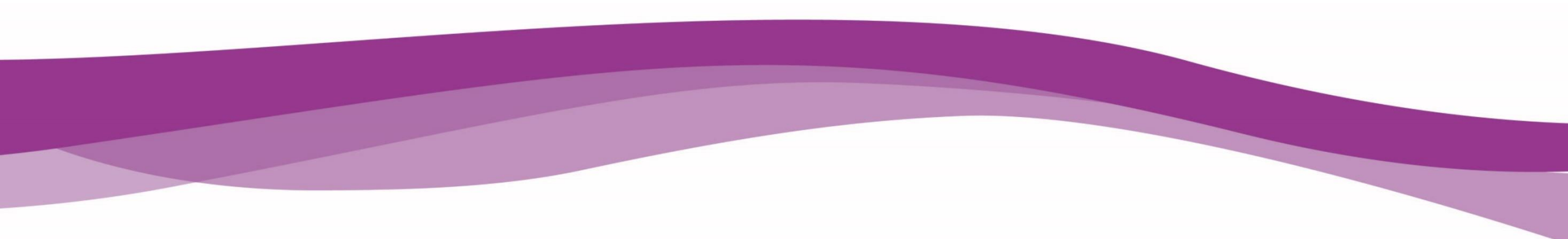


Dementia Aware and Senate Bill (SB) 48



Karen E. Mark, MD, PhD
Medical Director
California Department of Health Care Services

Home and Community-Based Services (HCBS) Spending Plan

- American Rescue Plan Act (ARPA) provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS programs
- California's HCBS Spending Plan was approved by CMS on January 4, and may spend these additional federal funds on programs to support HCBS through March 31, 2024

HCBS Spending Plan: Dementia Aware

- Funding: \$25M enhanced federal funding, one-time
- Lead Department(s): DHCS, with California Department of Public Health (CDPH) and California Department of Health Care Access and Information (HCAI)
- Investments to improve rates of dementia screening to ensure early detection and timely diagnosis, while also connecting individuals and families to community resources.

HCBS Spending Plan: Dementia Aware

- Provider training in culturally competent dementia care
- Referral protocol on cognitive health and dementia
- Promote use of validated tools, training, and referral protocol
- Make continuing education in geriatrics/dementia available to all licensed health/primary care providers
- Aligns with SB 48: Medi-Cal: Annual cognitive health assessment

Dementia Aware: Contract

- DHCS is contracting with University of California, San Francisco
 - UCSF subcontracting with several other UCs (UCI, UCD, Harbor UCLA, UCLA Division of Geriatrics, UCSD)
- Leverages necessary expertise in both dementia care and screening implementation in primary care practices
- Training available for Medi-Cal providers by July 1, 2022

Dementia Aware: Contract Scope of Work

Phase 1

(April 1, 2022 – Aug 31, 2022)

- Section 1: Project Management and Technical Assistance
- Section 2: Screening Tool Recommendations
- Section 3: Training Development
- Section 4: Continuing Medical Education (CME) Accreditation and Maintenance

Phase 2

(Sep 1, 2022 – Mar 31, 2024)

- Section 1: Project Management and Technical Assistance
- Section 5: Practice-level Implementation Support
- Section 6: Training Evaluation and Updating
- Section 7: Training Outreach and Engagement Strategy

Medicare Annual Wellness Visit (AWV)

- Medicare covers yearly “wellness” visits to develop or update a personalized prevention plan
- Detecting cognitive impairment is a required element of Medicare’s Annual Wellness Visit.
- The existing [Alzheimer’s Association Cognitive Assessment Toolkit](#) is intended for physicians to use during the Medicare AWV. These cognitive assessment tools are used to identify individuals who may need additional evaluation.
- If a physician detects cognitive impairment at an AWV or other routine visit, they may perform a more detailed cognitive assessment and develop a care plan during a separate visit.

SB 48: Medi-Cal: Annual cognitive health assessment

- SB 48 establishes an annual cognitive health assessment as a Medi-Cal benefit for beneficiaries age 65 and older if they are otherwise ineligible for a similar assessment as part of the Medicare Annual Wellness Visit.
- Pending legislative appropriation, Medi-Cal providers will be eligible to receive payment for this Medi-Cal benefit, for Medi-Cal-only beneficiaries, if they:
 - Complete cognitive health assessment training, as approved DHCS
 - Use one of the validated tools recommended by DHCS

Billing Code Determination for SB 48

- No appropriate Category I CPT code identified
 - 99483 (Category I code) used in Medicare for 50-minute cognitive health assessment & care plan services
 - SB 48 aims to reimburse for a *brief* cognitive health assessment
- 1494F identified as code for new SB 48 Medi-Cal benefit
 - Category II CPT code, for performance measurement
 - SB 48 incentive payment tied to utilizing this code
 - Medi-Cal-only beneficiaries (not duals)