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DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

September 28, 2022

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

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

The purpose of this letter is to provide an update to the Tribal Notice for State Plan Amendment (SPA) 22-0003, released on April 12, 2022. The enclosed update provides information regarding a change to asthma preventive services as a covered Medi-Cal benefit.

**QUESTIONS AND COMMENTS**

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this SPA within 14 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

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, Acting 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  
Addendum**

**PURPOSE**

The purpose of this addendum is to inform Tribal Chairpersons and Designees of Indian Health Programs and Urban Indian Organizations of changes to proposed State Plan Amendment (SPA) 22-0003.

**BACKGROUND**

As previously communicated in the [Tribal and Designees notice released on April 12, 2022](#), SPA 22-0003 proposes to add asthma preventive services as a covered Medi-Cal benefit. Asthma preventive services may be provided by unlicensed asthma preventive service providers, which may include community health workers, promotores, and other unlicensed persons who meet the qualifications of an asthma preventive service provider. Services provided by licensed practitioners that meet the definition of a visit are eligible for reimbursement at the federal All-Inclusive Rate (AIR) or the Prospective Payment System (PPS).

Asthma preventive services provided by unlicensed providers are not considered billable encounters and are not eligible for reimbursement at the AIR.

The effective date for SPA 22-0003 is July 1, 2022.

**SUMMARY OF PROPOSED CHANGES**

SPA 22-0003 proposes to reimburse Tribal health programs for services by unlicensed asthma preventive services providers at the fee-for-services (FFS) rate, as described in SPA 22-0003. In addition, clinic regulations regarding the four walls of a Tribal 638 clinic do not apply to unlicensed asthma preventive service providers that are reimbursed at a FFS rate, so they may be provided within the community when they are supervised by the clinic.

**IMPACT TO TRIBAL HEALTH PROGRAMS**

To the extent that Tribal Health Programs provide asthma preventive services, an increase in Medi-Cal beneficiaries accessing the services within Tribal Health Programs may occur. Payment will be available to unlicensed asthma preventive service providers as a FFS payment outside of the AIR or Tribal FQHC Alternative Payment Methodology (which is set at the AIR) for Tribal 638 clinic providers.

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

Unlicensed asthma preventive service providers are not considered FQHC billable providers so their services will not be considered billable encounters and will not be eligible for PPS rate reimbursement.. FQHCs may have asthma prevention services built into their costs that are reflected in their PPS rate. FQHCs that choose to add asthma preventive services for clinic patients may qualify for a Change in Scope of

Services (CSOSR) Request under Welfare & Institutions Code Section 14132.100(e)(3)(B) if requirements are met. Similarly, FQHCs that choose to contract for asthma preventive services maybe subject to a CSOSR.

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

Medi-Cal beneficiaries may have increased access to these benefits, which is expected to improve health outcomes for beneficiaries receiving these services.

#### **RESPONSE DATE**

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