



Medi-Cal Tribal and Designees of Indian Health Programs Meeting

July 29, 2020



Agenda

- Medi-Cal 2020 Waiver Extension
- Tribal Federally Qualified Health Center (FQHC) Provider Type State Plan Amendment
- State Fiscal Year 2020-21 Budget Update
- Medi-Cal Long-Term Care at Home Benefit Development Update



Medi-Cal 2020 Section 1115 Waiver Extension



Medi-Cal 2020, CalAIM, and COVID-19

- The current Section 1115 waiver (Medi-Cal 2020) is set to expire on December 31, 2020.
 - Prior to the COVID-19 public health emergency (PHE), DHCS planned to implement CalAIM at the end of the waiver period
- COVID-19 has greatly impacted all aspects of California's health care delivery system, due to focus on surge planning, infection control, transition to telehealth/telework, and reprioritization of resources.
- Health care systems, plans, providers, and counties requested a delay in CalAIM, due to the need to address the PHE.
- While the state is still committed to CalAIM, an extension of the Medi-Cal 2020 waiver is crucial to maintaining the current delivery system and services for beneficiaries.
- The final Fiscal Year 2020-21 state budget reflected a delay in funding for CalAIM.



Medi-Cal 2020 12-Month Extension Request

- DHCS must request a Section 1115 waiver extension from CMS, which is set to expire on December 31, 2020.
- The requested 12-month extension will provide the necessary federal authority and Medicaid matching funds.
 - Support the financial viability of the delivery system in the context of the COVID-19 PHE.
- The [12-month waiver extension proposal](#) was released for public comment on July 22, 2020.
 - The 30-day comment period closes on August 21, 2020
 - DHCS plans to submit the Section 1115 Extension request to CMS by September 15, 2020.



Components of Medi-Cal 2020 Waiver Extension Request

- Medi-Cal Managed Care
- Whole Person Care
- Global Payment Program
- Drug Medi-Cal Organized Delivery System
- Low-Income Pregnant Women
- Former Foster Care Youth
- Community-Based Adult Services
- Coordinated Care Initiative
- Dental Transformation Initiative & Designated State Health Programs (DSHP)
- Tribal Uncompensated Care
- Rady's CCS Pilot



Components NOT included in Medi-Cal 2020 Waiver Extension Request

- Public Hospital Re-Design and Incentives in Medi-Cal (PRIME)
 - PRIME reporting metrics and funding to be transitioned to Medi-Cal managed care Quality Incentive Payment (QIP) program
 - Request submitted to CMS in early 2020



Whole Person Care (WPC)

- Continue WPC Pilot Program as currently structured.
- Additional year of funding at FY 2019-2020 (Program Year 4) expenditure levels.
- New target population for individuals impacted by the COVID-19 PHE.
- Allow WPC pilots to modify their budgets in response to the COVID-19 PHE.



Global Payment Program and Dental Transformation Initiative

- The 12-month Section 1115 extension will provide authority and federal matching funds for:
 - Global Payment Program extended to December 31, 2021
 - Safety Net Care Pool/Uncompensated Care Costs funding continues



Drug Medi-Cal Organized Delivery System

- The 12-month Section 1115 extension will provide for Medi-Cal funding for county-based pilots, including expenditure authority for residential substance use disorder (SUD) services in Institutions for Mental Disease (IMDs)
- The state is proposing the following technical changes:
 - Remove limitation on the number of residential treatment episodes that can be reimbursed in a one-year period
 - Clarify that reimbursement is available for SUD assessment and appropriate treatment even before a definitive diagnosis is determined
 - Clarify the recovery services benefit
 - Expand access to Medication Assisted Treatment (MAT)
 - Increase access to SUD treatment for American Indians and Alaska Natives



Other Components of the Medi-Cal 2020 Extension Request

Changes

- **Dental Transformation Initiative:** Changes include:
 - Designated State Health Programs (DSHP) mechanism (the state may claim FFP)
 - Discontinue Domain 4
- **Tribal Uncompensated Care Waiver Amendment:** Includes requirement for CRIHB to contract with any willing Tribal health program enrolled in Medi-Cal

Extension Only – No Changes

- **CBAS**
- **Low-Income Pregnant Women**
- **Former Foster Care Youth**
- **CCI**
- **Rady's CCS Pilot**



Financing

- **Whole Person Care:** Requesting an additional year (\$300 million) of federal funding equal to 2020 program year (PY4) expenditures
- **GPP:** Continued federal financial participation (FFP) for value-based payments to participating Public Health Care Systems that incur costs for services to the remaining uninsured
- **Budget Neutrality:** Request to continue treatment of following expenditures to eliminate impact to calculation
 - DMC-ODS
 - CBAS
 - Health Homes
 - Out-of-State Former Foster Youth
 - Managed care payments for the new adult expansion population (aged 19-64 years)
 - Hospital Quality Assurance Fee program related payments



1915(b) Specialty Mental Health Services Waiver Extension



1915(b) Specialty Mental Health Services (SMHS) Waiver Extension

- On May 8, 2020, DHCS formally requested an extension of the state's current Medi-Cal SMHS Waiver authorized under Section 1915(b) of the Social Security Act.
- As originally approved by CMS, this Section 1915(b) waiver was set to expire on June 30, 2020.
- DHCS requested CMS' approval to extend the term of the waiver through December 31, 2021.



1915(b) Waiver Extension (continued)

- On June 2, 2020, DHCS received a response from CMS approving a six-month extension to December 31, 2020, acknowledging the need for an additional extension request due to the delay of CalAIM.
- DHCS is now seeking a second extension to the Section 1915(b) waiver to December 31, 2021, to coincide with DHCS' extension request for the Section 1115 waiver.



Next Steps

- **Public Comment**
 - The 30-day public comment period started on July 22, 2020
 - Waiver extension request & all other documentation posted on the DHCS website
 - Comments made at public meetings will be transcribed
 - Written comments on the Section 1115 waiver extension can be submitted to 1115waiver@dhcs.ca.gov by **COB on August 21, 2020**
 - Written comments on the 1915(b) waiver extension can be submitted to MCBHD@dhcs.ca.gov by **COB on August 21, 2020**
- **Public Hearings (held via webinar)**
 - Friday, August 7, 2020 3:30 p.m. – 5:00 p.m.
 - Monday, August 10, 2020 2:00 p.m. – 3:30 p.m.

Link for more information:

<https://www.dhcs.ca.gov/provgovpart/Pages/Medi-Cal-2020-Extension.aspx>



Questions and Comments



Tribal Federally Qualified Health Center (FQHC) Provider Type State Plan Amendment



Tribal FQHC Provider Type

- DHCS seeking to implement under Medi-Cal, effective January 1, 2021
- Will allow for up to three (3) visits per day, per beneficiary, in any combination
 - Medical, mental health, dental and ambulatory
 - Ambulatory expanded to include certified public health nurse, chiropractic, dental hygienist and specialist services
 - Allows for the provision of care outside of the four walls in accordance with CMS policy
- Reimbursement for visits will be at the IHS All-Inclusive Rate as determined by use of an Alternative Payment Methodology



Tribal FQHC Provider Type

- Tentative Tribal and Designee Notice release August 27, 2020
- Quarterly webinar on August 31, 2020
- Tentative submission of State Plan Amendment October 1, 2020
- DHCS to work with Tribal Health Programs on accurate data collection and reporting for purposes of enhanced federal claiming for services provided to American Indians/Alaskan Natives.



State Fiscal Year 2020-21 Budget



Medi-Cal Long-Term Care (LTC) at Home Benefit Development



Long-Term Care at Home Overview

- For qualified Medi-Cal beneficiaries
 - Person-centered alternative care model that improves the patient experience by allowing beneficiaries to live at home while receiving LTC services.
 - Provide beneficiaries and their families with more choices in living situations and LTC settings.
 - Allow additional options for beneficiaries currently residing in skilled nursing facilities (SNF) licensed by the State to safely move from a facility to a home.



Long-Term Care at Home Overview, Cont.

- Allow beneficiaries that may require SNF services in the future to avoid institutionalization;
- Allow beneficiaries to be discharged from a hospital to at-home placement in lieu of a SNF stay; and
- Support efforts to decompress residency at SNFs licensed by the State.



Long Term Care at Home: Model of Care

- Four Primary Components
 1. Individual, Person-Centered Assessment
 2. Care Coordination
 3. Medical and Home and Community Based Services
 4. Transition Service



Long Term Care at Home: Provider Network and Licensing

- Assess requirements for organizations providing Long Term Care at Home services in collaboration with CDPH.
- Leverage existing network requirements for the managed care plans to help ensure network capacity.
- Proposing Long-Term Care at Home organizations must be Medi-Cal enrolled providers, and for those serving dual-eligible beneficiaries, must be Medicare enrolled providers.
- DHCS, in partnership with CDPH, and in response to stakeholder feedback, is NOT proposing that a new licensure category be established for this benefit;
 - Leverage and utilize existing licensure categories and appropriate organizations.
 - Organizations that successfully meet all applicable Medi-Cal Long Term Care at Home requirements and become enrolled Medi-Cal providers will be eligible to provide the benefit.



Long Term Care at Home: Financing and Cost

- DHCS will:
 - Seek to establish a FFS per diem payment in the Medi-Cal State Plan
 - Consider other financing nuances such as the potential of tiered acuity.
 - Will use current FFS and waiver rates for similar services to inform an appropriate per diem.
- DHCS intends to apply criteria that limit this benefit to those Medi-Cal beneficiaries who require skilled nursing level of care
 - Intended to provide any necessary routine care related to the person's condition that makes them eligible for skilled nursing level of care.
 - Limit the ability for service providers to separately bill for services included in the all-inclusive per-diem rate



Long Term Care at Home: Financing and Cost (cont.)

- LTC at Home organization will be fully financially responsible for the benefits defined
 - Directly provide, or
 - Contract with service providers for the provision of covered benefits.
- Only those covered benefits not included in the all-inclusive per diem will be able to be separately billed;
 - Primary care provider or other treating physicians, Long Term Care at Home organization and/or the managed care plan will be responsible for coordinating “carved-out” wrap benefits.



Long Term Care at Home: Federal Authority

- DHCS will seek approval from the Federal government through the Section 1915(i) State Plan.
- This will allow flexibilities that are not available through 1915(c) waiver programs.



Long Term Care at Home: Policy Focus Areas

- Agency license requirements
- Payment structure
- Medicare – Medicaid Dual Eligible Beneficiaries
- Eligibility and service interaction with other Home and Community-Based Programs: IHSS, PACE, CBAS, 1915(c) and 1915(i) waiver programs, Money Follows the Person/California Community Transitions
- The Medi-Cal Managed Care Plan role in the Long-Term Care at Home



Long Term Care at Home: Stakeholder Process

- DHCS is engaging the public through iterative exchanges of feedback and recommendations.
- The primary public stakeholder group for this initiative is the Master Plan for Aging, Long-Term Services and Supports Subcommittee.
- Additional stakeholder feedback will be solicited through other structured processes (e.g., Stakeholder Advisory Committees, targeted surveys, etc...) as well as ad hoc discussions.



Long Term Care at Home: Stakeholder Engagement

- The next stakeholder engagement meeting for LTC at home is scheduled for July 31, 2020, 1:00pm-2:30pm
 - meetings will be reserved for discussion by the Master Plan for Aging Long-Term Services and Supports Subcommittee members.
 - Public comment available by webinar, telephone, and email
- For more information visit <https://www.dhcs.ca.gov/provgovpart/Pages/lcathome-workgroup.aspx>



Questions

If you would like to contact DHCS regarding Long-Term Care at Home, please send an email to:

LTCatHome@dhcs.ca.gov



Next Steps and Final Comments