

DATE:	May 25, 2018
то:	Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations
FROM:	Original Signed By Corinne Chavez for Sandra "Sam" Willburn, Chief, Primary, Rural, and Indian Health Division

SUBJECT: Notice of Proposed Change to the Medi-Cal Program

The purpose of this memo 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, 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 <u>Nathaniel.Emery@dhcs.ca.gov</u> or by mail to the address below:

Contact Information

Nathaniel Emery Director's Office Department of Health Care Services MS 0000 P.O. Box 997413 Sacramento, CA 95899-7413

In addition to this notice, DHCS plans to cover this proposal in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may also request a consultation on this proposal at any time as needed.

Enclosure



Department of Health Care Services Tribal and Designees of Indian Health Programs Notice Alternative Benefit Plan Update

PURPOSE

Department of Health Care Services (DHCS) proposes to submit an update in California's Alternative Benefit Plan (ABP) in State Plan Amendment 18-0027 to the Centers for Medicare and Medicaid Services (CMS) to seek necessary approvals to update and define cardiovascular and pulmonary rehabilitation services under Medi-Cal.

BACKGROUND

DHCS is updating the description for cardiovascular and pulmonary rehabilitation to clarify the frequency, scope, duration or amount of these services to align with recent Medi-Cal policy updates.

SUMMARY OF PROPOSED CHANGES

Medi-Cal services provided at Federally Qualified Health Centers (FQHCs) and Tribal health programs are paid on a "per visit" basis. A visit is defined as a face-to-face encounter between a patient of a FQHC or Tribal health program and specified health care professionals. The ABP update will define cardiovascular and pulmonary rehabilitation services for eligible beneficiaries. Only cardiovascular rehabilitation sessions that are exercise-based and delivered in an outpatient setting are reimbursable.

For more information please see the Rehabilitative Services (rehab) section of the Medi-Cal Provider Manal, pages 4-6 for cardiovascular rehabilitation¹ and the Respiratory Care (respir) section, page 9 for pulmonary rehabilitation².

Cardiovascular and pulmonary rehabilitation benefits provided under the Medi-Cal ABP will be the same schedule of benefits provided to Medi-Cal beneficiaries³.

IMPACT TO TRIBAL HEALTH PROGRAMS

To the extent that Tribal Health Programs provide cardiac and pulmonary rehabilitation services, they may experience an increase in Medi-Cal beneficiaries accessing these services who meet specific criteria for coverage.

IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

To the extent that FQHCs provide cardiac and pulmonary rehabilitation services, they may experience an increase in Medi-Cal beneficiaries accessing these services who meet specific criteria for coverage.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

Medi-Cal beneficiaries will have improved access to these services if they meet the specific criteria for coverage.

¹<u>http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/rehab_o11.doc</u> ²<u>http://files.medi-cal.ca.govpublications/masters-mtp/part2/respir_a04a08m01o03o11.doc</u> ³Welfare and Institutions Code, Section 1432.02(a)



RESPONSE DATE

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