



Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program August 30, 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 in writing.

Agenda

Topic	Presenter
Welcome/Overview	Andrea Zubiante, Indian Health Program (IHP) Coordinator
Waiver's Scheduled for Submission	
Assisted Living 1915 (c) Waiver Amendment	Carol Hausler, DHCS, Long-Term Care Division
Affordable Care Act (ACA) Optional Adult Eligibility Expansion Group 1115	Brian Hansen, DHCS, Director's Office
Medi-Cal Managed Care Outpatient Mental Health Service Expansion Waiver	Carrie Allison, DHCS, Medi-Cal Managed Care Division
Feedback/Closing	All

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 Amendment



Background

The Assisted Living Waiver (ALW) 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. ALW services are provided to eligible participants who live in Residential Care Facilities for the Elderly (RCFE). In this model services are provided by the RCFE staff.
 2. ALW services are provided to eligible participants who live in publicly subsidized housing. In this model services are provided by licensed and certified Home Health Agency staff.

Description

1. Amend 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 – 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 participants residing in a RCFE.

Description

2. The addition of Enhanced Oversight/Protective Supervision.
 - This service authorizes appropriate staff to provide the oversight/protective supervision required for the participant to successfully live in the community.



Impact

Impact on Indian Health

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



Impact on Indian Health Beneficiaries

- This amendment 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 amendment will have no impact on existing American Indian ALW participants or the ALW services they currently receive.
- This amendment will not restrict eligibility for any future American Indian ALW participant.

Contact Information

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Affordable Care Act (ACA) Optional Adult Eligibility Expansion Group 1115



Background

- DHCS administers the Medi-Cal program and contracts for health care services through networks of providers organized as managed care systems and administered by health plans.



Description

- DHCS is submitting an 1115 Waiver Amendment to implement the ACA Medicaid optional adult eligibility group expansion provision for childless adults up to 133% of the Federal Poverty Level as of Jan.1, 2014.
- California Assembly Bill x1 1 (Chapter 3 Statutes of 2013-14, First Extraordinary Session) authorizes the expansion.
- This Waiver Amendment is necessary to implement the enrollment of the expansion eligibility group into the Medi-Cal managed care delivery system.

Impact

- **Impact on Indian Health Programs**

- DHCS does not anticipate any impact to Indian health programs related to this proposal. However, Indian health programs may see an increase in patients that are covered by Medi-Cal.

- **Impact on Indian Medi-Cal Beneficiaries**

- This proposal may affect Indian Medi-Cal beneficiaries by expanding access to affordable medical coverage and creating a coordinated system of care for low-income adults in the new adult eligibility group through Medi-Cal managed care.

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Medi-Cal Managed Care Outpatient Mental Health Service Expansion



Background

- By January 1, 2014, DHCS will provide health care services to Medi-Cal beneficiaries in all 58 California counties through the following managed care models:
 - **County Organized Health Systems (COHS):** One health plan created by a county's County Board of Supervisors
 - **Geographic Managed Care (GMC):** Several commercial health plans
 - **Two-Plan Model (TPM):** Typically, one Local Initiative and one commercial health plan
 - **Regional Model:** Effective November 1, 2013, DHCS will contract with two commercial health plans in some rural counties
 - **Imperial and San Benito Models:** Effective November 1, 2013, DHCS will contract with one or more commercial health plans in Imperial and San Benito Counties

Description

- Senate Bill X1 1 (Hernandez, Chapter 4, Statutes of 2013) authorizes the expansion of mental health services to all Medi-Cal beneficiaries



Description

- DHCS intends to submit a waiver amendment request to allow Medi-Cal managed care health plans, beginning January 1, 2014, to begin providing the following outpatient mental health services when they are provided by a licensed health care professional acting within the scope of his/her license:
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Outpatient services for the purposes of monitoring drug therapy
 - Outpatient laboratory, drugs, supplies, and supplements
 - Psychiatric consultation
- DHCS intends to submit to CMS by October 31, 2013

Impact

- **Impact on Indian Health Programs:**
 - Indian health programs may see an increase in Medi-Cal beneficiaries accessing mental health services
- **Impact on Indian Medi-Cal Beneficiaries:**
 - American Indian Medi-Cal beneficiaries will have expanded access to the previously mentioned mental health services through Medi-Cal managed care health plans, without limitations

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Feedback



Thank You!

