



Department of Health Care Services



**Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the
Medi-Cal Program
May 30, 2012**

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 Zubiata, Indian Health Program (IHP)Coordinator
State Plan and State Plan Amendment (SPA) Overview	Andrea Zubiata, IHP Coordinator
SPA's Scheduled for Submission by June 30, 2012	
Review of Proposed SPA 12-005	Michelle Wilkinson, Medi-Cal Benefits, Waiver Analysis Division
Review of Proposed SPA 12-020	Jim Knight, Department of Developmental Services, Community Operations Division
Review of Proposed SPA 12-021	Stacy McCarville, Safety Net Financing Division
Medicaid Waiver Overview	Andrea Zubiata, IHP Coordinator
Waivers Scheduled for Submission by June 30, 2012	
Superior Systems Waiver (SSW)	Elizabeth Touhey, Utilization Management Division
1115 California Bridge to Reform Demonstration Waiver (BTR)	Tracy Albano, Safety Net Financing Division
1115 California Bridge to Reform Demonstration Waiver (BTR) Human Immunodeficiency Virus (HIV) Transition Project	Jalynne Callori, Low Income Health Program 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.

Drug Medi-Cal (DMC) Program Transition to DHCS SPA 12-005



Background

- Assembly Bill 106 (June 28, 2011) directs the DHCS to create a state administrative and programmatic guide to transfer the Drug Medi-Cal Program from the Department of Alcohol and Drug Programs (ADP) to DHCS effective July 1, 2012.
- DHCS needed to update the State Plan to reflect the change from the ADP to DHCS.



Description

The amendment will...

- Amend the State Plan by replacing references of ADP with DHCS.
- Add detail and clarification to the service descriptions of the Drug Medi-Cal Program in order to reflect current policy, see next slide.

Per CMS comments and questions from SPA 09-022, DHCS has added clarification to the following:

- Provider qualifications for treatment professionals
- Description of Substance Abuse Treatment Services for:
 - Day Care Rehabilitative Treatment
 - Naltrexone Treatment
 - Narcotic Treatment Program, and
 - Outpatient Drug Free Treatment

Impact

Impact on Indian Health Programs

- SPA 12-005 will not impact Indian Health Programs, Urban Indian Organizations.

Impact on Indian Medi-Cal Beneficiaries

- The SPA does not change the services provided under the Drug Medi-Cal Program, but adds clarity to the existing services.



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State Plan Services for Individuals with Developmental Disabilities SPA 12-020



Background

- Medi-Cal Beneficiaries with Developmental Disabilities (DD) will soon be able to access Home and Community-Based Services (HCBS) under a new Section 1915(i) SPA.
- This lets DD persons who do not need institutional care to have access to the same menu of HCBS as DD persons who receive services under the existing Developmental Services Waiver.
- The services, provider types and qualifications, and reimbursement rates under the 1915(i) SPA mirror those in the Developmental Services Waiver.
- Under the Waiver some DD persons self-direct their services and providers.

Description

- This SPA will provide the same opportunities for self-direction to DD persons under the 1915(i) option.
- The 1915(i) SPA allows California to claim Federal Financial Participation for services already funded by Regional Centers under the Lanterman Act.
- The SPA will extend Medi-Cal coverage for existing participant-directed services and associated Financial Management Services provided to Med-Cal eligible persons with DD who do not meet the criteria for institutional long-term care services will be covered under this State Plan option. DHCS plans to submit SPA # 12-020 to CMS by June 29, 2012.



Impact

Impact on Indian Health Programs

- There will be no impact on Indian Health Programs because those which already provide self-directed HCBS will continue to do so, as Indian Medi-Cal Beneficiaries continue self-direction.

Impact on Indian Medi-Cal Beneficiaries

- There will be no impact on Indian Medi-Cal Beneficiaries because those with Developmental Disabilities who are currently self-directing their services through Regional Centers will continue to do so.

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Public Hospital Distinct Part Nursing Facility (DP/NF) Supplemental Reimbursement SPA 12-021



Background

- Assembly Bill 430 (Cardenas, Chapter 171, Statutes of 2001) authorized the State to provide supplemental reimbursement for a DP/NF of a general acute care hospital that is owned or operated by a city, county, city and county, or health care district, which meets specified requirements and provides nursing facility services to Medi-Cal beneficiaries.



Description



- SPA 12-021 seeks to update the State Plan, Attachment 4.19-D, Methods and Standards for Establishing Payment Rates – Skilled Nursing and Intermediate Care Facility Services, as a supplement to this section. Changes to legislation and this SPA is necessary to update the State Plan language to allow participating facilities to claim up to cost, include an interim payment process, interim reconciliation, and a final reconciliation.
- The proposed effective date for SPA 12-021 is August 1, 2012.

Impact

Impact on Indian Health Programs

- This SPA does not change services currently provided to Medi-Cal beneficiaries, but rather provides an opportunity for DP/NFs to receive supplemental reimbursement for providing inpatient hospital services to Medi-Cal beneficiaries. The supplemental payment is in addition to the per-diem payments that the DP/NFs currently receive for providing these services. Therefore, there is no impact to Indian Health Programs.



Impact

Impact on Indian Medi-Cal Beneficiaries

- This SPA does not change services currently provided to Medi-Cal beneficiaries, but rather provides an opportunity for DP/NFs to receive supplemental reimbursement for providing inpatient hospital services to Medi-Cal beneficiaries. DHCS does not anticipate an impact to Medi-Cal beneficiaries.



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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.

Superior Systems Waiver (SSW)



Background

- The SSW is a waiver allowing the department to review 100% of all Treatment Authorization Requests (TARs) for acute inpatient stays. It has been in existence since approximately 1982, and is renewed every two years. It was renewed in June 2011.
- Under the Designated Public Hospital Project (DPH), DPHs use nationally recognized, evidence-based standardized medical review criteria as a UR tool to determine medical necessity in lieu of submitting TARs to DHCS.



Description



- DHCS is submitting an amendment to clarify the exemption of acute rehabilitation stays in the DPH Project. When it was last renewed, acute rehabilitation hospitals were exempted from the DPH Project because of significant comparability issues between the Medi-Cal acute rehabilitation benefit and the nationally recognized, evidence-based standardized medical review criteria.

Impact

Impact on Indian Health Programs

- There is no change to the way Indian Health Services are currently delivered.

Impact on Indian Medi-Cal Beneficiaries

- There is no change to the beneficiaries of Indian Health Services.



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1115 California Bridge to Reform Demonstration Waiver (BTR)



Background

The May Revision of the California State Budget for Fiscal Year 2012 -13 proposes a change in the reimbursement method currently in place for Non-Designated Public hospitals. DHCS will submit an amendment to the 1115 California Bridge to Reform Demonstration Waiver (BTR) to allow for greater federal funding for this group of hospitals.



Description



- The Waiver amendment to the 1115 BTR Waiver will increase the Safety Net Care Pool (SNCP) Uncompensated Care funding for health care services provided to the uninsured and Delivery System Reform Incentive Payments (DSRIP) funding of improvement activities to enable Non-Designated Public Hospitals to receive these funds. DHCS will request that this be effective July 1, 2012.

Impact

Impact on Indian Health Programs

- DHCS does not anticipate that Tribal and Urban Indian health programs will be impacted by this waiver amendment.

Impact on Indian Medi-Cal Beneficiaries

- DHCS does not anticipate that Indian beneficiaries will be impacted by this waiver amendment.

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**1115 Bridge to Reform Demonstration
Waiver (BTR)
Human Immunodeficiency Virus (HIV)
Transition Project Amendment**



Background

- Low Income Health Program (LIHP) is:
 - Part of the BTR.
 - A county-specific program – enrollees are only eligible for benefits in the county in which they reside, with few exceptions.
 - In most counties.
- Provides health care and medication coverage to low income, childless adults not eligible for Medi-Cal or the Children's Health Insurance Program.
- Eligible Income limits are set by each county.
 - These range from 25% through 200% Federal Poverty Level .



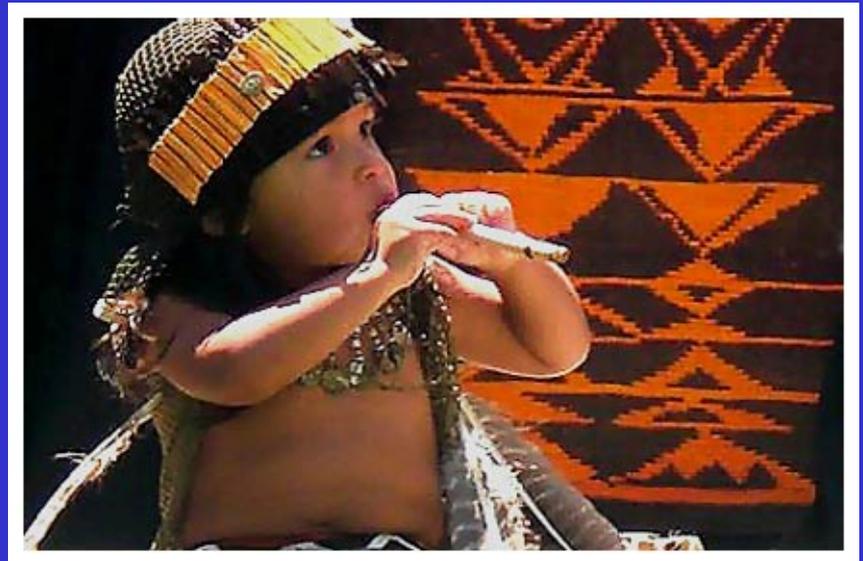
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- Eligible people include those receiving health care services, medications, and social services through the Ryan White (RW) Care Act program and the AIDS Drug Assistance Program (ADAP).
- RW and ADAP clients who are LIHP enrollees are required to receive all health care services from local LIHP providers .



Description

- The waiver amendment authorizes additional federal funding for Designated Public Hospitals within the local LIHP provider network
- The additional funding is to establish HIV transition projects that support the LIHP health care delivery systems in providing continual access to coordinated and integrated health care to LIHP enrollees who previously received these services under RW and ADAP.
- Effective date in July 2012.



Impact

Impact on Indian Health Programs

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

Impact on Indian Medi-Cal Beneficiaries

- DHCS does not anticipate that Indian beneficiaries will be impacted by this amendment.



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Thank You!

