



LEA Workgroup

Thursday, August 26th at 9:30am

Welcome—we will start in a moment

Agenda



1. Code 2A Documentation: Use of Student Name in RMTS Response
2. Overview of Expansion of the Health Workforce in Schools:
3. Public Charge- New Guidance from the Biden Administration
4. Medi-Cal COVID-19 Vaccination Rates-Update
5. Hearing Aids for Students

Status of Use of Student Names in RMTS –Code 2A Documentation

- Request S-MAA and LEA BOP to Agendize for Discussion
- Research on the issue:
- Response from DHCS

Student names are not required in the RMTS responses or required to connect to backup documentation

This seems to be in violation of W&I code

14115.8 (a) 4 which states:

The department shall eliminate and modify state plan and regulatory requirements that exceed federal requirements when they are unnecessary.

Workforce Development- Agenda and Report from Meeting with OSHPD



OSHPD can award competitive grants to entities and individuals it deems qualified to expand the supply of behavioral health counselors, coaches, peer supports, and other allied health care providers who provide behavioral health services to children and youth. "Behavioral health coach" is a new category of provider trained specifically to help address the unmet behavioral health needs of children and youth, who shall engage and support children and youth in cultural, linguistic, and age-appropriate services, and refer and link children to higher levels of care, as needed. Requires coaches to receive appropriate supervision from licensed staff.

Agenda for OSHPD / School's Meeting



- 1 What are the timelines for stakeholder meetings? Initial roll-out? Full implementation?
- 2 How will stakeholders be selected? When can names be submitted and to whom for participants and/or organizational representatives to serve as stakeholders?
- 3 Given the very few references to education staff vs. the creation of new “behavioral health” employment positions, what do you envision the role of LEAs and school employees including PPS staff will be in the model being proposed?

Meeting Agenda (cont.)

- 4 The existence of and maximum utilization of PPS individuals must be an integral part of any service delivery model/program/contract. What strategies will be developed/guaranteed to ensure the participation of school-employed PPS individuals?
- 5 Regarding the creation of extensively trained, unlicensed “behavioral health coaches”:
 - Who is providing the training to the behavioral health coaches?
 - Please describe their minimum/maximum qualifications.
 - Will they be covered as a reimbursable Medi-Cal provider?
 - Who is their employer?

Meeting Agenda (cont.)

- 6 Regarding the creation of “behavioral health counselors” (per HHS staff, a generic term for “social worker” “case manager”, etc.):
 - What are the minimum/maximum qualifications?
 - Will their services be covered as a reimbursable Medi-Cal provider?
 - Who is their employer?

- 7 Who will supervise unlicensed staff at the school site? At a school site, under which program will the unlicensed staff function and/or be assigned (i.e. special education, health services or are there other programs to be developed that would include unlicensed staff?

Meeting Agenda (cont.)

- 8 Will the counties be involved in certification, approval, and setting standards for behavioral health coaches/counselors at school sites? If so, what will their role be vis-à-vis OSHPD and school districts?
- 9 Which school staff will qualify as a “health care provider” under your definition?
- 10 Details around allocation and uses must be a priority and aligned with the needs of students and their families. How will this be guaranteed?

Meeting Agenda (cont.)

- 11 How will students with commercial plans be served? (Both this item and item #11 might be addressed tangentially through creation of a fee schedule and the virtual platform.)
- 12 What features/programs/statutory changes make these efforts sustainable?
- 13 Describe what your vision of schools “partnering with OSHPD” and OSHPD “partnering with schools” looks like.

re: Public Charge Letter to Interagency Partners



U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Office of the Director
Camp Springs, MD 20588-0009

**U.S. Citizenship
and Immigration
Services**



April 12, 2021

Dear Interagency Partners:

This letter provides key information about a change in the way the Department of Homeland Security (DHS) is administering the public charge ground of inadmissibility. My message to you is simple: The 2019 public charge rule is no longer in effect, and we are seeking your support in communicating this change to the public.

On February 2, 2021, the President issued Executive Order 14012, directing, among other things, the Secretary of Homeland Security, along with the Secretary of State and the Attorney General, to review their respective agencies' actions related to the public charge grounds of inadmissibility and deportability. Consistent with the Executive Order, DHS has begun its review, as well as its consultation with other relevant agencies.

As part of its review, DHS determined that continuing to defend the 2019 Public Charge Rule¹ (2019 Rule)—pursuant to which the lawful receipt of Medicaid, public housing, or Supplemental Nutrition Assistance Program (SNAP) could lead to a finding of inadmissibility—was neither in the public interest nor an efficient use of limited government resources.

As Secretary of Homeland Security Alejandro Mayorkas said in a statement on March 9, 2021, “The 2019 public charge rule was not in keeping with our nation’s values. It penalized those who access health benefits and other government services available to them.” The 2019 Rule created confusion and fear that may have prevented immigrants and their families, including their children, from accessing critical government services available to them. It is critical that immigrants and their families, many of whom are essential workers, are able to access necessary government services for which they may be eligible to keep their families safe and healthy.

Consistent with that decision, the Department of Justice (DOJ) decided it would no longer pursue appellate review of judicial decisions invalidating or enjoining enforcement of the 2019 Rule. On March 9, 2021, DOJ filed motions to dismiss its appeals of rulings invalidating the 2019 Rule, including in both the Supreme Court and the Seventh Circuit. The result: A U.S. District Court judgment vacating the 2019 Rule is now in effect.

¹ Inadmissibility on Public Charge Grounds, *84 Fed. Reg. 41,292 (Aug. 14, 2019)*.

In compliance with this judgment, DHS is no longer applying the 2019 public charge rule and has removed it from the *Code of Federal Regulations*.² DHS has instead reverted to the 1999 interim field guidance issued by the former Immigration and Naturalization Service.³ This is the policy that was in effect prior to the 2019 Rule.

Under the 1999 interim field guidance, DHS will not consider a person's receipt of Medicaid (except for Medicaid for long-term institutionalization), public housing, or SNAP benefits as part of the public charge inadmissibility determination. In addition, medical treatment or preventive services for COVID-19, including vaccinations, will not be considered for public charge purposes. This policy will help ensure that noncitizens are able to access important government services for which they may be eligible.

DHS notes that in October of 2019, the Department of State issued a rule to conform its standards to those contained in DHS's 2019 Rule.⁴ That rule is also presently enjoined and has no current legal effect.

We intend to work with you, our federal partners, as well as state and local governments and non-governmental stakeholders, to communicate this information widely to ensure applicants and the public are aware of this change. We thank you for all your work to support the health, well-being and safety of Americans and immigrant communities.

Respectfully,

A handwritten signature in black ink that reads "Tracy L. Renaud". The signature is fluid and cursive, with the first name "Tracy" being more prominent.

Tracy L. Renaud
Senior Official Performing the Duties of the Director

² Inadmissibility on Public Charge Grounds; Implementation of Vacatur, 86 Fed. Reg. 14,221 (Mar. 15, 2021).

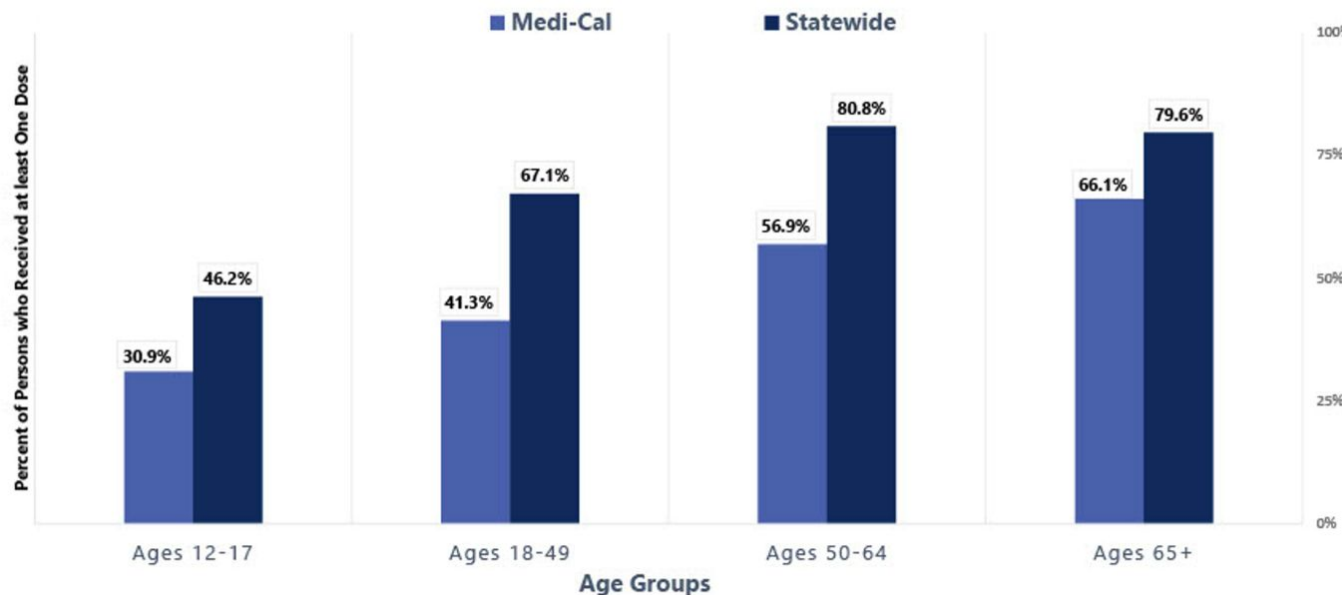
³ See Field Guidance on Deportability and Inadmissibility on Public Charge Grounds, 64 Fed. Reg. 28,689 (May 26, 1999).

⁴ See Visas: Ineligibility Based on Public Charge Grounds, 84 Fed. Reg. 54,996 (Oct. 11, 2019).

Returning to School– Data from DHCS on Medi-Cal COVID-19 Vaccination Rates by Age



Received at least one dose as of July 18, 2021 Comparing Medi-Cal Beneficiaries to all Californians



Note: Medi-Cal Rates for Age Groups 18-49, 50-64, and 65+ are lower than previously reported due to inadvertent double counting of beneficiaries who changed age groups after having a birthday between their first and second shots.

Working with Health Plans on COVID Outreach



Stakeholder Update

Dear Stakeholders,

The Department of Health Care Services (DHCS) is providing this update of significant developments regarding DHCS programs, as well as guidance related to the COVID-19 public health emergency (PHE).

Medi-Cal COVID-19 Vaccination Incentive Program

Today, DHCS announced a \$350 million Medi-Cal Vaccine Incentive Program for Medi-Cal. The new program aims to boost vaccination rates and will allow Medi-Cal managed care plans (MCPs) to earn incentive payments for activities that are designed to close vaccination gaps with their members, based upon lessons learned thus far in the pandemic. Funding will incentivize outreach programs and activities by MCPs and their providers, particularly primary care providers and pharmacies, as well as engage with trusted community organizations, such as food banks, advocacy groups, and faith-based organizations. After an initial payment for start-up costs, additional MCP payments will be conditional upon meeting specific vaccination goals. There will also be funding for MCPs to provide direct member incentives, such as grocery store gift cards, to Medi-Cal beneficiaries. The incentive program will run from September 2021 through February 2022. DHCS is using \$175 million in state General Funds and an additional \$175 million in federal funds.

Medi-Cal COVID-19 Vaccination Incentive Program (cont.)

Additionally, the state is offering providers up to \$55,000 in grant funding to support vaccination efforts and help physician practices vaccinate their communities against COVID-19. Funding will be awarded on a first-come, first-served basis, so early submission is encouraged. Applications will be accepted until September 10, 2021. Apply at calvaxgrant.org.

Hearing Aids for Kids



New program for kids with hearing loss! The Department of Health Care Services will be implementing a new program to allow kids who do not have insurance to cover the cost for hearing aids to be eligible for funding.

HACCP Covered Benefits



- ❖ Hearing aid(s)
 - Including externally worn bone conduction hearing aids when medically necessary
- ❖ Hearing aid replacements
 - HACCP will follow CCS' replacement policy
- ❖ Hearing aid supplies/accessories
- ❖ Hearing aid-related audiology services
- ❖ Other related post-evaluation services

Additional Resources



- ❖ HACCP webpage:
<https://www.dhcs.ca.gov/services/pages/haccp.aspx>
 - Application
 - Find A Provider
 - Frequently Asked Questions: Coming Soon
 - Billing Codes: Coming Soon
- ❖ HACCP call center: 1-833-774-2227
- ❖ Email: HACCP@maximus.com

Questions and Discussion

Next Meeting: September 23rd at 9:30 am
Discussion with Blue Shield of California
on their BlueSky Initiative which provides
mental health resources and supports for
youth to promote emotional well-being.