



Department of Health Care Services



Tribal and Designee Medi-Cal Advisory Process Webinar
on Proposed Changes to the Medi-Cal Program
November 22, 2013

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, Indian Health Program (IHP) Coordinator
SPA Scheduled for Submission December 31, 2013	
Restoring Adult Dental Optional Benefits	Andrew McCray, Medi-Cal Dental Services Division
Waiver Scheduled for Submission December 31, 2013	
Assisted Living 1915 (c) Waiver Renewal	Betsi Howard, DHCS, Long-Term Care Division
Feedback/Closing	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/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.

Restoring Adult Dental Optional Benefits SPA 13-018



Background

- Assembly Bill (AB) 82, (Chapter 23, Statutes of 2013) amended Welfare and Institutions Code Sections 14131.10 and 14132.89, to restore Medi-Cal adult dental optional benefits.
- SPA 13-018 will implement changes as required by AB 82 to enable Medi-Cal beneficiaries ages 21 and older to receive basic dental care. DHCS is required by
- AB 82 to seek approval from the Centers for Medicare and Medicaid Services (CMS) for this change

Description

- Assembly Bill 82 amended the Welfare and Institutions Code Sections 14131.10 and 14132.89
 - Effective May 1, 2014
 - Restoration of certain adult dental benefits
 - Provides basic dental care for Medi-Cal Beneficiaries ages 21 and older
 - Restore but not replace approach
 - Restored benefits include:
 - Exams, x-rays, cleaning, fluoride treatments
 - Amalgam and composite fillings
 - Stainless steel, resin, and resin window crowns
 - Anterior root canal therapy
 - Complete dentures, including immediate dentures
 - Complete denture adjustments, repairs, and relines

Impact

Impact on Indian Health Programs

- Indian Health Programs or Urban Indian Organizations will be able to provide these restored services to the adult beneficiary population.
- **Impact on Indian Medi-Cal Beneficiaries**
 - Will restore certain adult dental benefits for beneficiaries 21 years of age and over.

Contact Information

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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.

Assisted Living 1915 (c) Waiver Renewal



Background

- The Assisted Living Waiver (ALW) program assists Medi-Cal beneficiaries to live independently in the community. The ALW program has shown that assisted living services paid for by Medi-Cal can be provided in a way that assures the safety and well-being of waiver participants and that these services are a cost-effective option to long-term care in a nursing facility.
- There are two models for the ALW program:
 1. The first model, ALW services, which are categorized by four “tier levels,” are provided to eligible participants who live in Residential Care Facilities – services are delivered by a facility’s employees or contracted individuals.
 2. In the second model, ALW services are provided to eligible participants who live in subsidized housing – services are provided by licensed and certified Home Health Agency staff.

Description

- Renew the waiver to include the addition of *Tier Five*. *Tier Five* is a community residential option for participants whose physical and mental disabilities make living in skilled nursing facilities or under *Tiers One through Four* of the ALW inappropriate.
 - Participants eligible for *Tier Five* services will have to meet nursing facility level of care as well as have severe mental/cognitive disabilities as a result of a traumatic brain injury.
 - Eligible participants will be required to have a history of at least one failed placement.
 - *Tier Five* will ONLY be available to a participant residing in a Residential Care Facility.

Description

- The addition of two new services which require pre-approval by DHCS Registered Nurses:
 - Residential Habilitation – Services to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in a participant's natural environment. Allows reimbursement to residential care facilities to supply additional, appropriate staff to oversee a waiver participant; may be one-to-one or some other ratio of staff-to-participant.
 - Service Assessment/Plan of Care Development – Additional services provided by a Care Coordination Agency working in partnership with residential care facilities and other behavioral and health providers.

Impact

Impact on Indian Health Programs

- It is not expected that this waiver renewal will directly impact Indian health programs.

Impact on Indian Health Beneficiaries

- The renewal will impact potential American Indian waiver participants by offering a new Tier of service for those individuals who have a history of Traumatic Brain Injury and failed placements that will help insure their health and safety in a home and community-based setting.
- This renewal will have no impact on existing American Indian ALW participants or the ALW services they currently receive.
- This renewal will not restrict eligibility for any future American Indian ALW participant.

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Feedback



Thank You!

