

CalAIM Section 1115 Continuous Coverage for Children Amendment Tribal Webinar

Welcome and Webinar Logistics

WebEx Logistics

- » Participants are joining by computer and phone
- » Everyone will be automatically muted upon entry
- » Use the Q&A or Chat box to submit public comments
- » Please use the Chat box for any technical issues related to the webinar



Today's Agenda

- » **Background**
- » **Overview of CalAIM Continuous Coverage for Children Amendment Request**
- » **Timeline and Public Comment**

Today's Objective

DHCS is requesting a Section 1115 amendment to the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration to provide continuous coverage for children ages zero through four.

In today's webinar, we will summarize the Continuous Coverage for Children proposal and receive public comments from Tribal partners on the proposed approach.

How to Access Public Comment Materials

- » [CalAIM 1115 Demonstration & 1915\(b\) Waiver Webpage](#)
 - [CalAIM Section 1115 Continuous Coverage for Children amendment application](#)
 - [Public notice](#)
 - [Tribal and Designees of Indian Health Programs public notice](#)
- » [Indian Health Program Webpage](#)
 - [Tribal and Designees of Indian Health Programs public notice](#)

Submitting Public Comments

The Tribal and Designees of Indian Health Programs public comment period for the CalAIM Continuous Coverage for Children amendment is from January 12 to February 12, 2024. To be considered prior to CMS submission, public comments must be received by 11:59 PM PT on Monday, February 12, 2024.

- » **Mail:** Indicate “CalAIM Section 1115 Continuous Coverage for Children Application” in the address line
Department of Health Care Services (DHCS)
Director’s Office
Attention: Lindy Harrington and René Mollow
P. O. Box 997413, MS 0000
Sacramento, California 95899-7413
- » **Email:** Indicate “CalAIM Section 1115 Continuous Coverage for Children Application” in the email’s subject line
1115waiver@dhcs.ca.gov
- » **Today’s Webinar:**
 - **Q&A Box.** All information and questions received through the Q&A box will be recorded as public comments
 - **Spoken.** Participants will have the opportunity to verbally share public comments in the second half of the webinar

Background



Background

California seeks to ensure that all children residing in the State have sustained and reliable access to the services and treatment needed to promote optimal health and well-being.

- » **Medi-Cal and CHIP cover nearly 40 percent of children living in California.** Through the Early Periodic Screening Diagnostic and Treatment benefit in Medicaid, children receive essential services and supports, including regular well-child exams; hearing, vision, and dental screenings; and treatment for physical, mental, and developmental illnesses and disabilities.
- » **However, Medi-Cal and CHIP-eligible children often experience temporary loss of health insurance coverage, where they disenroll and re-enroll in Medi-Cal and CHIP within a short period of time.** This is also referred to as “churn.” People who experience gaps in health insurance coverage are more likely to delay or forego care, receive less preventive care, stop filling their prescriptions, and have more emergency department visits.

California is requesting to amend the CalAIM Section 1115 demonstration to significantly reduce disruptions in health insurance coverage among children enrolled in Medi-Cal and CHIP from ages zero through four, promote continuous access to care, and improve health outcomes.



Background on Section 1115 Demonstration Authority

Under **Section 1115 of the federal Social Security Act**, the U.S. Secretary of Health and Human Services (HHS) has authority to approve a State's request to waive compliance with certain provisions of federal Medicaid law and/or provide federal funding for expenditures that are not otherwise reimbursable under a State Medicaid plan.

A Section 1115 demonstration (or waiver) must be:

- ✓ An experimental, pilot or demonstration project.
- ✓ Likely to assist in promoting the objectives of the Medicaid program.
- ✓ Budget neutral to the federal government.
- ✓ Limited in duration to the extent and period necessary to carry out the demonstration.

States must provide a **public process for notice and comment** on proposed demonstration applications and extensions.

Overview of CalAIM 1115 Demonstration

On December 29, 2021, CMS approved California's [CalAIM Section 1115 demonstration](#). The five-year approval renewed components of the state's existing Medi-Cal 2020 demonstration, and authorized new components, consistent with the goals of the Medi-Cal program.

CalAIM Section 1115 Demonstration Components

- » Community Supports Services for Recuperative Care and Short-Term Post-Hospitalization Housing
- » Providing Access and Transforming Health (PATH) Supports
- » Contingency Management
- » Dual Special Needs Plan (D-SNP) Exclusively Aligned Enrollment Model
- » Continuation of Drug Medi-Cal Organized Delivery Systems (DMC-ODS) Services for Short-Term Residents of Institutions for Mental Diseases (IMDs)
- » Continuation of Global Payment Program
- » Continuation of Community-Based Adult Services (CBAS)
- » Continuation of Chiropractic Services for Indian Health Service and Tribal Facilities
- » Authority to Increase and Eventually Eliminate Asset Limits for Certain Low-Income Individuals (2022 Amendment)

CMS is still reviewing California's requests to provide up to six months of transitional rent services to eligible individuals who are homeless or at risk of homelessness and transitioning out of select institutional levels of care and offer traditional healer and natural helper services.

CalAIM Continuous Coverage for Children Amendment Request



Goals of CalAIM Continuous Coverage for Children Amendment Request

DHCS is requesting to amend the CalAIM Section 1115 demonstration to receive federal funding to provide continuous coverage for children through age four.

Goals of CalAIM Continuous Coverage for Children Amendment

- » Ensure **continuous Medi-Cal and CHIP coverage** and significantly **reduce gaps in coverage** for young children, including for racial and ethnic groups that experience disproportionately high rates of disenrollment and re-enrollment in Medi-Cal and CHIP
- » **Promote access to and continuity of physical and behavioral health care** for young children, including preventive care
- » **Improve health outcomes** among young children



Implementation of this policy is contingent on a State determination of available State General Fund resources in 2024 – 2025 and subsequent fiscal years and CMS approval.



Summary of Proposed Changes

Under the amendment request, children ages zero through four who enroll in Medicaid or CHIP will qualify for continuous coverage beginning on the effective date of the child's most recent eligibility determination or redetermination and extending through the end of the month of their fifth birthday.

During the continuous coverage period, there will be no formal triggering of annual redeterminations for children ages zero through four. Redetermination or termination of a child's Medi-Cal or CHIP coverage will only occur if:

- » The individual is no longer a California resident, or a resident of the designated County's Children Health Initiative Program (CCHIP) county service area*;
- » The individual requests termination of eligibility;
- » The individual dies; or
- » The agency determines that eligibility was erroneously granted at the most recent determination, redetermination or renewal of eligibility because of agency error or fraud, abuse, or perjury attributed to the individual.

CCHIP provides coverage to children up to 19 years of age with household incomes above 266 to 322% of the federal poverty level (FPL) who reside in San Mateo, San Francisco, and Santa Clara counties.

Estimated Impact of CalAIM Continuous Coverage for Children

DHCS estimates that approximately 128,102 will be impacted by the proposed continuous coverage changes requested as part of this amendment.

- » The following table provides a summary of the estimated number of individuals impacted by these continuous coverage changes.

Continuous Coverage Group	DY 21 (CY 2025)	DY 22 (CY 2026)	Total
Children ages zero through four	64,051	64,051	128,102
Total	64,051	64,051	128,102

* These estimates represent the number of children that would have experienced coverage disruptions or disenrollment during a given demonstration year absent the implementation of the continuous coverage amendment.

CalAIM Continuous Coverage for Children Financing

DHCS requests waiver financing of \$133,648,766 (total computable) over the final two years of the CalAIM demonstration period (January 1, 2025 – December 31, 2026).

- » The following table shows the proposed waiver financing cap across the final two demonstration years (DYs) of the CalAIM Demonstration.

Medicaid Aggregate	DY 21 (CY 2025)	DY 22 (CY 2026)	Total
Continuous Enrollment for Children	\$66,370,646	\$67,278,120	\$133,648,766
Total	\$66,370,646	\$67,278,120	\$133,648,766

CalAIM Continuous Coverage for Children Evaluation

As part of the amendment request, DHCS included a preliminary plan to evaluate continuous coverage for children and its achievement of the demonstration amendment's goals. These hypotheses and plan are subject to change and will be further defined as California works with CMS to develop an evaluation design.

Potential Hypotheses

Continuous coverage for children ages zero through four who enroll in Medicaid or CHIP will:



Reduce gaps in Medi-Cal and CHIP coverage for young children, including for racial and ethnic groups that experience disproportionately high rates of disruptions in coverage.



Promote **access to and continuity of physical and behavioral health care** for young children, including preventive care.



Improve health outcomes for young children.

Impact to American Indians, Indian Health Programs, & Urban Indian Organizations

Impact to Tribal Health Programs & FQHCs

- » DHCS anticipates the proposed amendment will have no impact on services a tribal health program provides, or plans to provide, and no direct impact to FQHCs.
- » By providing continuous Medi-Cal and CHIP coverage to children through age four, the proposed amendment may improve care continuity and reduce disruptions in care for children, including for care provided by tribal health programs and FQHCs.

Impact to American Indian & Alaska Native Medi-Cal Enrollees

- » This proposal will provide continuous coverage to American Indian and Alaska Native children ages zero through four who enroll in Medi-Cal or CHIP.
- » DHCS anticipates the amendment will ensure continuous coverage, reduce gaps in coverage, promote access to and continuity of health care services, and improve health outcomes for American Indian and Alaska Native children who are enrolled in Medi-Cal or CHIP.

Timeline and Public Comment



Timeline and Next Steps

Milestones	Proposed Timeline*
Conduct 30-day State public comment	Friday, January 12 – Monday, February 12, 2024
Public Hearing	Monday, January 29 (1:00 – 2:00 PM PT)
Conduct 30-day Tribal State public comment	Friday, January 12 – Monday, February 12, 2024
Tribal Webinar	Friday, February 2 (2:00 – 3:00 PM PT)
Review public comments and finalize application for CMS submission	Spring 2024
<i>Submit CalAIM Continuous Coverage for Children amendment application</i>	<i>Spring 2024</i>
CMS conducts federal 30-day public comment period	Early Summer 2024
Negotiations with CMS	Fall & Winter 2024

* Timeline subject to change

CalAIM Continuous Coverage for Children Public Comment Period

To be considered prior to CMS submission, public comments on the CalAIM Continuous Coverage for Children request must be received by 11:59 PM PT on Monday, February 12, 2024.

Email Comments

- » Email 1115waiver@dhcs.ca.gov and include "CalAIM Section 1115 Continuous Coverage for Children Application" in the email subject line.

Write-In Comments

- » Mail written comments to:

Department of Health Care Services
Director's Office
Attn: Lindy Harrington and René Mollow
P. O. Box 997413, MS 0000
Sacramento, California 95899-74173

Resources

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Public Comment

This public comment period is for the CalAIM Continuous Coverage for Children amendment application.

- » **Q&A Box.** All information and questions received through the Q&A box will be recorded as public comments
- » **Spoken.**
 - Participants may “raise their hand” for Webex facilitators to unmute the participant to share their public comment
 - Alternatively, participants who have raised their hand may unmute their own lines, but DHCS asks that you wait for a facilitator to recognize your request to speak
 - DHCS will take comments or questions first from Tribal leaders and then all others on the webinar
- » **If you logged on via phone-only.** Press “*6” on your phone to “raise your hand”

Thank You

The image features the text "Thank You" in a bold, dark blue font, centered on a white background. Below the text are two decorative, wavy horizontal lines. The top line is a medium teal color, and the bottom line is a darker blue. Both lines have a slight gradient and a soft shadow effect, giving them a three-dimensional appearance.