

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

November 25, 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 December 31, 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.

Adds Psychological Associate Services, Removes Change of Scope Requirement When Adding Newly MFT Services & Makes a Technical Correction

SPA 24-0018

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Background

- » Medi-Cal reimburses FQHCs and RHCs for allowable outpatient medical services at an all-inclusive Prospective Payment System (PPS) reimbursement rate for visits with billable providers, and Tribal FQHCs receive the federal All-Inclusive Rate (AIR) through an Alternative Payment Methodology (APM). This includes behavioral health services provided by various licensed behavioral health providers as well as certain associate behavioral health practitioners under the supervision of a licensed behavioral health provider. However, Medi-Cal does not currently reimburse FQHCs and RHCs for visits with psychological associates. Associate practitioners are registered with the applicable clinical licensing board and work under the supervision of a licensed behavioral health practitioner while completing the requirements for full licensure.
- » Currently, FQHCs and RHCs that wish to newly add marriage and family therapists as a billable provider must undergo a mandatory CSOSR even if the FQHC's or RHC's scope of services already includes behavioral health services provided by other licensed behavioral health practitioners. The mandatory CSOSR requirement does not apply to newly adding other types of licensed behavioral health practitioners.

Purpose

- » To seek federal approval to:
 - Add psychological associate services, provided under the supervision of a licensed behavioral health provider as identified by the Board of Psychology, for Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and Tribal FQHCs.
 - Remove the mandatory Change in Scope-of-Service Request (CSOSR) requirement when newly adding Marriage and Family Therapist (MFT) services for FQHCs and RHCs.
 - Make a technical correction to align Intermittent Clinic and Mobile Unit allowable hours of operation with state law.

Summary of Proposed Changes

- » DHCS is seeking federal approval of SPA 24-0018 from the Centers for Medicare & Medicaid Services (CMS) to add psychological associate services, provided under the supervision of a licensed behavioral health practitioner as identified by the Board of Psychology, and to remove the CSOSR requirement for FQHCs and RHCs when newly adding MFT services, effective January 1, 2025. This SPA also seeks to make a technical correction related to Intermittent Clinic and Mobile Unit allowable hours of operation to align with Health & Safety Code (HSC) 1206(h).

Impact to Tribal Health Programs

» The proposed changes may positively impact access to behavioral health services by providing Tribal Health Programs that participate in Medi-Cal as a Tribal FQHC with more flexibility in the types of specialized Behavioral Health practitioners that may receive the APM/AIR reimbursement. Tribal health programs that participate in Medi-Cal as Indian Health Services-Memorandum of Agreement providers already have the ability to be reimbursed at the AIR for services provided by psychological associates.

Impact to Federally Qualified Health Centers (FQHCs)

- » The proposed changes may positively impact access to behavioral health services by providing FQHCs more flexibility in the types of specialized Behavioral Health practitioners that may receive PPS.

Impact to American Indian Medi-Cal Members

- » DHCS anticipates a positive impact to American Indian Medi-Cal members because adding psychological associate will likely increase access to behavioral health services.

Contact Information

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

Department of Health Care Services

Director's Office

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Certified Wellness Coach as a New Benefit

SPA 24-0032

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Background

- » Highlighted by California's Governor Newsom as a part of California's Master Plan for Kids' Mental Health¹, the Children and Youth Behavioral Health Initiative (CYBHI)², is a multiyear, multi-department package of investments that reimagines the systems that support behavioral health for all of California's children, youth, and their families, regardless of payer.
- » As part of the CYBHI, the Department of Health Care Access and Information (HCAI) is responsible for developing a new category of behavioral health provider, "behavioral health coach." Behavioral health coaches are currently known as a Certified Wellness Coach (CWC). CWCs are trained and certified providers intended to help address the unmet mental health and substance use needs of children and youth.³

[1 Governor Newsom's Master Plan for Kids' Mental Health](#); [2. California Welfare and Institutions Code section 5961](#); [3. California Health and Safety Code section 127825](#).

Background Continued

- » The Department of Health Care Services (DHCS) is proposing to add CWC services as a preventive service⁴ to help increase the state's overall capacity to provide prevention and early intervention supports and services that can support the behavioral health and well-being of Medi-Cal members in California in a wide variety of settings, such as health centers, schools, and in the community.
- » This new State Plan benefit will be offered to Medi-Cal members in the Medi-Cal managed care and Fee-For-Service (FFS) delivery systems.

Background Continued

- » CWCs will support the development of a larger, more representative behavioral health workforce, providing individuals with increased support from people who they can connect with, who speak their language, understand their communities, and work in places that are convenient to Medi-Cal members.
- » Through wellness promotion, screening, and crisis referral, CWCs help make behavioral health supports more inclusive and readily available to Medi-Cal members, bridging the crucial gap between need and accessibility.

Purpose

- » DHCS will submit State Plan Amendment (SPA) 24-0032 to the Centers for Medicare & Medicaid Services (CMS) in the fourth quarter of 2024 to seek federal approval to adopt CWC as a new State Plan benefit.
- » The SPA will have an effective date of January 1, 2025.

Summary of Proposed Changes

- » SPA 24-0032 proposes the following changes:
 - Add CWC services, as a new State Plan preventive service to support non-clinical behavioral health needs and well-being of Medi-Cal members.
 - Add CWCs that may provide the following services:
 1. Wellness promotion and education.
 2. Screening that does not require a license.
 3. Care coordination including navigation services.
 4. Individual and group counseling, including wellness education, coping skills, goal setting and planning, teaching life skills, stress management, and problem solving.
 5. Crisis referral, including identifying potential risk, providing emotional support, and engaging in warm handoffs with licensed, credentialed, or associate behavioral health providers.
 - Require that CWCs must be supervised by a licensed behavioral health practitioner.

Impact to Tribal Health Programs

- » Tribal Health Programs (THPs) may use CWCs to provide services, but CWCs are not considered THP billable providers. Therefore, CWC services are not considered billable encounters and will not be eligible for reimbursement at the federal All-Inclusive Rate (AIR).
- » Reimbursement for CWC services will be available at fee-for-service (FFS) rates outside of the Office of Management and Budget Indian Services per visit rate for Tribal 638 clinic providers. To the extent that THPs provide CWC services, an increase in Medi-Cal members that access the services within THPs may occur.

Impact to Federally Qualified Health Centers

- » CWCs are not considered Federally Qualified Health Center (FQHC) practitioners, so their services are not billable Prospective Payment System (PPS) visits. Additionally, FQHCs cannot receive reimbursement for CWC services at the Medi-Cal FFS rate.
- » FQHCs can submit a Change in Scope-Of-Service Request (CSOSR) to DHCS to include CWC services in their PPS rate reimbursement if they meet the specified requirements noted in subdivision (e) of Welfare and Institutions Code section 14132.100.

Impact to American Indian Medi-Cal Members

- » Medi-Cal members may have increased access to this benefit, which is expected to improve health outcomes for members receiving these services.

Other Helpful Resources

- » HCAI CWC Model: [https://hcai.ca.gov/wp-content/uploads/2024/07/Certified-Wellness-Coach-Model June 2024.pdf](https://hcai.ca.gov/wp-content/uploads/2024/07/Certified-Wellness-Coach-Model_June_2024.pdf)
- » HCAI CWC Webpage: <https://hcai.ca.gov/workforce/initiatives/certified-wellness-coach/>
- » CWC Website: <https://cawellnesscoach.org>
- » DHCS CYBHI Webpage: <https://www.dhcs.ca.gov/cybhi>
- » DHCS CWC Webpage: Forthcoming
- » California Health and Human Services Agency CYBHI Website: <https://cybhi.chhs.ca.gov>

Contact Information

If you have any questions/feedback/concerns pertaining to the establishment of the new CWC benefit, please reach out via mail to:

Department of Health Care Services

Director's Office

ATTN: Angeli Lee

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Or via email to Angeli.Lee@dhcs.ca.gov and CWCbenefit@dhcs.ca.gov

Ambulatory Withdrawal Management Levels 1 and 2

24-0044

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Background

- » Currently, the fee schedule for Withdrawal Management Level 1 and 2 includes a rate for providers in Los Angeles, Marin, and San Diego Counties. These three DMC-ODS Counties were the first Drug Medi-Cal Organized Delivery System (DMC-ODS) Counties to submit claims for these outpatient services. This update of the fee schedule includes a rate for providers in all DMC-ODS counties in anticipation of all DMC-ODS Counties providing and submitting claims for these services.

Purpose

- » To seek federal approval to update the Fee Schedule for Withdrawal Management (WM) Level 1 and 2. Withdrawal Management Level 1 and 2 are outpatient services. Level 1 is Ambulatory Withdrawal Management without extended on-site monitoring. Level 2 is Ambulatory Withdrawal Management with extended on-site monitoring.

Summary of Proposed Changes

- » This State Plan Amendment (SPA) proposes to update the fee schedule for WM Level 1 and 2. The update would revise the Fee Schedule to include a rate for providers in all DMC-ODS Counties. The proposed effective date of this SPA is November 2, 2024.

Impact to Tribal Health Programs

- » Counties will remain responsible to reimburse THPs as described in Behavioral Health Information Notice (BHIN) 22-053 for the Drug Medi-Cal services listed above. As part of the reimbursement process THPs are not eligible to receive the Federal All-Inclusive Rate (AIR) when the service is provided by a health professional not identified in Supplement 6 to Attachment 4.19-B of California's Medicaid State Plan. During these instances, THPs are currently entitled to payment at the fee schedule described in the State Plan. This SPA will update the fee schedule to include a rate for providers in all DMC-ODS Counties.

Impact to Federally Qualified Health Centers (FQHCs)

- » Counties will remain responsible to reimburse providers enrolled in Medi-Cal as FQHCs as described in BHIN 22-053 for the DMC services listed above. As part of the reimbursement process, FQHCs are not eligible to receive the Prospective Payment System rate for these services because existing state law requires that FQHCs carveout DMC services. Consequently, FQHCs are currently entitled to payment for these services at the fee schedule described in the State Plan. This SPA will update the fee schedule to include a rate for providers in all DMC-ODS Counties.

Impact to American Indian Medi-Cal Members

- » DHCS anticipates no impact to American Indian Medi-Cal members as a result of this SPA. American Indian Medi-Cal members will remain eligible to access DMC Services through an Indian Health Care Provider network as well as through providers in DMC-ODS Counties.

Contact Information

- » Department of Health Care Services
- » Attn: Local Governmental Financing Division
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Feedback/Questions

