Indian Health Service-California Area Office Program Directors Meeting

Department of Health Care Services (DHCS)
October 14, 2015

Overview

- Budget
- Legislative Update
- Medi-Cal and Indian Health
- State Plan Amendments and Waivers
- Opiate Overdose Information
- American Indian Infant Health Initiative (AIIHI)
- Tribal Emergency Preparedness Program
- California State Office of Rural Health (CalSORH)

Budget

- For Fiscal Year (FY) 2015-16 the Governor's State Budget is 167.6 billion of which 94 Billion (55%) is for support of DHCS program services

- DHCS budget includes: $18.4 billion from General Fund; $58.4 billion from federal funds and $16.7 billion from Special Funds and reimbursements

- Behavioral Health Treatment — The Budget includes $228.7 million ($114.3 million General Fund) in 2015-16 for behavioral health treatment services for individuals with Autism Spectrum Disorder up to 21 years of age. The services are now a required Medi-Cal benefit

- Dental Provider Rate Restoration – The budget restores the 10 percent provider rate reduction for Medi-Cal dental providers at an annual cost of $60 million (special and federal funds)

Next Year……

- Managed Care Tax-California's Tax on managed care organizations is inconsistent with federal Medicaid regulations and will not be allowed after its expiration in 2016. The tax offsets $1.1 billion in General Fund expenditures in 2015 – 16

- Federal Medicaid Administrative Percentage (FMAP)- The ACA provides 100 percent federal financing for those made newly eligible for Medicaid under the law. The FMAP match rate falls to 95 percent in 2017, 94 percent in 2018, 93 percent in 2019, and 90 percent in 2020 and beyond.

Legislation

Legislation

The California State Legislature ended its regular session on September 11, 2015. A total of 649 bills were passed and forwarded to Governor Brown during this session. October 11, 2015 was the last day that the Governor could sign or veto bills that were passed on or before September 11 and in the Governor's possession after September 11. The legislature will reconvene January 4, 2016. Following is a brief summary of Assembly Bills (AB) and Senate Bills (SB) of interest to Indian Health Clinics

- **SB-147 (Hernandez) Federally qualified health centers**. Non-urgency measure. Approved October 10, 2015. Contingent upon federal approval. Enrolled and presented to Governor 09/11/15. Requires Medi-Cal to authorize an alternate payment methodology pilot program, no sooner than 07/01/16, that would create a capitated per member per month (PMPM) payment for clinics, whose participation would be voluntary . This payment would replace the existing Prospective Payment System (PPS) rate currently paid to a clinic for each qualified visit between a billable provider and a member. Also authorizes an independent evaluation of this program. This legislation specifically affects FQHCs. RHCs. IHS/MOA clinics are not affected by this bill

- **AB-1130 (Gray) Clinics: licensing: hours of operation**. Non-urgency measure. Approved by Governor 10/01/15. Effective 01/01/2016. Increases the hours of operation for an intermittent primary care community or free clinic from 20 hours per week to 30 hours per week

Legislation Con't

AB-941 (Wood) Clinics: licensure and regulation: exemption. Non-urgency measure. Approved by Governor 10/05/15. Effective 01/01/2016. Exempts clinics conducted, maintained, or operated by a federally recognized Indian tribe or tribal organization (tribal clinics) from obtaining a license from the Department of Public Health. To qualify for the exemption, the tribal clinic must be contracted with the federal government pursuant to the Indian Self Determination and Education Assistance Act. Under existing state law, tribal clinics are exempt from clinic licensure. This legislation expands this exemption to include tribal clinics without regard to the location of the clinic

AB-250 (Obernolte) Telehealth: marriage and family therapist interns and trainees. Non-urgency measure. Approved by Governor 07/06/15. Effective 01/01/2016. Authorizes Marriage and Family Therapist interns and trainees working under licensed supervision to provide services via telehealth within the scope authorized by the Marriage and Family Therapist Act, and in accordance with any regulations governing the use of telehealth promulgated by the Board of Behavioral Sciences, notwithstanding any other law

AB-1174 (Bocanegra) Dental professionals. Non-urgency measure.. Approved by Governor 09/27/14. Effective 01/01/2016. Contingent upon federal approval. Defines and authorizes teledentistry by "store and forward" for Medi-Cal members. This bill also specifies that face-to-face contact between a dental provider and patient isn't required for teledentistry by store and forward. Also, expands the scope of practice for specified dental auxiliaries, to better enable the practice of teledentistry

Legislation Con't

The joint statewide Department of Social Services-DHCS foster care quality improvement project resulted in the requirement of anti-psychotic medication Treatment Authorization Requests (TARs) for Medi-Cal beneficiaries ages 0-17; as well as updated guidelines for the prescription of anti-psychotic medications for Medi-Cal beneficiaries ages 0-17 in 2014.

In response to the recognition of overuse of psychiatric medications among children and adolescents in foster care, three bills were passed in the legislature and signed by the governor on October 6, 2015

SB 238 Foster Care: Psychotropic Medication (Mitchell) requires:

- The Judicial Council must update forms and rules to ensure improved information and record keeping regarding a foster child's use of psychotropic medications
- The Department of Social Services (DSS) is required to develop a monthly report on foster children receiving psychotropic medications, and requires data sharing between DSS, the Department of Health Care Services (DHCS) and the counties
- Training on the use of psychotropic medication by foster children for group home staff, foster parents, family and non-family caregivers, judges, children's counsel, child welfare workers and public health nurses

SB 319 Child Welfare Services: Public Health Nursing (Beall) requires: The monitoring and oversight of psychotropic medications be included among the duties of foster care public health nurses, and ensures the nurse's access to relevant medical information; including medical, dental and mental health care information

Legislation Con't

Senate Bill 484 Juveniles (Beall) requires:

- The collection of information on the administration of psychotropic medications to foster youth placed in group homes, and adopts measures aimed at reforming the practices of those group homes with levels of psychotropic medication utilization that warrant additional review. Specific requirements include:
- Psychotropic medications must be utilized per the prescribing physician and authorized by the juvenile court. Medication records and logs must be maintained
- The DSS shall maintain lists of all community care facilities (including short term care) and their licensed services
- The DSS will at least annually compile HEDIS measures regarding: follow up for children diagnosed with ADHD, use of multiple concurrent antipsychotics in children and adolescents, use of psychosocial care for children and adolescents on antipsychotics, and metabolic monitoring for those children
- In consultation with DHCS and stakeholder groups, DSS will establish a methodology for identifying group homes with levels of psychotropic drug use that warrant further review. DSS will conduct comprehensive annual inspections of such facilities. As needed, data may be shared and corrective action plans required
- DSS will develop performance standards and outcome measures for group homes
- Annually DSS will post on the DSS website, a statewide summary of the information gathered pursuant to this legislation

Legislation Con't

Senate Bill-33 (Hernandez) Medi-Cal: estate recovery. Non-urgency measure. Contingent upon federal approval. Limits estate recovery by Medi-Cal to the minimum that's federally required. This legislation applies to individuals who die on or after January 1, 2016. Additionally, this bill:

- Limits the definition of an estate to the minimum federally allowable, which exempts from recovery all non-probated assets;
- Eliminates estate recovery against the estate of a surviving spouse of a deceased Medi-Cal beneficiary;

Senate Bill 33 Cont'd

- Requires DHCS, when determining the existence of substantial hardship, to waive its claim to the estate recovery when the estate is a homestead of modest value, as defined;
- Requires DHCS to claim against the estate of a deceased Medi-Cal beneficiary only for individuals permanently institutionalized, or age 55 or older receiving specified long-term care services and supports
- This bill was pulled by the author 09/04/2015, and will be re-introduced as a two year bill

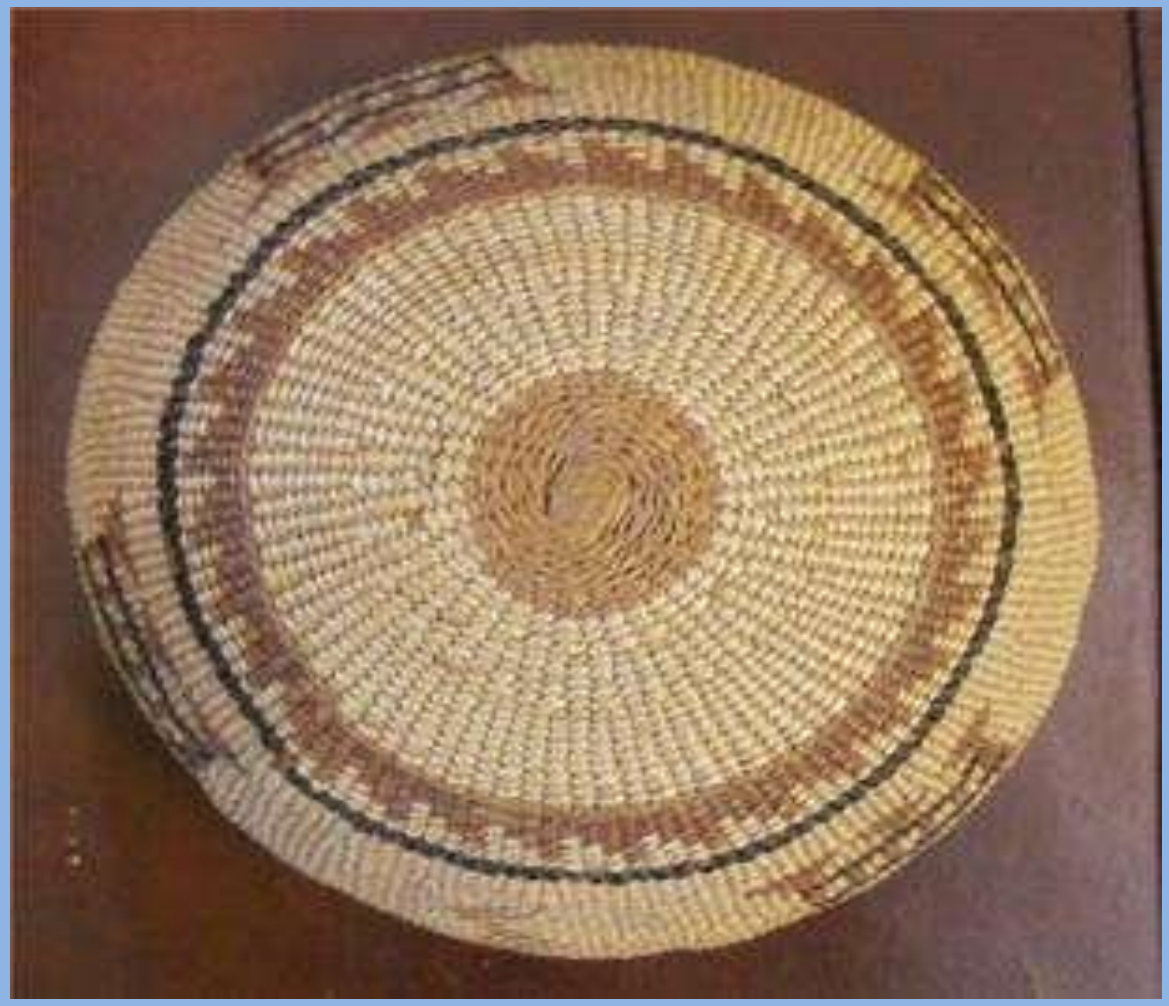
(VETOED) AB-50 (Mullin) Medi-Cal: evidence-based home visiting programs. Non-urgency measure. Enrolled and presented to Governor 09/23/15. Requires Medi-Cal and appropriate stakeholders to develop a plan, by 01/01/2017, to offer evidence-based home visiting programs to Medi-Cal eligible pregnant and postpartum women. No state funds are to be used in the development of this plan

Legislation Con't

(VETOED) AB-858 (Wood) Medi-Cal: federally qualified health centers and rural health clinics. Non-urgency measure. Contingent upon federal approval. Enrolled and presented to Governor 09/18/15. Would be effective 01/01/2016. Adds Marriage and Family Therapists (MFTs) to the list of billable health care providers at a FQHC or RHC for purposes of a per visit Medi-Cal payment under the PPS. IHS/MOA clinics are not affected by this legislation, since MFTs are currently billable providers in these clinics

(VETOED) SB-610 (Pan) Medi-Cal: federally qualified health centers: rural health clinics: managed care contracts. Non-urgency measure. Contingent upon federal approval. Enrolled and presented to Governor 09/16/15. Establishes timeframes for DHCS to review and finalize FQHC and RHC change of scope-of-service (CSOS) and reconciliation changes, and requires DHCS to make payments within specified timeframes if reconciliation payments are owed.

Medi-Cal and Indian Health Update



Medi-Cal and Indian Health

- Number of Self Identified American Indians Enrolled in Medi-Cal
  - Average Monthly in 2015 53,606
  - Average Monthly in 2014 48,727
- # of Indian Health Providers
  - Tribal Health Providers: 57 IHS/MOA 638 Clinics
  - 4 Tribal FQHCs (Indian Health Council and Riverside San Bernardino)
  - Urban FQHCs: 7
  - Total Clinics 68
- Payments to Indian Health Providers
  - Total Paid: $124,985,525
  - Amount Paid to Tribal Health Providers: $100, 633,928
  - Amount Paid for 7 Urban FQHCs: $24,351,597
- Youth Regional Treatment Center
  - 5 Total
  - Amount Paid 2013 –Present: $542,040

State Plan Amendments and Waivers

Medi-Cal Tribal and Indian Health Program Designee Update

Designees:

- DHCS sent letters requesting selection of Designees on August 17, 2015
- 10 of 42 Indian health clinics have updated their designees to date. All programs that have not responded to the request have been contacted
- In the absence of a designee, DHCS directs communications to the clinic Executive Director

Tribal Chairpersons:

- DHCS completes an update of all Tribal Chairpersons twice yearly. The last update was completed in early October 2015

Next quarterly webinar is scheduled for November 23, 2015 at 2 p.m. Registration information is forthcoming

Tribal/Designee Notification Format Revision Update: Based on feedback received from stakeholders, DHCS is in the process of revising the format of tribal/designee notifications on proposed changes to the Medi-Cal program. The document format has been revised and is currently undergoing internal review. DHCS would like to solicit participation from Designees and Tribal Leaders interested in reviewing and providing feedback on the proposed new format. Please contact Andrea Zubiate at 916-324-7936 or by email at andrea.zubiate@dhcs.ca.gov if you are interested in participating

DHCS is in the process of scheduling the next annual meeting for March 2016

2015 State Plan Amendment (SPA) Status

Title/SPA Number/Description	Status
Allied Dental Professionals Enrollment into the Medi-Cal Dental Services Program (SPA 15-005): Allows the enrollment of Registered Dental Hygienists (RDH) and Registered Dental Hygienists in Extended Functions (RDHEF) into the Medi-Cal Dental Program. Also allows Registered Dental Hygienists in Alternative Practice (RDHAP) to enroll in the Medi-Cal Dental Program as billing and/or rendering providers FQHCs can already bill for RDHs, RDHEFs, and RDHAPs if they are enrolled and if they are accounted for in the PPS rate	Pending approval by CMS
Live Transmissions in the Medi-Cal Dental Program (SPA 15-010): Provides updates to dental services including the use of teledentistry/live transmissions through teledentistry FQHCs can already bill teledentistry for store and forward IHS/MOAs can currently only bill teledentistry for store and forward if services are provided by a dentist or doctor of dental medicine	Pending approval by CMS
Substance Use Disorder (SUD) Services Expansion and Definition Changes (SPA 15-012): Modifies SUD services in the Drug Medi-Cal (DMC) Treatment Program and seeks approval for definition and coverage changes for Outpatient Drug Free Services, Day Care Habilitative, and Narcotic Treatment Programs	Approved by CMS
SUD Services under Drug Medi-Cal (SPA 15-016): Modifies certain SUD services to all Medi-Cal beneficiaries and expands coverage of medication assisted treatments to new medication, and changes the limitations to individual counseling that prohibit service through remote means such as telephone	Pending submission
Health Home Program (SPA 15-017): Allows DHCS to create a health home program for members with multiple chronic and complex conditions such as diabetes, asthma, or serious mental health or substance use disorders. Program services will be targeted for members who are most likely to benefit from assistance navigating their conditions and the services available to them	Pending submission

To view full text of pending, approved, or withdrawn SPAs please visit:
http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx

2015 Waiver Status

Title/Description	Status
Specialty Mental Health Services 1915 (b) Waiver Renewal: Amends Section 1915(b) Freedom of Choice Waiver. Extends term of waiver to June 30, 2020	Approved by CMS
"Medi-Cal 2020" Waiver: Replaces the current DHCS Section 1115 "Bridge To Reform Waiver" which allows Medi-Cal to operate its managed care program, provide payment for uncompensated care, and provide services or coverage to populations otherwise not eligible. It expires on October 31, 2015. The "Medi-Cal 2020" 1115 Waiver is scheduled for implementation from 2015-2020. The "Medi-Cal 2020" waiver request was submitted to CMS in March 27, 2015 for review and approval. This proposal will be effective upon approval from CMS. More information on the "Medi-Cal 2020" proposed waiver can be found at: http://www.dhcs.ca.gov/provgovpart/Pages/1115-Waiver-Renewal.aspx One of the key elements expected to continue in the Section 1115 "Medi-Cal 2020" Waiver includes: Drug Medi-Cal Organized Delivery System (DMC-ODS): The current DMC-ODS waiver was approved by CMS on August 13, 2015. It will provide a continuum of care modeled after the ASAM (American Society of Addiction Medicine) criteria for substance use disorder treatment. This approach is expected to improve coordination of care and access to services, thus improving sustainable recovery. The DMC-ODS will be implemented in phases. American Indian Organized Delivery System component is scheduled for implementation in phase 5. It will be developed with stakeholder input and will comply with state regulatory exemptions and the Indian Health Care Improvement Act. The Tribal delivery system will be developed in accordance with the ASAM criteria. The current State Implementation Plan and Standard Terms and Conditions for the DMC-ODS are located at: http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx The DHCS Stakeholder Advisory Committee (SAC) was developed to provide DHCS with valuable input on ongoing initiatives including the "Medi-Cal 2020" Waiver. Lisa Davies Executive Director of Chapa-De Indian Health, Inc. Was appointed to represent Indian health issues. More information on SAC meetings and presentation materials can be found at: http://www.dhcs.ca.gov/Pages/DHCSStakeholderAdvisoryCommittee.aspx	Pending approval by CMS

Opiate Overdose Prevention update

October is National Substance Abuse Prevention Month!

Additional Sources:

https://ncadd.org/in-the-news/1283-october-is-national-substance-abuse-prevention-month
http://www.samhsa.gov/prevention
https://www.whitehouse.gov/the-press-office/2015/09/30/national-substance-abuse-prevention-month-2015

Opioid Overdose Prevention Overview

Drug overdoses now outnumber motor vehicle accidents as the leading cause of injury related mortality. The Majority of these overdoses involve prescription opioids used in chronic pain management*

- In 2012, more than 41,000 deaths in US related to drug overdoses – more than half of these deaths involved in prescription drugs (such as hydrocodone, oxycodone, morphine and codeine)*
- In California, deaths involving opioid prescription medications have increased 16.5% since 2006
- From 2008 to 2012, there were 7,428 prescription opioid-related deaths in CA
- State agency collaboration to combat opioid overdoses in 2014-2015
  - Naloxone included in Medi-Cal Formulary (DHCS)
  - Regulations allowing pharmacists to dispense Naloxone (Board of Pharmacy)
  - Remove Medi-Cal Treatment Authorization Request for Naltrexone (DHCS)

*http://www.cdc.gov/homeandrecreationalsafety/overdose/facts.html
**http://www.cdph.ca.gov/Pages/OpioidMisuseWorkgroup.aspx

Top Ten Clinical Classifications by Payments for Medi-Cal Users of IHC Services CY 2013

Tribal Clinics

Rank	CCS Description	Users*	Visits**	Paid
1	Disorders of teeth and jaw	30,726	81,638	$26,082,763.20
2	Other upper respiratory infections	6,187	8,260	$2,407,406.76
3	Spondylosis; intervertebral disc disorders; other	3,306	8,875	$2,283,679.73
4	Mood disorders	2,567	7,672	$2,045,468.23
5	Attention-deficit conduct and disruptive behavior	1,164	4,349	$1,361,097.50
6	Anxiety disorders	1,633	4,216	$1,152,223.91
7	Normal pregnancy and/or delivery	890	3,380	$1,054,980.19
8	Otitis media and related conditions	2,119	3,094	$930,168.13
9	Other non-traumatic joint disorders	2,286	3,450	$897,576.38
10	Diabetes mellitus without complication	1,880	4,062	$856,394.62
	Total	**52,758**	**128,996**	**$39,071,758.65**

Urban Clinics

Rank	CCS Description	Users*	Visits**	Paid
1	Disorders of teeth and jaw	8,886	20,970	$6,245,191.38
2	Normal pregnancy and/or delivery	476	2,629	$625,929.48
3	Contraceptive and procreative management	837	1,771	$574,601.71
4	Essential hypertension	1,154	2,460	$441,543.88
5	Mood disorders	553	1,914	$349,397.42
6	Diabetes mellitus with complications	674	1,932	$343,614.39
7	Other upper respiratory infections	1,266	1,659	$326,885.25
8	Spondylosis; intervertebral disc disorders; other	713	1,561	$301,355.15
9	Diabetes mellitus without complication	694	1,515	$266,165.47
10	Anxiety disorders	297	814	$157,858.84
	Total	**15,550**	**37,225**	**$9,632,542.97**

Source: DHCS-RASB, Medi-Cal Utilization: Claims Paid by the Fiscal Intermediary for Calendar Year 2013, paid as of February 2014

*Users were counted using SSNs. User counts are not unduplicated. A user may be represented in more than one clinic type and CCS category

**Visits were counted using a unique combination of provider number, date of service, and SSN

***Dollars do not include year-end reconciliation performed by Audits & Investigations, DHCS

California Department of Public Health (CDPH) Awarded Center For Disease Control Grant to Prevent Opioid Overdoses

CDPH was awarded $3,700,000 over four years to enhance the state's multi-agency effort to prevent deaths and injuries caused by opioid misuse. California is one of only 16 states to receive this prevention-strategy funding from the CDC. The grant will address the following prevention strategies:

- Outreach Efforts directed at prescribers to utilize the Controlled Substance Utilization Review and Evaluation System (CURES) prescription drug database
- Produce de- identified local data to release in order to understand the scope of the problem
- Produce detail reports for providers
- Engage local public health departments to increase their role in prevention efforts
- Release RFP to 10 communities to develop intervention strategies for Medi-Cal members
- Enhance education for prescribers
- Identify prescriptions prescribed to patients by multiple providers – identify who is prescribing
- Academic detailing (from Pharmacies) to improve prescribing quality
- One to One education for Academicians
- Education regarding patient pain management options - *get patients into pain management programs*
- Managed Care Health Plans (MCHP) will provide information/education to Medical Directors

Source: California Department of Public Health, https://www.cdph.ca.gov/Pages/NR15-064.aspx

Controlled Substance Utilization Review and Evaluation System (CURES 2.0)

Controlled Substance Utilization Review and Evaluation System (CURES) referred to as "CURES 2.0" was implemented July 2015. Practitioners and health systems should begin to prepare for universal adoption of the system by January 2016, at which all users will be required to meet CURES 2.0 security standards. The California Prescription Drug Monitoring Program maintains the CURES database

The database provides:

- Information on Schedule II through IV controlled substances dispensed in California
- Authorized users, and regulatory boards, providing the ability to access patient controlled substance history information
- Creates a Patient Activity Report for review

Source: http://www.mbc.ca.gov/
http://www.mbca.gov/licensees/Prescriping/cures_notice.pdf

American Indian Infant Health Initiative (AIIHI)

American Indian Infant Health Initiative (AIIHI) Update

- AIIHI currently provides grants to 4 Indian health clinics to provide intensive home visitation services to high-risk pregnant or parenting American Indian Families with children ages 0-5 and also provides funding for primary and preventive health care services to American Indian women and children using federal Title V funds from HRSA. Existing AIIHI grants will terminate June 30, 2016

- DHCS is engaging tribal leaders, community members, clinic staff, academia, and federal and state partners in determining the future direction of the AIIHI program. DHCS will also utilize clinic, state, local, and federal data to inform this process

- For example, a review of Medi-Cal claims data and hospital data (linked) demonstrate that the American Indian Low-risk First-birth Cesarean (C-Section)Rate is 28%[1] as compared to the national target of 23.9%. (Studies indicate that women who deliver their first child via a C-section are at higher risk for repeat C-sections in subsequent deliveries. Repeated C-sections increase delivery complications resulting in higher rates of maternal morbidity and mortality.)

- Further, a review of Medi-Cal claims data regarding postpartum care demonstrated that only 36% of American Indian mothers received care 21-56 days after delivery as compared to 50% of the Medi-Cal mothers that delivered in 2012. [2.]

[1] Data from California Maternal Quality Care Collaborative, 2015
[2] Medi-Cal Management Information System/Decision Support System, 2012

Tribal Emergency Preparedness

Tribal Emergency Preparedness Program

DHCS, Primary, Rural, and Indian Health Division (PRIHD) is in the process of executing a new inter-agency agreement with the CDPH-Emergency Preparedness Office to fund a staff position within the division for the Tribal Emergency Preparedness program

PRIHD staff will work with consultants and stakeholders to:

- Identify gaps in public health emergency preparedness and response for Tribes and Indian Health Clinics
- Provide Emergency Preparedness Planning and Response Trainings, Technical Assistance and Workshops for Tribes and Indian Health Clinics
- Develop training materials for Tribes and Indian health clinics to respond and prepare to for mental/behavioral health concerns during and after a public health emergency
- Assist Indian Health Clinics to participate in State and/or county California Health Alert Network (CAHAN) drills and exercises

- Funding Source: Federal Hospital Preparedness Program

California State Office Of Rural Health (CalSORH)

- **State Office of Rural Health (SORH)** funding from HRSA Coordinates rural health resources and activities statewide
  - (New Addition) Yolanda Latham, Health Program Specialist

- **CalSORH Activities/Services:**
  - Provide technical assistance in the development of rural health programs
  - Provide webinars and trainings regarding: emergent health issues
  - Upcoming Webinar: Opioid Webinar series – TBA November 2015
  - Disseminate grant and rural relevant research information via listserve - http://www.dhcs.ca.gov/services/rural/Pages/StateOfficeofRuralHealth.aspx
  - Partner with state offices and associations
  - Provide Letters of Support and technical assistance for federal grants

- **J-1 Visa Waiver Program** Recommends waiver of home residency requirement for Foreign Medical Graduates (FMGs). In exchange, FMG practices at least three years in a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA)
  - California received 20 of the 30 available slots on October 12, 2015
  - California focuses on primary care physicians
  - Link: http://www.dhcs.ca.gov/services/rural/Pages/J-1VisaWaiver.aspx

Thank You