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State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

May 27, 2020

To: Tribal Chairpersons, Designees of Indian Health Programs, and  
Urban Indian Organizations

Subject: Notice of Proposed Change to the Medi-Cal Program

The purpose of this letter is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment (SPA), waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

**QUESTIONS AND COMMENTS:**

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to [PublicInput@dhcs.ca.gov](mailto:PublicInput@dhcs.ca.gov) or by mail to the address below:

**CONTACT INFORMATION**

Department of Health Care Services  
Director's Office  
1500 Capitol Avenue, MS 0000  
Sacramento, CA 95814

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And Urban Indian Organizations  
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In addition to this notice, DHCS plans to cover this SPA in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may also request a consultation on this proposal at any time as needed.

Sincerely,

Original Signed By

Sandra "Sam" Willburn, Chief  
Primary, Rural, and Indian Health Division  
Department of Health Care Services

Enclosure



**Department of Health Care Services (DHCS)  
Tribal and Designees of Indian Health Programs Notice**

**PURPOSE**

DHCS proposes to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to seek necessary approvals to expand Medi-Cal beneficiary access to substance use disorder (SUD) services.

**BACKGROUND**

DHCS is proposing changes to the State Plan to allow additional telehealth flexibilities, clarify telehealth consent requirements, remove outpatient drug free (ODF) treatment prior authorization requirements for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) beneficiaries, remove the specific identification of levoalphacetylmethadol (LAAM) as a Narcotic Treatment Program (NTP) medication because it has been discontinued by its manufacturer; redefine Naltrexone in the State Plan to reflect that it is not a separate SUD service modality, and implement Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, passed in 2018. The SUPPORT for Patients and Communities Act requires states to include all drugs and biological products approved by the Federal Drug Administration (FDA) to treat opioid use disorders (OUDs) in their State Plan.

**SUMMARY OF PROPOSED CHANGES**

SPA 20-0006 proposes to:

1. Allow the reimbursement for individual and group counseling services delivered via telehealth and telephone;
2. Require that individual and group counseling services only be delivered via telehealth or telephone if the provider has obtained consent from all participants and takes the necessary security precautions;
3. Define MAT as all FDA approved drugs and biological products to treat OUDs, and to add MAT as a service component of all SUD service modalities;
4. Remove LAAM as a specifically identified reimbursable NTP medication as it has been discontinued by its manufacturer<sup>1</sup>;
5. Remove the prior authorization requirement for Medi-Cal eligible EPSDT beneficiaries to receive additional ODF services;
6. Accurately define Naltrexone as a service component of all SUD service modalities;
7. Make technical changes to the provider qualification requirements for SUD professionals providing counseling services in DMC certified Programs.

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<sup>1</sup> If the manufacturer makes LAAM available and it is still FDA approved to treat opioid use disorders, then providers will be able to provide LAAM through the MAT addition to the SPA.

### **IMPACT TO TRIBAL HEALTH PROGRAMS**

To the extent that a Tribal Health Program is a certified DMC provider, this SPA will 1) allow reimbursement for individual and group counseling services delivered via telehealth and telephone; 2) define MAT as all FDA approved drugs and biological products to treat OUDs, and to add MAT as a service component of all SUD service modalities; 3) remove LAAM as a specifically identified reimbursable NTP medication, 4) remove the prior authorization requirement for Medi-Cal eligible EPSDT beneficiaries for additional ODF services; 5) accurately define Naltrexone as a service component of all SUD service modalities; and 6) make technical changes to the provider qualification requirements for SUD professionals providing counseling services in DMC certified Programs.

### **IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)**

To the extent that a FQHC is enrolled in Medi-Cal and is a certified DMC provider, this SPA will allow 1) reimbursement for individual and group counseling services delivered via telehealth and telephone; 2) define MAT as all FDA approved drugs and biological products to treat OUDs, and to add MAT as a service component of all SUD service modalities; 3) remove LAAM as a specifically identified reimbursable NTP medication, 4) remove the prior authorization requirement for Medi-Cal eligible EPSDT beneficiaries for additional ODF services; 5) accurately define Naltrexone as a service component of all SUD service modalities; and 6) make technical changes to the provider qualification requirements for SUD professionals providing counseling services in DMC certified Programs.

### **IMPACT TO INDIAN MEDI-CAL BENEFICIARIES**

The proposed SPA will increase access to SUD counseling services for American Indian beneficiaries by allowing the provision of telehealth and telephone visits. Additionally, the proposed SPA will expand access to SUD services for American Indian Medi-Cal beneficiaries by increasing services and removing barriers to access outpatient drug free and MAT services.

### **RESPONSE DATE**

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this SPA within 30 days from the receipt of notice. Comments may be sent by email to [PublicInput@dhcs.ca.gov](mailto:PublicInput@dhcs.ca.gov) or by mail to the address below:

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