

Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program

August 27, 2025

Welcome and Webinar Logistics

Dos & Don'ts of Teams

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Agenda

- » Welcome and Purpose
- » Overview of State Plan and State Plan Amendments (SPAs)
- » SPA Scheduled for Submission to CMS by September 30, 2025
 - » 25-0003-A Ground Emergency Medical Transport Quality Assurance Fee (GEMT QAF) Program
 - » 25-0028 Establish Medi-Cal Fee-For-Service Fee Schedule Rates for Behavioral Health Treatment Services
 - » 25-0030 Program Public Provider Ground Emergency Medical Transportation (PP-GEMT) Intergovernmental Transfer (IGT) Program
 - » 25-0037 Reinstatement of Asset Limits for Non-MAGI Programs
- » Closing and Feedback

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.

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/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.

SPA 25-0003-A

**Ground Emergency Medical Transport
Quality Assurance Fee (GEMT QAF)
Program**

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AGPA, Provider Rates Section A

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Background

- » The GEMT QAF Program was established in accordance with SB 523 (Chapter 773, Statutes of 2017) and became effective July 1, 2018.
- » The GEMT QAF program provides supplemental Medi-Cal payments to GEMT providers.
- » Using data collected from GEMT providers, DHCS calculates an annual GEMT QAF rate that will be imposed on each emergency medical transport provided by each GEMT provider subject to QAF.
- » The QAF collected will be used to increase reimbursement to GEMT providers by application of an add-on to the fee-for-services (FFS) fee schedule rate for the affected emergency medical transport billing codes.

Background Continued

- » Effective January 1, 2023, public providers as defined in Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019) are no longer eligible to participate in the GEMT QAF program. These providers were transitioned into a new and separate Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) program.

What is QAF?

» **A quality assurance fee (QAF) is assessed on all ground emergency transports, including:**

- Medi-Cal, Medicare, and all other payers.
- All GEMT providers, excluding public providers as defined in Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019), with an eligible transport.

» **Benefit to providers**

- The QAF revenue is matched with federal funds.
- Allows for increased reimbursements in the form of an add-on to the current Medi-Cal ground emergency transport rates.

QAF Calculations and Data Collection

- » For the purposes of calculating the GEMT QAF, GEMT providers are required to submit to DHCS:
 - Total number of emergency medical transports for Codes A0427, A0429, A0433, A0225, and A0434. This data shall be submitted quarterly through the online portal.
 - Gross Receipt received from the provision of emergency medical transports for Codes A0427, A0429, A0433, A0225, and A0434. This data shall be submitted annually through the GEMT QAF email box using a submission form found on the GEMT QAF website.

Purpose

- » To seek federal approval for the continuation of the existing Ground Emergency Medical Transport (GEMT) program which assesses a Quality Assurance Fee (QAF) and provides increased payments for GEMT services, effective for dates of service July 1, 2025, through June 30, 2026.
- » The add-on amount is \$220.80 and will be provided for eligible emergency Medi-Cal GEMT transports billed with HCPCS codes A0427, A0429, A0433, A0225, and A0434.

Summary of Proposed Changes

- » The proposed SPA will seek federal approval to continue the current GEMT QAF Program for dates of service July 1, 2025, through June 30, 2026.

Next Steps

- » DHCS will submit SPA 25-0003-A to CMS for dates of service July 1, 2025, through June 30, 2026.
- » DHCS posted the 2025-26 QAF amount to the GEMT QAF webpage on June 9, 2025.

Impact to Tribal Health Programs

- » To the extent tribal health programs are enrolled in Medi-Cal as a GEMT provider, they must submit the required data reports and QAF payments to DHCS by the due dates.
- » Eligible GEMT providers will receive the increased reimbursement QAF for eligible Medi-Cal GEMT services provided for dates of service July 1, 2025 through June 30, 2026.

Impact to Federally Qualified Health Centers (FQHCs)

- » To the extent FQHCs are enrolled in Medi-Cal as a GEMT provider, FQHCs must submit the required data reports and QAF payments to DHCS by the due dates.
- » Eligible GEMT providers will receive the increased reimbursement for eligible Medi-Cal GEMT services provided for dates of service July 1, 2025 through June 30, 2026.

Impact to American Indian Medi-Cal Members

- » DHCS does not anticipate an impact to American Indian Medi-Cal members who receive GEMT services.

Resources

» GEMT QAF Website:

- <https://www.dhcs.ca.gov/provgovpart/Pages/GEMTQAF.aspx>

» GEMT QAF Portal:

- <https://www.dhcs.ca.gov/provgovpart/Pages/QAF.aspx>

» SB 523:

- http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180S\B523

» PP-GEMT IGT Website:

- <https://www.dhcs.ca.gov/provgovpart/Pages/PPGEMTIGT.aspx>

» AB 1705 :

- https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1705

Contact Information

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Feedback/Questions



SPA 25-0030

Program Public Provider Ground Emergency Medical Transportation (PP-GEMT) Intergovernmental Transfer (IGT) Program

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Background

- » DHCS established the PP-GEMT IGT program to provide increased reimbursements, by application of an add-on increase, to emergency medical transports provided by eligible public GEMT providers, effective January 1, 2023.
- » Providers are eligible to participate in the program if they meet all of the following criteria:
 - (1) Provide GEMT services to Medi-Cal beneficiaries
 - (2) Are enrolled as a Medi-Cal provider for the period being claimed, and
 - (3) Are owned or operated by the state, a city, county, city and county, fire protection, special districts, community services districts, health care district, or a federally recognized Indian tribe.

Purpose

- » The program provides increased reimbursement to eligible public providers of GEMT services by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule rates for eligible GEMT services.
- » The reimbursement rate add-on is a fixed amount, as shown in the table below.

Procedure Code	Description	Current Fee Schedule Rate	Add On Amount	Resulting Payment Amount
A0429	Basic Life Support, Emergency	\$118.20	\$1,518.61	\$1,636.81
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$1,518.61	\$1,636.81
A0433	Advanced Life Support, Level 2	\$118.20	\$1,518.61	\$1,636.81
A0434	Specialty Care Transport	\$118.20	\$1,518.61	\$1,636.81
A0225	Neonatal Emergency Transport	\$179.92	\$1,518.61	\$1,698.53

Summary of Proposed Changes

- » Continue the PP-GEMT IGT program for eligible public providers of GEMT services, effective January 1, 2026, through December 31, 2026.
- » Update the PP-GEMT IGT program add-on in CY 2026 to account for inflation using the California Consumer Price Index, trend adjustments, and other material changes.
- » Public providers are not eligible to participate in the GEMT Quality Assurance Fee program for periods when the PP-GEMT IGT Program is in effect.

Impact to Tribal Health Programs

- » Eligible tribally owned and operated GEMT providers may choose to participate in the PP-GEMT IGT program.
- » Eligible providers who choose to participate will receive the PP-GEMT IGT add-on amount for eligible GEMT services for the program period, effective January 1, 2026, through December 31, 2026.

Impact to Federally Qualified Health Centers (FQHCs)

- » DHCS does not anticipate an impact FQHCs as a result of the PP-GEMT IGT Program.

Impact to American Indian Medi-Cal Members

- » DHCS does not anticipate an impact to American Indian Medi-Cal beneficiaries who receive GEMT services.

Resources

» **PP-GEMT IGT Public Notice**

[SPA Public Notice \(ca.gov\)](#)

» **AB 1705:**

[Bill Text - AB-1705 Medi-Cal: emergency medical transportation services.](#)

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Feedback/Questions



SPA 25-0028

Establish Medi-Cal Fee-For-Service Fee Schedule Rates for Behavioral Health Treatment Services

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Background

- » Historically, Medi-Cal Fee-For-Service (FFS) members under age 21 received Behavioral Health Treatment (BHT) exclusively through Regional Centers overseen by Department of Development Services (DDS) and reimbursed by DHCS via interagency agreement.
- » The Department of Health Care Services (DHCS) is seeking federal approval through SPA 25-0028 to establish Medi-Cal Fee-For-Service (FFS) rates for Behavioral Health Treatment (BHT) services, effective July 1, 2025.
- » Eligible Medi-Cal FFS members under age 21 may access BHT services through enrolled Medi-Cal Qualified Autism Services (QAS) providers.

Background Continued

- » SPA 25-0028 will establish the fee schedule rates for Behavioral Health Treatment (BHT) services provided by enrolled Medi-Cal Qualified Autism Service (QAS) providers effective for dates of service on or after July 1, 2025.
- » These rates were developed based on payment rates utilized by the California Department of Development Services (DDS) to reimburse the same or similar services. DHCS has adapted the DDS rates to account for varying time increments and group sizes for each respective procedure code.

Purpose

- » DHCS seeks federal approval to establish the Medi-Cal FFS Fee Schedule rates for Behavioral Health Treatment services effective for dates of services on or after July 1, 2025.

Summary of Proposed Changes

- » Effective July 1, 2025, DHCS will establish Medi-Cal FFS Fee Schedule rates for Behavioral Health Treatment services.

Impact to Tribal Health Programs

- » Tribal Health Program providers delivering services outlined previously will be eligible to bill BHT services contingent on federal approval.

Impact to Federally Qualified Health Centers (FQHCs)

- » FQHCs providing BHT services will be reimbursed at their regular Prospective Payment System rates, if provided by an eligible billable provider.

Impact to American Indian Medi-Cal Members

- » Indian Medi-Cal members may have increased access to these benefits which is expected to improve health outcomes for those receiving services.

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Feedback/Questions



SPA 25-0037

Reinstatement of Asset Limits for Non-MAGI Programs

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Background

- » In 2021, California legislators passed [Assembly Bill \(AB\) 133](#), which phased out asset limits for Non-MAGI Medi-Cal programs, with full elimination effective January 1, 2024. In 2025, to reduce the state budget deficit, legislators passed the [Health Omnibus Bill \(AB 116\)](#), which, among other provisions, reinstates asset limits for Non-MAGI programs effective January 1, 2026.

Purpose

- » Reinststate the asset (property) limits for Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal Programs, including the Medicare Savings Programs (MSP) and Long-Term Care (LTC) programs, with the exception of the Pickle, Disabled Adult Child (DAC), and Disabled Widow/er (DW) programs. Asset limits will be set at \$130,000 for one person households and increase by \$65,000 for each additional person (up to a maximum of 10 people in the household).

Summary of Proposed Changes

- » DHCS is seeking federal approval of SPA 25-0037 to reinstate the asset limits for Non-MAGI programs, effective January 1, 2026. To implement this change, DHCS is proposing to impose an asset test when determining eligibility for Non-MAGI Medi-Cal programs that would limit the amount of countable assets applicants and members can own and still qualify for these Medi-Cal programs.

Impact to Tribal Health Programs

- » DHCS does not anticipate an impact to THPs.

Impact to Federally Qualified Health Centers (FQHCs)

- » DHCS does not anticipate an impact to FQHCs.

Impact to American Indian Medi-Cal Members

- » These proposed changes will limit the amount of countable assets that American Indian Medi-Cal members can possess and continue to qualify under Non-MAGI Medi-Cal programs. Asset exemptions that were in place prior to the elimination of asset limits on January 1, 2024, including exemptions specific to AI/AN assets, will continue to be exempt after the return of asset limits on January 1, 2026, to Non-MAGI programs.

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