



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 22, 2022

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 Angeli.Lee@dhcs.ca.gov or by mail to the address below:

Contact Information

Department of Health Care Services
Director's Office
ATTN: Angeli Lee
MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

Tribal Chairpersons, Designees of Indian Health Programs,
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 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 Tribal and Designees of Indian Health Programs Notice

PURPOSE

To seek necessary approvals to continue the following flexibilities following the end of the COVID-19 Public Health Emergency (PHE):

- 1) Clarify DHCS's authority to allow audio-only visits regardless of the location of the patient or provider for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal FQHCs, and Indian Health Services Memorandum of Agreement (IHS-MOA) providers and clarify DHCS's authority to allow asynchronous store and forward visits regardless of the location of the patient or provider for FQHCs, RHCs and Tribal FQHC providers. Such visits will be reimbursed at the applicable payment rate for the clinic.
- 2) Authorize an alternative payment methodology for virtual communication visits for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Tribal FQHCs, and Indian Health Services Memorandum of Agreement (IHS-MOA).
- 3) Allow for reimbursement for services delivered by Associate Clinical Social Worker (ACSW) or Associate Marriage Family Therapist (AMFT) when billed under the license of a behavioral health practitioner at a FQHC, RHC or Tribal FQHC at the applicable payment rate for the clinic.

BACKGROUND

During the PHE, DHCS allowed for the use of expanded telehealth at FQHCs, RHCs, IHS-MOAs, and Tribal FQHCs. These flexibilities were approved by the Centers for Medicare and Medicaid Services in State Plan Amendments and waivers. DHCS proposes to permanently continue these telehealth related flexibilities in this proposed State Plan Amendment as described below.

SUMMARY OF PROPOSED CHANGES

Specifically, this SPA proposes to make permanent the following flexibilities:

- Visits conducted by synchronous (audio-only) interaction at IHS-MOAs regardless of the location of the patient or provider. Visits conducted by synchronous (audio-only) interaction and asynchronous store and forward at FQHCs, RHCs and Tribal FQHCs regardless of the location of the patient or provider.
- Virtual communication visits reimbursed at a fee-for service rate. Virtual communication is described as a brief interaction that does not meet the criteria of a face-to-face visit and is to determine that a face-to-face visit is not necessary.
- FQHCs, RHCs and Tribal FQHCs will be reimbursed for services delivered by ACSWs and AMFTs who are supervised by a licensed behavioral health practitioner at their applicable payment rate.

The proposed effective date for SPA 22-0014 is January 1, 2023.

IMPACT TO TRIBAL HEALTH PROGRAMS

THPs enrolled in Medi-Cal as IHS-MOA providers will be able to continue to receive reimbursement for visits provided to beneficiaries by means of synchronous (audio-only) interaction regardless of the location of the patient or provider. THPs enrolled in Medi-Cal

as Tribal FQHCs will be able to continue to receive Medi-Cal reimbursement for visits provided to beneficiaries by means of synchronous (audio-only) interaction and asynchronous store and forward. DHCS anticipates this will help THPs to continue providing services to beneficiaries, especially for patients that live in rural or remote tribal communities or for those who may lack access to transportation.

Additionally, DHCS anticipates this proposal will allow THPs to continue providing virtual communication visits to assess medical concerns for Medi-Cal beneficiaries who seek services at a THP.

Tribal FQHCs will be able to provide ACSW and AMFT services as a billable visit, when billed under a licensed behavioral practitioner, and may increase access to behavioral health specialists. DHCS anticipates this proposal will increase access to behavioral health specialists. DHCS does not anticipate an impact to IHS-MOAs as the services of mental health associates and interns are already reimbursable visits by these providers at the applicable payment rate for the clinic.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS

FQHCs will be able to receive Medi-Cal reimbursement for visits provided to beneficiaries by means synchronous (audio-only) interaction and asynchronous store and forward regardless of the location of the patient or provider.

Additionally, DHCS anticipates this proposal will allow THPs to continue providing virtual communication visits to assess medical concerns for Medi-Cal beneficiaries who seek services at a FQHC.

FQHCs will be able to permanently provide ACSW and AMFT services as a billable visit, when billed under a licensed behavioral practitioner, and may increase access to behavioral health specialists. DHCS anticipates this proposal will increase access to behavioral health specialists.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

DHCS anticipates that in its entirety this proposal will increase access to Medi-Cal services for Indian Medi-Cal beneficiaries which is expected to improve health outcomes for those receiving these services.

RESPONSE DATE

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 Angeli.Lee@dhcs.ca.gov or by mail to the address below:

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