



**Tribal and Designee Medi-Cal Advisory Process  
Webinar on Proposed Changes to the  
Medi-Cal Program  
November 30, 2018**



# 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 writing.



# Agenda

Topics	Presenters
Welcome/Overview	Andrea Zubiata, Department of Health Care Services (DHCS), Indian Health Program (IHP) Coordinator
<b>SPAs Scheduled for Submission by December 31, 2018</b>	
Diabetes Prevention Program SPA 18-0040/18-0041	Sydney Armendariz, Department of Health Care Services (DHCS), Benefits Division
Community Crisis Homes SPA18-0054	Ashley Draper, Department of Developmental Services, Community Services Division
Feedback/Closing	All



# State Plan Amendment Overview



# Medicaid State Plan Overview

State Plan: The official contract between the state and federal government by which a state ensure compliance with federal Medicaid requirements to be eligible for federal funding.

The State Plan describes the nature and scope of Medicaid program 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 1400 pages and can be accessed online at:

[http://www.dhcs.ca.gov/formsandpubs/laws/Pages/  
CaliforniStatePlan.aspx](http://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.



# Diabetes Prevention Program SPA's 18-0040/18-0041

Sydney Armendariz  
DHCS-Benefits Division



# Background

- Medi-Cal's Diabetes Prevention Program (DPP) will consist of a core benefit of at least 22 peer-coaching sessions over 12 months.
- Beneficiaries who achieve and maintain a required weight loss minimum of 5 percent will be eligible to receive ongoing maintenance sessions.





# Summary of Proposed Changes

(effective January 1, 2019 pending CMS approval)

- Add DPP services as a covered Medi-Cal benefit in the State Plan and Alternative Benefit Plan.
- Allow currently licensed and enrolled Medi-Cal fee-for-service (FFS) health care practitioners to render and bill for providing DPP services.
- Create a new provider type to allow newly enrolling unlicensed Medi-Cal providers (called “peer coaches”) who have requisite training to render DPP services under the direct supervision of a licensed health care practitioner who would bill the Department.



# Impact to Tribal Health Programs

- This proposal may impact Tribal health programs that will offer DPP services as non-physicians 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 FFS DPP provider.



## 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 FFS 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.



# Comments or Questions?

- For more information regarding Medi-Cal's DPP, please visit our website at:
  - <https://www.dhcs.ca.gov/services/med-cal/Pages/Diabetes-Prevention-Program.aspx>
- You may also submit written comments or questions to:
  - [DHCS DPP@dhcs.ca.gov](mailto:DHCS DPP@dhcs.ca.gov)



# Community Crisis Homes SPA 18-0054

Ashley Draper  
Department of Developmental Services  
Community Services Division



# Background

Through the Lanterman Developmental Disabilities Services Act, people with developmental disabilities are entitled to services and supports based on their individual needs and choices – including the right to choose the least restrictive environment.



# Purpose

In an effort to support the development of alternative living arrangements, existing law requires the Department of Developmental Services to develop the residential option of Community Crisis Homes<sup>1</sup>

<sup>1</sup> “Community crisis home” - an adult residential facility, providing 24-hour nonmedical care to individuals with developmental disabilities receiving regional center services and in need of crisis intervention services to prevent admission to a more restrictive environment



# Summary of Proposed Changes

(effective October 1, 2018 pending CMS approval)

Add Community Crisis Homes as a new provider type for Behavioral Intervention Services along with the associated rate methodology





# Impact to Tribal Health Programs

Tribal health programs are able to apply to become Community Crisis Homes if they meet all licensure requirements and DDS laws and regulations. The 1915(i) State Plan establishes the provider qualifications that must be met to be enrolled as a Community Crisis Home. However, pursuant to 25 USC 1647a<sup>1</sup>, tribal health programs are not required to be licensed through the Department of Social Services to become Community Crisis Homes.

## Impact to Federally Qualified Health Centers (FQHCs)

DHCS does not anticipate an impact to FQHCs.

<sup>1</sup> 25 United States Code (USC) 1647a

<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title25-section1647a&num=0&edition=prelim>



# Impact to Indian Medi-Cal Beneficiaries

Eligible Indian Medi-Cal beneficiaries will be able to receive Behavioral Intervention Services in a Community Crisis Home.



# Contact Information

Department of Developmental Services  
Community Services Division  
Attention: Ashley Draper  
P.O. Box 944202  
Sacramento, CA 94244-2020  
[Ashley.draper@dds.ca.gov](mailto:Ashley.draper@dds.ca.gov)



# Feedback/Questions

**THANK YOU!**