



Stakeholder Advisory Committee Webinar

July 16, 2020



Webinar Tips

- Please use either computer or phone for audio connection.
- Please mute your lines when not speaking.
- For questions or comments, email: SACInquiries@dhcs.ca.gov



Welcome and Introductions



Budget Updates



COVID-19 Updates: Telehealth



Medi-Cal Telehealth Policy

- Comprehensive policy update was implemented in summer 2019 after extensive stakeholder engagement.
- Licensed providers have flexibility to determine if service delivery is appropriate for audio-visual, two-way communication or store-and-forward.
 - Physicians, nurses, mental health practitioners, substance use disorder providers, dentists, Federally Qualified Health Centers, Rural Health Clinics, Indian 638 clinics, and other licensed providers may use telehealth
 - Beneficiaries retain choice for service delivery modality
- E-Consults allowed for licensed providers
 - Not available for FQHCs, RHCs, and Indian 638 clinics
- Modifiers used with claims to indicate if the service is provided for synchronous or store-and-forward services.



Virtual/Telephonic Communication During PHE

- During the public health emergency (PHE), DHCS will pay the same rate for telephonic services as face-to-face under the following circumstances:
 - Encounter must meet the requirements of billed visits that would have otherwise been provided in a face-to-face encounter
 - The encounter replaces a face-to-face visit
 - Service is clinically appropriate for modality used
 - Service provided meets all procedural and technical components of the service
- Applies to all provider types, including Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal 638 clinics.



Virtual/Telephonic Communication Flexibilities During PHE (cont.)

- Home of the beneficiary can serve as an originating site.
- Use of telephonic visits without visual of beneficiary.
- Establishment of a new patient via telehealth with visual of beneficiary.
- DHCS will review these PHE flexibilities to determine which ones should be permanent provisions, and whether federal approvals are necessary.



Flexibilities for FQHC, RHC, and Tribal 638 Clinics During PHE

- Can receive their Prospective Payment System rate or All-Inclusive Rate for telephonic services that meet billed visit requirements.
- Can bill with HCPCS code G0071 for virtual/ telephonic services that do not meet visit requirements.
- Associate marriage and family therapists and associate clinical social workers can be billable providers in FQHCs and RHCs.
 - This is currently allowed for Tribal 638 clinics
- Tribal 638 clinics can provide services outside of the four walls and still receive reimbursement.



Teledentistry

- Medi-Cal enrolled dentists and allied dental professionals (under the supervision of a dentist) may render limited services via synchronous/live transmission teledentistry, so long as such services are within their scope of practice.
- For dental services provided via teledentistry, providers are to use appropriate billing code based on the telehealth modality used – synchronous or store-and-forward.
- Dental providers will be reimbursed based upon the applicable CDT procedure code according to the Schedule of Maximum Allowance (SMA).



Teledentistry (cont. slide 2)

- Effective March 25, 2020, a [temporary teledentistry exception](#) was implemented to allow for dental providers who provide consultation services by telephone or video to remote Medi-Cal members.
- Providers may use CDT code D9430 in lieu of an in-person visit for purposes of live streaming video or telephone with a Medi-Cal patient with oral health issues.
- Providers would be reimbursed the SMA rate for CDT code D9430 plus applicable transmission fees, as appropriate.



COVID-19 Updates: Medi-Nurse Line



Medi-Nurse Line: Overview

- Medi-Nurse line offers 24/7 advice for people without health insurance or who have fee-for-service Medi-Cal but don't have a regular doctor to oversee their care.
- Medi-Nurse is not designed for callers who already have a health plan that covers COVID-19 services.
- Accessed by calling 1 (877) 409-9052.
 - Available in multiple languages, through LanguageLine (Spanish +17 additional languages)



Medi-Nurse Line: Overview (Cont.)

- All callers can ask general questions about COVID-19 symptoms, and get additional information about and referrals to helpful COVID-19 resources.
- All callers who present with COVID-19 symptoms will also have access to trained and knowledgeable nurses for clinical consultation and triaging, including but not limited to:
 - Directions to self-isolate and perform home self-care techniques.
 - Directions to get tested and/or seek treatment, inclusive of referrals to COVID-19 resources such as information relative to testing sites using the locator tool via [COVID19.ca.gov](https://www.covid19.ca.gov).
- Uninsured callers will also be referred to a qualified provider in the county of the caller who can perform presumptive eligibility (PE) determinations to provide temporary coverage to minimally obtain COVID-19 testing, testing related and treatment services.

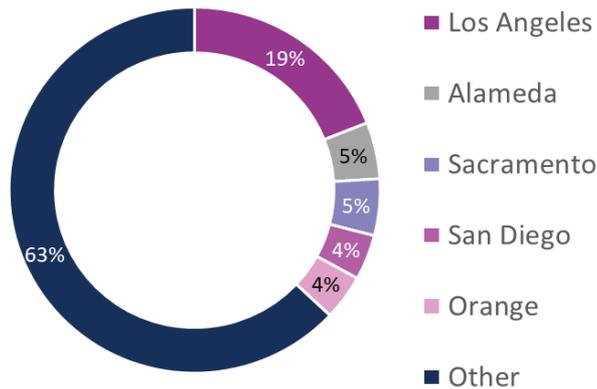


Medi-Nurse Line Statistics

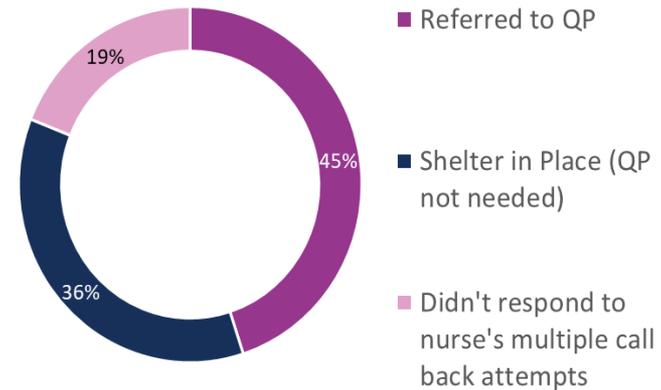
Impact of Medi-Nurse Line (May 2020 to current):

- **11,000+** Calls
- **2%** Abandonment Rate (better than industry standard of 5-8%)
- **81%** Uninsured
- **52 (90%)** California counties serviced

Utilization by County



Nurse Line Outcomes

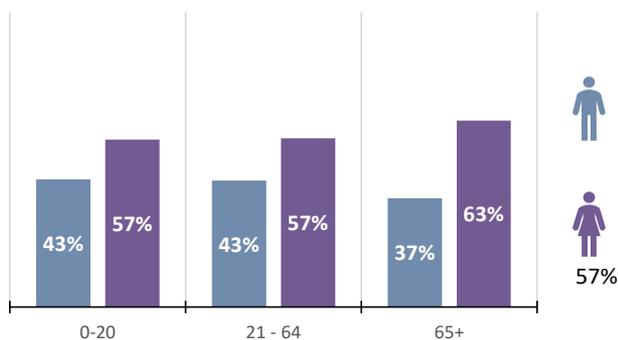


Note: QP refers to Qualified Provider

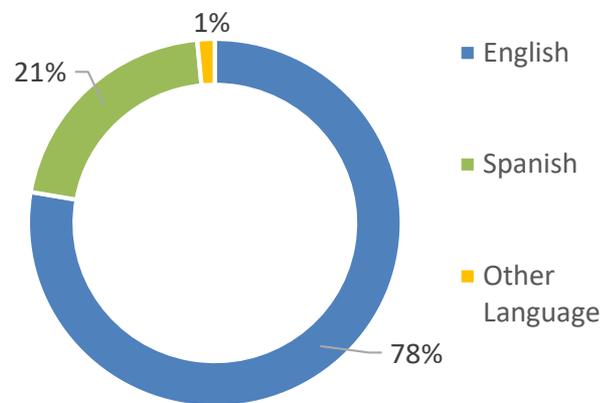


Medi-Nurse Line Statistics (cont.)

Age Group and Gender



Language





Medi-Cal 2020 Section 1115 Waiver Update

Overview

- Medi-Cal 2020, California Advancing and Innovating Medi-Cal (CalAIM), and COVID-19
- Plan for 12-Month 1115 Waiver Extension Request
 - Programs not included in the extension request
 - Programs included in the waiver extension request
- Financing and Budget Neutrality
- 1915(b) Specialty Mental Health Services Waiver
 - second extension request
- Timeline and Next Steps



Medi-Cal 2020, CalAIM, and COVID-19

- The current 1115 waiver (Medi-Cal 2020) is set to expire on December 31, 2020.
 - Prior to the COVID-19 public health emergency, DHCS planned to implement CalAIM in conjunction with the end of the waiver period
- COVID-19 has greatly impacted all aspects of California's health care delivery system, due to focus on surge planning, infection control, transition to telehealth/telework, and reprioritization of resources.
- Health care systems, plans, providers, and counties requested a delay in CalAIM, due to the need to address the pandemic.
- While the state is still committed to CalAIM, a one-year extension of the Medi-Cal 2020 waiver is crucial to maintaining the current delivery system and services for beneficiaries.
- The final FY 2020-21 state budget reflected a delay in funding for CalAIM.



Medi-Cal 2020

12-Month Extension Request

- DHCS must request a waiver extension from CMS in order to keep Medi-Cal 2020 from expiring on December 31.
- 12-month extension will provide the necessary federal authority and Medicaid matching funds.
 - Support the financial viability of the delivery system in the context of COVID-19
- Waiver extension proposal to be released for public comment on July 22.
 - 30-day comment period will close on August 21
 - Goal to submit 1115 Extension request to CMS by September 15



Components of Medi-Cal 2020 Waiver Extension Request

- Medi-Cal Managed Care
- Whole Person Care
- Global Payment Program
- Drug Medi-Cal Organized Delivery System
- Low-Income Pregnant Women
- Former Foster Care Youth
- Community-Based Adult Services
- Coordinated Care Initiative
- Dental Transformation Initiative & Designated State Health Programs (DSHP)
- Tribal Uncompensated Care
- Rady's CCS Pilot



Components NOT included in Extension Request

- **Public Hospital Re-Design and Incentives in Medi-Cal (PRIME)**
 - PRIME reporting metrics and funding to be transitioned to Medi-Cal managed care Quality Incentive Payment (QIP) program
 - Request submitted to CMS in early 2020



12-Month Extension Key Elements



Whole Person Care

- Continue WPC Pilot Program as currently structured.
- Additional year of funding at FY 2019-2020 (PY 4) expenditure levels.
- New target population for individuals impacted by COVID-19.
- Allow WPC pilots to modify their budgets in response to COVID-19.



Global Payment Program and Dental Transformation Initiative

- 12-month extension of authority and federal matching funds for:
 - Global Payment Program extended to December 31, 2021
 - Safety Net Care Pool/UCC funding continues



DMC-ODS

- 12-month extension of authority for county-based pilots, including expenditure authority for residential SUD services in IMDs; Medi-Cal funding.
- Technical changes:
 - Remove limitation on the number of residential treatment episodes that can be reimbursed in a one-year period
 - Clarify that reimbursement is available for SUD assessment and appropriate treatment even before a definitive diagnosis is determined
 - Clarify the recovery services benefit
 - Expand access to MAT
 - Increase access to SUD treatment for American Indians and Alaska Natives



Other Programs in the Extension Request

- **Low-Income Pregnant Women:** Extension; No changes
- **Former Foster Care Youth:** Extension; No changes
- **CBAS:** Extension; No changes except temporary COVID provisions attachment
- **CCI:** Extension; No changes
- **Dental Transformation Initiative:** Extension including Designated State Health Programs mechanism; transition to State Plan in 2022; Discontinue Domain 4
- **Tribal Uncompensated Care Waiver Amendment:** Extension; Requirement for CRIHB to contract with any willing Tribal health program enrolled in Medi-Cal
- **Rady's CCS Pilot:** Extension; No changes



Financing

- **Whole Person Care:** Requesting an additional year (\$300 million) of federal funding equal to 2020 program (PY4) expenditures
- **GPP:** Continued FFP for value-based payments to participating Public Health Care Systems that incur costs for services to the remaining uninsured
- **Budget Neutrality:** Request to continue treatment of following expenditures to eliminate impact to calculation
 - DMC-ODS
 - CBAS
 - Health Homes
 - Out-of-State Former Foster Youth
 - Managed care payments for the ACA new adult expansion population
 - Hospital Quality Assurance Fee program related payments



1915(b)
Specialty Mental Health
Services
Waiver Extension



1915(b) Specialty Mental Health Services (SMHS) Waiver Extension

- On May 8, 2020, DHCS formally [requested](#) an extension of the state's current Medi-Cal SMHS Waiver authorized under Section 1915(b) of the Social Security Act.
- As originally approved by CMS, this 1915(b) waiver was set to expire on June 30, 2020.
- DHCS requested CMS' approval to extend the term of the waiver through December 31, 2021.



1915(b) Specialty Mental Health Services (SMHS) Waiver Extension (continued)

- On June 2, 2020, DHCS received a response from CMS approving a six-month extension to December 31, 2020, acknowledging the need for an additional extension request due to the delay of CalAIM.
- DHCS is now seeking a second extension to the 1915(b) waiver to December 31, 2021, to coincide with DHCS' extension request for the 1115 waiver.



Next Steps

- **Public Comment**
 - The 30-day public comment period will start on July 22, 2020
 - Waiver extension request & all other documentation will be posted on the DHCS website
 - Comments made at public meetings will be transcribed
 - Written comments can be submitted to 1115waiver@dhcs.ca.gov by **COB on August 21, 2020**
 - Written comments on the 1915(b) waiver extension can be submitted to MCBHD@dhcs.ca.gov by **COB on August 21, 2020**
- **Tribal Consultation (held via webinar)**
 - Wednesday, July 29, 2020
- **Public Hearings (held via webinar)**
 - Friday, August 7, 2020 3:30 p.m. – 5:00 p.m.
 - Monday, August 10, 2020 2:00 p.m. – 3:30 p.m.



Questions and Comments

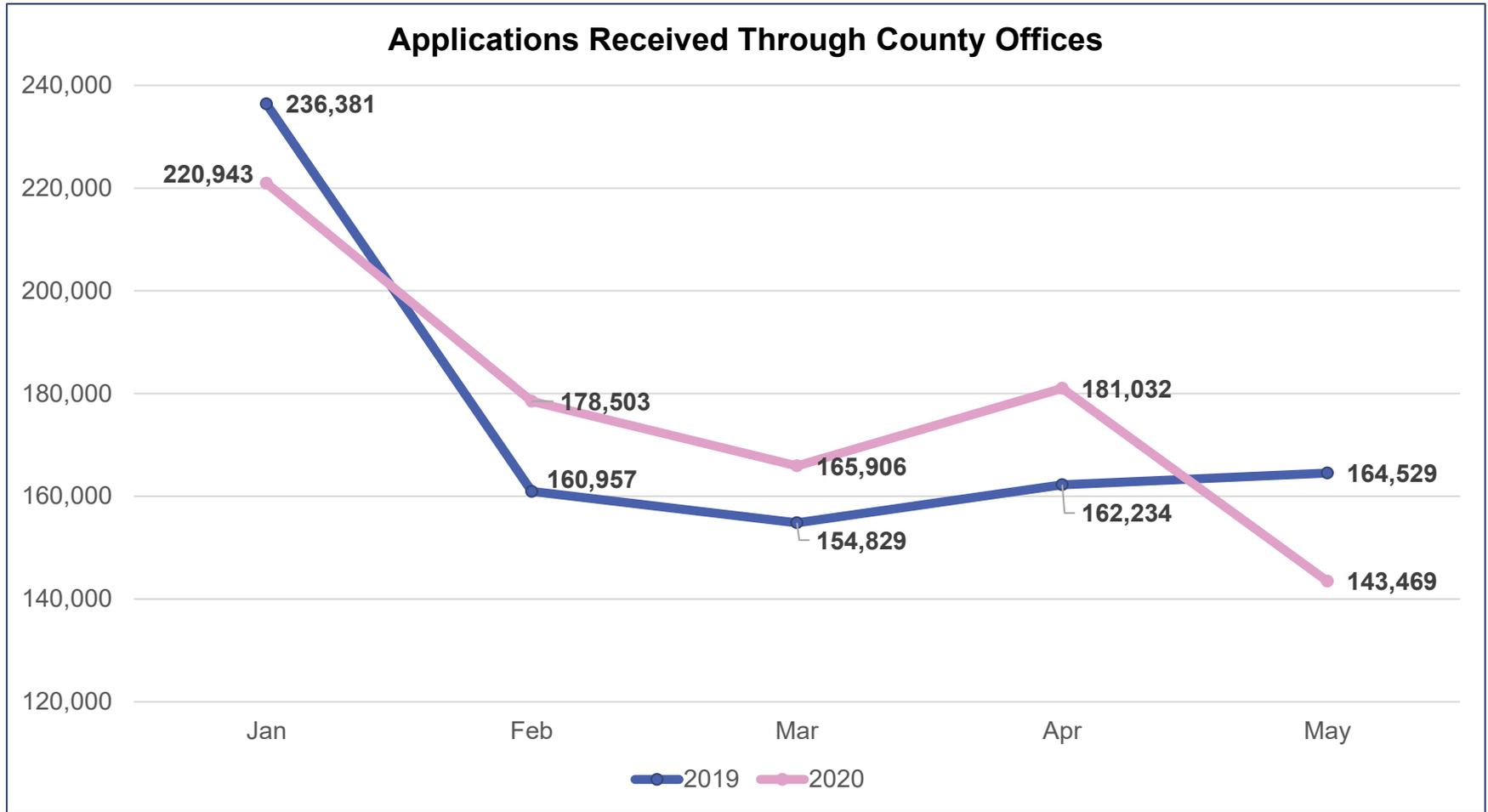




Medi-Cal Enrollment Update



Medi-Cal Applications



Data Source: Statewide Automated Welfare Systems (SAWS)



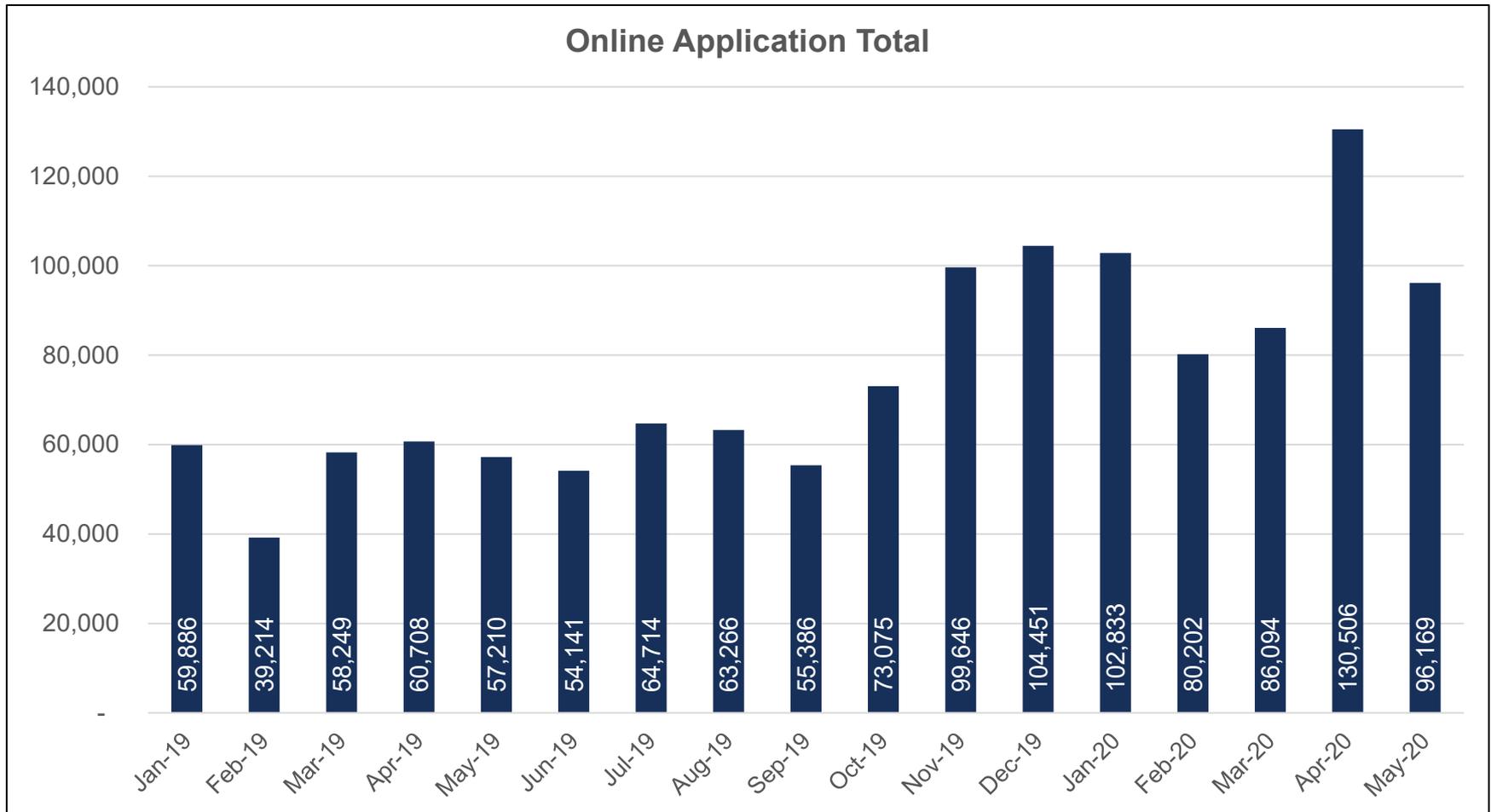
County Application Pathways

- Online
- In Person
- Phone
- Mail/Fax
- Other
 - Includes applications received from sources not included in the above categories, such as those received by IHSS, and CBO(s) referrals, etc.

Note: This data is reported at the application level, with a single application potentially including more than one person (for example, a parent and two children are likely to apply for health coverage on a single application).



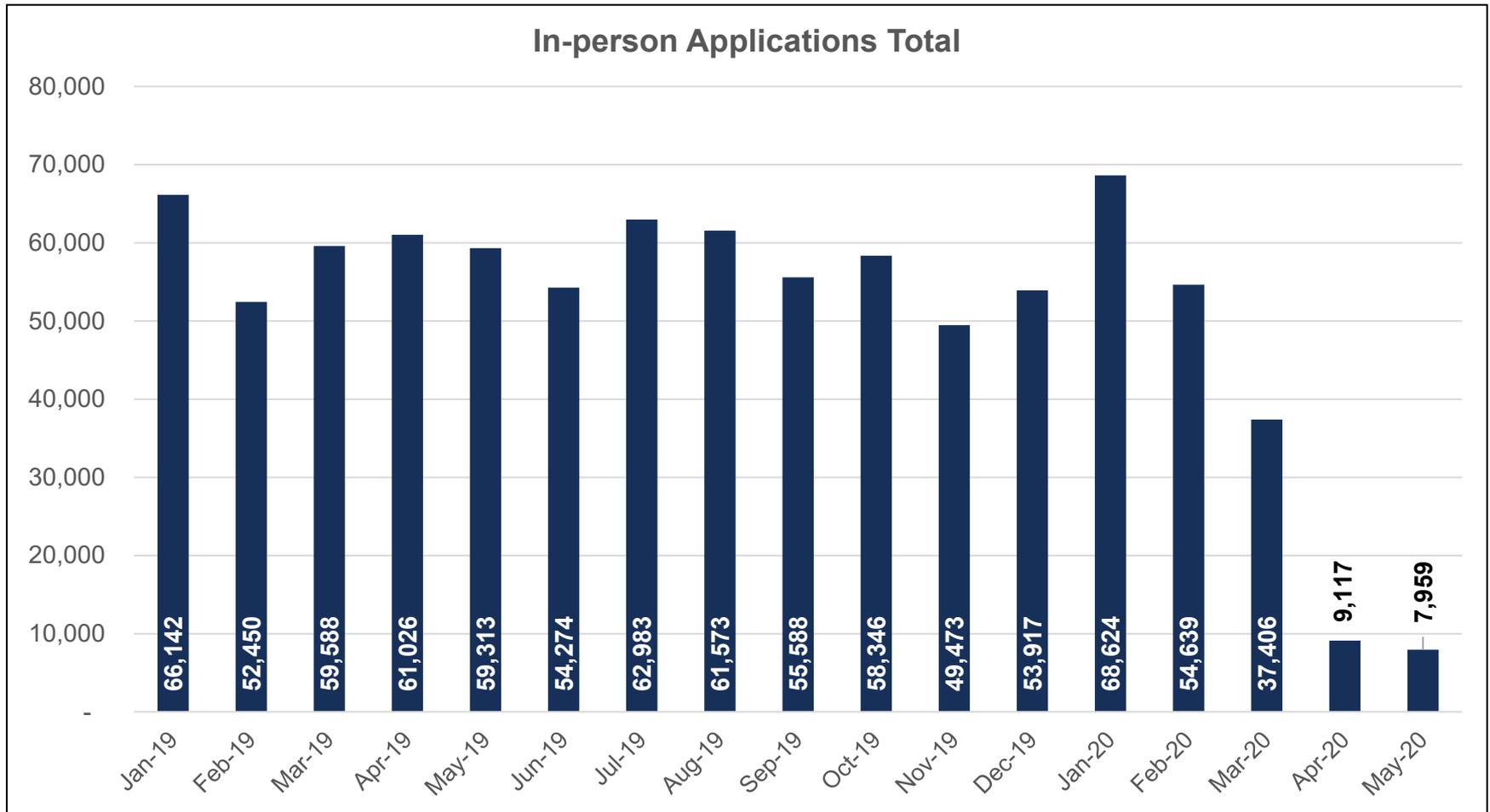
County Application Pathway - Online Applications -



Data Source: Statewide Automated Welfare Systems (SAWS)



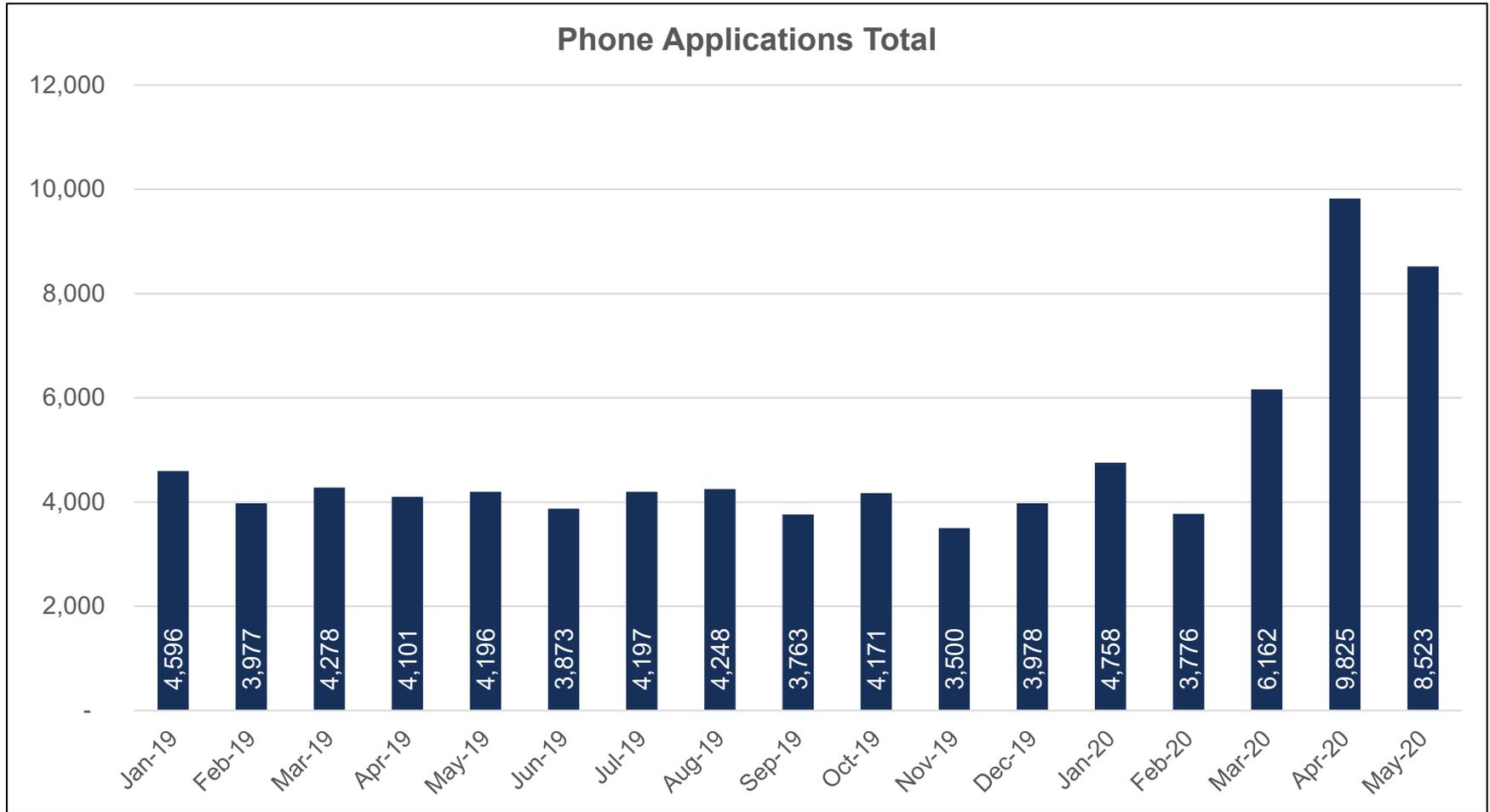
County Application Pathway - In Person Applications -



Data Source: Statewide Automated Welfare Systems (SAWS)



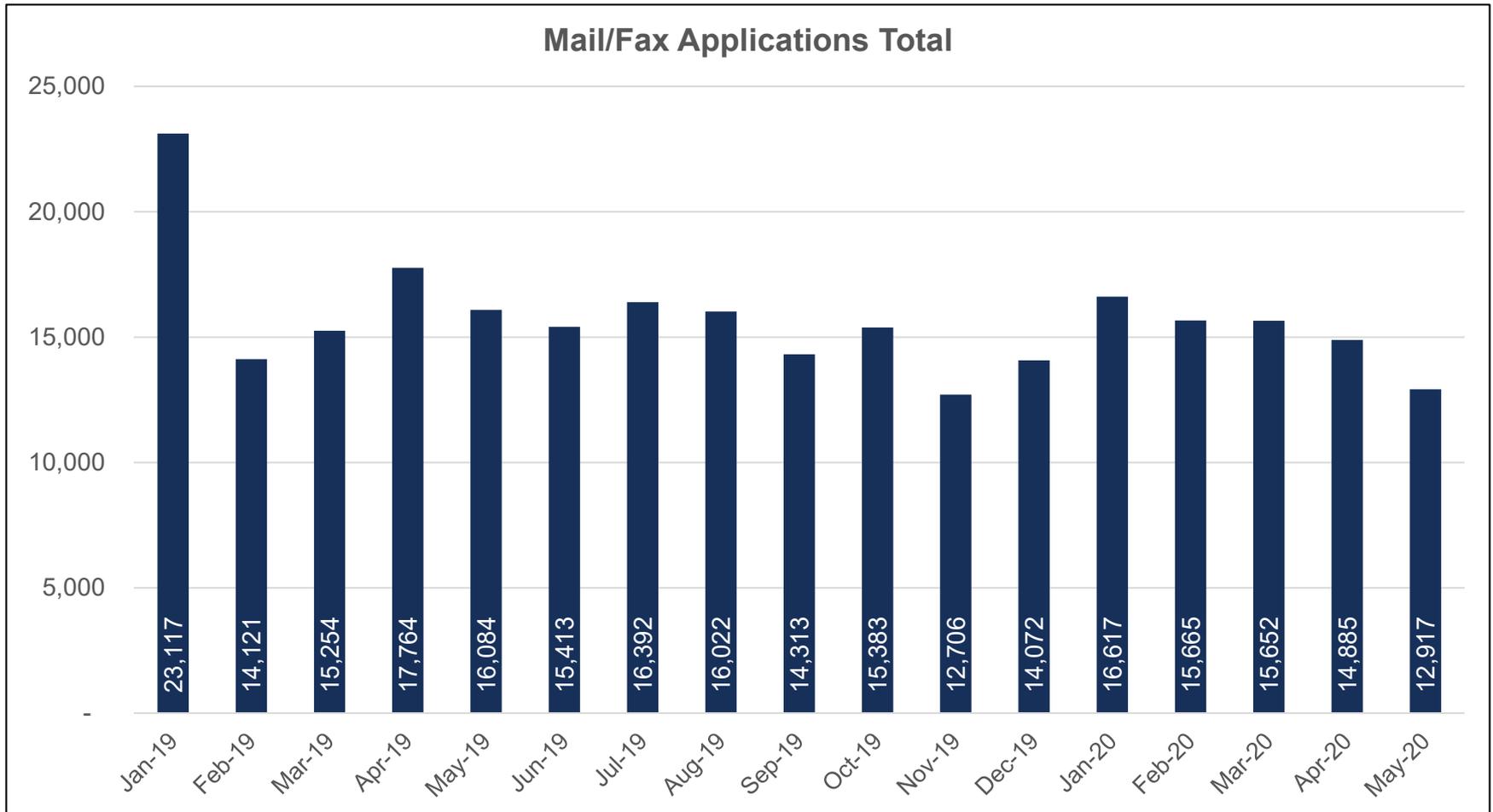
County Application Pathway - Phone Applications -



Data Source: Statewide Automated Welfare Systems (SAWS)



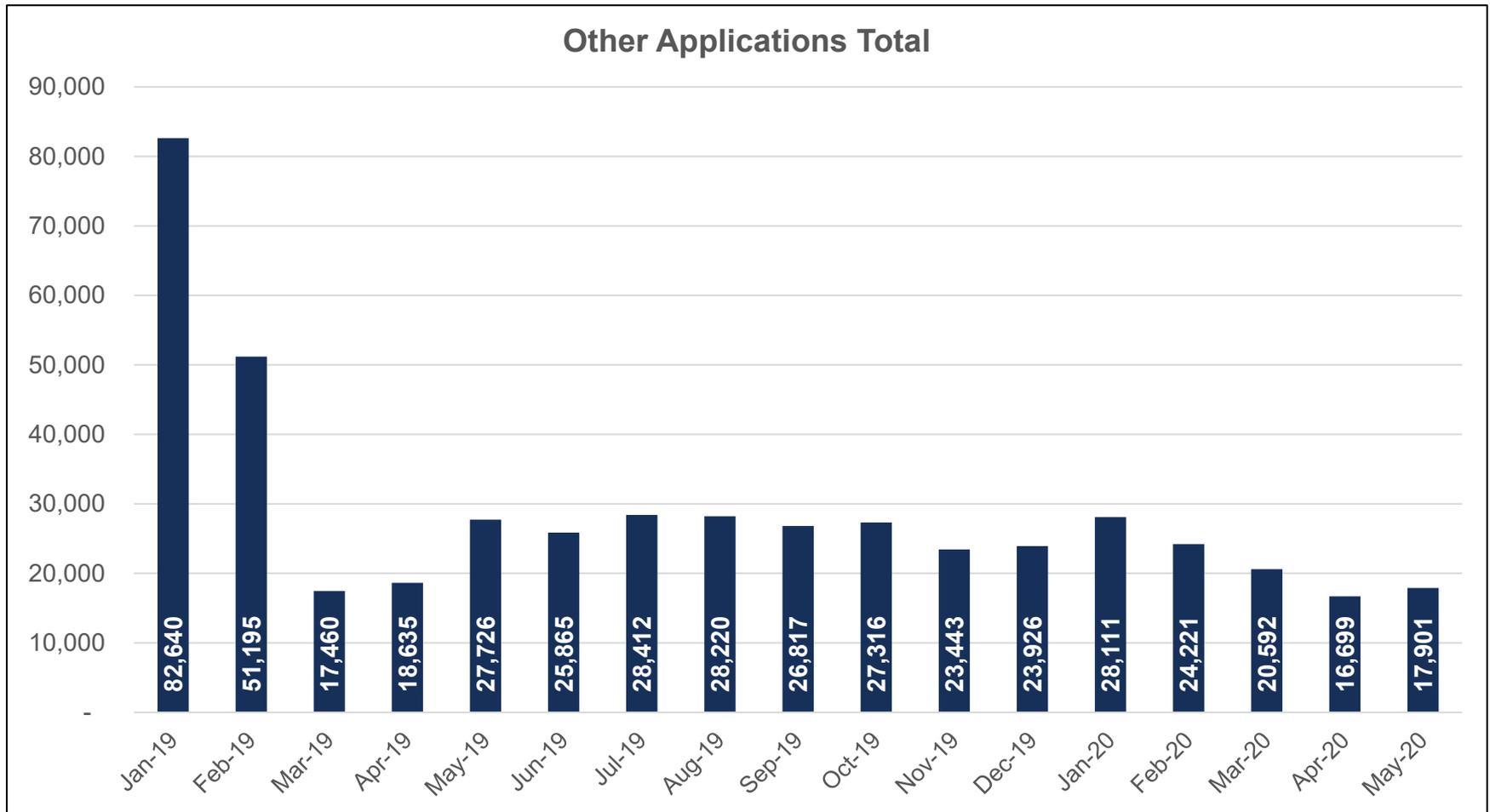
County Application Pathway - Mail/Fax Applications -



Data Source: Statewide Automated Welfare Systems (SAWS)



County Application Pathway - Other Applications -



Data Source: Statewide Automated Welfare Systems (SAWS)



CalHEERS Application Pathways

- Online
- Phone
- Mail/Fax
- Email

Note: This data is available on the California Health and Human Services (CHHS) Open Data Portal (ODP) -

<https://data.chhs.ca.gov/dataset/insurance-affordability-programs-applications-received-through-calheers-by-submission-channel>



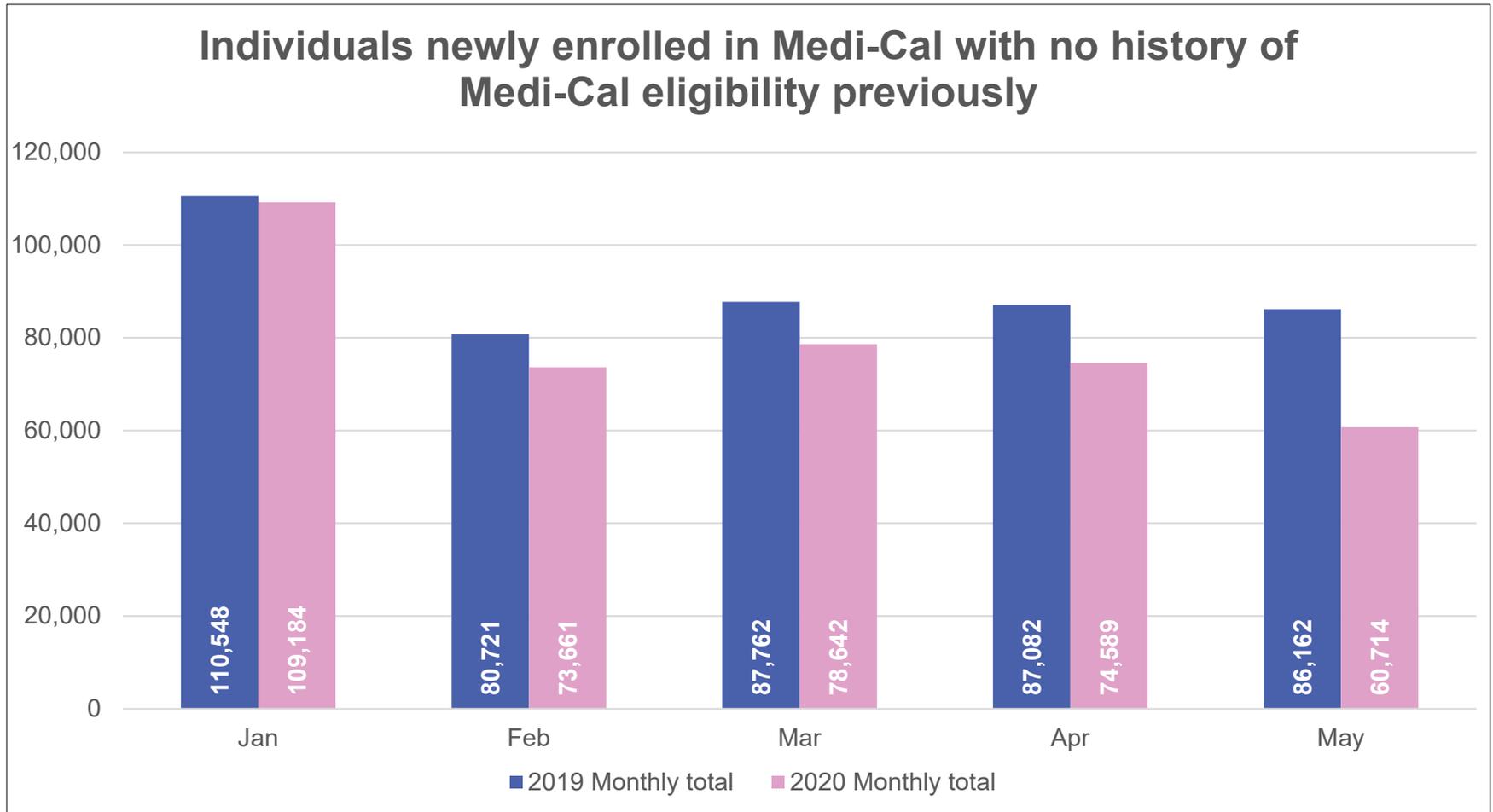
Assister Application Pathways

- Agent
- Service Center Representative (SCR)
- Certified Enrollment Counselor (CEC)
- Plan-Based Enroller

Note: This data is available on the CHHS OPD - <https://data.chhs.ca.gov/dataset/applications-submitted-for-insurance-affordability-programs-with-the-help-of-an-assister>



Medi-Cal NEW Enrollments



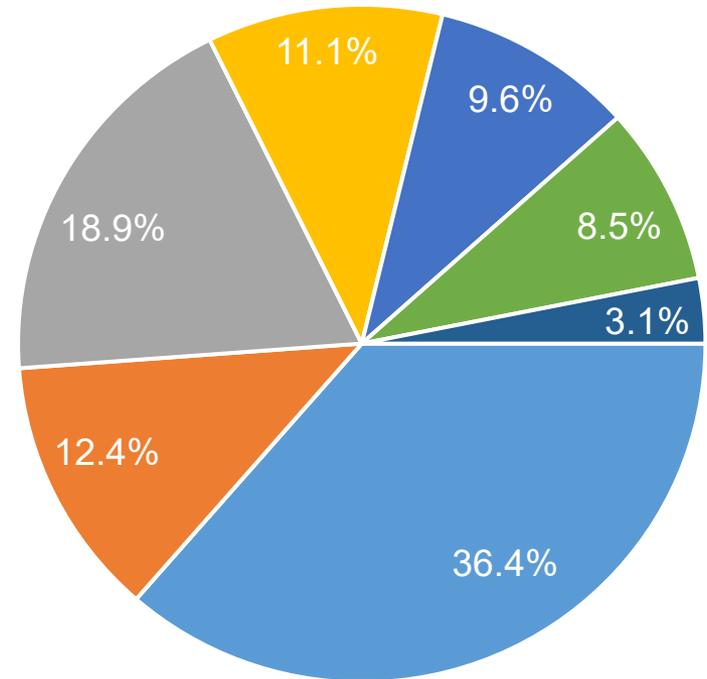
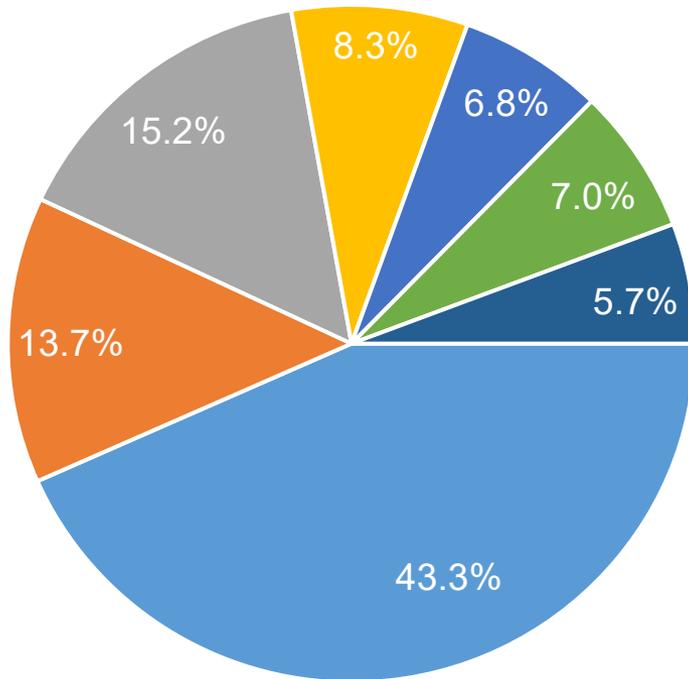
Data Source: MIS/DSS



Medi-Cal New Enrollments Female by Age

April 2019 - Female 44,095

April 2020 - Female 37,454



■ 0 to 17 ■ 18 to 25 ■ 26 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65+

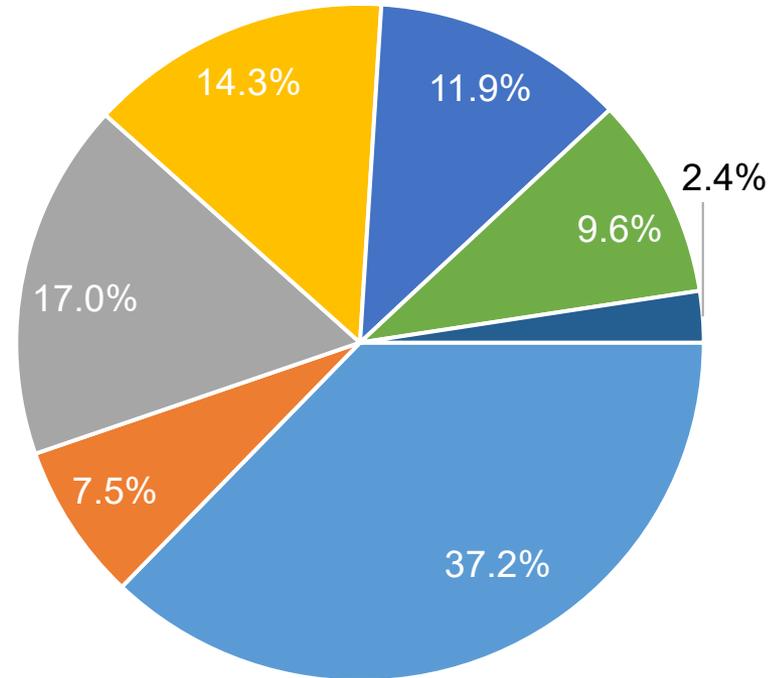
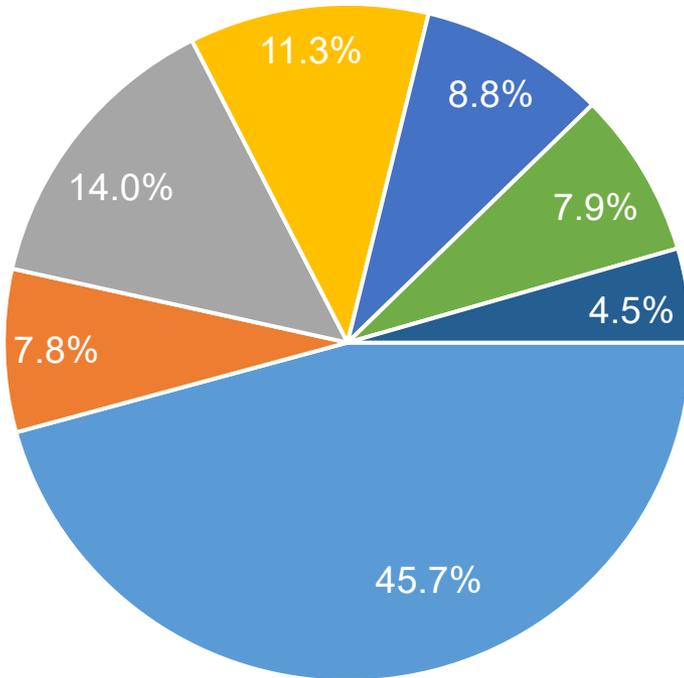
Data Source: MIS/DSS



Medi-Cal New Enrollments Male by Age

April 2019 - Male 42,987

April 2020 - Male 38,130



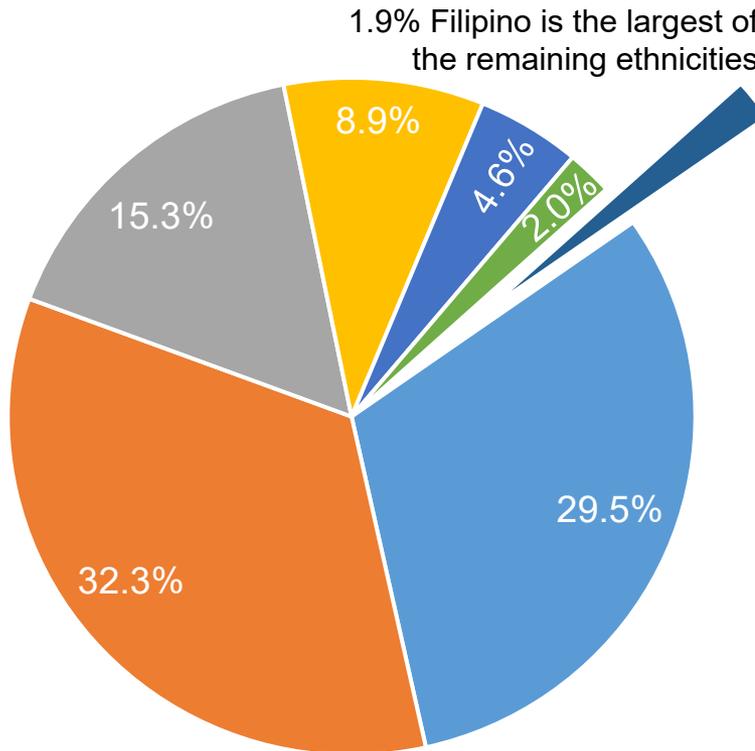
■ 0 to 17 ■ 18 to 25 ■ 26 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65+

Data Source: MIS/DSS

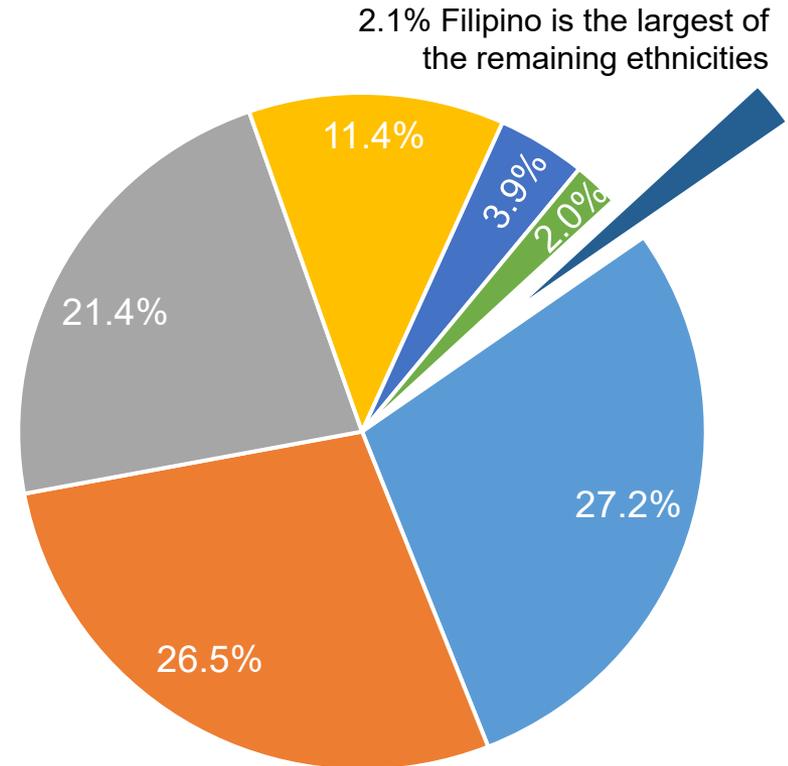


Medi-Cal New Enrollments Ethnicity

April - 2019 Total 87,082



April - 2020 Total 75,584



■ Not Reported ■ Hispanic ■ White ■ Other ■ Black ■ Chinese ■ Filipino

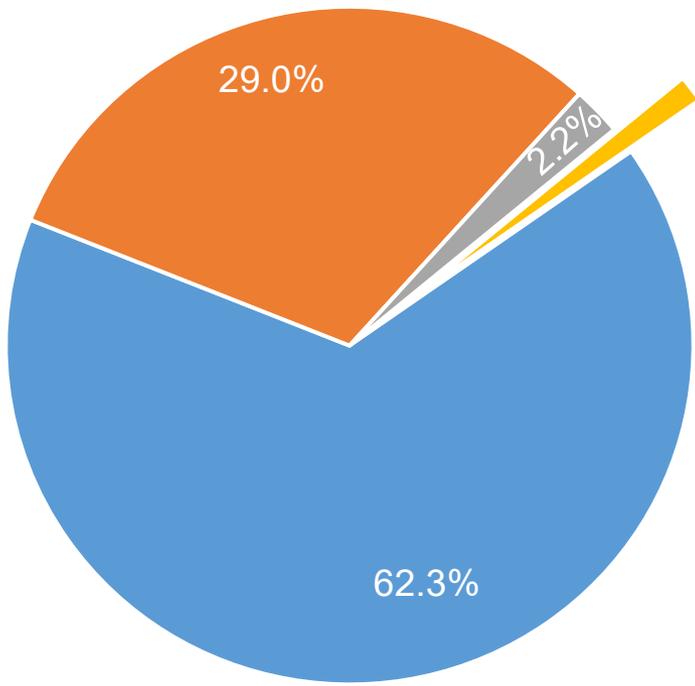
Data Source: MIS/DSS



Medi-Cal New Enrollments Primary Written Language

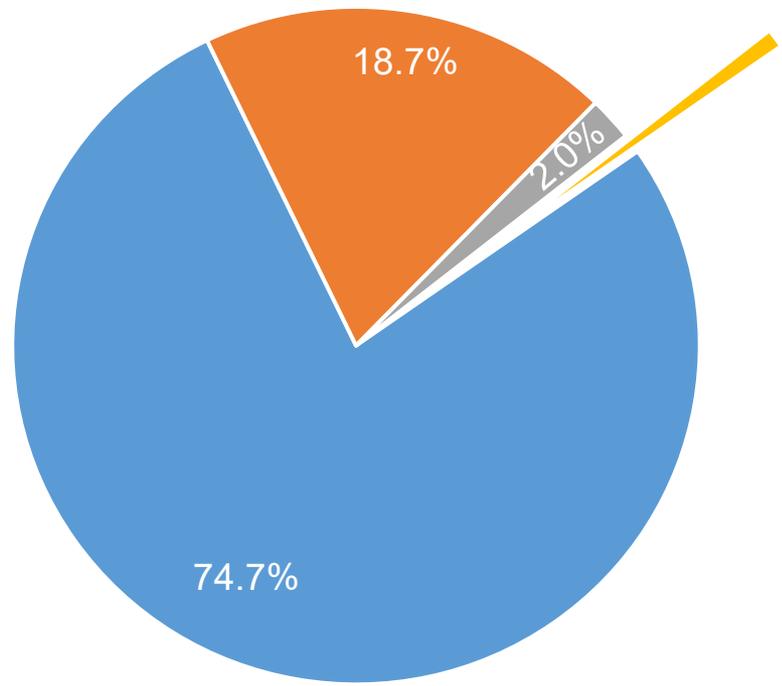
April - 2019 Total 87,082

1.2% Vietnamese is the largest of the remaining languages



April - 2020 - Total 75,584

0.9% Vietnamese is the largest of the remaining languages

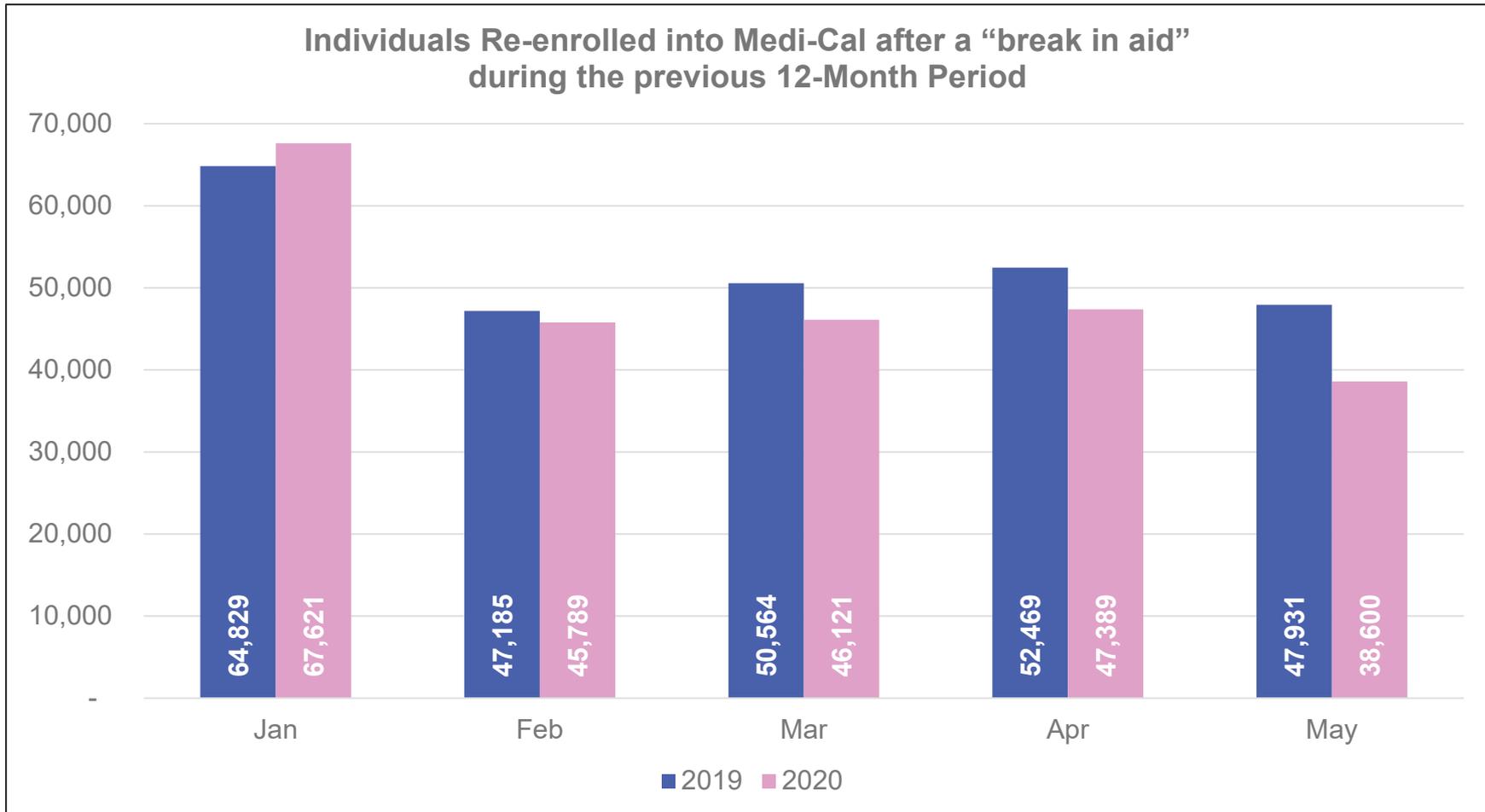


■ English ■ Spanish ■ Not Reported ■ Vietnamese

Data Source: MIS/DSS



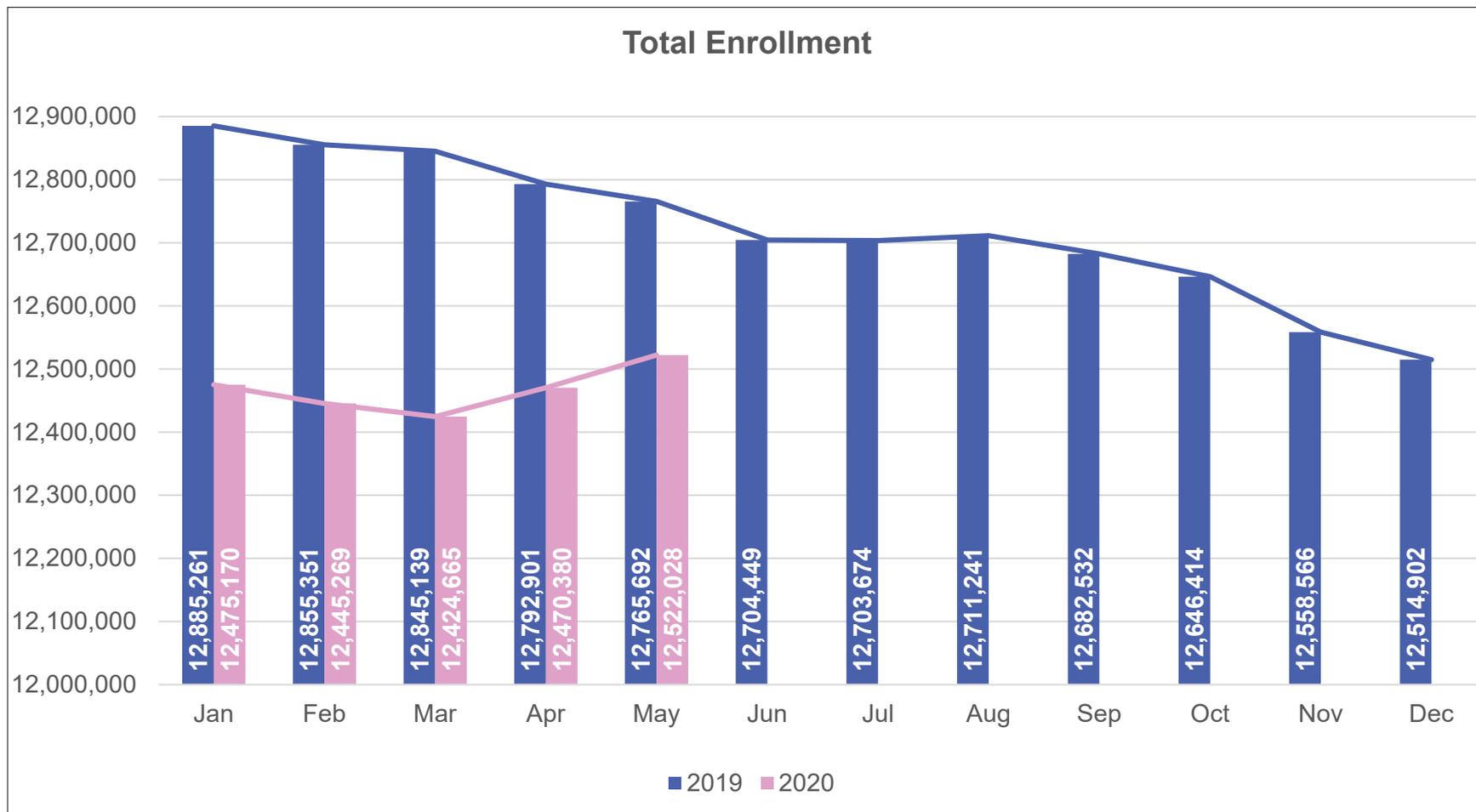
Medi-Cal Re-Enrollments



Data Source: MIS/DSS



Medi-Cal TOTAL Enrollment



Data Source: MIS/DSS



Uninsured COVID-19 Testing Group COVID-19 Presumptive Eligibility (PE)

- COVID-19 Coverage Group (aka COVID-19 PE):
 - For uninsured individuals
 - Services limited to medically necessary COVID-19 testing, related to testing, and treatment services
 - 12-month enrollment period or end of public health emergency, whichever comes later
- COVID-19 PE Application Pathways:
All PE Qualified Providers, including:
 - Hospital PE
 - Child Health and Disability Prevention Gateway
 - PE for Pregnant Women
- COVID-19 PE Applications as of 7/3/2020: 7,289



COVID-19 Resources/Links

- CA COVID-19 webpage:
<https://covid19.ca.gov/>
- DHCS COVID-19 webpage:
<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%91Response.aspx>
- DHCS Telehealth & Virtual/Telephonic Guidance:
<https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth-Other-Virtual-Telephonic-Communications-6-19.pdf>
- California Department of Public Health COVID-19 webpage:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- Centers for Disease Control and Prevention:
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



Medi-Cal Long-Term Care at Home Update

Long-Term Care at Home Overview

- Provide qualifying Medi-Cal beneficiaries and their families with more choices in living situations and long-term care settings.
- Provided through State-licensed agencies that will arrange for and/or directly provide skilled nursing care and related services in the home.
- Allow qualifying Medi-Cal beneficiaries currently residing in SNFs to safely move from a facility to a home.
- Allow qualifying Medi-Cal beneficiaries that may require SNF services in the future to avoid institutionalization.



Long-Term Care at Home Overview, Cont.

- Allow qualifying Medi-Cal beneficiaries to be discharged from a hospital to a home placement in lieu of a SNF stay.
- Support efforts to reduce population pressure at SNFs.
- Statewide Medi-Cal benefit for Fee-For-Service and Managed Care delivery systems.



Model of Care

Four Primary Components

- Individual, Person-Centered Assessment
- Transition Services
- Care Coordination
- Medical and Home and Community Based Services



Financing and Cost

- Bundled per diem rate encompassing Long-Term Care at Home services.
- Some services may be billed and reimbursed outside of the per diem.
- Per diem rates may be tiered based on acuity
- Clinically appropriate utilization controls will be established as benefit is intended to be cost effective option in lieu of institutional placement.
- Transitional Services will be reimbursed as a one-time payment paid separately from the bundled per diem.



Federal Authority

- DHCS will seek approval from the Federal government through the Section 1915(i) State Plan.
- This will allow flexibilities that are not available through 1915(c) waiver programs.



Policy Focus Areas

- Agency license requirements
- Payment structure
- Medicare – Medicaid Dual Eligible Beneficiaries



Policy Focus Areas, Cont.

- Eligibility and service interaction with other Home and Community-Based Programs: IHSS, PACE, CBAS, 1915(c) waiver programs, Money Follows the Person/California Community Transitions.
- The Medi-Cal Managed Care Plan role in the Long-Term Care at Home.



Stakeholder Process and Schedule

- DHCS is engaging the public through iterative exchanges of feedback and recommendations.
- The primary public stakeholder group for this initiative is the Master Plan for Aging, Long-Term Services and Supports Subcommittee.
- Additional stakeholder feedback will be solicited through other structured processes (e.g., Stakeholder Advisory Committees, targeted surveys, etc...) as well as ad hoc discussions.



Upcoming Meetings & Publications

- Master Plan for Aging, Long-Term Services and Supports Subcommittee: Friday, July 17 from 3 p.m. – 5 p.m.:
<https://www.chhs.ca.gov/home/master-plan-for-aging/subcommittees/ltss/#july-17-2020>
- Medi-Cal Long-Term Care at Home Benefit Design, 2nd Iteration & FAQ:
<https://www.dhcs.ca.gov/provgovpart/Pages/lcathome-workgroup.aspx>



Questions

If you would like to contact DHCS regarding Long-Term Care at Home, please send an email to:

LTCatHome@dhcs.ca.gov





Public Comment



Next Steps and Final Comments