



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

November 18, 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,
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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 Zubiate, 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 the necessary approvals to add doula services and associate marriage and family therapists (AMFTs) and associate clinical social workers (ACSWs) as covered services/benefits under the Alternative Benefit Plan (ABP) from the Centers for Medicare and Medicaid Services (CMS).

BACKGROUND

This SPA will align the ABP for the new adult group Medi-Cal beneficiaries with changes made by SPA 22-0014 and SPA 22-0002.

- AMFT/ACSW have been delivering services under the supervision and license of a behavioral health practitioner in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) during the public health emergency (PHE). SPA 22-0014 proposes to allow AMFT/ACSW to continue to provide services in FQHCs and RHCs, per state law.¹ The continuation of AMFT/ACSW services would also extend to Tribal FQHCs if approved by CMS. In addition, SPA 22-0014 seeks the continuation of certain PHE flexibilities, including telehealth and virtual communication services.
- SPA 22-0002 proposes to add doula services as a preventive service and allow fee-for-service (FFS) reimbursement for Tribal health providers, per Assembly Bill (AB) 133.² Doula services encompass the health education, advocacy, physical, emotional, and nonmedical support provided before, during, and after the end of a pregnancy, including through the postpartum period. These services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

SPA 22-0002 was submitted to CMS on November 7, 2022. SPA 22-0014 is scheduled to be submitted to CMS by December 31, 2022. Both SPAs have an effective date of January 1, 2023.

SUMMARY OF PROPOSED CHANGES

This SPA proposes to continue reimbursement for AMFT/ACSW services billed under the license of an authorized behavioral health practitioner for FQHCs, RHCs, and Tribal FQHCs for the new adult group. Further, it proposes to add doula services as a new benefit under both the FFS and managed care delivery systems for beneficiaries included in the ABP. It will also allow for reimbursement of Tribal 638 clinics for doula services provided under the ABP as a FFS payment outside of the All-Inclusive Rate (AIR), as described in the previously released notice for [SPA 22-0002](#).

DHCS plans to submit SPA 22-0051 to CMS with a proposed effective date of January 1, 2023.

¹ [Welfare and Institutions Code section 14132.100](#)

² [Assembly Bill 133, \(Committee on Budget, Health, Chapter 143, Statutes of 2021\)](#)

IMPACT TO TRIBAL HEALTH PROGRAMS

Continuation of ACSW/AMFT Services

DHCS does not anticipate any impact to tribal health programs that participate in Medi-Cal as Indian Health Services-Memorandum of Agreement providers because existing provisions¹ permit AMFTs and ACSWs to provide Medi-Cal mental health services. The proposed SPA would allow tribal health programs enrolled as a Tribal FQHC to continue to be reimbursed for mental health services provided by AMFTs and ACSWs following the end of the PHE.

Doula Benefit

A tribal health program may use doulas to provide services, but doulas are not considered Indian Health Services-Memorandum of Agreement 638 clinic providers. Therefore, doula services will not be considered billable encounters and will not be eligible for reimbursement at the federal AIR. However, reimbursement for doula services will be available at FFS rates outside of the federal AIR or Tribal FQHC Alternative Payment Methodology (which is set at the AIR).

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Continuation of AMFT/ACSW Services

DHCS does not anticipate an impact to FQHCs as a result of this proposal as this service is a continuation of existing mental health services following the end of the PHE.

Doula Benefit

Doulas are not considered FQHC billable providers. Therefore, doula services will not be considered billable encounters and will not be eligible for Prospective Payment System (PPS) rate reimbursement. However, FQHCs may offer services provided by doulas. FQHCs that choose to add doula services for clinic patients may qualify for a Change in Scope of Services Request² if they meet specific criteria as required in statute.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

Continuation of AMFT/ACSW Services

DHCS does not anticipate an impact to American Indian beneficiaries as a result of this SPA because it proposes to continue access to AMFT/ACSW services for individuals who seek care at a FQHC, RHC or Tribal FQHC.

Doula Benefit

Medi-Cal beneficiaries covered under the ABP may have increased access to the doula benefit, which is expected to improve maternal and infant health outcomes for American Indian beneficiaries receiving these services.

RESPONSE DATE

Indian Health Programs and Urban Indian Organizations may 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:

¹ [Welfare and Institutions Code section 14132.100](#)

² [Assembly Bill 133, \(Committee on Budget, Health, Chapter 143, Statutes of 2021\)](#)

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