

# Tribal and Indian Health Program Designee Meeting



**Department of Health Care Services (DHCS)**  
**March 1, 2016**

# Overview

- Medi-Caid
- Medi-Cal overview
- Tribal/Indian Health Program Advisory Update
- Indian Health Clinics In Medi-Cal
- Other DHCS Indian Health Related Activities
- State Plan Amendments/Waivers
- DHCS Information
- Legislation



# What is Medicaid?

- An entitlement program created in 1965 in federal law<sup>1</sup>
- Makes available medically necessary health care services for low income individuals and families
- 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

<sup>1</sup> 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 <sup>1</sup>
- 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 13.3 million enrollees in January 2016
  - Providers include over 640 hospitals (including inpatient mental health facilities) and 168,462 private providers

[https://chhs.data.ca.gov/browse?Dataset-Summary\\_Publisher=Department+of+Health+Care+Services&utf8=%E2%9C%93](https://chhs.data.ca.gov/browse?Dataset-Summary_Publisher=Department+of+Health+Care+Services&utf8=%E2%9C%93)
- 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/SPdocs.aspx>

<sup>1</sup> Codified in Welfare & Institutions Code, starting at Section 1400. Medi-Cal regulations are found in California Code of Regulations, Title 22, Division 3 4

# 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: Behavioral Health Treatment (BHT) as a Medi-Cal Covered Service. Addition of Section 14132.56 to the California Welfare and Institutions Code in 2014, which requires DHCS to add BHT as a covered Medi-Cal service, to the extent federally required

**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 covered.

# Proposed State Budget Fiscal Year 2016-2017

## California Budget

Budget Category	Proposed 2016-17
General Fund (GF)	\$122,608.8
Federal Funds (FF)	\$91,899.3
Special Fund & Bond Funds	\$48,118.5
Total Funds	\$262,626.6

\*Dollars in millions

## DHCS Budget

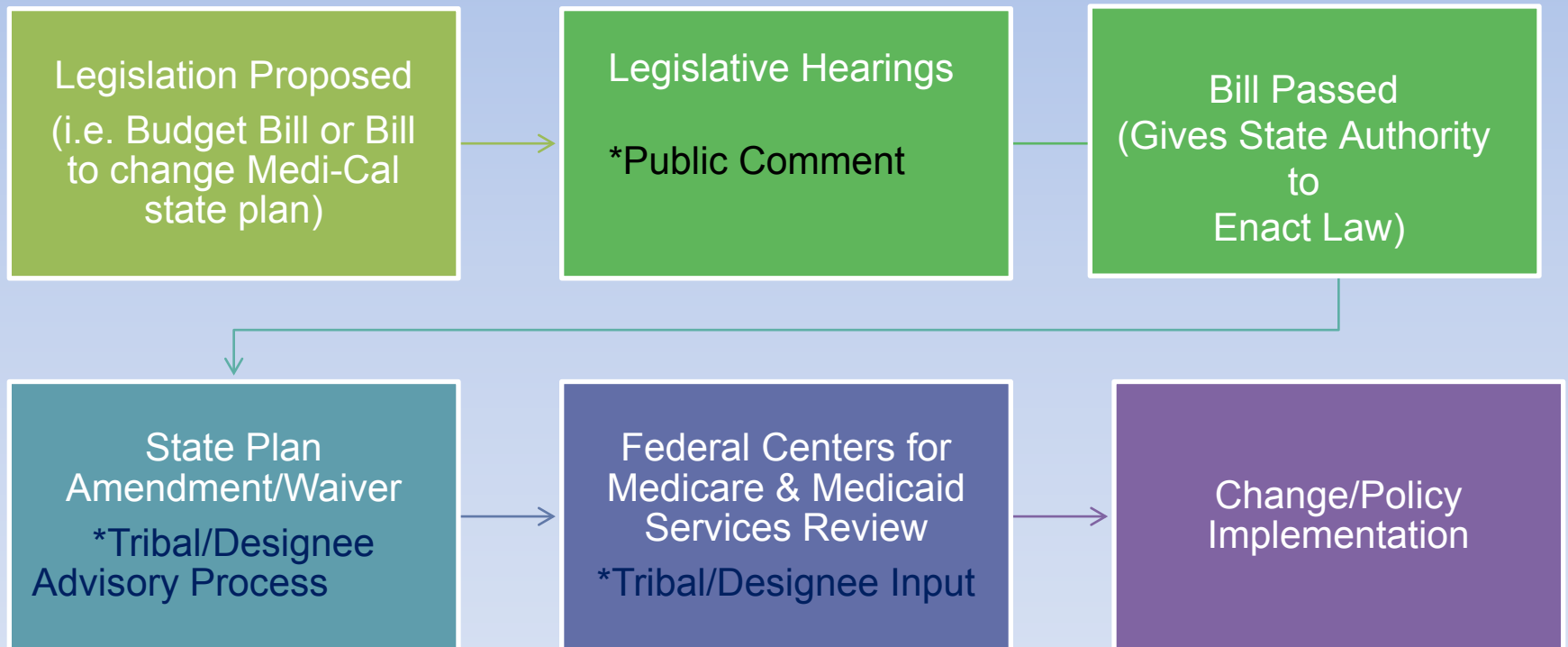
Budget Category	Proposed 2016-17
General Fund (GF)	\$19,556.0
Federal Funds (FF)	\$54,721.6
Special Fund & Reimbursements	\$13,428.4
Total Funds	\$87,706.1

\*Dollars in millions

# 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

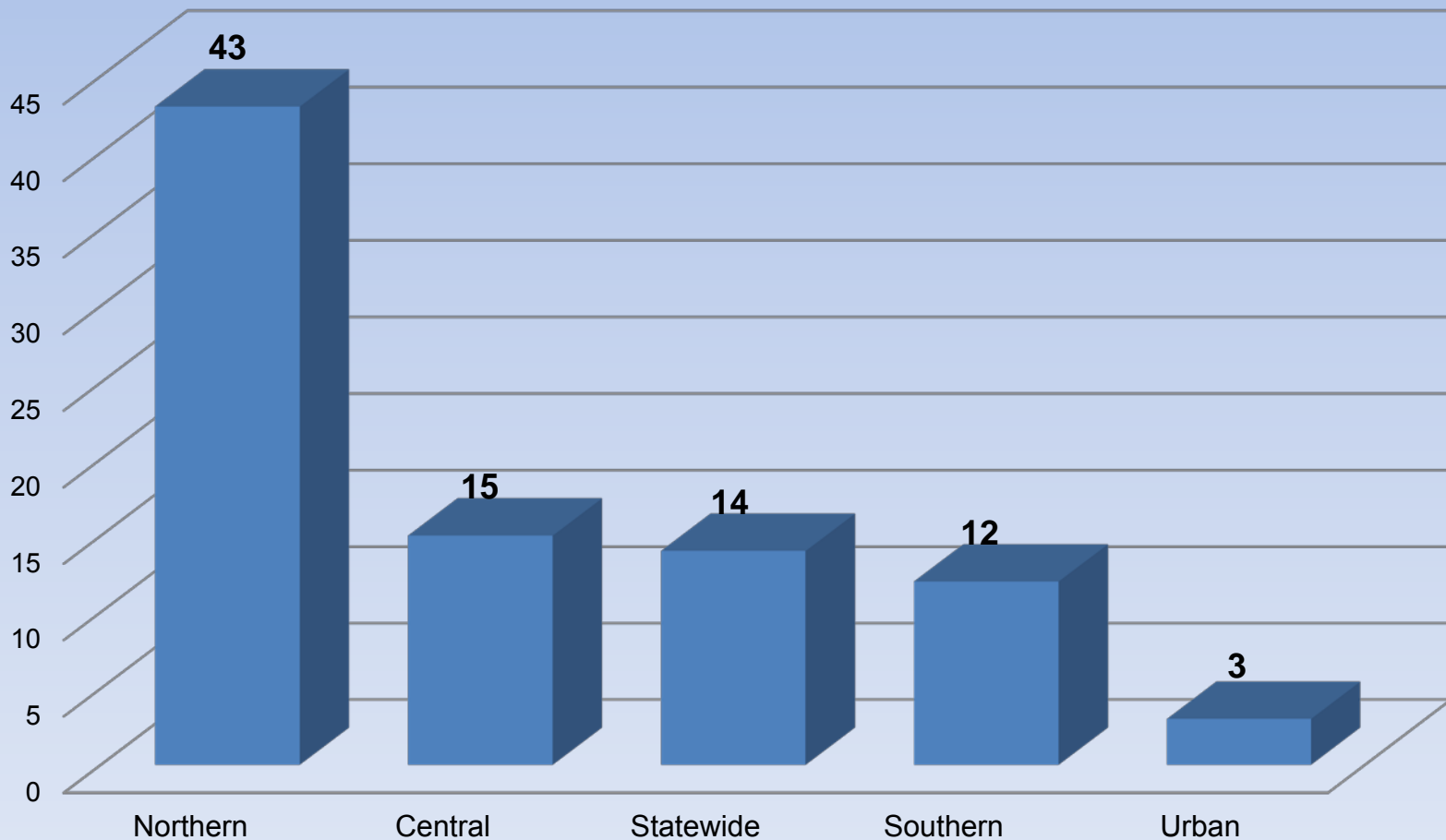
# General Process for Changes to Medi-Cal Program





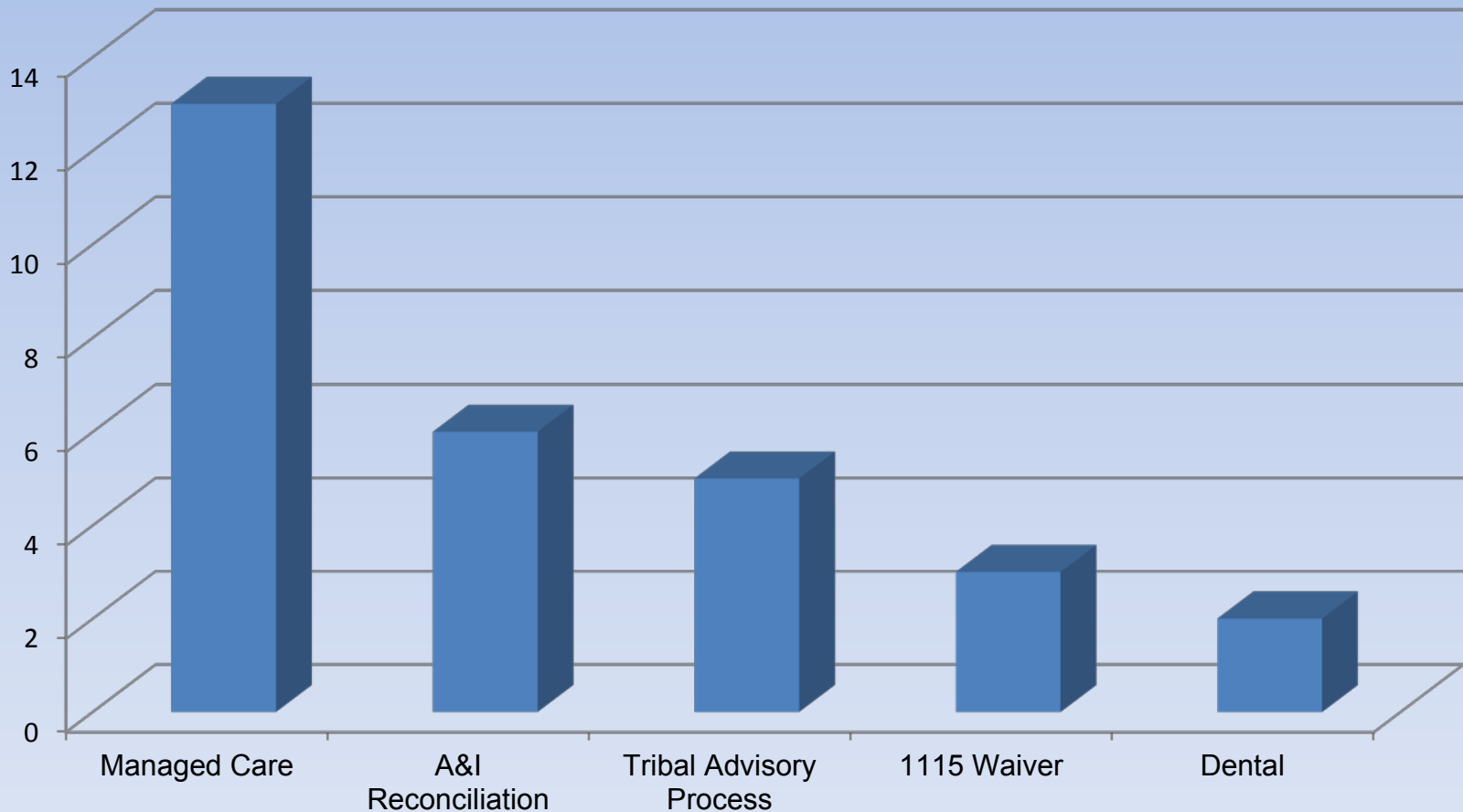
# DHCS Advisory Meetings, Webinars, and Teleconferences in 2015

2015 Participants by Region (Unduplicated)



# 2015 Tribal and Indian Health Designee Annual Meeting

## Topics of Concern and Responses Received

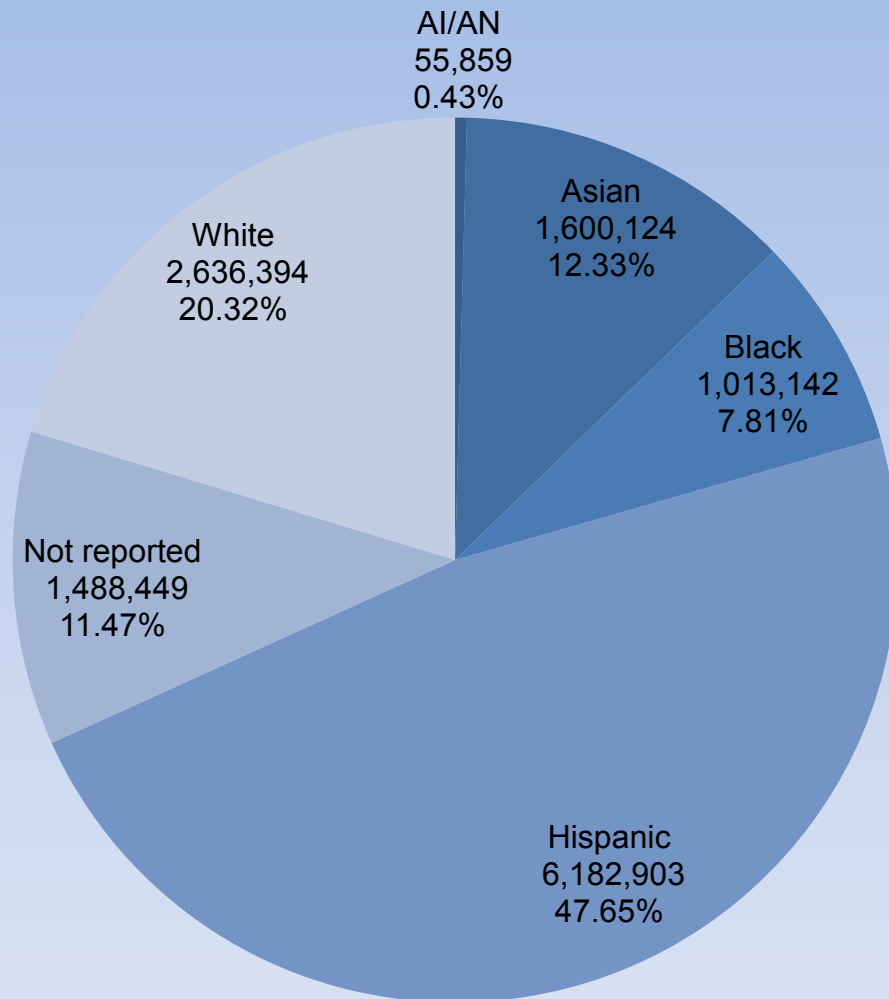


Questions and Responses can be found at  
[http://www.dhcs.ca.gov/services/rural/Documents/IHP\\_QAs\\_5\\_1\\_15v1.pdf](http://www.dhcs.ca.gov/services/rural/Documents/IHP_QAs_5_1_15v1.pdf)

# Medi-Cal American Indian/Alaskan Native Information

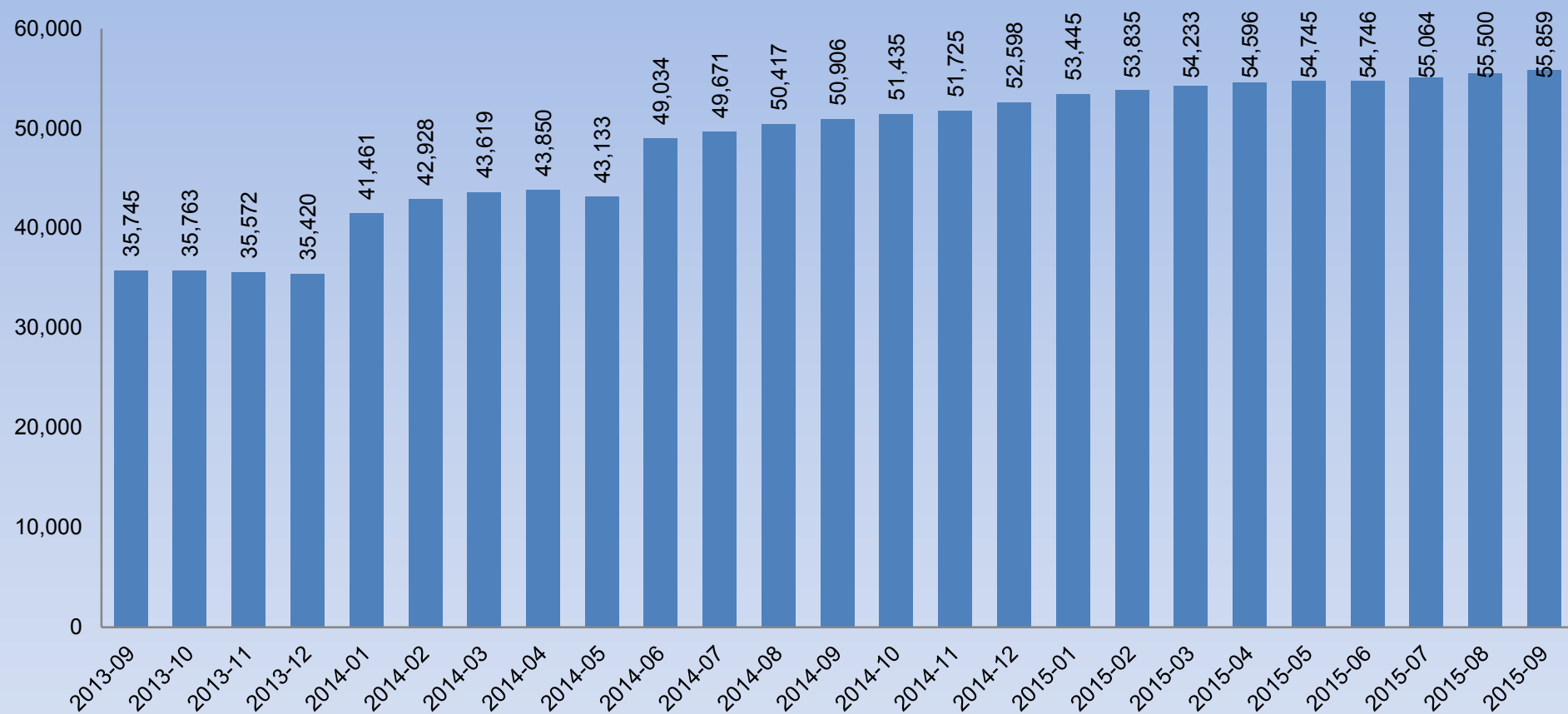


# Medi-Cal Enrollees by Ethnicity September 2015



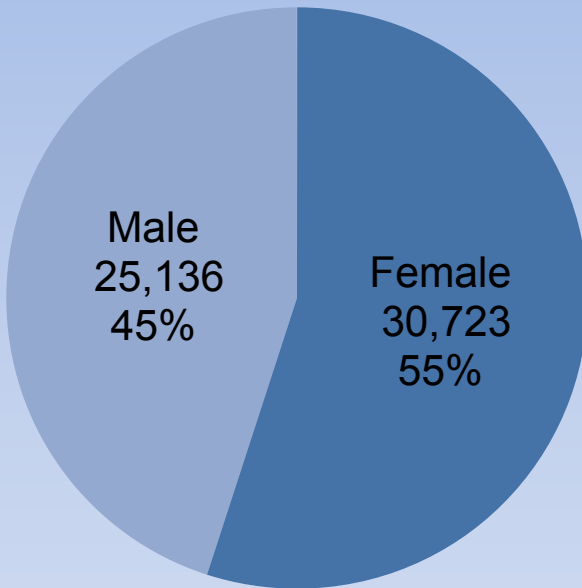
- The total number of Medi-Cal enrollees was 12,976,871 in September 2015.
- Medi-Cal enrollees by self identified ethnicity categorized as Alaskan Native/American Indian (AI/AN) was 55,859 which accounted for .43% of the Medi-Cal enrollees in September 2015.
- AI/AN account for 0.97 % of general population in California\*

# AI/AN Medi-Cal Certified Eligibles by Month (September 2013 thru September 2015)

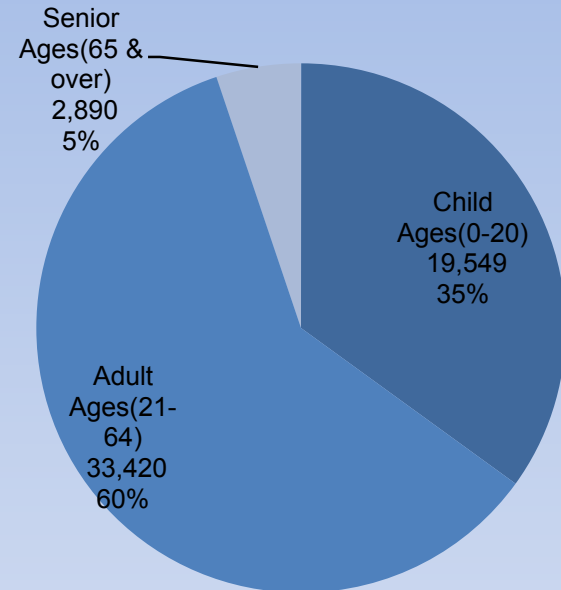


- The number of Medi-Cal enrollees self-identified as AI/AN averaged 54,669 in CY 2015 (9 month average)
- In CY 2014, the number of Medi-Cal enrollees self-identified as AI/AN averaged 48,396 per month.
- In CY 2013, the number of Medi-Cal enrollees self-identified as AI/AN averaged 35,110 per month

# AI/AN Medi-Cal Enrollees by Gender and Age Group September 2015



- Compared to December 2013, the proportion of enrollees in Medi-cal are still predominantly female. However, there was a 5% increase in the number of male enrollees since then.



- Adults between the ages of 21-64 were the majority of beneficiaries, followed by children from 0-20. Only 5% of the enrollees were seniors.

# Indian Health Clinic Medi-Cal Utilization



# Indian Health Clinic Medi-Cal Providers

**There are a total of 68 American Indian Primary care clinic sites in California serving American Indians**

- 57 Indian Health Services Memorandum of Agreement (IHS/MOA)
- 4 Tribal Federally Qualified Health Centers (FQHC) sites
- 7 Urban Indian FQHC Clinics sites



# Indian Health Clinic Corporation Medi-Cal Payments For Date of Service Calendar Year (CY) 2013 and 2015

Calendar Year	Payment Category	Tribal Indian Health Clinics (MOA & FQHC*)	Urban Indian Health Clinics (FQHC)	Totals
<b>CY 2015</b>	Paid	\$115,330,297	\$25,417,825	\$140,748,122
CY 2015	Range	\$1,528,496 - \$12,067,536	\$636,722 - \$2,621,556	N/A
CY 2015	Average	\$9,610,858	\$2,118,152	N/A
CY 2015	Median	\$10,561,692	\$2,253,810	N/A
<b>CY 2013</b>	Paid	\$72,063,265	\$15,961,020	\$88,024,285
CY 2013	Range	\$105,873 - \$15,353,897	\$46,851 - \$7,156,088	N/A
CY 2013	Average	\$2,324,622	\$2,660,170	N/A
CY 2013	Median	\$1,444,997	\$2,064,628	N/A

\*Memorandum of Agreement (MOA) & Federally Qualified Health Center (FQHC)

# Number of Indian Health Clinic Visits per Unduplicated Users in CY 2013 and 2015

Clinic Types	CY 2013			CY 2015		
	Users	Visits	# of Average Visits per Year	Users	Visits	# of Average Visits per Year
<b>Tribal Clinics</b>	71,653	286,944	4.0	89,638	362,369	4.0
<b>Urban Clinics</b>	23,501	108,939	4.6	27,867	106,632	3.8
<b>Total</b>	95,154	395,884	4.2	117,505	469,001	4.0

# Paid Claims and Estimated Number of Visits in IHS/HCFA (CMS) MOA Clinics CY 2012, CY 2013, CY 2014 and CY 2015

Paid Claims and Estimated Number of Visit Categories	CY 2012	CY 2013	CY 2014	CY 2015
Amount Paid	\$19,653,961	\$19,948,656	\$30,288,245	\$40,917.227
Estimated Number of Visits	62,196	60,450	88,562	116,906
Per Visit Rate	\$316	\$330	\$342	\$350

Based on data received from the Federal Indian Health Services, California Rural Indian Health Board, Inc, Greenville Rancheria, and Redding Rancheria data match.

Indian defined as any member of a federally recognized Indian tribe; any descendant of an Indian who was residing in California on June 1, 1852, but only if such descendant is living in California, is a member of the Indian community served by a local program of the Indian Health Service, and is regarded as an Indian by the community in which such descendant lives; any Indian who holds trust interest in public domain, national forest, or Indian reservation allotments in California; any Indian in California who is listed on the plans for distribution of the assets of California Rancherias and reservations under the Indian Self Determination Act (Public Law 93-638)

MOA (Memorandum of Agreement)

# American Indian Medi-Cal Paid Claims 2014 non-MOA Medi-Cal Providers (3 month period)

- Over 50 different enrolled provider types at over 4,000 locations throughout California and border cities received Medi-Cal payment for services rendered to registered American Indians registered at tribal clinics.

Rank order	Services
1	Pharmacies/Pharmacist
2	Community Hospital Outpatient Department
3	FQHC/RHC
4	Inpatient Hospital
5	Long Term Care
6	Physician Group
7	Local Education Assistance (LEA)
8	Home Health Agency

- 93,340 individual claims were paid
- 22,714 of the total were made to non MOA FQHC/RHCs

# Top Ten Clinical Classifications by Payments for Medi-Cal Users of IHC Services CY 2013

## Tribal Clinics

Rank	CCS Description	Users*	Visits**	Paid
1	Disorders of teeth and jaw	30,726	81,638	\$26,082,763.20
2	Other upper respiratory infections	6,187	8,260	\$2,407,406.76
3	Spondylosis; intervertebral disc disorders; other	3,306	8,875	\$2,283,679.73
4	Mood disorders	2,567	7,672	\$2,045,468.23
5	Attention-deficit conduct and disruptive behavior	1,164	4,349	\$1,361,097.50
6	Anxiety disorders	1,633	4,216	\$1,152,223.91
7	Normal pregnancy and/or delivery	890	3,380	\$1,054,980.19
8	Otitis media and related conditions	2,119	3,094	\$930,168.13
9	Other non-traumatic joint disorders	2,286	3,450	\$897,576.38
10	Diabetes mellitus without complication	1,880	4,062	\$856,394.62
	<b>Total</b>	<b>52,758</b>	<b>128,996</b>	<b>\$39,071,758.65</b>

## Urban Clinics

Rank	CCS Description	Users*	Visits**	Paid
1	Disorders of teeth and jaw	8,886	20,970	\$6,245,191.38
2	Normal pregnancy and/or delivery	476	2,629	\$625,929.48
3	Contraceptive and procreative management	837	1,771	\$574,601.71
4	Essential hypertension	1,154	2,460	\$441,543.88
5	Mood disorders	553	1,914	\$349,397.42
6	Diabetes mellitus with complications	674	1,932	\$343,614.39
7	Other upper respiratory infections	1,266	1,659	\$326,885.25
8	Spondylosis; intervertebral disc disorders; other	713	1,561	\$301,355.15
9	Diabetes mellitus without complication	694	1,515	\$266,165.47
10	Anxiety disorders	297	814	\$157,858.84
	<b>Total</b>	<b>15,550</b>	<b>37,225</b>	<b>\$9,632,542.97</b>

Source: DHCS-RASB, Medi-Cal Utilization: Claims Paid by the Fiscal Intermediary for Calendar Year 2013, paid as of February 2014

\*Users were counted using SSNs. User counts are not unduplicated. A user may be represented in more than one clinic type and CCS category

\*\*Visits were counted using a unique combination of provider number, date of service, and SSN

\*\*\*Dollars do not include year-end reconciliation performed by Audits & Investigations, DHCS

# Other DHCS Indian Health Activities



# Indian Health Program (IHP)

## American Indian Infant Health Initiative (AIIHI)

- The existing AIIHI program is a home visitation support services and basic health care instruction to high-risk pregnant and parenting American Indian families and is administered in five counties (Humboldt, Riverside, San Bernardino, Sacramento, and San Diego) Current Funding: \$628,000, Federal Title V
- DHCS will engage tribal leaders, community members, clinic staff, academia, and federal and state partners in determining the future direction of the IHP's Maternal-Child (MCH) program. The stakeholder engagement process includes:
  - **Convening of a MCH Subject Matter Expert (SME) Panel:** The panel provides guidance on project components and future direction and funding priorities for a MCH program . American Indian panel members include: experts in Native American Women's studies; a retired professor from the Family and Community Medicine Department at the University of Arizona; a researcher in women's health and cancer; an indigenous nurse midwife/professor; and a Registered Nurse and clinical director for an urban Indian health program
  - **Focus Groups:** IHP is conducting a series (7) of focus groups to solicit input from community participants to gather information regarding community needs services benefitting the MCH population.
  - **Survey of Available Perinatal Health Services:** The survey will assist IHP in determining patterns or gaps in available perinatal services at Indian health clinics. Survey was released to Indian health programs on 2/5/16
  - **Review of State-Wide Data:** IHP is reviewing Medi-Cal and vital statistics data to determine areas where further intervention and funding should be directed. This data will be included in the program reports.
  - **Tribal and Community Input:** IHP anticipates release of a preliminary report in April 2016 for review and comment by Tribal leaders and community stakeholders. IHP will release final report and recommendations following the comment period in mid-May.

# American Indian related Medi-Cal birth and Post-partum data

- A review of Medi-Cal claims data and hospital data (linked) demonstrate that the American Indian Low-risk First-birth Cesarean (C-Section)Rate is 28%<sup>1</sup> as compared to the national target of 23.9%.
- (Studies indicate that women who deliver their first child via a C-section are at higher risk for repeat C-sections in subsequent deliveries. Repeated C-sections increase delivery complications resulting in higher rates of maternal morbidity and mortality.)
- Further, a review of Medi-Cal claims data regarding postpartum care demonstrated that only 36% of American Indian mothers received care 21-56 days after delivery as compared to 50% of the Medi-Cal mothers that delivered in 2012. <sup>2</sup>

\*Low risk Cesarean births are singleton, term, vertex, cesarean deliveries to women having a first birth.



<sup>1</sup> Data from California Maternal Quality Care Collaborative, 2015

<sup>2</sup> Medi-Cal Management Information System/Decision Support System, 2012



# American Indian birth and Medi-Cal infant mortality data

## American Indian/Alaskan Native birth rates (per 1000 women)

Year 2013	Birth rate
United States	12.4 <sup>1</sup>
California	13.0 <sup>1</sup>
AI/AN California	10.8 <sup>2</sup>

- The overall birth rate for American Indians in California is lower compared to the overall birth rates nationally, and statewide.

## American Indian/Alaskan Native Infant Mortality rates (per 1000 live births)

Category Type	2013
AI/AN Medi-Cal Beneficiaries	8.2
AI/AN Other Payment Source	7.9
Total Medi-Cal Beneficiaries	5.4

- The American Indian infant mortality rate for mothers insured by Medi-Cal was 8.2.
- This compares to an overall infant mortality rate of 5.4 for all mothers insured by Medi-Cal, as well as an infant mortality rate of 7.9 for American Indian mothers with other insurance sources.

Source: National Vital Statistics Reports, Vol. 64, No. 12, December 23, 2015<sup>1</sup>

U.S. Census Bureau, 2009-2013 5-Year American Community Survey<sup>2</sup>

Epidemiology, Assessment and Program Development branch, California Department of Public Health<sup>3</sup>

# Tribal and Indian Health Clinic Emergency Preparedness and Response

- PRIHD manages a Tribal Emergency Preparedness and Response program via an inter-agency agreement with the CDPH-Emergency Preparedness Office
  - Provides free technical assistance to Indian health program regarding emergency preparedness activities including the development of Emergency Operations Plan, and/or receiving aid in initiating or developing a partnership or collaboration with local organizations
  - Provides to tribal communities and tribal leaders emergency preparedness presentations, demonstration of use of family emergency kits, and provide recommendations regarding community level emergency preparation
  - For more information on requesting technical assistance please visit:  
<http://www.dhcs.ca.gov/services/rural/Pages/IHPEPTechnicalAssistance.aspx>
- **Project Contact:**  
Joshua Standing Horse  
Telephone: (916)445-0556  
Email: Joshua.StandingHorse@dhcs.ca.gov

# Tribal Uncompensated Care Waiver Amendment (UCWA)

## **Tribal UCWA (Year 1)—Ended December 31, 2013**

- Amount Paid: \$3,542,550 Encounters total: Uninsured-3588 Medi-Cal Beneficiaries – 7147

## **Tribal UCWA (Year 2) – Ended December 31, 2014**

- Amount Paid: \$ 2,009,604 Encounters: 5882

## **Tribal UCWA (Year 3) – Term: December 30, 2014 – December 31, 2015\***

- Amount Paid: \$ 936,950 Encounters: 2,677
- Permits DHCS to make uncompensated care payments for optional services eliminated from the state plan provided by tribal health programs operating under the authority of the Indian Self-Determination and Education Assistance Act to IHS-eligible Medi-Cal beneficiaries
- Benefits covered include: Adult Dental\*\*, Optometry, Podiatry, Speech therapy, chiropractic, acupuncture, audiology services, and incontinence washes and creams
- To the extent that an optional service comes to be offered as a Medi-Cal benefit during the duration of the UCWA, it would no longer be eligible for uncompensated care payments under this program

\*Final Term 3 Invoice pending

\*\*Please see the provider bulletin located at: [http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume\\_29\\_Number\\_14.pdf](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_29_Number_14.pdf) for a complete list of dental benefits restored as of May 1, 2014. To the extent that an adult dental benefit is not included in the list of restored services the service provided to an IHS eligible Medi-Cal beneficiary may be billable through the UCWA

# Tribal Medi-Cal Administrative Activities Program (MAA)

The Tribal Medi-Cal Administrative Activities (MAA) program reimburses Tribes and Tribal Organizations for performing administrative activities allowed by the Tribal MAA program including, Outreach, Facilitating Medi-Cal Application Referrals to Medi-Cal Services, Non-Emergency/Non-Medical Transportation, Program and Policy Development, and MAA Claims Coordination

- Approximately \$3,595,092 in paid claims has been paid since 2010
- Total claiming was \$918,580 for FY 2013-2014
- Claims for FY 2014-2015 are pending



# Youth Regional Treatment Center (YRTC) Update



- As of September 2014, 3 YRTCs are enrolled as Medi-Cal Providers
- Indian health programs may now directly refer IHS eligible Medi-Cal youth to 1 of 3 possible YRTCs (Arizona, Nevada, and Washington)
- DHCS provided instructions on the referral process to Indian health program Executive Directors on 2/19/14
- A copy of the letter is posted to the IHP website at:  
<http://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx>
- Payments to date:
  - \$658,350 in payments to date for 20 youth
  - \$175,418 in pending claims

# Optional Targeted Low Income Children (OTLIC) and American Indian Premium Waivers

- OTLIC provides coverage to children with incomes between 133 and 266 Federal Poverty Level (FPL). Premiums are applied for all children from 160% to 266% FPL unless an American Indian waiver exemption is requested.
- There is a monthly average Medi-Cal enrollment of approximately 1900 American Indian children who are not subject to premiums or enrollment fees
- All County Welfare Directors Letter (ACDWL) 15-10\*: Outlines the process to initiate an American Indian premium waiver request for OTLIC and the Medi-Cal Access Infant Program formerly known as the Healthy Families Program.
- If you are aware of situations where American Indian families are having difficulties with premium waivers please contact Maryjane Moua at [Maryjane.Moua@dhcs.ca.gov](mailto:Maryjane.Moua@dhcs.ca.gov)

# American Indian/Alaskan Native Income Exemptions for Medi-Cal Eligibility

- Certain American Indian/Alaskan Native income is excluded from an individual's Modified Adjusted Gross Income (MAGI) for purposes of determining Medi-Cal eligibility.
- DHCS released guidance via an All County Welfare Directors Letter (ACDWL) to counties to provide guidance on the specific types of American Indian/Alaskan Native income that should be included (i.e. gaming per capita) and excluded (i.e. distributions from land held in trust) from MAGI eligibility determinations.
- ACWDL 16-02\*: Informs counties that certain American Indian/Alaskan Native income is excluded from MAGI per Title 42, Section 435.603(e)(3), Code of Federal Regulations, when an attestation is made by an individual that he or she is an American Indian or Alaskan Native on the Single Streamlined Application. It was released on January 12, 2016

\* <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL2016/ACWDL16-02.pdf>

# State Plan Amendments (SPA), Waivers, and Demonstration Projects





# 2015 State Plan Amendments (SPA)

## Approved

### **Substance Use Disorder (SUD) Services Expansion and Definition**

**Changes** (SPA 15-012): Modifies SUD services in the Drug Medi-Cal (DMC) Treatment Program and seeks approval for definition and coverage changes for Outpatient Drug Free Services, Day Care Habilitative, and Narcotic Treatment Programs (Approved 6/9/2015)

## Submitted (In Review)

### **Allied Dental Professionals Enrollment into the Medi-Cal Dental Services**

**Program** (SPA 15-005): Allows the enrollment of Registered Dental Hygienists (RDH) and Registered Dental Hygienists in Extended Functions (RDHEF) into the Medi-Cal Dental Program. Also allows Registered Dental Hygienists in Alternative Practice (RDHAP) to enroll in the Medi-Cal Dental Program as billing and/or rendering providers. FQHCs can already bill for RDHs, RDHEFs, and RDHAPs if they are enrolled and if they are accounted for in the PPS Rate

**Live Transmissions in the Medi-Cal Dental Program** (SPA 15-010): Provides updates to dental services including the use of teledentistry/live transmissions through teledentistry.

# 2015 State Plan Amendments (SPA)

## Not Submitted

**SUD Services under Drug Medi-Cal (SPA 15-016):** Modifies certain SUD services to all Medi-Cal beneficiaries and expands coverage of medication assisted treatments to new medication, and changes the limitations to individual counseling that prohibit service through remote means such as telephone

**Health Home Program (SPA 15-017):** Allows DHCS to create a health home program for members with multiple chronic and complex conditions such as diabetes, asthma, or serious mental health or substance use disorders. Program services will be targeted for members who are most likely to benefit from assistance navigating their conditions and the services available to them (Not submitted in 2015, will be submitted first quarter of 2016 under SPA 16-007)

**MOA Clinics as FQHCs (SPA 15-037)** Will align the definition of a Federally Qualified Health Center (FQHC) with federal law to include an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act. The proposed changes will allow tribally operated Indian Health Service/Centers for Medicare and Medicaid Services Memorandum of Agreement (IHS/CMS MOA) providers to participate in DHCS initiatives that are targeted towards FQHCs and be paid for services covered in 2008.

# 2015 Waivers and Demonstration Projects

## Approved

**Medi-Cal 2020 California's 1115 Waiver:** The Department of Health Care Services (DHCS) received federal approval of California's 1115 waiver renewal, which includes \$6.2 billion of initial federal funding to support the state's Medi-Cal program and its health care coverage of nearly 13 million individuals. (Approved December 30, 2015) Information on the Medi-Cal 2020 California's 1115 Waiver is available at: <http://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>

**Specialty Mental Health Services 1915 (b) Waiver Renewal:** Amends Section 1915(b) Freedom of Choice Waiver. Extends term of waiver to June 30, 2020. The SMHS waiver program is administered locally by each county's Mental Health Plan (MHP) and each MHP provides, or arranges for, SMHS for Medi-Cal beneficiaries. It is the responsibility of each MHP to either provide the services directly or contract with providers to provide these services at the local level. (Approved 6/2015) Information on the SMHS waiver is available at:

[http://www.dhcs.ca.gov/services/MH/Documents/1915\(%20b\)\\_SMHS\\_Waiver.pdf](http://www.dhcs.ca.gov/services/MH/Documents/1915(%20b)_SMHS_Waiver.pdf)

**Drug Medi-Cal Organized Delivery Waiver:** Allows California to improve the state's alcohol and drug abuse treatment system by organizing it into a coordinated continuum of care – from outpatient treatment to residential centers, withdrawal management, recovery services and physician consultation. (Approved August 13, 2016) Information on the Drug Medi-Cal Organized Delivery Waiver is available at: <http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-PreviousMeetings.aspx>

# DHCS Information of Interest



# DHCS Stakeholder Updates

DHCS regularly publishes an update of events and activities. February 2016\* stakeholder update covers the following issues:

- Medi-Cal Children's Health Advisory Panel (MCHAP)
- Form 1095B to Medi-Cal beneficiaries
- Fair Labor Standards Act Personal Care Overtime – In-Home Supportive Services and Waiver Personal Care Services
- Every Woman Counts
- DHCS Office of Family Planning Stakeholder Meeting
- Nursing Facility/Acute Hospital (NF/AH) Waiver Renewal
- Coverage for All Children – Senate Bill (SB) 75
- Stakeholder Advisory Committee (SAC)
- Medi-Cal Tribal and Indian Health Program Designee Meeting
- California Children's Services (CCS) Redesign
- Behavioral Health Treatment (BHT)
- Coordinated Care Initiative (CCI)
- Health Homes Program (HHP)
- Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver Update
- Dental Transformation Initiative (DTI)
- Adult Medicaid Quality Grant
- DHCS Open Data Portal Update
- Medi-Cal EHR Incentive Program Implementation Updates
- Successful Implementation of ICD-10
- Medicaid Information Technology Architecture (MITA) Update
- California Pink Ribbon License Plate
- Full-Scope Pregnancy Coverage Enrollment Update
- Hospital Dentistry Update
- DHCS Office of Family Planning Stakeholder Meeting

•Sign up to receive this update go to: <http://apps.dhcs.ca.gov/lists/subscribe/default.aspx?list=DhcsStakeholders>

\*<http://www.dhcs.ca.gov/formsandpubs/publications/opa/Documents/Stakeholder%20Communication%20Updates/StakeholderCommunicationMarch2015.pdf>

# DHCS 2016-2017 Budget Highlights

- **Renewal of the Medi-Cal 1115 Waiver:**
  - Throughout 2015, California was in negotiations with the federal government to replace the Medi-Cal Section 1115 “Bridge to Reform” Waiver, which was fundamental to the successful implementation of the Affordable Care Act. California received approval for the Waiver renewal, called Medi-Cal 2020, effective January 1, 2016 through December 31, 2020. The total initial federal funding in the renewal is \$6.2 billion over five years, with the potential for additional funding in the global payment program outlined below.
  - Medi-Cal 2020 will enable California to continue the delivery system transformation of public hospital systems begun under the Bridge to Reform Waiver as well as begin new efforts to further drive transformation across the Medi-Cal program, including in the Medi-Cal dental program and in the treatment of high-risk, vulnerable populations.
  - The Medi-Cal 2020 Waiver includes the following elements:
    - **Public Hospital Redesign and Incentives in Medi-Cal (PRIME)** — This program builds on the success of the state’s Delivery System Reform Incentive Program (DSRIP) Under PRIME, Designated Public Hospital (DPH) systems and District Municipal Public Hospitals (DMPHs) will be eligible to receive incentive payments for meeting certain performance measures. Over the course of the five-years, federal funding for PRIME for DPHs is \$3.27 billion, and for DMPHs is \$466.5 million.
    - **Global Payment Program (GPP)** — GPP transforms traditional hospital funding for DPHs from a system that focuses on hospital-based services and cost-based reimbursement into a value-based payment structure. The federal funding for GPP will be a combination of the DSH funding for participating DPHs and \$236 million in federal funding for the first year from the prior SNCP. The non-DSH funding for years two through five will be determined following an independent assessment of uncompensated care due to be completed in the spring of 2016.
    - **Dental Transformation Initiative (DTI)** —The DTI provides incentive payments to Medi-Cal dental providers who meet certain requirements and benchmarks. Over the course of the waiver, up to \$750 million in annual funding is available under DTI. The non-federal share for DTI will be funded through State General Fund savings achieved through limited continuation of Designated State Health Program (DSHP) funding.
    - **Whole Person Care (WPC) Pilots** — WPC allows for county-based pilots to target high-risk populations and integrate physical and behavioral health along with other critical social services. The waiver renewal authorized up to \$1.5 billion in federal funding over the five-years; WPC Pilot lead entities will provide the non-federal share.
    - The renewal also contains several independent analyses of the Medi-Cal program and evaluations of the waiver programs, including an assessment of access in the Medi-Cal managed care program and studies of uncompensated care in California hospitals.
- **Managed Care Organization (MCO) Tax**
  - The Budget proposes to replace existing MCO tax with a broad-based MCO tax that would satisfy the requirements of recently issued federal guidance. The tax will be sufficient to raise the same amount of general fund savings as the current MCO tax as well as the funding needed to eliminate 7% reduction in in-home supportive services hours.
- **Other DHCS Program Modifications**
  - For Genetically Handicapped Persons Program (GHPP) individuals will be required to first apply through the single streamlined application for Medi-Cal and subsidized coverage through Covered California. If found eligible, individuals will be required to enroll in those programs and receive only those specialized services in GHPP.
  - For limited benefit/special populations programs where eligibility and enrollment is processed at the provider level (Every Woman Counts, Family Planning Access and Treatment, enrolling providers will be required to provide the single streamlined applications and encourage individuals to apply for coverage in Medi-Cal or subsidized coverage through Covered California.

# Legislation



# Legislation of Interest

The legislature reconvened on January 4, 2016. February 19, 2016 was the last day for that legislation could be introduced this for this year's session. Following is a brief summary of Assembly Bills (AB) and Senate Bills (SB) of interest to Indian Health Clinic, all of which are currently active.

- **AB- 847 (Mullin) Mental health: community-based services.** (February 26, 2015)
  - Initiative to fund various county mental health programs
  - [http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab\\_0801-0850/ab\\_847\\_bill\\_20150226\\_introduced.pdf](http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_0801-0850/ab_847_bill_20150226_introduced.pdf)
- **AB-1763 (Gipson) Health care coverage: colorectal cancer: screening and testing.** (February 3, 2016)
  - Health care service plans and insurance policies would provide colorectal screening exams and lab tests recommended by physicians to individuals at high risk for colorectal cancer. It would also impose a prohibition of cost sharing imposition by health care plans for individuals over 50.
  - [http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab\\_1751-1800/ab\\_1763\\_bill\\_20160203\\_introduced.pdf](http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1751-1800/ab_1763_bill_20160203_introduced.pdf)
- **AB-1795 (Atkins) Health care programs: cancer.** (February 4, 2016)
  - Breast and cervical cancer screening and treatment services for low-income individuals covered for the duration of the period of treatment for an individual made eligible, as long as the individual continues to meet all other eligibility requirements.
  - [http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab\\_1751-1800/ab\\_1795\\_bill\\_20160204\\_introduced.pdf](http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1751-1800/ab_1795_bill_20160204_introduced.pdf)
- **SB-960 (Hernandez) Medi-Cal: telehealth: reproductive health care.** (February 8, 2016)
  - [http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb\\_0951-1000/sb\\_960\\_bill\\_20160208\\_introduced.pdf](http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0951-1000/sb_960_bill_20160208_introduced.pdf)
  - Face-to-face contact between a health care provider and a patient would not be required under the Medi-Cal program for “reproductive health care provided by store and forward.”



# Legislation of Interest – cont'd

- **AB-1863 (Wood) Medi-Cal: federally qualified health centers: rural health centers.** (February 10, 2016)
- Federally qualified health center (FQHC) services and rural health clinic (RHC) services are covered benefits under the Medi-Cal program, to be reimbursed to providers on a per-visit basis. This bill would include a marriage and family therapist within those health care professionals covered.  
[http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab\\_1851-1900/ab\\_1863\\_bill\\_20160210\\_introduced.pdf](http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1851-1900/ab_1863_bill_20160210_introduced.pdf)
- **AB-1696 (Holden) Medi-Cal: tobacco cessation services.** (January 21, 2016)
- For Medi-Cal programs to cover tobacco cessation services, including all intervention recommendations assigned a grade A or B by the U.S Preventative Services Taskforce.
- [http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab\\_1651-1700/ab\\_1696\\_bill\\_20160121\\_introduced.pdf](http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1651-1700/ab_1696_bill_20160121_introduced.pdf)
- **SB-1025 (Nielsen) Narcotic Treatment Programs.** (February 12, 2016)
- To license narcotic treatment programs that provide methadone treatment as a narcotic replacement therapy.
- [http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb\\_1001-1050/sb\\_1025\\_bill\\_20160212\\_introduced.pdf](http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_1001-1050/sb_1025_bill_20160212_introduced.pdf)
- **AB-1571 (Lackey) Vehicles: driving under the influence: alcohol abuse programs.** (January 4, 2016)
- [http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab\\_1551-1600/ab\\_1571\\_bill\\_20160104\\_introduced.pdf](http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1551-1600/ab_1571_bill_20160104_introduced.pdf)
- **AB-1975 (Waldron) Driving under the influence: alcohol abuse treatment.** (February 16, 2016)
- [http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab\\_1951-2000/ab\\_1975\\_bill\\_20160216\\_introduced.pdf](http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_1951-2000/ab_1975_bill_20160216_introduced.pdf)

# Asset Recovery

- Federal Medicaid law<sup>1</sup> requires States to seek recovery from an individual's estate if the beneficiary was 55 years of age or older when the individual received medical assistance consisting of—nursing facility services, home and community-based services, and related hospital and prescription drug services. Additionally, it allows, at the option of the State, recovery from an individual's estate for any items or services under the State plan (excluding Medicare cost-sharing/benefits)
- State law and regulations<sup>2</sup> require DHCS to seek recovery from the estates of deceased Medi-Cal beneficiaries age 55 or older for medical services and premiums, including payments to managed care plans
- ARRA<sup>3</sup> exempts certain Indian income, resources, and property from Medicaid estate recovery including interests in and income derived from Tribal land and other resources currently held in trust status and judgment funds and ownership interest in trust or non-trust property
- For the adult expansion population, eligibility has been broadened by excluding the asset test. Consequently, there may be newly eligible Medi-Cal beneficiaries with low income, but who still have assets. For this population, federal law restricts recovery to those beneficiaries age 55 and older and prohibits the use of liens regardless of beneficiary age
- DHCS's Asset Recovery program does exempt certain American Indian property from asset recovery. If a claim is received the decedent's family may request an American Indian property exemption by notifying and providing the required documentation to DHCS
- **SB 33 (Hernandez)** will require the department to seek recovery from estates only in specified circumstances for those health care services that the state is required to recover under federal law, and will define health care services for these purposes. The bill would delete the proportionate share provision and would delete the requirement that the department make a claim upon the death of the surviving spouse. The bill would also require the department to provide a current or former beneficiary, or his or her authorized representative, upon request and free of charge, with the total amount of Medi-Cal expenses that have been paid on his or her behalf that would be recoverable under these provisions, as specified. The bill would apply the changes made by these provisions only to individuals who die on or after January 1, 2016.

<sup>1</sup> Budget Reconciliation Acts of 1993 , Codified in United States Code Section 1396

<sup>2</sup> Welfare and Institutions Code section 14009.5, California Code of Regulations sections 50960-50966, and Probate Code sections 215 , 9202, and 19202

<sup>3</sup>ARRA section 5006(c) amends section 1917(b)(3) of the Social Security Act

# Thank You

