

Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program

February 27, 2024

Welcome and Webinar Logistics

Dos & Don'ts of WebEx

- » Everyone will be automatically muted upon entry
- » Use the Q&A or Chat box to submit comments or questions
- » Please use the Chat box for any technical issues related to the webinar



Feedback Guidance for Participants

- » **Q&A or Chat Box.** Please feel free to utilize either option to submit feedback or questions during the meeting.
- » **Spoken.**
 - Participants may “raise their hand” for Webex facilitator to unmute the participant to share feedback
 - 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 in the room and on the webinar
- » **If you logged on via phone-only.** Press “*6” on your phone to “raise your hand”

Purpose

- » The Department of Health Care Services (DHCS) is hosting this webinar regarding proposed changes to the Medi-Cal Program. This webinar will provide information and allow for feedback on State Plan Amendments (SPA) and Waiver Renewals/Amendments proposed for submission to Centers for Medicare and Medicaid Services (CMS).
- » Background: Executive Orders recognize the unique relationship of Tribes with the federal government and emphasize the importance of States to work with Tribes on matters that may impact Indian health.
- » This webinar is one way for DHCS to provide information about the Medi-Cal program and get feedback verbally and in writing.

Agenda

- » Welcome and Purpose
- » Overview of State Plan and State Plan Amendments (SPAs)
- » SPAs Scheduled for Submission to CMS by March 30, 2024
- » Closing and Feedback

State Plan Amendment Overview



Medicaid State Plan Overview

- » State Plan: The official contract between the state and federal government by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.
- » The State Plan describes the nature and scope of Medicaid and gives assurance that it will be administered in accordance with the specific requirements of Title XIX of the Federal Social Security Act, Code of Federal Regulations, Chapter IV, and State law/regulations.
- » California's State Plan is over 1600 pages and can be accessed online at: <https://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>

State Plan Amendment (SPA) Overview

- » SPA: Any formal change to the State Plan.
- » Approved State Plans and SPAs ensure the availability of federal funding for the state's program (Medi-Cal).
- » The CMS reviews all State Plans and SPAs for compliance with:
 - » -Federal Medicaid statutes and regulations
 - » -State Medicaid manual
 - » -Most current State Medicaid Directors' Letters, which serve as policy guidance.

SPA 24-0002

Public Provider Ground Emergency Medical Transportation (PP-GEMT) Intergovernmental Transfer (IGT) Program

Michelle Tamai
Section Chief, Provider Rates Section
Fee-For-Service Rates Development Division

Background

- » DHCS established the PP-GEMT IGT program to provide increased reimbursements, by application of an add-on increase, to emergency medical transports provided by eligible public GEMT providers, effective January 1, 2023.
- » Providers are eligible to participate in the program if they meet all of the following criteria:
 - (1) Provide GEMT services to Medi-Cal beneficiaries
 - (2) Are enrolled as a Medi-Cal provider for the period being claimed, and
 - (3) Are owned or operated by the state, a city, county, city and county, fire protection, special districts, community services districts, health care district, or a federally recognized Indian tribe.

Purpose

- » The program provides increased reimbursement to eligible public providers of GEMT services by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule rates for eligible GEMT services.
- » The reimbursement rate add-on is a fixed amount, as shown in the table below.

Procedure Code	Description
A0429	Basic Life Support, Emergency
A0427	Advanced Life Support, Level 1, Emergency
A0433	Advanced Life Support, Level 2
A0434	Specialty Care Transport
A0225	Neonatal Emergency Transport

Summary of Proposed Changes

- » Continue the PP-GEMT IGT program for eligible public providers of GEMT services, effective January 1, 2024 through December 31, 2024.
- » Update the PP-GEMT IGT program add-on in CY 2024 by trending the add-on in CY 2023 to account for inflation using the California Consumer Price Index.
- » Public providers of GEMT services continue to be ineligible to participate in the GEMT Quality Assurance Fee program.

Impact to Tribal Health Programs

- » Eligible tribally owned and operated GEMT providers may choose to participate in the PP-GEMT IGT program.
- » Eligible providers who choose to participate will receive the PP-GEMT IGT add on amount for eligible GEMT services for the program period, effective January 1, 2024 through December 31, 2024.

Impact to Federally Qualified Health Centers (FQHCs)

- » DHCS does not anticipate an impact to FQHCs as a result of the PP-GEMT IGT Program.

Impact to American Indian Medi-Cal Members

- » DHCS does not anticipate an impact to American Indian Medi-Cal beneficiaries who receive GEMT services.

Resources

» **PP-GEMT IGT Public Notice**

[SPA 24-0002 Public Notice \(ca.gov\)](#)

» **AB 1705:**

[Bill Text - AB-1705 Medi-Cal: emergency medical transportation services.](#)

Contact Information

» Email to:

AB1705@dhcs.ca.gov

» Mail to:

Department of Health Care Services
Fee-For-Service Rate Development Division
1501 Capitol Avenue
MS 4600
P.O. Box 997417
Sacramento, CA 95899-7417

SPA 24-0003

Specify the settings where inpatient psychiatric services to beneficiaries under 21 years of age can be provided, which include Psychiatric Residential Treatment Facilities (PRTFs)

Garrick Chan

Health Program Specialist II

Medi-Cal Behavioral Health – Policy Division

Background

» [Assembly Bill \(AB\) 2317 \(Ramos, Chapter 589, Statutes of 2022\)](#)

authorizes the state to establish PRTFs and authorizes DHCS to license and establish regulations for PRTFs.

» PRTFs are nonhospital facilities that provide inpatient psychiatric services to Medicaid-eligible individuals under 21 years of age.

Purpose

- » To seek federal approval to specify the settings where inpatient psychiatric services to beneficiaries under 21 years of age can be provided, which include PRTFs.

Summary of Proposed Changes

- » State Plan Amendment (SPA) 24-0003 proposes the following changes:
 - Include PRTFs as a setting where inpatient psychiatric services to beneficiaries under 21 years of age can be provided;
 - Clarify that inpatient psychiatric services can be provided to beneficiaries under 21 years of age in psychiatric hospitals and hospitals with inpatient psychiatric programs;
 - Update the prior authorization language to specify that prior authorization is not required to provide inpatient psychiatric services to beneficiaries under 21 years of age; and
 - Add a reimbursement methodology for PRTF inpatient psychiatric services.
- » The proposed effective date for SPA 24-0003 is January 1, 2024.

Impact to Tribal Health Programs

» Tribal Health Programs may be able to make referrals for Medi-Cal members to receive inpatient psychiatric services in PRTFs. DHCS anticipates Medi-Cal members that receive referrals will be able to better access these services, likely improving their health outcomes.

Impact to Federally Qualified Health Centers (FQHCs)

- » FQHCs may be able to make referrals for Medi-Cal members to receive inpatient psychiatric services in PRTFs. DHCS anticipates Medi-Cal members that receive referrals will be able to better access these services, likely improving their health outcomes.

Impact to American Indian Medi-Cal Members

» DHCS anticipates this proposed SPA will increase access to inpatient psychiatric services for American Indian Medi-Cal members under the age of 21 as it will allow for the provision of inpatient psychiatric services in an additional setting that is not a hospital.

Contact Information

- » Comments may be sent by email to PublicInput@dhcs.ca.gov or by mail to the address below:

Department of Health Care Services
Director's Office
1500 Capitol Avenue, MS 0000
Sacramento, CA 95814

SPA 24-0007

Adds PRTFs as a Setting and Allows LPCCs and APPCs Encounters in FQHCs and RHCs

Raquel Saunders
Staff Services Manager I
Benefits Division

Background

- » SPA 24-0007 updates the ABP to reflect the updates made by SPA 23-0037, SPA 24-0003, and SPA 24-0015
- » SPA 23-0037 authorized licensed professional clinical counselors (LPCCs) to bill for LPCC encounters in Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Tribal FQHCs.
- » SPA 24-0003 will add Psychiatric Residential Treatment Facilities (PRTFs) as a setting where inpatient psychiatric services to members under 21 years of age can be provided. It will also clarify that inpatient psychiatric services can be provided to Medi-Cal members under 21 years of age in psychiatric hospitals and hospitals with inpatient psychiatric programs.
- » SPA 24-0015 will authorize LPCCs to bill for associate professional clinical counselor (APCC) encounters in FQHCs, RHCs and Tribal FQHCs.

Purpose

- » To seek federal approval to update the ABP to
 - Add PRTFs as settings where inpatient psychiatric services can be provided to Medi-Cal members under 21 years of age.
 - Allow FQHCs and RHCs to bill for encounters by LPCCs and APCCs.
- » DHCS will submit companion ABP SPA 24-0007 to align the ABP with the updates to be made by SPAs 23-0037, 24-0003 and 24-0015.

Summary of Proposed Changes

- » The federal Centers for Medicare and Medicaid Services approved SPA 23-0037 on January 22, 2024, to authorize LPCCs as health care professionals who are eligible to provide reimbursable Medi-Cal mental and behavioral health services to Medi-Cal members serviced by FQHCs, RHCs, and Tribal FQHCs.
- » SPA 24-0003 will add PRTFs as a setting where inpatient psychiatric services can be provided to Medi-Cal members under 21 years of age.
- » SPA 24-0015 will authorize APCCs as health care professionals who are eligible to provide reimbursable Medi-Cal mental and behavioral health services to Medi-Cal members served by FQHCs, RHCs and Tribal FQHCs.

Impact to Tribal Health Programs

- » DHCS does not anticipate an impact to THPs if they participate in Medi-Cal as an Indian Health Services-Memorandum of Agreement clinic.
- » If a THP participates in Medi-Cal as a Tribal FQHC, this proposed SPA will identify a LPCC as a billable provider and APCC as billable services.
- » Adding LPCCs and APCCs to the list of behavioral health professionals at Tribal FQHCs will expand flexibility and access to Medi-Cal members to receive the various mental and behavioral health services they need.
- » THPs may be able to make referrals for Medi-Cal members to receive inpatient psychiatric services in PRTFs.
- » DHCS anticipates Medi-Cal members that receive referrals will be able to better access these services, likely improving their health outcomes.

Impact to Federally Qualified Health Centers (FQHCs)

- » To the extent that FQHCs and RHCs provide behavioral health services, this aligns the ABP with SPAs 23-0037 and 24-0015 and is expected to expand access by increasing the number of health care professionals eligible to provide these services to patients served by FQHCs and RHCs.
- » Adding LPCCs and APCCs to the list of behavioral health professionals will expand flexibility and access for Medi-Cal members to receive the various mental and behavioral services they need.
- » In addition, FQHCs may be able to make referrals for Medi-Cal members to receive inpatient psychiatric services in PRTFs.
- » DHCS anticipates Medi-Cal members that receive referrals will be able to better access these services, likely improving health outcomes.

Impact to American Indian Medi-Cal Members

- » DHCS anticipates American Indian Medi-Cal members served by FQHCs, RHCs, and Tribal FQHCs will have increased access to mental and behavioral health services, which is expected to improve health outcomes for those receiving services.
- » The addition of PRTFs will also likely result in increased access to inpatient psychiatric services for American Indian Medi-Cal members under 21 years of age, as it will allow for the provision of the psychiatric services to members under 21 years of age to be provided in an additional setting that is not a hospital.

Contact Information

Benefits Division

Medi-Cal.Benefits@dhcs.ca.gov

SPA 24-0015

Add Associate Professional Clinical Counselor (APCC) services for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal FQHCs

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Associate Governmental Program Analyst

Benefits Division

Background

» There is a significant unmet need for behavioral health specialists, due to the Medi-Cal member demand for these services and the existing shortage of staff. Associate Professional Clinical Counselors (APCCs) are graduate-level health care professionals trained to evaluate an individual's behavioral health and use therapeutic techniques based on specific training programs. Allowing Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal FQHCs to bill for APCC services will increase access to behavioral health services for Medi-Cal members in medically underserved, rural, and remote areas in California. APCC services provided under supervision of a licensed health professional are currently included in the Medi-Cal State Plan for non-FQHC providers under Psychology and Counseling services, and as health professionals for Indian Health Services Memorandum of Agreement 638 clinics (IHS-MOA clinics). APCCs are not licensed and are therefore not billable practitioners. APCC services will be billed under the National Provider Identifier (NPI) of a qualified, licensed supervising health care practitioner.

Purpose

- » The Department of Health Care Services (DHCS) proposes to submit State Plan Amendment (SPA) 24-0015 to the Centers for Medicare and Medicaid Services (CMS) to expand behavioral health services in rural, remote, and underserved areas.

Summary of Proposed Changes

- » DHCS plans to submit SPA 24-0015 to CMS with a proposed effective date of April 1, 2024. The SPA seeks to authorize APCC services as eligible reimbursable Medi-Cal behavioral health services, when provided under supervision of a qualified, licensed health professional, to patients served by FQHCs, RHCs, and Tribal FQHCs.

Impact to Tribal Health Programs (THPs)

- » DHCS does not anticipate an impact to THPs if they participate in Medi-Cal as an Indian Health Services-Memorandum of Agreement 638 clinic, as APCCs are currently billable.
- » However, if a THP participates in Medi-Cal as a Tribal FQHC, this proposed SPA will make services provided by APCCs supervised by a qualified, licensed health professional billable. Adding APCC services to the list of behavioral health services at Tribal FQHCs will expand flexibility and access for Medi-Cal members to receive the various behavioral health services they need.

Impact to Federally Qualified Health Centers (FQHCs)

» To the extent that FQHCs and RHCs provide behavioral health services, this SPA is expected to expand access by increasing the number of health care professionals eligible to provide these services to patients served by FQHCs and RHCs. Adding APCC services to the list of behavioral health services will expand flexibility and access for Medi-Cal members to receive the various behavioral health services they need.

Impact to American Indian Medi-Cal Members

- » As a result of this proposal, American Indian Medi-Cal members served by FQHCs, RHCs, and Tribal FQHCs will have increased access to behavioral health services, which may improve health outcomes for those receiving the services.

Contact Information

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Feedback/Questions

