



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

C-2

For the meeting of: May 2, 2017

Date: April 18, 2017
To: Board of Supervisors
From: Supervisor Ryan Sundberg
Subject: AB 839 (Garcia/Levine): An Act to amend Section 14132.44 of the Welfare and Institutions Code, relating to Medi-Cal

RECOMMENDATION(S): That the Board of Supervisors authorize the Chair to sign the letter of support.

SOURCE OF FUNDING: N/A

DISCUSSION: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the Targeted Case Management Program under the Medi-Cal Program, under which targeted management (TCM) are provided by local governmental agencies.

AB 839 would expand the definition of a local governmental agency for purposes of the TCM Program to include a Native American Indian tribe, tribal organization, or subgroup of a Native American Indian tribe or tribal organization. TCM services are essential to delivering high quality health care, coordinating specialty care, and managing chronic conditions for tribal members, while receiving reimbursement from the federal Medicaid program.

FINANCIAL IMPACT: N/A

OTHER AGENCY INVOLVEMENT: N/A

ALTERNATIVES TO STAFF RECOMMENDATIONS: Board discretion.

ATTACHMENTS: Text of Amended AB 839 and Letter of Support.

Prepared by Kathy Hayes

Signature

[Handwritten signature of Ryan Sundberg]

REVIEW: Auditor County Counsel Personnel Risk Manager Other

TYPE OF ITEM:
XX Consent
Departmental
Public Hearing
Other

PREVIOUS ACTION/REFERRAL:

Board Order No.

Meeting of:

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT
Upon motion of Supervisor Wilson Seconded by Supervisor Sundberg
Ayes Sundberg, Bass, Bohn, Wilson
Nays
Abstain
Absent Fennell

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: May 2, 2017
By: [Handwritten signature]
Kathy Hayes, Clerk of the Board



BOARD OF SUPERVISORS
COUNTY OF HUMBOLDT
825 5TH STREET, ROOM 111
EUREKA, CALIFORNIA 95501 PHONE: (707) 445-7266

May 2, 2017

The Honorable Jim Wood, Chair
Assembly Health Committee
State Capitol Building, Room 6005
Sacramento, CA 95814
VIA FAX: (916) 319-2197

The Honorable Brian Maienschein, Vice Chair
California State Assembly
State Capitol Building, Room 4139
Sacramento, CA 95814

RE: Support for AB 839 (Garcia/Levine)

Dear Assembly Health Committee Chair Wood and Vice Chair Maienschein:

On behalf of the Humboldt County Board of Supervisors, I am writing in support of Assembly Bill (AB) 839 and respectfully requests the committee endorse this legislation. This bill will ensure that Tribes and Tribal organizations are included in the definition of "local entities" for participation in the Targeted Case Management (TCM) program.

Assembly Bill 839 enables Tribal entities to provide TCM services that are essential to delivering high quality health care, coordinating specialty care, and managing chronic conditions, while receiving reimbursement from the federal Medicaid program. This bill is budget neutral as Tribes would pick up the required local match of 50 percent, not the state.

We strongly urge the committee to support AB 839 and look forward to a productive discussion on the bill. Thank you in advance for your consideration.

Sincerely,

Virginia Bass, Chair
Humboldt County Board of Supervisors

VB:kh



AB-839 Medi-Cal: targeted case management. (2017-2018)

SHARE THIS:  

Date Published: 03/23/2017 09:00 PM

AMENDED IN ASSEMBLY MARCH 23, 2017

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

ASSEMBLY BILL

No. 839

**Introduced by Assembly Member Eduardo Garcia
(Coauthor: Assembly Member Levine)**

February 16, 2017

An act to amend Section ~~14005.28~~ 14132.44 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 839, as amended, Eduardo Garcia. ~~Medi-Cal.~~ *Medi-Cal: targeted case management.*

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the Targeted Case Management Program under the Medi-Cal program, under which targeted case management (TCM) services are provided by local governmental agencies to eligible Medi-Cal beneficiaries in defined target populations to assist those beneficiaries to gain access to needed medical, social, educational, and other services. Existing law authorizes a local governmental agency to contract with the department to provide TCM services, and requires a local governmental agency that elects to provide TCM services to submit an annual cost report certifying, among other things, the expenditure of 100% of the costs incurred for the provision of TCM services from the local governmental agency's general fund or from any other funds allowed under federal law and regulation. Existing law defines a local governmental agency to mean a county or chartered city.

This bill would expand the definition of a local governmental agency for purposes of the TCM Program to include a Native American Indian tribe, tribal organization, or subgroup of a Native American Indian tribe or tribal organization. The bill would make conforming changes.

~~Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to implement specified provisions of federal law to provide Medi-Cal benefits to an individual until his or her 26th birthday if he or she was in foster care on his or her 18th birthday or any higher age the state has elected under federal law. Existing law requires the department to implement the federal option to provide Medi-Cal benefits to individuals who were in foster care and enrolled in Medicaid in any state, as provided.~~

~~This bill would make technical, nonsubstantive changes to these provisions.~~

Vote: majority Appropriation: no Fiscal Committee: ~~no~~yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *Section 14132.44 of the Welfare and Institutions Code is amended to read:*

14132.44. (a) Targeted case management (TCM), pursuant to Section 1915(g) of the Social Security Act as amended by Public Law 99-272 (42 U.S.C. Sec. 1396n(g)), shall be covered as a benefit, effective January 1, 1995. Nothing in this section shall be construed to require any local governmental agency to implement TCM.

(b) A local governmental agency may contract with the department to provide TCM services. The department shall not contract with local education agencies to provide case management services under this section.

(c) A local governmental agency may contract with any private or public entity to provide TCM services on its behalf under the conditions specified by the department in regulations.

(d) Each local governmental agency that provides TCM services shall have all of the following:

(1) Established procedures for performance monitoring.

(2) A countywide system to prevent duplication of services and to ensure coordination and continuity of care among providers of case management services provided to beneficiaries who are eligible to receive case management services from two or more programs.

(3) A fee mechanism effective January 1, 1995, specific to TCM services provided, which may vary by program.

(e) Subject to the requirements of federal law and regulations, a local governmental agency or an entity under contract with a local governmental agency may provide TCM services to one or all of the following groups of Medi-Cal beneficiaries, which shall be defined in regulation:

(1) High-risk persons.

(2) Persons who have language or other comprehension barriers.

(3) Persons on probation.

(4) Persons who have exhibited an inability to handle personal, medical, or other affairs.

(5) Persons abusing alcohol or drugs, or both.

(6) Adults at risk of institutionalization.

(7) Adults at risk of abuse or neglect.

(f) (1) A local governmental agency that elects to provide TCM services to the groups specified in subdivision (e) shall, for each fiscal year, for the purpose of obtaining federal Medicaid reimbursement, submit an annual cost report as prescribed by the department that certifies all of the following:

(A) The expenditure of 100 percent of the costs incurred for the provision of TCM services from the local governmental agency's general fund or from any other funds allowed under federal law and regulation.

(B) The amount of funds expended on allowable TCM services.

(C) Its expenditures represent costs that are eligible for federal financial participation.

(D) The costs reflected in the annual cost reports used to determine TCM rates are developed in compliance with the definitions contained in the Office of Management and Budget (OMB) Circular A-87.

(E) Case management services provided in accordance with Section 1396n(g) of Title 42 of the United States Code will not duplicate case management services provided under any home- and community-based services waiver.

(F) Claims for providing case management services pursuant to this section will not duplicate claims made to public agencies or private entities under other program authorities for the same purposes.

(G) The requirements of subdivision (d) have been met.

(2) The department shall deny any claim if it determines that any certification required by this subdivision is not adequately supported for purposes of federal financial participation.

(3) (A) (i) A city that is not a local governmental agency, or any other local public entity that contracts with a local governmental agency pursuant to subdivision (c) and that is located within a county that is a participating local governmental agency pursuant to this section, may submit certification to the local governmental agency of amounts expended for TCM services in accordance with Section 433.51 of Title 42 of the Code of Federal Regulations.

~~(B)~~

(ii) A city or other local public entity that submits certification pursuant to this paragraph shall comply with the requirements of paragraph (1), with other requirements applicable to local governmental agencies that the department determines, in regulations, to be applicable, and with all applicable federal requirements.

~~(C)~~

(iii) The local governmental agency shall forward the city's or local public entity's certification to the department for purposes of claiming federal financial participation.

~~(D)~~

(iv) As applicable, the local governmental agency shall obtain and retain appropriate certifications from the expending city or local public entity, together with documentation of the underlying expenditures, as required by the department.

(B) A tribe or tribal organization, as defined in subdivision (m), that is not participating in the Targeted Case Management Program as a local governmental agency, may contract with, and submit to, a tribe or tribal organization that contracts with the department pursuant to subdivision (b) certification of amounts expended for TCM services in accordance with Section 433.51 of Title 42 of the Code of Federal Regulations. The tribe or tribal organization receiving the certification shall forward it to the department for purposes of claiming federal financial participation. The certification shall comply with all of the requirements for certification set forth in subparagraph (A).

(g) Except as otherwise provided in paragraph (3) of subdivision (f), only a local governmental agency may submit TCM service claims to the department for the performance of TCM services.

(h) The department, in consultation with local governmental agencies, and consistent with federal regulations, and the State Medicaid Manual of the *United States* Department of Health and Human Services, Centers for Medicare and Medicaid Services, shall adopt regulations that define TCM services, establish the standards under which TCM services qualify as a Medi-Cal reimbursable service, prescribe the methodology for determining the rate of reimbursement, and establish a claims submission and processing system and method to certify local expenditures.

(i) (1) Notwithstanding any other provision of this section, the state shall be held harmless, in accordance with paragraphs (2) and (3) from any federal audit disallowance and interest resulting from payments made by the federal Medicaid ~~Program~~ *program* as reimbursement for claims for providing TCM services pursuant to this section, for the disallowed claim.

(2) To the extent that a federal audit disallowance and interest results from a claim or claims for which any local governmental agency has received reimbursement for TCM services, the department shall recoup from the local governmental agency that submitted that disallowed claim, through offsets or by a direct billing, amounts equal to the amount of the disallowance and interest, in that fiscal year, for the disallowed claim. All subsequent claims submitted to the department applicable to any previously disallowed claim, may be held in abeyance, with no payment made, until the federal disallowance issue is resolved.

(3) Notwithstanding paragraphs (1) and (2), to the extent that a federal audit disallowance and interest results from a claim or claims for which the local governmental agency has received reimbursement for TCM services performed by an entity under contract with, and on behalf of, the participating local governmental agency, the department shall be held harmless by that particular local governmental agency for 100 percent of the amount of any such federal audit disallowance and interest, for the disallowed claim.

(j) The expenditure of local funds required by this section shall not create, lead to, or expand the health care funding obligations or service obligations for current or future years for each local governmental agency, except as required by this section or as may be required by federal law.

(k) Subject to the requirements of federal law and regulations, TCM services are services—~~which~~ *that* assist beneficiaries to gain access to needed medical, social, educational, and other services. Services provided by local governmental agencies, and their subcontractors, shall be defined in regulation, and shall include at least one of the following:

- (1) Assessment.
- (2) Plan development.
- (3) Linkage and consultation.
- (4) Assistance in accessing services.
- (5) Periodic review.
- (6) Crisis assistance planning.

(l) As a condition of participation and in consideration of the joint effort of the local governmental agencies and the department in implementing this section and the ongoing need of local governmental agencies to receive technical support from the department, ~~as well as~~ *and* assistance in claims processing and program monitoring, the local governmental agencies shall cover the costs of the administrative activities performed by the department. Each local governmental agency shall annually pay a portion of the total costs of administrative activities performed by the department through a mechanism agreed to by the department and the local governmental agencies, or if no agreement is reached by August 1 of each year, directly to the state. The department shall determine and report the staffing requirements upon which projected costs will be based. Projected costs shall include the anticipated salaries, benefits, and operating expenses necessary to administer targeted case management.

(m) For the purposes of this section a "local governmental agency" means a ~~county or chartered city~~. *county, chartered city, Native American Indian tribe, tribal organization, or subgroup of a Native American Indian tribe or tribal organization, under contract with the department pursuant to subdivision (b).*

(n) Nothing in this section or in Section 14132.47 shall be construed to prevent any state agency from providing TCM services or from contracting with others to provide these services.

~~SECTION 1. Section 14005.28 of the Welfare and Institutions Code is amended to read:~~

~~14005.28.(a) To the extent federal financial participation is available pursuant to an approved state plan amendment, the department shall implement Section 1902(a)(10)(A)(i)(IX) of the federal Social Security Act (42 U.S.C. Sec. 1396a(a)(10)(A)(i)(IX)) to provide Medi-Cal benefits to an individual until his or her 26th birthday if he or she was in foster care on his or her 18th birthday, or any higher age the state has elected under Title IV-E of the federal Social Security Act (42 U.S.C. Sec. 670 et seq.). The department shall also implement the federal option to provide Medi-Cal benefits to individuals who were in foster care and enrolled in Medicaid in any state.~~

~~(1) A foster care adolescent who was in foster care in this state on his or her 18th birthday, or any higher age the state has elected under Title IV-E of the federal Social Security Act (42 U.S.C. Sec. 670 et seq.), shall be enrolled to receive benefits under this section without any interruption in coverage and without requiring a new application.~~

~~(2) The department shall develop procedures to identify and enroll individuals who meet the criteria for Medi-Cal eligibility in this subdivision, including, but not limited to, former foster care adolescents who were in foster care on their 18th birthday and who lost Medi-Cal coverage as a result of attaining 21 years of age. The department shall work with counties to identify and conduct outreach to former foster care adolescents who lost Medi-Cal coverage during the 2013 calendar year as a result of attaining 21 years of age, to ensure they are aware of the ability to reenroll under the coverage provided pursuant to this section.~~

~~(3)(A) The department shall develop and implement a simplified redetermination form for this program. A beneficiary qualifying for the benefits extended pursuant to this section shall fill out and return this form only if information known to the department is no longer accurate or is materially incomplete.~~

~~(B) The department shall seek federal approval to institute a renewal process that allows a beneficiary receiving benefits under this section to remain on Medi-Cal after a redetermination form is returned as undeliverable and the county is otherwise unable to establish contact. If federal approval is granted, the recipient shall remain eligible for~~

~~services under the Medi-Cal fee for service program until the time contact is reestablished or ineligibility is established, and to the extent federal financial participation is available.~~

~~(C)The department shall terminate eligibility only after it determines that the recipient is no longer eligible and all due process requirements are met in accordance with state and federal law.~~

~~(b)Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section by means of all county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. The department shall adopt regulations by July 1, 2017, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Beginning July 1, 2015, and notwithstanding Section 10231.5 of the Government Code, the department shall provide a status report to the Legislature on a semiannual basis, in compliance with Section 9795 of the Government Code, until regulations have been adopted.~~

~~(c)This section shall be implemented only if and to the extent that federal financial participation is available.~~