

# Medi-Cal Tribal and Indian Health Program Designee Annual Meeting - Indian Health Update



**Department of Health Care Services (DHCS)  
February 26, 2014**

# DHCS 2013 Accomplishments

In 2013 DHCS:

- Completed the development of the California Healthcare Eligibility, Enrollment and Retention System (Cal-HEERS). CalHEERS is an information technology system that serves as the single-point of entry for CoveredCA and Medi-Cal
- Expanded Medi-Cal Managed Care into remaining 28 counties. This transition impacted approximately 410,000 Medi-Cal members
- Transitioned about 600,000 Low-Income Health Program (LIHP) beneficiaries to Medi-Cal
- Transitioned approximately 800,000 children to Medi-Cal from the Healthy Families Program
- Developed Alternative Benefit Plan (ABP) for expansion population that aligns ABP services with existing Medi-Cal Services
- Transferred the Department of Mental Health, Alcohol and Drug Programs, the Every Woman Counts, the Prostate Cancer, and the Family Planning Access Care and Treatment Programs to DHCS
- Finalized contracts for the Cal MediConnect program, which is part of California's larger Coordinated Care Initiative (CCI). CalMediConnect integrates the delivery of medical, behavioral, and long-term care services for dual eligibles (beneficiaries with both Medicare & Medi-Cal). The program will be implemented no sooner than April 2014 in eight counties: Alameda, Los Angeles, Orange\*, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara
  - Cal MediConnect beneficiaries will be enrolled using a passive enrollment process. This means that the state will enroll eligible individuals into a health plan that combines their Medicare and Medi-Cal benefits unless the individual actively chooses not to join and notifies the state of this choice

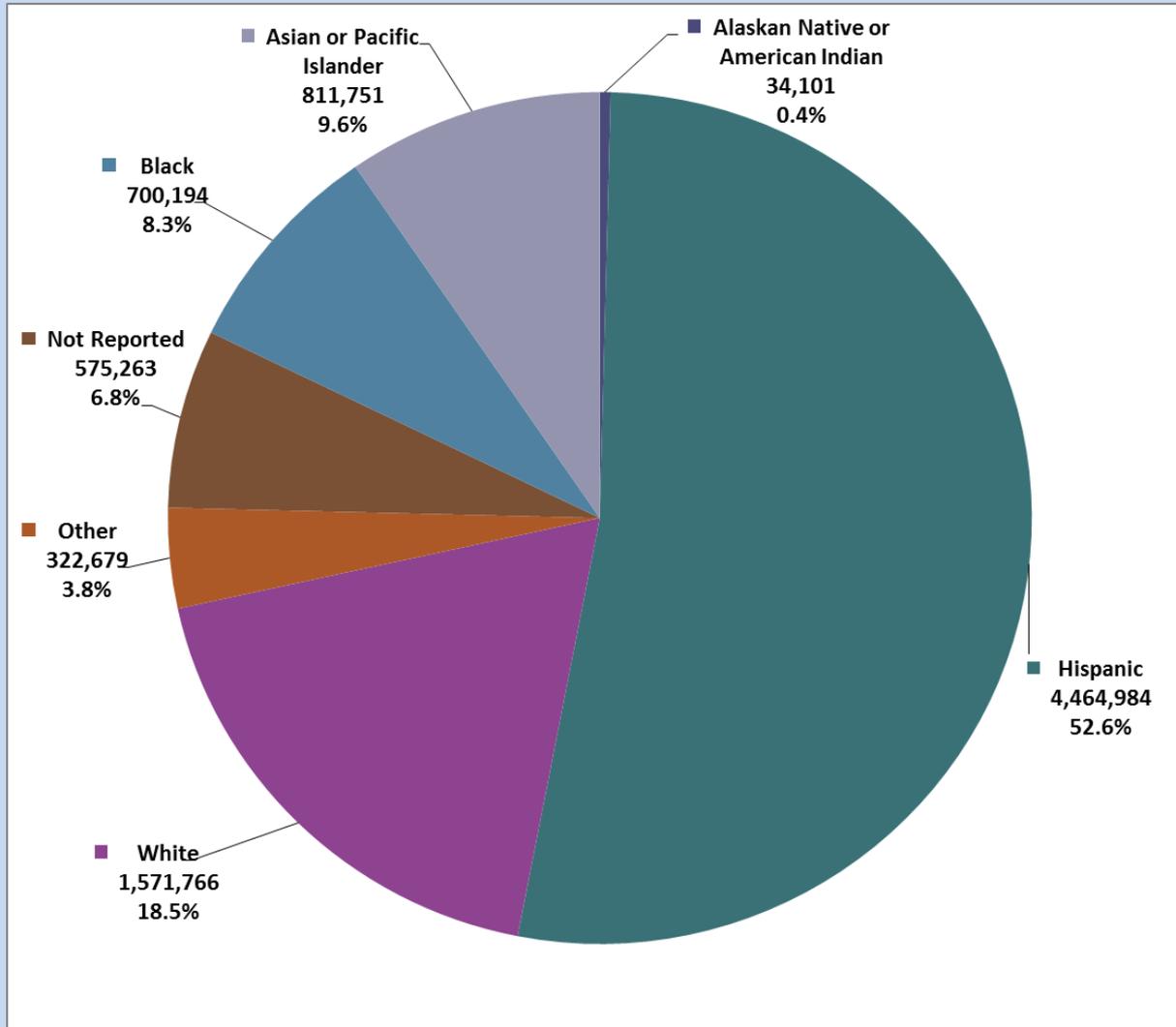
\*Orange county implementation delayed

# Medi-Cal American Indian/Alaskan Native Information



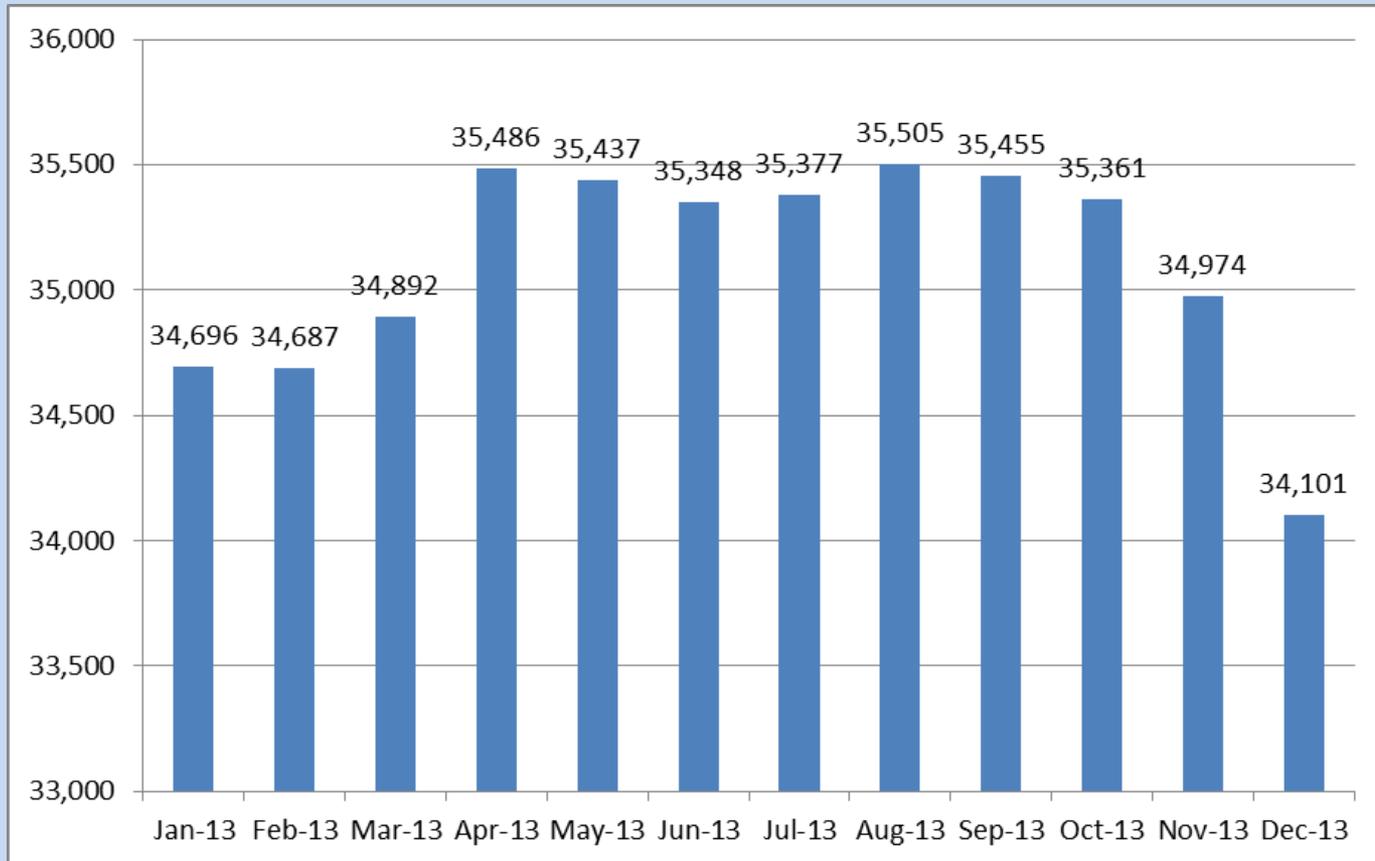
# Medi-Cal Enrollees by Ethnicity

## December 2013



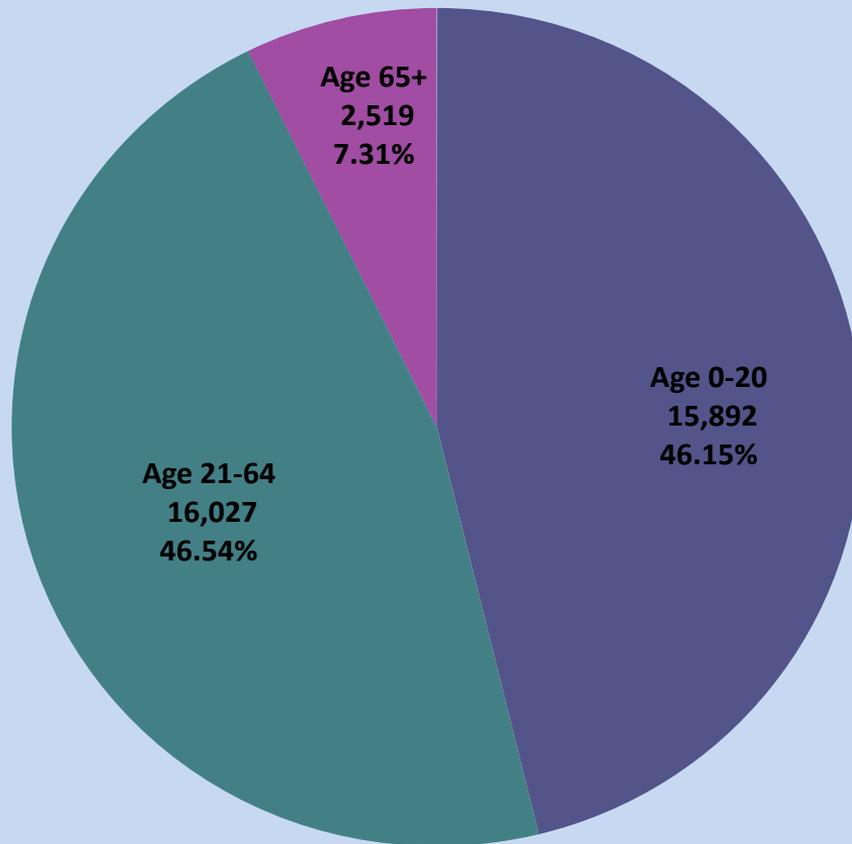
- Beneficiary ethnicity is self-reported by the applicant
- Medi-Cal enrollees categorized as Alaskan Native/American Indian (AI/AN) accounted for .4% of the Medi-Cal enrollees in December 2013. AI/AN account for 0.97 % of general population in California\*
- The total number of Medi-Cal enrollees was 8,480,738 in December 2013
- The number of Medi-Cal enrollees is expected to increase to 9.2 million in FY 2013-14 and to about 10.1 million in FY 2014-15

# AI/AN Medi-Cal Enrollees by Month (January 2013 thru December 2013)



- The number of Medi-Cal enrollees self-identified as AI/AN averaged 35,110 per month in CY 2013
- In CY 2012, the number of Medi-Cal enrollees self-identified as AI/AN averaged 34,661 per month
- The number of AI/AN enrollees in the new adult group (age 19 to 65, at or below 138% FPL) is 164 in January 2014

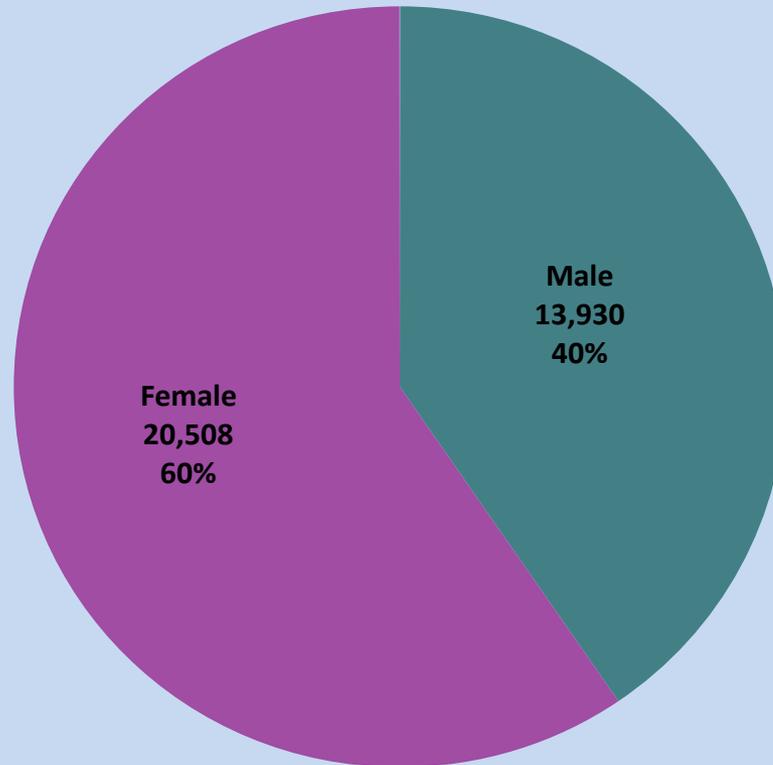
# AI/AN Medi-Cal Enrollees by Age Group December 2012



- 46.15% of the AI/AN Medi-Cal enrollees were in the age group of 0 – 20 years
- 46.54% of the AI/AN Medi-Cal enrollees were in the age group 21 – 64 years
- 7.31% were age 65 years and above



# AI/AN Medi-Cal Enrollees by Gender December 2012



- In December 2012, 60% AI/AN enrollees were females and 40% were males
- In December 2011, 59% AI/AN enrollees were females and 41% were males

# Indian Health Clinic Medi-Cal Utilization



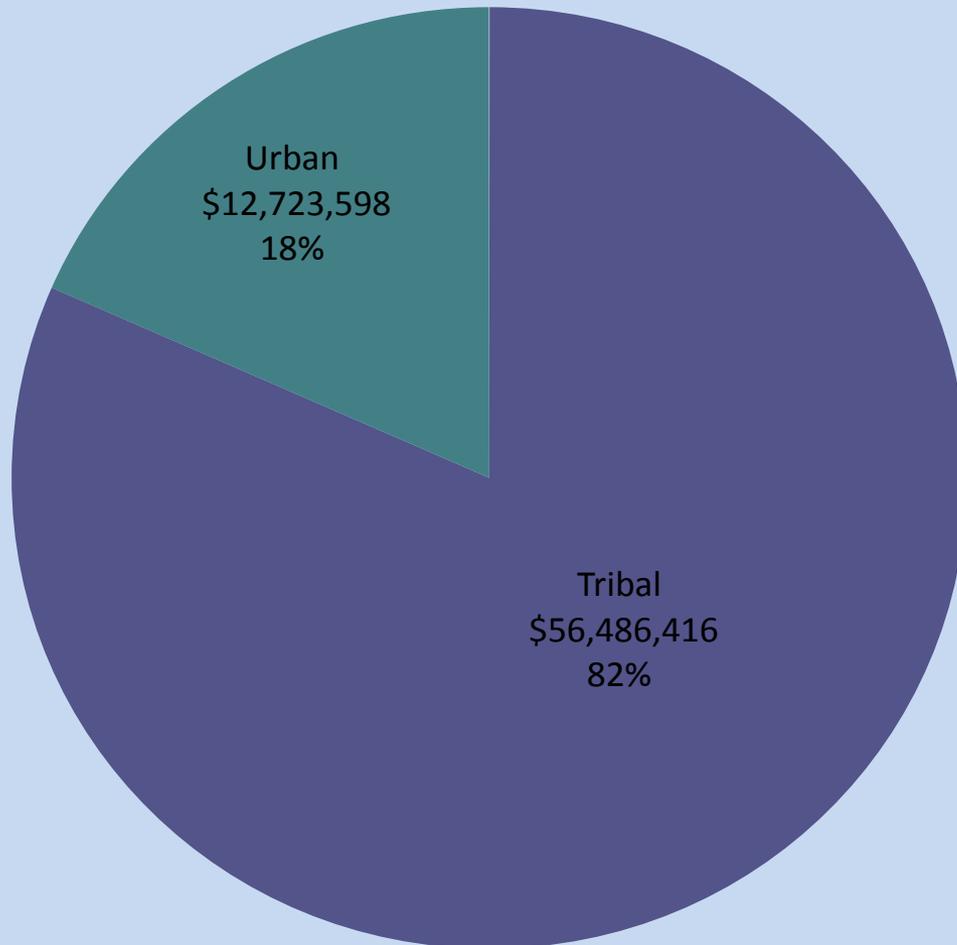
# Indian Health Clinic Medi-Cal Providers

**66 primary care clinic sites in California serving AI/AN**

- 53 Indian Health Services Memorandum of Agreement (IHS/MOA)
- 5 Tribal Federally Qualified Health Centers (FQHC) sites
- 8 Urban Indian FQHC Clinics sites



# Indian Health Clinic Payments Calendar Year (CY) 2012 (January 2012 – December 2012)



- In CY 2012, 82 % (\$56,486,416) of the Medi-Cal Indian Health Clinic expenditures were made to Tribal Health Clinics
- In CY 2012, 18 % (\$12,723,598) of the Medi-Cal Indian Health Clinic expenditures were made to Urban Indian Health Clinics in CY 2012
- Total Medi-Cal expenditures for Indian Health Clinics were \$69,210,014 in CY 2012

# Indian Health Clinic Payments Calendar Year (CY) 2011 and 2012

## CY 2011

- Tribal Indian Health Clinics (FQHC & MOA)
  - Paid \$50.6 million
  - Average \$4.2 million per month
- Urban Indian Health Clinics
  - Paid \$13.3 million
  - Average \$1.1 million per month

## CY 2012

- Tribal Indian Health Clinics (FQHC & MOA)
  - Paid \$56.5 million
  - Average \$4.7 million per month
- Urban Indian Health Clinics
  - Paid \$12.7 million
  - Average \$1 million per month

# Paid Claims and Estimated Number of Visits in IHS/HCFA (CMS) MOA Clinics CY 2011, CY 2012, and CY 2013

	CY 2011	CY 2012	CY 2013
Amount Paid	\$19,794,649	\$19,653,961	\$19,948,656
Estimated Number of Visits	67,329	62,196	60,450
Per Visit Rate	\$294	\$316	\$330

Based on data received from the Federal Indian Health Services, California Rural Indian Health Board, Inc, 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)

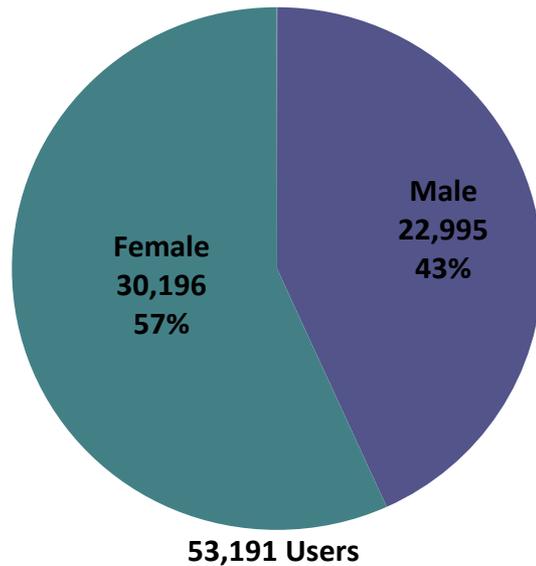
# Number of Indian Health Clinic Visits per Unduplicated Users in CY 2012 (January 2012 – December 2012)

Age Group	Users	Visits	Avg # Visits Per Year
<b>0-20</b>	41,350	144,507	3.5
<b>21-64</b>	24,419	104,636	4.3
<b>65+</b>	3,508	14,304	4.1
<b>Total</b>	<b>69,277</b>	<b>263,447</b>	<b>3.8</b>

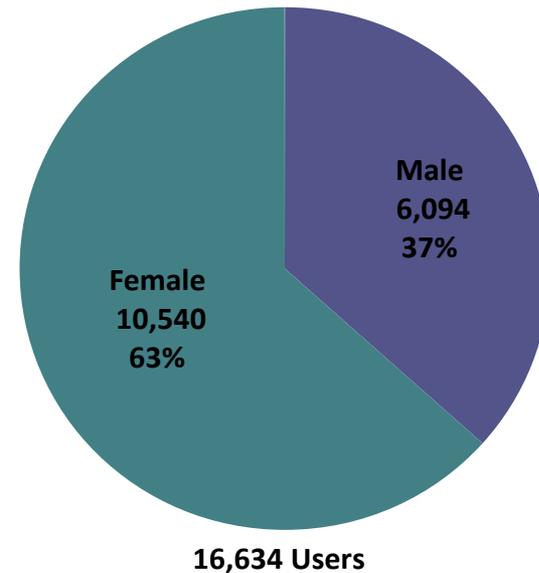
In CY 2011, the total number of users were 65,262, the total number of visits were 249,620 and the average number of visits per year was 3.8

# Number and Gender of Medi-Cal Users (Unduplicated) of Indian Health Clinic Services for CY 2012

## Tribal Health Clinics



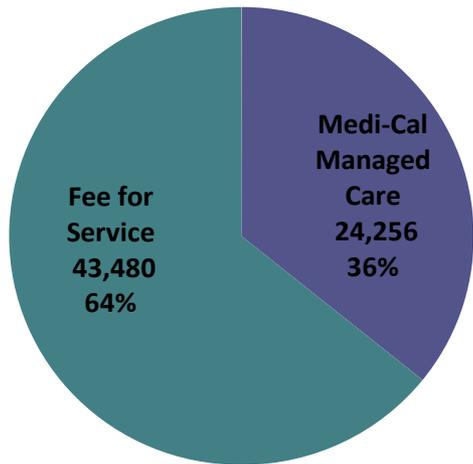
## Urban Indian Health Clinics



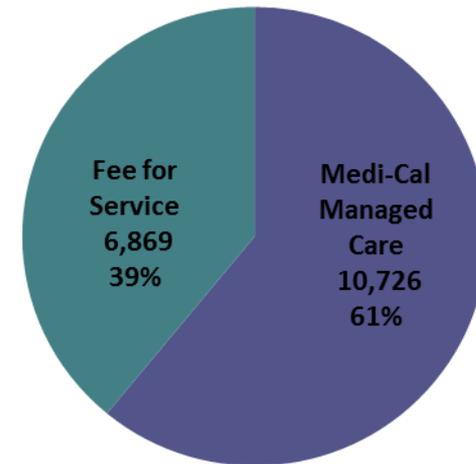
- Tribal Health Clinics served 53,191 individuals and Urban Clinics served 16,634 individuals in CY 2012
- The distribution of users by gender was similar for both Tribal and Urban Indian Health Clinics
- Tribal Health Clinics served 49,679 individuals and Urban Clinics served 16,198 individuals in CY 2011

# Indian Health Clinics Enrollment by Medi-Cal Managed Care and Fee for Service CY 2012

## Tribal Health Clinics CY 2012



## Urban Indian Health Clinics CY 2012



- 61% users of Urban Indian Health Clinics were enrolled in Medi-Cal Managed Care Plans in CY 2012. In CY 2011, 52% of the users were enrolled in Medi-Cal Managed Care Plans
- 36% users of Tribal Health Clinics were enrolled in Medi-Cal Managed Care Plans in CY 2012. In CY 2011, 16% of the users were enrolled in Medi-Cal Managed Care Plans

# Top Ten Clinical Classifications by Payments for Medi-Cal Users of IHC Services CY 2012

<b>Tribal Clinics</b>				
<b>Rank</b>	<b>CCS Description</b>	<b>Users*</b>	<b>Visits**</b>	<b>Paid***</b>
1	Disorders of teeth and jaw	28,009	75,257	\$22,735,010.40
2	Spondylosis; intervertebral disc disorders; other	3,047	7,986	\$2,022,844.33
3	Other upper respiratory infections	4,861	6,384	\$1,768,727.34
4	Mood disorders	2,146	6,184	\$1,560,455.64
5	Normal pregnancy and/or delivery	1,079	3,732	\$1,098,421.86
6	Attention-deficit conduct and disruptive behavior	894	3,458	\$1,025,898.59
7	Anxiety disorders	1,357	3,507	\$916,053.86
8	Other non-traumatic joint disorders	2,046	3,337	\$840,855.45
9	Diabetes mellitus without complication	1,776	4,003	\$816,306.43
10	Otitis media and related conditions	1,567	2,195	\$625,219.97
	<b>Total</b>	<b>46,782</b>	<b>116,043</b>	<b>\$33,409,793.87</b>

<b>Urban Clinics</b>				
<b>Rank</b>	<b>CCS Description</b>	<b>Users*</b>	<b>Visits**</b>	<b>Paid***</b>
1	Disorders of teeth and jaw	6,544	15,537	\$4,571,723.70
2	Normal pregnancy and/or delivery	686	3,454	\$840,682.81
3	Contraceptive and procreative management	706	1,238	\$369,540.72
4	Mood disorders	558	1,929	\$364,197.08
5	Essential hypertension	894	1,841	\$324,140.17
6	Diabetes mellitus with complications	550	1,558	\$278,827.98
7	Spondylosis; intervertebral disc disorders; other	641	1,337	\$248,386.87
8	Other upper respiratory infections	917	1,131	\$219,504.70
9	Diabetes mellitus without complication	553	1,141	\$199,593.06
10	Anxiety disorders	302	762	\$150,511.26
	<b>Total</b>	<b>12,351</b>	<b>29,928</b>	<b>\$7,567,108.35</b>

Source: DHCS-RASB, Medi-Cal Utilization: Claims Paid by the Fiscal Intermediary for Calendar Year 2012, paid as of December 2013

\*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

# Tribal Indian Health Clinics Dental Services for Ages 21 and Older Fiscal Year (FY) 2008-09 to FY 2012-13



- There are 5 Tribal FQHCs that could bill for “Federally Required Adult Dental Services” after elimination of adult dental in 2009
- Medi-Cal will pay for certain dental services that are required by federal law if you are a patient of a Federally Qualified Health Center or Rural Health Center
- Tribal Uncompensated Care Waiver allowed for payment for Adult Dental Services for MOA clinics April – December 2013
- Two invoices (received for April through September 2013) totaled \$1,383,360

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



# State Plan Amendments 2013

- In preparation for ACA Implementation DHCS implemented the following SPAs:

**Payments to Primary Care Physicians (13-003)**- ACA as amended by H.R. 4872-24, Section 1202 requires DHCS to increase payments for primary care services furnished in 2013 and 2014 by a physician with specialty designation of family medicine, general internal medicine, or pediatric medicine

**Outpatient Mental Health Service Expansion (13-008)**-Expands outpatient mental health services to all Medi-Cal Beneficiaries as required pursuant to Senate Bill (SB) x1 1 (Chapter 4 ,statutes of 2013) Section 29, added Welfare & Institutions Code (W&I) Code Section 14132.03

**Restoring Adult Dental Optional Benefits (13-018)**- Assembly Bill (AB) 92, (Chapter 23, Statutes of 2013) amended the Welfare and Institutions (W&I)Code, Sections 14130.10 and 14132.89 to restore some Medi-Cal adult dental optional benefits

**Medi-Cal Modified Adjusted Gross Income (MAGI) & Children's Health Insurance Program (CHIP) Eligibility & Benefits (13-021-13-028)**-AB x1 1 and Senate Bill (SB) x1 1, in preparation for implementation of the Medicaid and CHIP changes related to the Affordable Care Act (ACA). Will implement the MAGI-based eligibility levels and income county methodologies for Medi-Cal and CHIP and to elect a state's single streamlined application format in accordance with these statutes

**Alternative Benefit Plan (ABP) (13-035)**-ACA requires state Medicaid agencies to design and implement an ABP. An APB or "benchmark or "benchmark-equivalent" allows states to provide medical coverage for newly eligible low-income adults. SB x1 1 authorizes California's ABP for Medi-Cal by adding W&I Code, Section 14132.02.

**Substance Use Disorder (SUD) Service Expansion ( 13-038)**- Pursuant to SB x1 1 (Chapter 4, Statutes of 2013), Section 29 added W&I Code Section 14131.03 which allows DHCS to provide expanded SUD services to an expanded Medi-Cal population

- To view the DHCS State Plan including pending, approved and withdrawn SPAs please visit:  
<http://www.dhcs.ca.gov/formsandpubs/laws/pages/californiastateplan.aspx>

# 1<sup>st</sup> Quarter 2014 SPAs

SPAs	Status
<p>Therapeutic Foster Care (TFC) SPA 14-011-This SPA will add TFC services as covered a Medi-Cal Specialty Mental Health Service for children/youth who are eligible under the terms of the Katie A. v Bonta settlement agreement. TFC services are special services provided by a foster care parent to a child or youth who has special behavioral needs and who is being considered to be placed in an institution such as a group home or psychiatric hospital. The foster care parent would provide mental health treatment and other service activities. These activities may include helping the child or youth improve their skills, improve anger management, self-esteem or peer relations, and helping the child or youth to access other services. The proposed effective date of SPA 14-011 is January 1, 2014. This proposal will be reviewed during the DHCS Quarterly Webinar on February 28, 2014 from 2 p.m. to 3 p.m. To register please visit: <a href="https://www3.gotomeeting.com/register/876050726">https://www3.gotomeeting.com/register/876050726</a></p>	Pending Submission
<p>Adding Marriage and Family Therapists (MFTs) as Mental Health Providers-SPA 14-012-Senate Bill x1-1 (Hernandez, Chapter 4, Statutes of 2013), Section 29, added Welfare and Institutions Code §14132.03 which requires DHCS to expand mental health services covered by Medi-Cal. DHCS plans to submit SPA 14-012 to CMS to authorize licensed MFTs, registered MFT interns, registered associate social workers, and psychological assistants as providers of Medi-Cal mental health psychotherapy services. DHCS will hold a teleconference to provide an opportunity to discuss and provide for immediate feedback regarding SPA 14-012. The teleconference will be held from 10:00 a.m. to 11:00 a.m. on Tuesday, March 4, 2014. To participate in this teleconference dial toll-free, 1-800-369-1872. When asked for a participant passphrase please respond “DHCS”. Please note this SPA is scheduled for submission on March 7, 2014.</p>	Pending Expedited Submission

# Proposed Drug Medi-Cal (DMC) Waiver

- DHCS will request a waiver from CMS to operate the DMC program as an organized delivery system in 2014
- The waiver will give state and county officials more authority to select quality providers to meet drug treatment needs
- The DMC Waiver:
  - Will support coordination and integration across systems to the benefit of the member, with the goal of more appropriate use of health care, such as reduced emergency rooms and hospital inpatient visits
  - Will result in increasing the monitoring of provider delivery of services to DMC members
  - Will strengthen county oversight of network adequacy, service access, and standardized practices in provider selection
  - Will create an organized substance use disorder delivery system that can better coordinate with county public safety systems
- DHCS will seek stakeholder feedback regarding this proposed waiver per the Tribal and Designees of Indian health programs requirements

# Tribal Uncompensated Care Waiver Amendment (UCWA) April 2013- December 2013

- Amendment to the State's existing Section 1115 Bridge to Reform that allowed DHCS to make uncompensated care payments for services to tribal health programs operating under the Indian Self-Determination and Education Assistance Act (ISDEAA) for IHS eligible American Indians
- Ended December 31, 2013
- Payments were made for services provided to uninsured individuals Over Age 19 who were not eligible for Medi-Cal; were not eligible for county LIHP due to income level, cap on LIHP income limit, or no LIHP existing in the county; had incomes below 133% Federal Poverty Level
- Payment for services to Medi-Cal beneficiaries were limited to optional services eliminated from the state plan
- DHCS provided uncompensated care payments to tribal health programs using the Indian Health Service (IHS) encounter rate for:
  - Medi-Cal state plan primary care services
  - Optional services eliminated from the state plan for Medi-Cal enrollees (adult dental, psychology, behavioral health, optometry, and podiatry)
- Two invoices has been received for (April through September)
  - Invoice totals: \$1.383,360
  - Encounters: Uninsured- 1174, Medi-Cal Beneficiaries – 3018
  - Final Invoice due to DHCS by March 26, 2014
- Preliminary Costs Estimate: \$15,461 million    Estimate of Eligible Beneficiaries: 22,000

# Tribal UCWA -January 2014- December 2014

- Approved by CMS on December 24, 2013
- Term of new UCWA is January 1, 2014 to December 31, 2014
- Permits DHCS to make uncompensated care payments for optional services eliminated from the state plan provided by IHS tribal health programs operating under the authority of the Indian Self-Determination and Education Assistance Act (ISDEAA) to IHS-eligible Medi-Cal beneficiaries
- DHCS has extended its partnership with the California Rural Indian Health Board, Inc. (CRIHB) to implement this waiver proposal
- 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 this uncompensated care program, it would no longer be eligible for uncompensated care payments under this program
- Preliminary Costs Estimate: \$3.097 million    Potential Eligible Beneficiaries: 3,129

# Indian Health Program (IHP)

- IHP administers the American Indian Infant Health Initiative (AIIHI)
  - AIIHI is a home visitation support services and basic health care instruction to high-risk pregnant and parenting American Indian families. It provides interventions aimed at reducing infant mortality and teen pregnancy as well as facilitating early entry into prenatal care
  - Administered in five counties (Humboldt, Riverside, San Bernardino, Sacramento, and San Diego) where State data revealed the highest rates of poor Indian Maternal, Child Health outcomes
  - Funding: \$628,000, Federal Title V
- IHP manages a Tribal Emergency Preparedness 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
  - IHP program consultants will meet with tribal communities and tribal leaders to conduct emergency preparedness presentations, demonstrate 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>
  - Funding: \$192,000, Federal Hospital Preparedness Program
- IHP also facilitates DHCS' compliance with federal tribal and designee notification requirements  
Designees:
  - 32 of 39 Indian health clinic corporations have updated their designees since August
  - In the absence of a designee, DHCS continues to direct communications to the clinic Executive Director
    - A current list of designees is posted to the Indian Health Program website at:  
<http://www.dhcs.ca.gov/services/rural/Pages/TribalIndianHealthProgDesigneeMCInfo.aspx>
  - Tribal Chairpersons:
    - DHCS completed an update of all Tribal Chairperson in October 2013
    - Additionally, DHCS updates the list on a flow basis when corrections or errors are received<sup>24</sup>

# Youth Regional Treatment Center (YRTC) Update

- As of February 2014, 3 YRTCs will be 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>

# Other DHCS Indian Health Activities

- 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
  - AB 1233 was signed into law September 9, 2013. This legislation allows Tribes and Tribal organizations to claim the facilitation of Medi-Cal applications using the California Healthcare Eligibility, Enrollment, and Retention System as a MAA
  - Currently 17 participating providers, including CRIHB
  - Approximately \$1,197,794 in paid claims has been paid since 2010. DHCS estimates an additional \$385,000 in claims for FY 2012-2013
- Medi-Cal Incentives to Quit Smoking (MIQs) American Indian Specific Outreach Materials: DHCS has partnered with CDPH to produce American Indian specific MIQs health education materials. MIQs provides incentives (i.e. gift card, nicotine patches) to Medi-Cal members who contact the program about quitting smoking. Each Indian health program will receive a set of postcards regarding the program in early Spring
  - 32% of American Indians and Alaska Natives are smokers, the highest among any race/ethnic group
  - 56% of American Indian Youth in Bureau of Indian Affairs schools are smoking
  - 17% of American Indian women smoke during their pregnancies

# DHCS Updates



# DHCS PRIHD Trainings/Webinars

- A & I Reconciliation Process 101
  - Tentative Date -March or April 2014: The training will offer basic instructions for administrative and fiscal staff to prepare for a DHCS A&I Reconciliation Process of payments to FQHCs/RHCs/MOAs for beneficiaries enrolled in Medi-Cal Managed Care, Healthy Families, and all Crossover visits
- Centers for Medicaid and Medicare (CMS) Meaningful Use Stage 2 Requirements
  - Tentative Date- April 14 : Review 2014 Eligible Provider (EP) Attestation requirement, Stage 2 requirements, and Stage 2 timeline changes
  - Tentative Date-May 19 : 2014 Clinical Quality Measures (CQM) and Physician Quality Reporting System (PQRS). The Clinical Quality Measures are a part of Meaningful Use and this year need to be electronically submitted (vs. submitting numerators and denominators like the past years)

# Provider Automated Verification Enrollment (PAVE) System

- PAVE will transform provider enrollment activities from a manual process to a web-based portal for providers to submit their application, verifications, and changes
- PAVE will only be available for providers that enroll to serve fee-for-service members, though DHCS plans to eventually expand access to other Medi-Cal providers
- Implementation of PAVE is expected in fall 2014
- Stakeholder input on system design and provider participation for systems testing is welcome. Questions or comments may be sent to [DHCSPEDPAVE@dhcs.ca.gov](mailto:DHCSPEDPAVE@dhcs.ca.gov) or you may visit the soon to be published Provider Enrollment PAVE web page which can be accessed via either the Medi-Cal or Department website

# DHCS Updates



# Health Insurance Portability and Accountability Act (HIPAA) Changes

- ICD-10 Code Conversion: ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by the ICD-10 codes for services provided on or after October 1, 2014
- Administrative Code Standardization: HIPAA mandates the standardization of administrative code sets and the use of standard service/procedure code sets. The code conversion is scheduled for January 1, 2015
  - DHCS will remove local billing codes (e.g. 01, 03) and will require clinics to include Current Procedural Terminology (CPT) codes when submitting UB04 claims
  - DHCS proposes to include CPT Codes on claims submitted on UB 04 effective January 16, 2015.
  - DHCS will have a public comment period and offer trainings on the new billing codes prior to implementation
  - Information concerning the HIPAA conversion may visit :  
[http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaacorrelations\\_home.asp](http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaacorrelations_home.asp)

# 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. These individuals may be subject to the current Medi-Cal asset recovery process
- Further guidance from the federal government to clarify the recovery rules for the expansion population is anticipated

<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

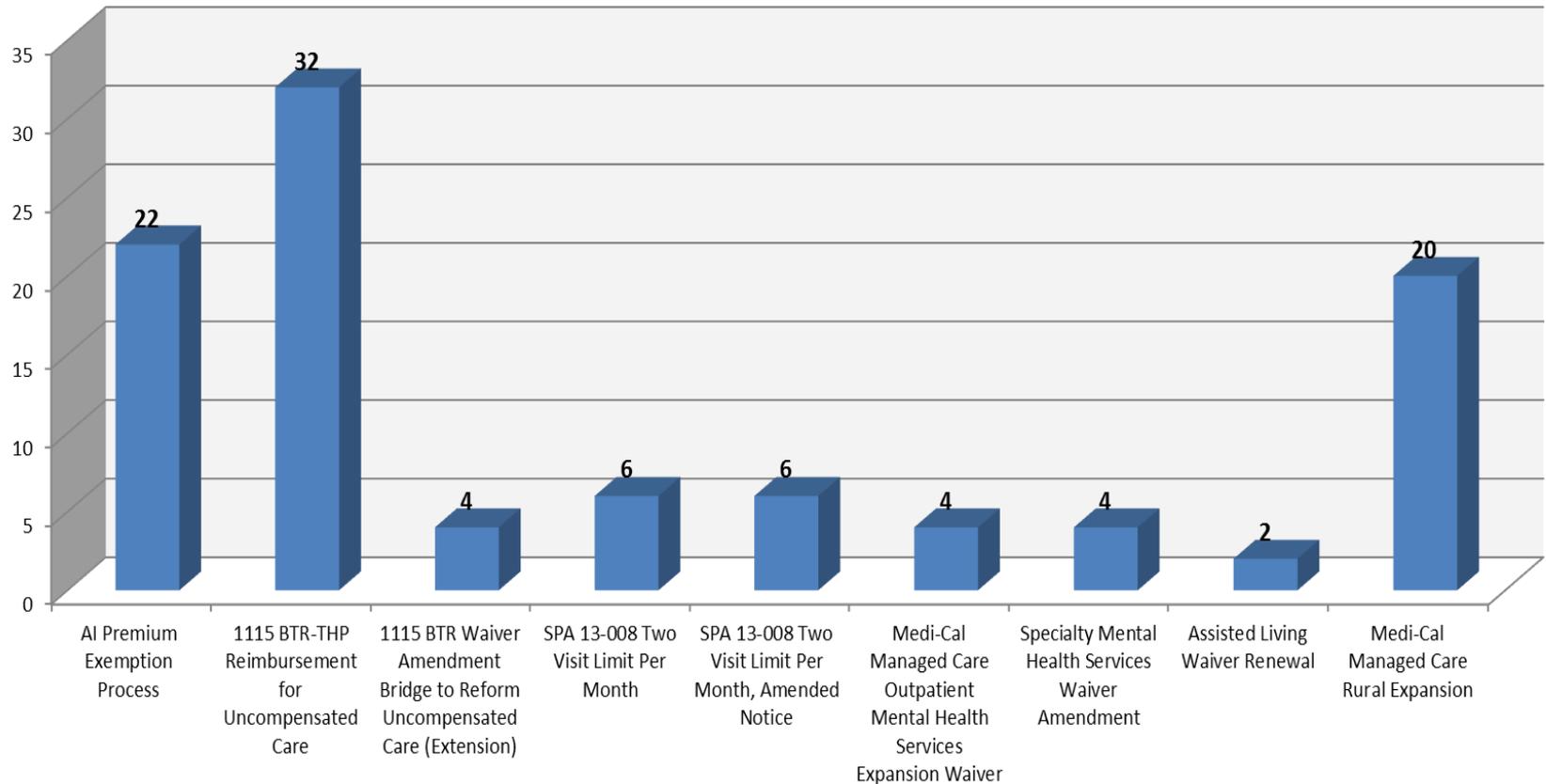
<sup>3</sup>ARRA section 5006(c) amends section 1917(b)(3) of the Social Security Act

# DHCS Medi-Cal Advisory Process Participant Report



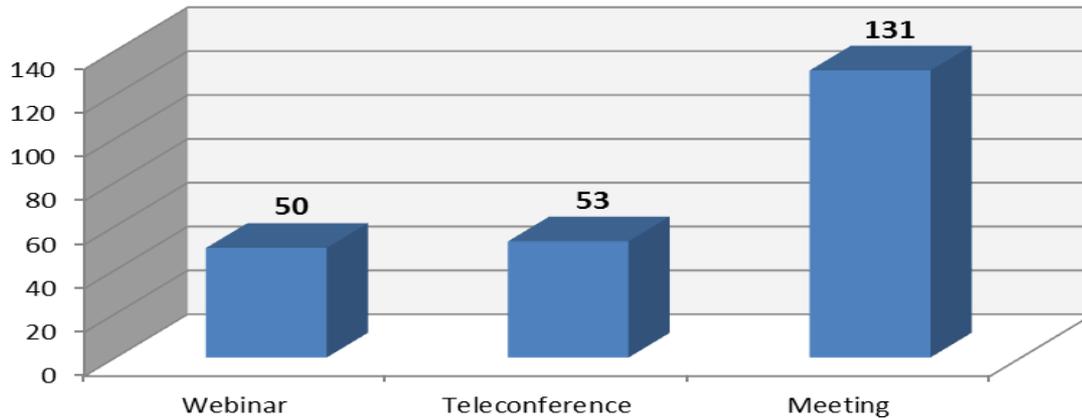
# Participant Feedback Received in Calendar Year (CY) 2013

SPA/Waiver/Demonstration Project  
Comments Received



# DHCS Meetings, Webinars, and Teleconferences Participants in CY 2013

## DHCS Webinar, Teleconference, and Meeting Participants



In CY 2013, there were:

- 4 Webinars
- 7 Teleconferences
- 4 Meetings

In CY 2012, there were

- 4 Webinars
- 2 Meetings
- There were a total of 234 participants in CY 2013. In CY 2012 there a total of 114 participants

## Participants by Region (Unduplicated)

