

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

May 29, 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 June 30, 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.

SPA 24-0016

ADDING COMMUNITY HEALTH WORKERS (CHWs) AS A PREVENTIVE SERVICE UNDER THE MEDI-CAL DENTAL BENEFIT

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Background

- » CHW services are provided by skilled and trained health educators who work directly with individuals who may have difficulty understanding or interacting with providers due to cultural and/or language barriers.
- » CHW dental services can assist those individuals by:
 - Helping them to navigate the relationship with their oral health care providers,
 - Assist them in accessing oral health care services, and
 - Providing key linkages with other similar and related community-based resources.
- » As a result, CHW services help to extend the reach of providers into underserved communities, reduce health disparities, enhance provider communication, and improve health outcomes and overall quality measures.

Purpose

- » To seek federal approval to add community health worker (CHW) services as a covered dental benefit to the Medi-Cal Program.
- » DHCS proposes to add CHW services to the list of preventive services as a covered dental benefit to the Medi-Cal program. CHWs can include:
 - Promotores de salud,
 - Community health representatives, and
 - Violence prevention professionals.
- » Working in conjunction with oral health care providers, CHWs can bridge gaps in communication and instill lasting oral health knowledge to individuals within their communities to reduce physical health and mental health disparities experienced by vulnerable communities in California.

Summary of Proposed Changes

- » Assembly Bill (AB) 133 allocated funds to add CHWs as another class of skilled and trained individuals who can provide clinically appropriate Medi-Cal covered benefits and services.
- » CHWs will render Medi-Cal covered dental benefits and services using Current Dental Terminology (CDT) procedure code D9994 ((Dental Case Management, Patient Education to Improve Oral Health Literacy), and would be under the supervision of a licensed, enrolled Medi-Cal provider.
- » These services would be available under both the fee-for-service (FFS) and Dental Managed Care (DMC) delivery system.
- » The proposed effective date for SPA 24-0016 is July 1, 2024. SPA 24-0016 is subject to approval by CMS.

Impact to Tribal Health Programs

- » To the extent that Tribal health programs provide CHW services, an increase in Medi-Cal members accessing the services within Tribal Health Programs may occur.
- » Reimbursement will be available as a FFS payment outside of the Office of Management and Budget Indian Health Service per visit rate for Tribal 638 clinic providers.
- » In addition, clinic regulations regarding the four walls of a Tribal 638 clinic do not apply to CHW services that are reimbursed at an FFS rate, so they may be provided within the community when they are supervised by the clinic.

Impact to Federally Qualified Health Centers (FQHCs)

- » CHWs are not considered FQHC providers so their services will not be considered billable encounters and will not be eligible for Prospective Payment System (PPS) rate reimbursement.
- » Some FQHCs may have some costs for CHW services built into their PPS rate.
- » FQHCs that choose to add CHW services for clinic patients may qualify for a Change in Scope of Services Request (CSOSR) under Welfare and Institutions Code Section 14132.100 (e)(3)(B) if they meet specific criteria as required in the statute.

Impact to American Indian Medi-Cal Members

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

Contact Information

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

Department of Health Care Services
Director's Office
ATTN: Angeli Lee
MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

SPA 24-0025

Ground Emergency Medical Transport Quality Assurance Fee (GEMT QAF) Program

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Background - GEMT QAF Program

- » The GEMT QAF Program was established in accordance with SB 523 (Chapter 773, Statutes of 2017) and became effective July 1, 2018.
- » The GEMT QAF program provides supplemental Medi-Cal payments to GEMT providers
- » Using data collected from GEMT providers, DHCS calculates an annual GEMT QAF rate that will be imposed on each emergency medical transport provided by each GEMT provider subject to QAF
- » The QAF collected will be used to increase reimbursement to GEMT providers by application of an add-on to the fee-for-services (FFS) fee schedule rate for the affected emergency medical transport billing codes

What is QAF?

» **A quality assurance fee (QAF) is assessed on all ground emergency transports, including:**

- Medi-Cal, Medicare, and all other payers.
- All GEMT providers excluding public providers as defined in Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019) with an eligible transport.

» **Benefit to providers**

- The QAF revenue is matched with federal funds.
- Allows for increased reimbursements in the form of an add-on to the current Medi-Cal ground emergency transport rates.

QAF Calculations and Data Collection

- » For the purposes of calculating the GEMT QAF, GEMT providers are required to submit the following to DHCS:
 - Total number of emergency medical transports for Codes A0427, A0429, A0433, A0225, and A0434. This data shall be submitted quarterly through the online portal.
 - Gross Receipt received from the provision of emergency medical transports for Codes A0427, A0429, A0433, A0225, and A0434. This data shall be submitted annually through the GEMT QAF email box using a submission form found on the GEMT QAF website.

GEMT QAF Program (continued)

- » Effective January 1, 2023, public providers as defined in Assembly Bill (AB) 1705 (Chapter 544, Statutes of 2019) are no longer eligible to participate in the GEMT QAF program. These providers are transitioned into a new and separate Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) program.

Purpose

- » To seek federal approval for the continuation of the existing Ground Emergency Medical Transport (GEMT) program which assesses a Quality Assurance Fee (QAF) and provides increased payments for GEMT services, effective for dates of service July 1, 2024, through June 30, 2025.
- » The add-on amount is \$220.80 and will be provided for eligible emergency Medi-Cal GEMT transports billed with HCPCS codes A0427, A0429, A0433, A0225, and A0434.

Summary of Proposed Changes

- » The proposed SPA will seek federal approval to continue the current GEMT QAF Program for dates of service July 1, 2024 through June 30, 2025.

Next Steps

- » DHCS will submit SPA 24-0025 to CMS for dates of service July 1, 2024 through June 30, 2025.
- » DHCS will post the 2024-25 QAF amount to the GEMT QAF webpage by June 15, 2024.

Impact to Tribal Health Programs

- » To the extent tribal health programs are enrolled in Medi-Cal as a GEMT provider, THPs must submit the required data reports and QAF payments to DHCS by the due dates.
- » Eligible GEMT providers will receive the increased reimbursement for eligible Medi-Cal GEMT services provided for dates of service July 1, 2024 through June 30, 2025.

Impact to Federally Qualified Health Centers (FQHCs)

- » To the extent FQHCs are enrolled in Medi-Cal as a GEMT provider, FQHCs must submit the required data reports and QAF payments to DHCS by the due dates.
- » Eligible GEMT providers will receive the increased reimbursement for eligible Medi-Cal GEMT services provided for dates of service July 1, 2024 through June 30, 2025.

Impact to Indian Medi-Cal Beneficiaries

- » There is no anticipated impact to Indian Medi-Cal members who receive GEMT services.

Resources

» GEMT QAF Website:

- <https://www.dhcs.ca.gov/provgovpart/Pages/GEMTQAF.aspx>

» GEMT QAF Portal:

- <https://www.dhcs.ca.gov/provgovpart/Pages/QAF.aspx>

» SB 523:

- http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180S\B523

» PP-GEMT IGT Website:

- <https://www.dhcs.ca.gov/provgovpart/Pages/PPGEMTIGT.aspx>

» AB 1705 :

- https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1705

Contact Information

» Email to:

- GEMTQAF@DHCS.ca.gov.

» Mail to:

Department of Health Care Services
Fee-For-Service Rate Development Division
1501 Capitol Avenue
MS 4600
P.O. Box 997417
Sacramento, CA 95899-7417

SPA 24-0033

Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM)

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Background

- » Senate Bill 147 authorizes pilot program
 - Incentivize a delivery system and practice transformation
 - Allow FQHCs receiving a Prospective Payment Systems (PPS) rate to move to a monthly capitated payment
 - Encourages proper level of care without the need for a PPS qualifying visit
- » Voluntary program with an application process
- » Flexibility for the FQHC to adjust model to provide the necessary level of care
 - Ability to offer services not covered under PPS without loss of funding
 - FQHCs are guaranteed to receive at least PPS for visits provided to safeguard their reimbursement

Purpose

- » To seek federal approval to implement an alternative to the current way FQHCs are paid.
- » Moving away from a volume based payment structure to a care based model

Summary of Proposed Changes

- » FQHCs that apply and are chosen for this program will receive a monthly payment for each assigned member to their participating site
- » This payment will be built based on their projected total PPS visits for the period
- » FQHCs can provide less PPS services and more alternative encounters and keep any additional funding from the monthly rates as long as they meet their quality goals

Impact to Tribal Health Programs

- » No impact to THPs as a PPS rate is required to participate in this APM

Impact to Federally Qualified Health Centers (FQHCs)

- » FQHCs and FQHC “look-a-likes” are eligible to participate
 - “look-a-likes” must meet requirements outlined in Welfare and Institutions code Section 14138.1(i)(B)(iii) and (iv) to participate
- » Rural Health Clinics are not eligible
- » DHCS would expect that participants in the program would change their models of care and their clients may experience an improvement in the quality of their care

Impact to American Indian Medi-Cal Members

- » DHCS expects this proposal will help FQHCs who opt into the program enhance the quality of care for all Medi-Cal members served, including American Indians and Alaska Natives
- » DHCS anticipates this will likely improve health outcomes for all members who receive services at these FQHCs

Contact Information

» For questions:

- Nick Leach – Nicholas.Leach@dhcs.ca.gov
- FQHC APM Inbox – FQHCAPM@dhcs.ca.gov

SPA 24-0041

Medi-Cal Rehabilitative Mental Health Services, Targeted Case Management, Substance Use Disorder Treatment Services, Expanded Substance Use Disorder Treatment Services, and Medication-Assisted Treatment clinical trainee provider types

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Background

» As part of DHCS' California Advancing and Innovating Medi-Cal (CalAIM) initiative, DHCS is implementing the Behavioral Health Administrative Integration project. This project aims to facilitate greater access to services, improve quality of services, and provide a more integrated care experience for beneficiaries with co-occurring mental health and substance use disorder conditions. State Plan Amendment (SPA) 23-0026 made changes to the types and qualifications of providers that can provide SMHS, DMC, and DMC-ODS services in order to achieve greater consistency and allow more providers to offer behavioral health care across these delivery systems. SPA 23-0026 added "Clinical Trainees" as a provider type. SPA 24-0041 is proposing additional, technical changes to the definition of Clinical Trainees.

Purpose

- » To seek federal approval to make changes to the:
 - Rehabilitative Mental Health Services;
 - Targeted Case Management;
 - Substance Use Disorder Treatment Services;
 - Expanded Substance Use Disorder Treatment Services; and
 - Medication-Assisted Treatment provider type definition.
- » These services are provided through the SMHS, DMC, and DMC-ODS programs.

Summary of Proposed Changes

- » State Plan Amendment (SPA) 24-0041 proposes the following changes:
 - Update the definition of Clinical Trainee to add Registered Pharmacist so they may provide specified SMHS;
 - Update the definition of Clinical Trainee to add Physician Assistant so they may provide specified SMHS; and,
 - Update the definition of Clinical Trainee to remove “in the State of California” language as applicable to SMHS, DMC and DMC-ODS services.

The proposed effective date for SPA 24-0041 is April 1, 2024.

Impact to Tribal Health Programs

- » To the extent that a THP provides SMHS, DMC and/or DMC-ODS and are enrolled/certified SMHS, DMC and/or DMC-ODS providers, this proposed SPA may impact the provision of covered services. Under this proposal, Physician Assistant and Pharmacist Clinical Trainees have been added to the “Clinical Trainee” definition in the provision of SMHS to Medi-Cal members as outlined in Behavioral Health Information Notices (BHIN) [22-020](#), [22-053](#), and [23-027](#). Please note that this SPA does not propose the addition of new billable providers to [Supplement 6, Attachment 4.19b](#) of the state plan.

Impact to Federally Qualified Health Centers (FQHCs)

- » To the extent that a Federally Qualified Health Center is contracted and certified to provide SMHS, DMC and/or DMC-ODS services, this proposed SPA may impact the provision of covered services. Under this proposal, Physician Assistant and Pharmacist Clinical Trainees have been added to the “Clinical Trainee” definition in the provision of SMHS to Medi-Cal members as outlined in BHINs [22-020](#), [22-053](#), and [23-027](#). Please note FQHCs are required to carve-out SMHS (including Targeted Case Management), DMC-ODS and DMC services from their Prospective Payment Systems (PPS) rate per Welfare and Institutions Code 14132.100(l) and (m). Further, this SPA does not propose the addition of new billable FQHC providers to [Section 4.19b, Limitations on Attachment 3.1-A or Limitations on Attachment 3.1-B of the state plan](#).

Impact to American Indian Medi-Cal Beneficiaries

» DHCS anticipates this proposed SPA will increase access to SMHS, DMC and/or DMC ODS services for American Indian Medi-Cal members as it will allow additional Clinical Trainees to provide behavioral health care across these delivery systems. This will likely have a positive impact on the health outcomes of American Indian Medi-Cal members who receive the services.

Contact Information

- » 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 PublicInput@dhcs.ca.gov or by mail to the address below:

Department of Health Care Services
Director's Office
1500 Capitol Avenue, MS 0000
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Feedback/Questions

