



Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program May 29, 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	Karen Tracy, Indian Health Program (IHP) Nurse Consultant
State Plan and SPA Overview	Karen Tracy, IHP Nurse Consultant
SPA's Scheduled for Submission by June 28, 2013	
SPA 13-005 Optional Targeted Low-Income Children	Clarissa Poole-Sims, DHCS, Medi-Cal Eligibility Division
SPA 13-006 Program of All-Inclusive Care for the Elderly Updates	Marc Fujii, DHCS, Long-Term Care Division
SPA 13-008 Two-Visit Limit Per Month	Jim Elliott, DHCS, Benefits Division
SPA 13-017 Pre-hospital Emergency Medical Care Services Provided in Preparation for Emergency Medical Transportation	Faye Borton, DHCS, Safety Net Financing 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](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.



Optional Targeted Low-Income Children (OTLIC) SPA 13-005



Background

- California passed Assembly Bill (AB) 1494 (Chapter 28, Statutes of 2012) on June 27, 2012 and September 22, 2012, AB 1468 (Chapter 438, Statutes of 2012) to approve Medicaid expansion in California
 - This included the addition of the Optional Targeted Low-Income Children Program (OTLIC) into Medi-Cal beginning January 1, 2013
 - The OTLIC program also known as Medi-Cal for Families, provides services to children formally eligible under the California's State Children's Health Insurance Program, known as the Healthy Families Program (HFP)



Background Continued

- The transition of children from HFP to Medi-Cal began January 1, 2013 and is expected to be completed by September 2013. During the transition, the OTLIC is operating under an amendment to California's 1115 Bridge to Reform waiver
- Once the transition is completed, these children shall fall under the state plan through a state plan amendment
- The DHCS is submitting SPA 13-005 for the purpose of updating segments of the state plan that affect the treatment of income and resources, and imposing premiums for children in this expansion of the Medi-Cal Program.



Description

- Both AB 1494 and AB 1468 require DHCS to obtain federal approvals to implement these provisions of the law for Medi-Cal to expand. To accomplish this expansion of Medi-Cal, DHCS will submit SPA 13-005 to use the federal option under Section 1916A of the Social Security Act that allows states to apply premiums. SPA 13-005 will include DHCS' plan to exempt AI/AN from monthly premiums or copayments as required by Section 5006(a) of the American Recovery and Reinvestment Act (ARRA) and 42 Code of Federal Regulation (CFR) Part 447.
- Therefore, DHCS plans to submit SPA 13-005 by June 1, 2013 in order to secure federal approval prior to the implementation deadline. The proposed effective date of SPA 13-005 is September 1, 2013.

Impact

Impact on Indian Health Programs

- If the parent/guardian does not provide self-attestation, then the parent/guardian must submit a letter to the county on Indian Health Services/Tribal Health Program/Urban Indian Health Program (I/T/U) letterhead that exempts the American Indian and Alaskan Native (AI/AN) under section 5006(a) of the American Recovery and Reinvestment Act and 42 CFR Part 447.



Impact

Impact on Indian Health Beneficiaries

- Section 5006(a) of the American Recovery and Reinvestment Act and 42 CFR Part 447 exempts AI/ANs from premiums and enrollment fees, if they are eligible to receive or have received a service from an I/T/U or through a referral under contract health services.
- The State is in the process of finalizing the procedures for exempting AI/ANs from premiums and cost sharing.



Impact

Impact on Indian Health Beneficiaries

- The proposed process would exempt AI/ANs from premiums and cost sharing if the parent/guardian self attests that the AI/AN child applying for services is eligible to receive or has received a service from an I/T/U or through a referral under contract health services.
- Until California has received final approval of this new process, the State was granted temporarily use of the existing process under the HFP to exempt AI/ANs from cost sharing under Medi-Cal.



Contact Information

For additional information on the Healthy Families to Medi-Cal transition, you can view the DHCS website at:

<http://www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx>

or email us at:

dhcshealthyfamielstransition@dhcs.ca.gov

For information on application processing and program eligibility please contact your local county office at:

www.benefitscal.com

Program of All-Inclusive Care for the Elderly (PACE) Updates SPA 13-006



Background

- The Program of All-Inclusive Care for the Elderly (PACE) model of care provides a comprehensive medical/social service delivery system
 - Person-centered care plan and interdisciplinary team approach
- PACE enrollment in the State is voluntary for Medi-Cal beneficiaries.
 - PACE participants may voluntarily dis-enroll from the program without cause at any time



Background

- Participants must be:
 - At least 55 years or older
 - Live in the PACE Organization's designated service area
 - Certified as nursing home level of care by DHCS,
 - live safely in their home/community at the time of enrollment
- The PACE program becomes the sole source of Medicare and/or Medi-Cal services for PACE participants.



Description

- SPA 13-006 will amend the State Plan to revise the operating rules for PACE. Specific changes include:
 - Removal of the enrollment cap statewide for PACE plans
 - Removal of language stipulating eligibility for PACE services will be capped for each fiscal year
 - Updates to the rate methodology
- DHCS plans to submit SPA 13-006 to the Centers for Medicare and Medicaid Services by July 1, 2013.



Impact

Impact on Indian Health Programs

- DHCS does not anticipate that Indian health programs and Urban Indian Organizations will be impacted by this proposal.

Impact on Indian Health Beneficiaries

- Removal of the PACE enrollment cap provides potential for increased access to services for American Indians that meet the PACE eligibility requirements.

Contact Information

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Two-Visit Limit Per Month SPA 13-008



Background

- SPA 13-008 will amend the State Plan to clarify services subject to the maximum of two services in any one calendar month.
- Per California Code of Regulations, Title 22, Section 51304 Medi-Cal limits coverage to:
 - A maximum of two services in any one calendar month, or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, podiatric services, psychology, and speech therapy each calendar month
 - The limit is applicable to these services if provided in FQHCs and RHCs.

Background

Medi-Cal provides coverage of these services to the following beneficiaries:

- Women receiving pregnancy-related services or services to treat a condition that might complicate her pregnancy; and
- Individuals under the age of 21 who are eligible for the Early and Periodic Screening Diagnosis and Treatment Program.



Impact

Impact on Indian Health Programs

- SPA 13-008 will not directly impact Indian Health Programs and Urban Indian Organizations because it clarifies and does not change existing policy.

Impact on Indian Medi-Cal Beneficiaries

- This SPA will not directly impact American Indian Medi-Cal beneficiaries because it clarifies and does not change existing policy.

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**Pre-hospital Emergency Medical Care Services
provided in Preparation for Emergency
Medical Transportation
SPA 13-017**



Background

- The Department of Health Care Services (department) SPA 09-024 proposed a supplemental reimbursement program for governmental ground emergency medical transportation providers, which included expenditures for emergency care services provided by firefighters to prepare a Medi-Cal beneficiary for a ground emergency medical transport
- The Centers for Medicare and Medicaid Services (CMS) is requiring that the services provided by firefighters to be removed from SPA 09-024 and for the department to create a new SPA for these services pursuant to a methodology in consultation with CMS.



Description

- This notice is to provide information on the proposed SPA 13-017 for reimbursing providers for pre-hospital emergency medical care services provided by eligible licensed or certified emergency medical personnel (i.e. Emergency Medical Technicians, Paramedics) off the grounds of a health facility in preparation for an emergency medical transport provided to Medi-Cal beneficiaries
- The reimbursement payments will be made in a manner that is approved by the federal CMS. DHCS will be submitting SPA 13-017 no later than September 30, 2013, requesting the effective date of July 1, 2013.

Impact

Impact on Indian Health Programs

- This SPA allows reimbursement to eligible licensed or certified emergency personnel as described above and will impact Indian health programs only to the extent they provide pre-hospital emergency medical care services in preparation for emergency medical transportation. The reimbursement methodology for services provided to Medi-Cal beneficiaries is being developed in consultation with CMS.

Impact on Indian Health Beneficiaries

- DHCS does not anticipate that this SPA has a direct impact on Indian Medi-Cal beneficiaries.

Contact Information

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Feedback



Thank You!

