



SAPC Provider Meeting

July 5, 2022

SAPC Updates

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WHAT WE THINK WE KNOW SO FAR:

- DHCS will develop rates informed by current cost survey process. It's unclear how uncovered costs to build a modern system of care will be incorporated.
 - **What could this mean?** If providers do not participate in the cost survey and complete it accurately, costs will be under-reported and could lead to lower than optimal rates. Worst case scenario is rates could be lower than FY 22-23 DMC rates so PLEASE PARTICIPATE FULLY.
- DHCS will set DMC rates for Counties – SAPC will no longer be developing rates.
 - **What could this mean?** State unlikely to develop youth and perinatal/PPW specific rates/modifiers. SAPC will need to understand what are the additional costs for these populations and if there is an alternate option or approach.

The federal government (SAMHSA/CMS) noticed stakeholders that as the federal government winds down the Public Health Emergency (PHE) Declaration that most local jurisdictions be completing Medicaid/Medi-Cal **eligibility renewals for the first time since early 2020**.

This means individuals with continuous coverage since the beginning of the pandemic **may lose coverage** if they are no longer eligible or do not complete required paperwork.

This will likely take effect approximately 60-days after the federal government ends the PHE.

FOR PATIENTS/BENEFICIARIES – PROVIDERS TO SHARE

- Ensure current contact information is up-to-date by calling the local DPSS office, Medi-Cal Member Helpline (800-541-5555) or logging into your [BenefitsCal](#) account using the automated system.
- Check your mail and fill out any paperwork quickly and accurately to avoid a lapse in benefits.
- Visit the [DHCS website](#) and [Medicaid website](#) for more information on the PHE and this process.
- If you are no longer eligible for Medi-Cal, see if you are eligible for other low-cost coverage at [Covered California](#)

WHAT DOES THIS MEAN FOR PROVIDERS?

- You need to connect with your patients to ensure they are aware of these upcoming changes, and that they respond to inquiries about their Medi-Cal benefits.
- You need to use the case coordination (formerly titled case management) benefit to assist patients in updating their contact information on [BenefitsCal](#) and assist with completing any renewal or verification paperwork.
- You need to resume monthly Medi-Cal eligibility checks (if this was suspended at your organization) to confirm continued patient eligibility and minimize denied claims.
- **If a patient loses Medi-Cal as a result of this transition:**
 1. Work with patient to determine if eligibility lapsed due to lack of documentation submission and assist with re-enrollment as applicable; OR
 2. Determine if patient is eligible for a SUD treatment member authorization based on participation in select other County programs (CalWORKs, GR, AB 109, JJCPA); OR
 3. Serve patient under sliding scale if no longer Medi-Cal eligible; or
 4. Work with patient to connect with commercial insurance under [Covered California](#) and assist with transition.

Note: The 30-day policy does not include patients who are enrolled in treatment and their Medi-Cal has lapsed so please be proactive and begin working with your patients now!

- Effective July 1, 2022, asset limits for certain Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal populations increased. This means more people may be eligible Medi-Cal as limits on property they can own and retain have changed.
 - *New Limits*: \$130,000 per person and \$65,000 for each additional household member. This discontinues old limits of \$2,000 per person and \$3,000 for tw.
 - *Advantages*: Beneficiaries can keep additional resources, resulting in increased financial stability and improved quality of life. More people may be eligible.
- **Who is the Non-MAGI Population?** The Medically Needy or Medically Indigent (MN/MI) program inclusive of children under age 21; pregnant women; families with children under age 21 who have too much income to qualify for MAGI Medi-Cal; and people who are 65 years or older, or who are blind or disabled, and who have too much income for other Medi-Cal programs.
- **More Information:** <https://www.dhcs.ca.gov/formsandpubs/forms/Forms/MCED/PUB10.pdf>

The Department of Health Care Services' (DHCS) Behavioral Health Continuum Infrastructure Program (BHCIP) **Round 3 Launch Ready** Projects SAPC Contractor Awardees:

- Asian American Drug Abuse Program
- Cri-Help
- JWCH Institute
- Los Angeles Centers for Alcohol and Drug Abuse (Altadena)
- Los Angeles Centers for Alcohol and Drug Abuse (Lynwood)
- Phoenix House (Lake View Terrace)
- Tarzana Treatment Centers (Lancaster)
- Teen Project (Van Nuys)

For more information on awardees: <https://dashboard.buildingcalhhs.com/> and <https://public.tableau.com/app/profile/ahpnet/viz/BHCIPRound3AwardeeMap/BHCIPRound3AwardMap?publish=yes>

The Department of Health Care Services' (DHCS) Behavioral Health Continuum Infrastructure Program (BHCIP) Round 4 includes among the application **requirements** (1) completion of a **Preapplication Consultation** conducted with DHCS' technical assistant consultant, Advocates for Human Potential (AHP); and (2) a **Letter of Support from Los Angeles County** which will be provided to organizations who demonstrate in the request that the project meets readiness expectations and as informed by AHP's Preapplication Consultation and that upon review would best address community needs and meet County priorities.

Target Population – Children/Youth/Young Adults 25 and young, Pregnant and Postpartum Women and their Children

SUPPLEMENTAL SURVEY MUST BE COMPLETED BY JULY 31, 2022 TO BE CONSIDERED FOR A LETTER OF SUPPORT: <https://www.surveymonkey.com/r/926YGQ6>

For more information on what is required for the grant submission: <https://www.infrastructure.buildingcalhhs.com/grantees/cy/>.

Phase 1

- Development team established; to include attorney, architect, and/or design-build team
- Basis of design outlined, includes architectural and engineering narratives
- Property-specific Site Investigation Report and due diligence done
- Budget with cost estimates based on site plan/drawings completed

Phase 2

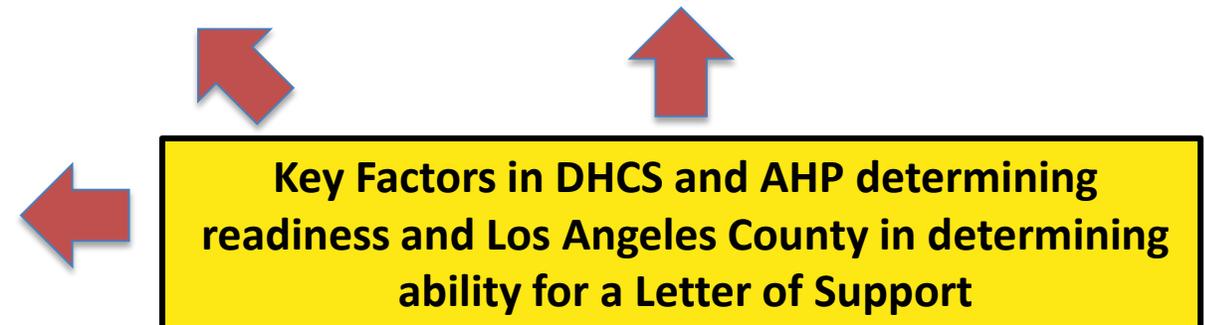
- Site control established with deed, purchase and sale agreement (PSA), option contract, letter of intent, or leasehold
- Site plan established with a schematic plan with architectural and engineering specifications
- Stakeholder support established as demonstrated by a letter from city/county/board of directors/tribal entity
- Able to gain building permits within 6 months of funding
- Able to close on land, after gaining building permits, within 6 months of funding
- Able to start construction within 6 months of funding

Phase 3

- Ownership of real estate site
- Preliminary plan review completed, with comments received
- Construction drawings complete or near completion
- General contractor (builder) selected and ready for hire
- 95 percent of construction drawings ready for submission for building permit
- Building permit issued
- Able to start construction within no more than 60 days

Phase 4

- Projects that rehabilitate an existing structure or renovate an existing facility are allowable as long as they result in an expansion of behavioral health services for the target population where furniture and equipment are not allowable costs





WELCOME SASH TEAM!

*The SUD Call Center Team Members
are now DPH-SAPC Employees*

SUBSTANCE ABUSE SERVICE HELPLINE



1.844.804.7500