



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

February 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

Angeli Lee
Director's Office
Department of Health Care Services
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

The Department of Health Care Services (DHCS) proposes to submit State Plan Amendment (SPA) 22-0001 to the federal Centers for Medicare and Medicaid Services (CMS) to seek necessary approvals to add community health worker (CHW) services as a covered benefit.

BACKGROUND

DHCS proposes to add CHW services to the list of preventive services. CHWs can include promotores de salud, community health representatives, and violence prevention professionals. CHW services are provided by skilled and trained health educators who work directly with individuals who may have difficulty understanding or interacting with providers due to cultural and/or language barriers. CHW services can assist those individuals by helping them to navigate the relationship with their health care providers, assist them in accessing health care services, and providing key linkages with other similar and related community-based resources. As a result, CHW services help to extend the reach of providers into underserved communities, reduce health disparities, enhance provider communication, and improve health outcomes and overall quality measures. Working in conjunction with health care providers, CHWs can bridge gaps in communication and instill lasting health knowledge to individuals within their communities to reduce health and mental health disparities experienced by vulnerable communities in California.

SUMMARY OF PROPOSED CHANGES

Assembly Bill (AB) 133¹ allocated funds to add CHWs as another class of skilled and trained individuals who are able to provide clinically appropriate Medi-Cal covered benefits and services. CHWs will render Medi-Cal covered benefits and services, and would be under the supervision of a licensed, enrolled Medi-Cal provider. These services would be available under both the fee-for-service (FFS) and managed care delivery system.

The proposed effective date for SPA 22-0001 is July 1, 2022. SPA 22-0001 is subject to approval by CMS.

IMPACT TO TRIBAL HEALTH PROGRAMS

A tribal clinic may use CHWs to provide services, but CHWs are not considered Memorandum of Agreement 638 clinic providers. Therefore, CHW services will not be considered billable encounters and will not be eligible for reimbursement at the federal All-Inclusive Rate (AIR). The federal AIR includes costs for services delivered by the clinic, which may include services provided by CHWs at the clinic's discretion.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

CHWs are not considered FQHC providers so their services will not be considered billable encounters and will not be eligible for Prospective Payment System (PPS) rate reimbursement. Some FQHCs may have some costs for CHW services built into their PPS rate. FQHCs that choose to add CHW services for clinic patients may qualify for a Change in Scope of Services Request (CSOSR) under Welfare Institutions Code Section 14132.100 (e)(3)(B) if they meet specific criteria as required in the statute.

¹ Assembly Bill 133, (Committee on Budget, Health, Chapter 143, Statutes of 2021) is available at: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB133

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

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:

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