Dementia Aware and Senate Bill (SB) 48

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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)