allowed per day is not clearly defined in the current State Plan and must be updated to reflect the appropriate number of visits. IHS/CMS MOA section of the State Plan states that reimbursement for two visits per day is allowed, but excludes reference to ambulatory visits.

So SPA 16-028 will update the State Plan to allow for the reimbursement for three visits per day again if one is a medical visit, one is an ambulatory visit, and one is an other health visit.

DHCS does not anticipate any impact to Tribal health programs as this proposal is consistent with current DHCS policy and we do not anticipate an impact to FQHCs as there not subject to this particular section of this state plan and the impact of the Indian Health beneficiaries we don't anticipate any impact to Indian Medi-Cal beneficiaries as this proposal is consistent with current DHCS policy.

Here is my contact information if you have any questions about the proposal or comments you can submit directly to me at that information.

So at this time we would like to open up the either call or the chat line so if you're going to you can raise up you hand and we can unmute your line or you can use the chat function.

I see we have one question and the question is:

How are the ambulatory visits defined? Can you give an example how it's different from a medical visit?

So what I can do is provide we actually already had a similar question come in and I will note already posted on the DHCS Indian Health Program website. Ambulatory visits are defined in the DHCS State Plan in Supplement 6, Attachment 4.19B, page 2, Item C., which states:

Andrea Zubiato:

Except for the services specified under Item D below, the following other ambulatory services, but not limited to, provided by a health professional can be billed under the IHS all-inclusive rate. Then it lists the services

- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which if provided by a physician would be considered physician services
- Physical Therapy
- Occupational Therapy
- Drug and Alcohol Visits Subject to Medi-Cal provider participation requirements
- Telemedicine
- Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item D below)

When we say D below it's actually references to 2 A the state plan if you go to the Indian Health Program website where this response is posted there is a hyperlink to the state plan where you can access a little easier.

Next question we have is from Maria Hunzeker. Maria your line is open. Maria you can use the chat feature and send us your question directly. Oh there it is Maria. What is the difference between medical and ambulatory services? We just answered that in the response prior where it speaks to

- Medical and surgical services provided by a doctor of dental medicine
- Physical Therapy
- Occupational Therapy
- Drug and Alcohol visits
- Telemedicine
- Optometry

And we have another question from Jyl Marten what are the distinctions between MOA and FHQC's daily visit limit and criteria?

Unfortunately, I am not a FHQC expert but we can definitely that question back and try to get you an answer I do know that most of the definitions

[Andrea Zubiato](#): allowed number of visits are federally mandated. Jyl we will get you a response on that.

I see we have another question from Frederick Rundlet. Freddy if you're not on the line I cannot unmute your line again if you want to type in your question we will be happy to do that or if you want to join us in the audio again the way you do that is by use telephone on the audio pane and dial the information up there in your access code.

We are just going to keep it open for a little while longer. Again there is always an opportunity for you to provide us some feedback and time by sending us a questions or information to our email and as a reminder again we do post the answers to the questions that we do receive regarding SPAs on our DHCS website and we always respond to the individual who asks the specific question.

Freddy I still see your hand raised I hope your typing it in. I don't see any additional hands raised.

We thank you for your participation for attending to today's event. If you have any other questions, please contact us directly. You will be receiving a follow-up email 24 to 48 hours with a link of today's webinar.