

DATE:	November 20, 2018
TO:	Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations
FROM:	Original Signed By 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 (DHCS) Tribal and Designees of Indian Health Programs Notice

## Purpose

DHCS proposes to submit State Plan Amendments (SPA) 18-0040 and 18-0041 to the Centers for Medicare and Medicaid Services to seek the necessary approvals to update the State Plan (SP) and the Alternative Benefit Plan (ABP) to add the Diabetes Prevention Program (DPP) as a Medi-Cal benefit to prevent or delay the onset of type 2 diabetes, pursuant to Senate Bill (SB) 97 and Assembly Bill (AB) 1810<sup>1</sup>.

# Background

The DPP is an evidence-based, lifestyle change program designed to assist Medi-Cal beneficiaries diagnosed with prediabetes to prevent or delay the onset of type 2 diabetes. DPP services are provided through trained peer coaches who use a curriculum approved by the Centers for Disease Control and Prevention (CDC). Medi-Cal providers can recommend participation in the DPP to eligible Medi-Cal beneficiaries who meet the eligibility requirements of the CDC's Diabetes Prevention Recognition Program (DPRP). The DPP core benefit lasts one year and additional less intensive, ongoing maintenance sessions are also provided for eligible beneficiaries who achieve and maintain a required minimum weight loss of 5 percent from the first core session. The Welfare and Institutions Code (WIC)<sup>2</sup> requires Medi-Cal to offer the DPP as a covered benefit.

# **Summary of Proposed Changes**

Effective January 1, 2019, and as authorized by SB 97 and AB 1810, Medi-Cal intends to define, in the SP and ABP, the DPP as a Medi-Cal benefit for eligible beneficiaries. The SPA will add unlicensed peer coaches under the direct supervision of a licensed practitioner, as well as licensed providers, to the list of health care professionals whose services for DPP are reimbursable as part of a DPRP. DPP services provided under the Medi-Cal ABP will be the same schedule provided to Medi-Cal beneficiaries, as required by the WIC<sup>3</sup>).

### Impact to Tribal Health Programs

This proposal may impact Tribal health programs that will offer DPP services, as nonphysicians will be allowed to render the services as trained peer coaches. DPP services are not reimbursable at the Office of Management and Budget Indian Health Service per visit rate. Tribal health programs interested in rendering DPP services will need to achieve CDC recognition and enroll in Medi-Cal as a fee-for-service DPP provider.

<sup>1</sup> SB 97 (Committee on Budget and Fiscal Review, Chapter 52, Statutes of 2017), is available at: <u>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\_id=201720180SB97</u> AB 1810 (Committee on Budget, Chapter 34, Statutes of 2018) is available at: <u>https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\_id=201720180AB1810</u>

<sup>2</sup> WIC Section 14149.9 is available at:

http://leginfo.legislature.ca.gov/faces/codes\_displaySection.xhtml?sectionNum=14149.9.&lawCode =WIC

 $\overline{^{3}}$  WIC Section 14132.02(a) is available at:

http://leginfo.legislature.ca.gov/faces/codes\_displaySection.xhtml?sectionNum=14132.02.&lawCod e=WIC



#### Impact to Federally Qualified Health Centers (FQHCs)

This proposal may impact FQHCs offering DPP services as non-physicians will be allowed to render the services as trained peer coaches. DPP services are not reimbursable at the Prospective Payment Service per visit rate. FQHCs interested in rendering DPP services will need to achieve CDC recognition and enroll in Medi-Cal as a fee-for-services provider.

#### Impact to Indian Medi-Cal Beneficiaries

Medi-Cal beneficiaries will be able to receive appropriate assessment of their need for DPP services because DPP services will be defined in the SP and ABP.

#### **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 <u>Nathaniel.Emery@dhcs.ca.gov</u> or by mail to the address below:

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