



WILL LIGHTBOURNE  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

August 26, 2021

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 also 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 Andrea Zubiato for

Sandra "Sam" Willburn, Chief  
Office of Tribal Affairs  
Department of Health Care Services

Enclosure



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

**PURPOSE**

To seek necessary approvals to:

- 1) Add peer support services as a Medi-Cal Rehabilitative Mental Health Service and to include peer support specialists as a distinct Medi-Cal provider type;
- 2) Remove the existing client plan requirement and associated plan development activities for Medi-Cal Rehabilitative Mental Health Services;
- 3) Remove the definition of “telemedicine” and instead use the term “telehealth” and clarify the permissible use of telehealth for Rehabilitative Mental Health Services.

**BACKGROUND**

[Senate Bill \(SB\) 803, chapter 150, statutes of 2020](#), authorized DHCS to seek federal approvals to add peer support specialists as a Medi-Cal provider type and peer support services as a distinct service type in counties opting to participate and implement this service. Accordingly, DHCS is submitting SPA 21-0051 to add peer support services as a Medi-Cal Rehabilitative Mental Health Service and to include peer support specialists as a distinct provider type of Specialty Mental Health Services (SMHS).

Currently, Mental Health Plans (MHPs) provide, or arrange for the provision of, SMHS, which include Rehabilitative Mental Health Services. This SPA will allow MHPs to provide peer support services, establish peer support specialists as a distinct provider type, and seek federal reimbursement.

In addition, DHCS proposes to remove the existing client plan requirement and update associated plan development activities for Medi-Cal Rehabilitative Mental Health Services. This change is consistent with the department’s California Advancing and Innovating Medi-Cal (CalAIM) initiative through which DHCS proposes to update documentation requirements and align with national standards.

Finally, DHCS is replacing the term “telemedicine” with “telehealth” for consistency across the department as DHCS moves toward utilizing the term “telehealth.” DHCS is also proposing updates to clarify the Rehabilitative Mental Health Services that can be provided via telehealth.

**SUMMARY OF PROPOSED CHANGES**

SPA 21-0051 will add peer support services as a Medi-Cal Rehabilitative Mental Health Service and will include peer support specialists as a distinct provider type of SMHS. SPA 21-0051 will also remove existing client plan requirements and update associated plan development activities for Medi-Cal Rehabilitative Mental Health Services. Instead, DHCS proposes to use problem lists and progress notes to allow active and ongoing updates of a client’s evolving clinical status. SPA 21-0051 will also remove the definition of “telemedicine” and instead use the term “telehealth” and clarify the permissible use of telehealth for Rehabilitative Mental Health Services. The proposed effective date of this SPA is January 1, 2022.



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

To the extent that a Tribal Health Program is a provider of SMHS, the Tribal Health Program may be able to provide peer support services as a SMHS if the county MHP chooses to implement peer support services. This proposal does not add Peer Support Specialists as billable providers in Tribal health programs. DHCS will issue guidance via a behavioral health information notice regarding SMHS reimbursement requirements.

In regards to the removal of client plan requirements, counties and providers (including Tribal Health Programs) will be required to implement upcoming changes to documentation requirements, which are not directly addressed in this SPA. The changes regarding telehealth should not have an impact on Tribal Health Programs since the replacement of the term “telemedicine” with the term “telehealth” is technical and the clarifications regarding telehealth reflect current practice regarding the permissible use of telehealth.

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

To the extent that a FQHC is a provider of SMHS, the FQHC may be able to provide peer support services as a SMHS if the county MHP chooses to implement peer support services. This proposal does not add Peer Support Specialists as billable providers in FQHCs. DHCS will issue guidance via a behavioral health information notice regarding SMHS reimbursement requirements.

In regards to the removal of client plan requirements, counties and providers (including FQHCs) will be required to implement upcoming changes to documentation requirements, which are not directly addressed in this SPA. The changes regarding telehealth should not have an impact on FQHCs since the replacement of the term “telemedicine” with the term “telehealth” is technical and the clarifications regarding telehealth reflect current practice regarding the permissible use of telehealth.

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

The proposed SPA may increase access to peer support services for American Indian Medi-Cal beneficiaries who reside in participating counties and to the extent Tribal Health Programs and FQHCs provide this service. The changes regarding telehealth should not have an impact on Indian Medi-Cal beneficiaries since the replacement of the term “telemedicine” with the term “telehealth” is technical and the clarifications regarding telehealth reflect current practice regarding the permissible use of telehealth.

### **RESPONSE DATE**

Indian Health Programs and Urban Indian Organizations may submit written comments or questions to DHCS 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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