

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

August 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 September 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 24-0037

Adds Pharmacies as CHW/R Supervisors

Jennifer Dias

Policy Analyst

Benefits Division

Background

- » SPA 24-0037 proposes to revise the State Plan to add pharmacies as supervisors of Community Health Workers/Community Health Representatives (CHW/Rs).
 - Currently, the State Plan authorizes community-based organizations (CBOs), local health jurisdictions (LHJs), licensed providers, hospitals, and clinics, as defined in Title 42 of the Code of Federal Regulations Section 440.90, to supervise CHW/Rs.

Purpose

- » To seek federal approval to expand the list of providers who can supervise CHW/Rs.
- » DHCS will submit companion Alternative Benefits Plan (ABP) SPA 24-0038 to align the ABP with the updates to be made by SPA 24-0037.

Summary of Proposed Changes

- » The proposed effective date for SPA 24-0037 is October 1, 2024.
- » SPA 24-0037 proposes to expand the list of providers who supervisor CHW/Rs to include pharmacies.
 - Currently, the State Plan lists CBOs, LHJs, licensed providers, hospitals, and clinics as defined in Title 42 of the Code of Federal Regulations section 440.90 to supervise CHW/Rs.
- » SPA 24-0037 is subject to CMS approval.

Impact to Tribal Health Programs

- » A tribal clinic may use CHW/Rs to provide services, but CHW/Rs are not considered THP billable providers. Therefore, CHW/R services are not considered billable encounters and will not be eligible for reimbursement at the federal All-Inclusive Rate (AIR).
 - Reimbursement for CHW/R services will be available at FFS rates outside of the federal AIR or Tribal FQHC Alternative Payment Methodology (which is set at the AIR), including at a separately enrolled tribal retail pharmacy.

Impact to Federally Qualified Health Centers (FQHCs)

- » FQHCs and RHCs may use CHW/Rs to provide covered CHW/R services, however, CHW/Rs are not FQHC and RHC billable providers and FQHCs and RHCs may not bill for their services.

Impact to American Indian Medi-Cal Members

- » Medi-Cal members may have increased access to these benefits through pharmacies who supervise and utilize CHW/Rs, which is expected to improve health outcomes for American Indian members receiving these 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 24-0038

**Adds Pharmacies as CHW/R Supervisors and
Makes Technical Edits**

Alternative Benefit Plan (ABP) Update

Jennifer Dias
Policy Analyst
Benefits Division

Background

- » SPA 24-0038 updates the ABP to reflect the updates made by SPA 24-0037 and additional technical edits to align the ABP with changes made from several SPAs for specialty mental health that were approved between 2020 and 2022.
- » SPA 24-0037 adds pharmacies as supervisors of Community Health Workers/Community Health Representatives (CHW/Rs).
 - Currently, the State Plan authorizes community-based organizations (CBOs), local health jurisdictions (LHJs), licensed providers, hospitals, and clinics, as defined in Title 42 of the Code of Federal Regulations Section 440.90, to supervise CHW/Rs.

Purpose

- » To seek federal approval to update the ABP to:
 - Expand the list of providers who can supervise CHW/Rs
 - Make technical edits to include recent changes to specialty mental health services
- » DHCS will submit companion SPA 24-0037 to align the State Plan with the updates to be made by SPA 24-0038.

Summary of Proposed Changes

- » The proposed effective date for ABP SPA 24-0038 is October 1, 2024.
- » ABP SPA 24-0038 is a companion SPA to SPA 24-0037 that will update the list of supervisors for CHW/Rs.
- » In addition, based on CMS guidance, ABP SPA 24-0038 will also align the ABP with four SPAs for specialty mental health that CMS approved between 2020 and 2022.
- » ABP SPA 24-0038 is subject to CMS approval.

Summary of Proposed Changes Continued

- » DHCS is seeking to expand the list of providers who supervise CHW/Rs to include pharmacies.
- » Currently, the State Plan lists only community-based organizations (CBOs), local health jurisdictions (LHJs), licensed providers, hospitals, and clinics as defined in 42 CFR 440.90, to supervise CHW/Rs. The expanded list of providers who can supervise CHW/Rs would include providers in both the fee-for-service (FFS) and managed care delivery systems.

Summary of Proposed Changes Continued

» DHCS also seeks to align the ABP with updates made from the following SPAs:

- SPA 20-0006B added medication-assisted treatment, effective October 1, 2020.
- SPA 21-0051 added peer support services and included peer support specialists as a distinct provider type, effective July 1, 2022.
- SPA 21-0058 expanded substance use disorder treatment services as part of the Drug Medi-Cal Organized Delivery Services, effective January 1, 2022.
- SPA 22-0051 added Qualifying Community-Based Mobile Crisis Intervention Services, effective January 1, 2023.

Impact to Tribal Health Programs

- » A tribal clinic may use CHW/Rs to provide services, but CHW/Rs are not considered THP billable providers. Therefore, CHW/R services are not considered billable encounters and will not be eligible for reimbursement at the federal All-Inclusive Rate (AIR).
 - Reimbursement for CHW/R services will be available at fee-for-service rates outside of the federal AIR or Tribal FQHC Alternative Payment Methodology (which is set at the AIR), including at a separately enrolled tribal retail pharmacy.
- » THPs will not see an impact to update the ABP to align with specialty mental health SPAs. These additions are only technical updates for benefits previously implemented through approval of SPAs 20-0006B, 21-0051, 21-0058, and 22-0051.

Impact to Federally Qualified Health Centers (FQHCs)

- » FQHCs and RHCs may use CHW/Rs to provide covered CHW/R services, however, CHW/Rs are not FQHC and RHC billable providers and FQHCs and RHCs may not bill for their services.
- » FQHCs and RHCs will not see an impact to update the ABP to align with specialty mental health SPAs. These additions are only technical updates for benefits previously implemented through approval of SPAs 20-0006B, 21-0051, 21-0058, and 22-0051.

Impact to American Indian Medi-Cal Members

- » Medi-Cal members may have increased access to CHW/R services through pharmacies who supervise and utilize CHW/Rs, which is expected to improve health outcomes for American Indian members receiving these services.
- » Medi-Cal members will not see an impact to update the ABP to align with specialty mental health SPAs. These additions are only technical updates for benefits previously implemented through approval of SPAs 20-0006B, 21-0051, 21-0058, and 22-0051.

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 24-0039

Eliminate the APM for COVID-19 Vaccine-Only
Administration Visits for FQHCs, RHCs and Tribal Health
Programs

Geanne Lyons
Health Program Specialist
Benefits Division

Background

- » Department of Health Care Services implemented SPA #22-0067-A
- » To reimburse Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal Health Programs (THPs) a supplemental, alternative payment methodology (APM) payment
- » For COVID-19 vaccine-only encounters, when not a part of an otherwise billable FQHC, RHC, or THP visit, following the end of the COVID-19 Public Health Emergency (PHE).

Purpose

- » To see federal approval to eliminate the APM reimbursement for COVID-19 vaccine-only administration visits.

Summary of Proposed Changes

- » DHCS is seeking approval for SPA 24-0039 from the Centers for Medicare and Medicaid Services (CMS) to eliminate the APM reimbursement for COVID-19 vaccine-only administration visits for FQHCs, RHCs, and THPs, effective October 1, 2024.

Impact to Tribal Health Programs

- » DHCS does not anticipate an impact to THPs because COVID-19 vaccines are still available when administered during a billable THP visit.

Impact to Federally Qualified Health Centers (FQHCs)

- » DHCS does not anticipate an impact to FQHCs because COVID-19 vaccines are still available when administered during a billable FQHC visit.

Impact to American Indian Medi-Cal Members

- » DHCS does not anticipate an impact to Indian Medi-Cal members because COVID-19 vaccines are still available when administered during a billable visit.

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
ATTN: Angeli Lee
MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

SPA 24-0045

Extend Supplemental Payments for Non-Hospital 340B Clinics

Michelle Tamai

Staff Services Manager III

Fee For Service Rates Development Division

Background

- » Assembly Bill (AB) 80 (Chapter 12, Statutes of 2020) authorizes the Department of Health Care Services (DHCS) to implement a payment methodology to provide supplemental payments to qualifying non-hospital 340B community clinics to secure, strengthen, and support the community clinic and health center delivery system for Medi-Cal members.
- » DHCS is seeking federal approval to extend the time-limited supplemental payment pool for qualifying non-hospital 340B community clinics.

Purpose

- » Supplemental payments will support qualifying non-hospital community clinics who apply and certify that they are providing additional levels of engagement to integrate and coordinate health care and managed Medi-Cal member health complexities.

Summary of Proposed Changes

- » Supplemental payments for qualifying non-hospital 340B community clinics will be based on an estimated total pool amount of \$52.5 million divided by the number of visits provided between July 1, 2024 to December 31, 2024.
- » The calculation is based on a per-visit basis.
- » Supplemental payments will be in addition to any other amounts payable to clinic or center providers for covered services.

Impact to Tribal Health Programs

- » Tribal Health Programs will be required to submit an application to demonstrate the clinic is eligible to receive supplemental payments.
- » Tribal Health Programs that qualify for supplemental payments under this proposal would likely be in a better position to provide services that integrate, coordinate, and manage health care for Medi-Cal members.

Impact to Federally Qualified Health Centers (FQHCs)

- » FQHCs will be required to submit an application to demonstrate the clinic is eligible to receive supplemental payments.
- » FQHCs that qualify for supplemental payments under this proposal would probably be more able to provide services that integrate, coordinate, and manage health care for Medi-Cal members.
- » Supplemental payments will not impact FQHC annual reconciliation of their Prospective Payment System rate.

Impact to American Indian Medi-Cal Members

- » American Indian Medi-Cal members may have increased access to these services, which is expected to improve health outcomes for those who are able to access them.

Contact Information

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

Department of Health Care Services

Health Care Financing

P.O. Box 997413, MS 4050

Sacramento, California 95899-7417

SPA 24-0047

**Update to Reimbursement for
Community-Based Mobile Crisis
Intervention Encounters**

Charles Anders
Division Chief
Local Governmental Financing Division

Background

- » CMS Approved SPA 23-0015 on July 20, 2023. SPA 23-0015 described the methodology in which DHCS reimburses county Behavioral Health Plans for Medi-Cal behavioral health services, including Community-Based Mobile Crisis Intervention Services.

Purpose

- » To seek federal approval to allow DHCS to make supplemental payments to 12 rural/small county behavioral health plans for Community-Based Mobile Crisis Intervention encounters.

Summary of Proposed Changes

- » This SPA proposes to increase the non-risk upper payment limit for 12 rural/small county behavioral health plans and allow DHCS to make supplemental payments for Community-Based Mobile Crisis Intervention encounters to those 12 counties. The proposed effective date of this SPA is July 1, 2024.

Impact to Tribal Health Programs

- » Counties will remain responsible to reimburse THPs as described in BHIN 22-020, 22-053, and 23-027 for the Drug Medi-Cal (DMC), DMC Organized Delivery System (ODS) and Specialty Mental Health services listed above.
- » THPS are not eligible to receive the Federal All-Inclusive Rate (AIR), when the services are not provided by one of the health professionals 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 rates described in the state plan. This SPA will update the rates described in the state plan for 12 rural/small counties.

Impact to Federally Qualified Health Centers (FQHCs)

- » Counties will remain responsible to reimburse Urban Indian Organizations enrolled in Medi-Cal as FQHCs as described in BHIN 22-020, 22-053, and 23-027 for DMC, DMC-ODS and Specialty Mental Health services.
- » FQHCs that do not contract with a county to provide Specialty Mental Health Services, DMC Services, or DMC-ODS services may be reimbursed at their Prospective Payment System rate for those services.
- » FQHCs that contract with a county to provide DMC, DMC-ODS, and/or Specialty Mental Health services are required to remove those services from their Prospective Payment System rate and to be reimbursed pursuant to the contract.
- » This SPA will NOT make any changes to the existing reimbursement methodology

Impact to American Indian Medi-Cal Members

- » DHCS anticipates no impact to American Indian Medi-Cal beneficiaries as a result of this SPA.
- » As discussed in BHIN 22-020, 22-053 and 23-027 beneficiaries remain eligible to access DMC services through an Indian Health Care Provider network.

Contact Information

Email: BHpaymentreform@dhcs.ca.gov

Address: Department of Healthcare Services

ATTN: Local Governmental Financing Division

1502 Capitol Avenue, Bldg 171, MS 2629

Sacramento, CA 94814

SPA 24-0042

Expanding the Continuum of Community-Based Services and Evidence-Based Practices Available Through Medi-Cal Specialty Behavioral Health Delivery Systems

Jasmine Zandian

Special Medi-Cal Projects Branch

Medi-Cal Behavioral Health Policy Division

Background

- » In October 2023, DHCS submitted an application for a new Medicaid 1115 waiver called the [California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\) Demonstration](#) to expand community-based behavioral health services for Medi-Cal members with mental health conditions and substance use disorders (SUDs).
- » As a part of BH-CONNECT, DHCS is pursuing several SPA changes to increase access to and improve availability of community-based behavioral health services for Medi-Cal members.

Purpose

SPA 24-0042 proposes to expand the continuum of community-based services and evidence-based practices available through the Medi-Cal specialty behavioral health delivery systems.

- » If approved, Assertive Community Treatment (ACT), Coordinated Specialty Care (CSC), and Clubhouse Services will be available for Medi-Cal members with mental health conditions and SUDs at county option through the Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS) systems.
- » Alcohol and Drug Counselors will also be able to provide covered SMHS and Targeted Case Management (TCM), and Other Qualified Providers will be able to provide covered DMC and DMC-ODS services.

Summary of Proposed Changes (1 of 2)

- » The proposed SPA **adds ACT, CSC, and Clubhouse Services as SMHS:**
 - **ACT** is a community-based, team-based service to help members cope with the symptoms of their mental health condition and develop or restore skills to function in the community
 - **CSC** is a community-based, team-based service to help members cope with the symptoms of an initial psychotic episode(s) and remain integrated in the community
 - **Clubhouse Services** help members develop or restore their self-efficacy, self-care, social skills, and independent living skills
- » The SPA **defines Employment and Education Support Services** as a service component of ACT, CSC, and Clubhouse Services
- » The SPA **updates definitions of Medication Support Services, Medication Services, and Psychosocial Rehabilitation** to clarify how the services can support Medi-Cal members with co-occurring mental health and SUD conditions

Summary of Proposed Changes (2 of 2)

- » The proposed SPA clarifies Alcohol and Drug Counselors may provide covered SMHS and TCM and Other Qualified Providers may provide covered DMC/DMC-ODS services
 - **Alcohol and Drug Counselors** are counselors either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA)
 - **Other Qualified Providers** are individuals at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education
- » The SPA **defines bundled rate methodologies** for ACT, CSC, Clubhouse Services, and Multisystemic Therapy (MST)
- » This SPA has a proposed effective date of January 1, 2025

Impact to Tribal Health Programs (THPs)

- » THPs may be reimbursed by county Mental Health Plans (MHP) for providing covered SMHS for eligible members, including ACT, CSC, and Clubhouse Services. Provision of these services can help ensure community-based care is available for Medi-Cal members with mental health conditions.
- » The proposed SPA changes will not make AOD Counselors or Other Qualified Providers billable All-Inclusive Rate (AIR) providers.
- » The changes may enable THPs that provide covered SMHS and DMC/DMC-ODS services to expand capacity to serve eligible members seeking treatment for co-occurring mental health conditions and SUDs.

Impact to Federally Qualified Health Centers (FQHCs)

- » FQHCs must be contracted with their county to deliver SMHS and DMC-ODS services. FQHC costs for SMHS, DMC and DMC-ODS services, including ACT, CSC, and Clubhouse Services, must be carved out of the Prospective Payment System (PPS) rate. County MHPs will then be responsible for reimbursing the fee-for-service (FFS) rate to contracted FQHCs for ACT, CSC, and Clubhouse Services. Provision of these services can help ensure community-based care is available for Medi-Cal members with mental health conditions.
- » The proposed SPA changes will not make Alcohol and Drug Counselors or Other Qualified Providers billable PPS practitioners. FQHCs contracted with the MHP in their county can choose to add and Alcohol and Drug Counselor as a SMHS practitioner type or add an Other Qualified Provider as a DMC-ODS practitioner type and be reimbursed at the FFS rate.

Impact to American Indian Medi-Cal Members

- » American Indian Medi-Cal members may have increased access to ACT, CSC and Clubhouse Services, which are expected to improve health outcomes for members with mental health conditions.
- » American Indian Medi-Cal members with co-occurring mental health conditions and SUDs may also have additional provider options to help address their treatment needs.

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 24-0052

Adding Enhanced Community Health Worker (Community Health Representative) Services as a Preventive Service

Jasmine Zandian

Special Medi-Cal Projects Branch

Medi-Cal Behavioral Health Policy Division

Background

- » In October 2023, DHCS submitted an application for a new Medicaid 1115 waiver called the [California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\) Demonstration](#) to expand community-based behavioral health services for Medi-Cal members with mental health conditions and substance use disorders (SUDs).
- » As a part of BH-CONNECT, DHCS is pursuing several SPA changes to increase access to and improve availability of community-based behavioral health services for Medi-Cal members.

Purpose

SPA 24-0052 proposes to add Enhanced Community Health Worker (CHW, or Community Health Representative, CHR) Services as a preventive Medi-Cal service.

- » If approved, Enhanced CHW (CHR) Services will be available for Medi-Cal members with mental health conditions and SUDs at county option through the Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS) systems.

Summary of Proposed Changes

- » This SPA proposes to **add Enhanced CHW (CHR) Services** as a preventive service for Medi-Cal members
- » County MHPs, DMC and DMC-ODS counties will have the option to implement Enhanced CHW (CHR) Services as a SMHS, DMC and/or DMC-ODS service
- » Medi-Cal members who meet access criteria for SMHS (see BHIN [21-073](#)); access criteria for DMC services (see BHIN [21-071](#)); and/or access criteria for DMC-ODS services (see BHIN [24-001](#)) may be eligible for Enhanced CHW (CHR) Services
- » This SPA does not change the existing CHW (CHR) Services benefit available under Medi-Cal
- » This SPA has a proposed effective date of January 1, 2025

Impact to Tribal Health Programs

- » THPs may be reimbursed for providing Enhanced CHW (CHR) Services as a preventive service under the SMHS, DMC, and/or DMC-ODS systems for eligible members.
- » Provision of Enhanced CHW (CHR) Services by THPs can help ensure community-based care is available for Medi-Cal members with mental health conditions and substance use disorders.

Impact to Federally Qualified Health Centers (FQHCs)

- » FQHCs must be contracted with their county to deliver SMHS and DMC-ODS services.
- » For Enhanced CHW (CHR) Services, the CHW personnel must be carved out of the Prospective Payment System (PPS) rate. The proposed SPA changes will not make SMHS and DMC/DMC-ODS Enhanced CHWs (CHRs) billable PPS practitioners. Counties will be responsible for reimbursing these services at fee-for-service (FFS) rates to FQHC providers.
- » Provision of Enhanced CHW Services by FQHCs can help ensure community-based care is available for Medi-Cal members with mental health conditions and substance use disorders.

Impact to American Indian Medi-Cal Members

- » American Indian Medi-Cal members may have increased access to Enhanced CHW (CHR) Services, which are expected to improve health outcomes for members with Medi-Cal members who are living with mental health conditions and SUDs.

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

Feedback/Questions

