



**Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the
Medi-Cal Program
May 29, 2020**



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 in writing.



Agenda

Topics	Presenters
Welcome/Overview	Andrea Zubiante, Coordinator DHCS Primary, Rural, and Indian Health Division/Indian Health Program
SPAs Scheduled for Submission by June 30, 2020	
SPA 20-0006 Expand Medi-Cal beneficiary access to substance use disorder (SUD) services	Robert Strom DHCS Medi-Cal Behavioral Health Division
Feedback/Closing	All



State Plan Amendment Overview



Medicaid State Plan Overview

State Plan: The official contract between the state and federal government by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.

The State Plan describes the nature and scope of Medicaid 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 1600 pages and can be accessed online at:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniaStatePlan.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.



Medi-Cal changes proposed in SPA 20-0006

Robert Strom, Medi-Cal Behavioral Health Division



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 Medical 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
- 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.



Proposed Changes

- Allow the reimbursement for individual and group counseling services delivered via telehealth and telephone.
- 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.



Proposed Changes continued

- Define Medication Assisted Treatment (MAT) as all Federal Drug Administration (FDA) approved drugs and biological products to treat opioid use disorders (OUDs), and to add MAT as a service component of all substance use disorder (SUD) service modalities.
- Remove levoalphacetylmethadol (LAAM) as a specifically identified reimbursable Narcotic Treatment Program (NTP) medication, as it has been discontinued by its manufacturer.
- Remove the prior authorization requirement for Medi-Cal eligible Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) beneficiaries to receive additional outpatient drug free (ODF) services.



Proposed Changes continued

- Accurately define Naltrexone as a service component of all SUD service modalities.
- Make technical changes to the provider qualification requirements for SUD professionals providing counseling services in Drug Medi-Cal (DMC) certified Programs.



IMPACT

Tribal Health Programs:

To the extent that a Tribal Health Program is a certified DMC provider, SPA 20-0006 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

Federally Qualified Health Centers (FQHCs):

To the extent that a FQHC is enrolled in Medi-Cal and is a certified DMC provider, SPA 20-0006 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

Indian Medi-Cal Beneficiaries:

The proposed changes 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.



Contact Information

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Feedback/Questions