

Tribal and Designees of Indian Health Programs Meeting Summary & Questions

Meeting Summary:

The DHCS hosted a Tribal and Designees of Indian Health Programs Representatives meeting on February 24, 2022 from 1:00 p.m. to 4:05 p.m. via WebEx. The meeting materials were distributed before the meeting and are now posted on the [DHCS website](#).

Attendees included representatives from the following Tribes, Tribal Health Programs (THPs), and Urban Indian Health Organizations:

- American Indian Health and Services
- Bridgeport Indian Colony
- Chapa-De Indian Health Program
- Colusa Indian Health Clinic
- Consolidated Tribal Health Project, Inc.
- Feather River Tribal Health, Inc.
- Greenville Rancheria
- Indian Health Council, Inc.
- K'ima:w Medical Center
- Karuk Tribe
- MACT Health Board, Inc.
- Mathieson Memorial Health Clinic
- Northern Valley Indian Health
- Pit River Health Service, Inc.
- Redding Rancheria
- Rincon Band of Luiseño Mission Indians of the Rincon Reservation
- Rolling Hills Clinic
- Santa Ynez Tribal Health Clinic
- Scotts Valley Band of Pomo Indians
- Sierra Tribal Consortium, Inc.
- Sonoma County Indian Health Project, Inc.
- Southern Indian Health Council
- Toiyabe Indian Health Project, Inc.
- Tule River Indian Health Center
- United American Indian Involvement, Inc.
- United Indian Health Services, Inc.
- Yurok Tribe of the Yurok Reservation

Indian Health Organizations:

- California Rural Indian Health Board (CRIHB)
- California Consortium for Urban Indian Health (CCUIH)
- Indian Health Services-California Area Office (IHS-CAO)

Items Reviewed:

- Governor's Proposed Fiscal Year 2022-2023 Update (Slides 3-4)
- Update on CalAIM Implementation (Slides 5-36)
- Non-MAGI Medi-Cal Asset Limit Changes (Slides 37-43)
- Behavioral Health Update (Slides 44-71)
- Telehealth and Medi-Cal Benefits Update (Slides 75-80)

Due to a shortage of time, all presentation materials were not discussed at this meeting. A follow up meeting is scheduled for March 21, 2022. To register for the meeting please visit [DHCS' Indian Health Program](#) website. The following items will be reviewed at the follow-up meeting:

- Update on Tribal Engagement Plan (Slides 72-74)
- Update on COVID-19 Vaccination Rates (Slides 81-92)

For details on the items discussed during the meeting please refer to the [presentation slides](#) indicated above and other meeting materials available on the [DHCS website](#).

Tribal and Designees of Indian Health Programs Meeting

Summary & Questions

Questions and Responses

Governor's Proposed Fiscal Year 2022-2023

1. **Question:** Is the Department considering ongoing funding for the restoration of local assistance grant funding in the Indian Health Program (IHP) over multiple fiscal years?

DHCS Response: Thank you for your comments. The Department will take this under consideration.

Update on CalAIM Implementation

2. **Question:** For clinics that are not contracted with Managed Care Plans (MCPs), what options do they have to participate in Enhanced Care Management (ECM) and Community Supports (In Lieu of Services [ILOS]) programs?

DHCS Response: There are two incentive programs, the Providing Access & Transforming Health (PATH) and the California Advancing & Innovating Medi-Cal (CalAIM) Incentive Payment Program (IPP). For the CalAIM IPP, funding will go through the MCPs to the providers. PATH is application based and community-based organizations (CBOs), including Tribal Health Programs (THPs), will be able to apply directly for funding to help support ECM and ILOS services. For additional information, please see [DHCS' PATH and IPP Overview PowerPoint](#) and the [CalAIM Frequently Asked Questions: PATH Support](#).

3. **Question:** How will DHCS ensure that MCPs are informed of the changes in CalAIM so that THPs will be reimbursed in a timely manner?

DHCS Response: The Department released a Request for Proposal (RFP) for MCP procurement and one of the provisions to the contract that will apply to all MCPs is that plans have a specific liaison for THPs. The liaison will be a single point of contact for THPs and will work with the clinics to coordinate referrals as well as prompt payments. For additional information about this RFP, please see [DHCS' RFP #20-10029](#) webpage.

4. **Question:** How will CalAIM's Foster Care Model of Care affect Tribes and THPs? Will there be additional requirements from the California Department of Social Services (CDSS) and DHCS? Will there be Tribal consultation for this?

DHCS Response: At this time, the Department is reviewing the stakeholder work that was completed by the CalAIM Foster Care Model of Care Workgroup. The Department plans to reconvene the workgroup by late summer or early Fall this year. A public comment period will be available with the release of the proposal.

5. **Question:** Will THPs be affected by the CalAIM regional capitation rates with shared savings and risks?

Tribal and Designees of Indian Health Programs Meeting Summary & Questions

DHCS Response: The final structure of regional rates and shared risk/savings has not been finalized at this time. However, it is not expected that they will impact THPs.

6. **Question:** How are Community Supports made available to rural communities? Is additional funding provided to rural communities to make sure the availability of services is equitable?

DHCS Response: MCPs are encouraged to offer Community Supports that are designed to address social drivers of health. On the DHCS web site, you may view a list of the Community Supports that each MCP has committed to offering by county. To view this information, see [DHCS' Community Supports](#) webpage, and please select [Community Supports Elections](#) (by County and MCP) under the resources section. For additional information, please see the [Community Supports Fact Sheet](#). You may also view the list of presentation materials from the February 24, 2022 meeting on the [Office of Tribal Affairs – Meetings, Webinars, and Presentations](#) webpage.

In addition, there is also PATH funding which is not intended for MCPs, but for counties and CBOs. Information on how those funds will be distributed will be posted on the DHCS web site in the near future. The Department also expects MCPs to provide DHCS with a gap analysis and a proposed plan of action to address health disparities in their counties.

7. **Question:** Are chiropractic services billable for Indian Health Service-Memorandum of Agreement (IHS-MOA) and Tribal Federally Qualified Health Center (Tribal FQHC) clinics?

DHCS Response: For IHS-MOA clinics, chiropractic services are reimbursed at the All-Inclusive Rate (AIR) for the following beneficiaries:

- Pregnant women, if the chiropractic service is part of their pregnancy-related services or services for a condition that might complicate the pregnancy.
- Individuals who are eligible for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

For all other American Indian beneficiaries, IHS-MOA clinics are able to receive reimbursement for chiropractic services through the Tribal Uncompensated Care pool.

Tribal FQHCs are eligible for reimbursement at the Alternate Payment Methodology (APM), which is set at the AIR, for chiropractic services for all beneficiaries.

8. **Question:** Will ECM be available to dual eligible beneficiaries?

DHCS Response: Currently, members who are in Cal MediConnect and the Program for All Inclusive Care for the Elderly (PACE) are not eligible for ECM. However, with the upcoming transition to the Dual Eligible Special Needs Plan (D-SNP) effective January 1, 2023, dual eligible beneficiaries will be eligible for ECM. For additional information, please see [DHCS' The Future of Cal MediConnect](#) web page.

Tribal and Designees of Indian Health Programs Meeting Summary & Questions

9. Question: Where can we view the incentive schedule offered to the MCPs for CalAIM?

DHCS Response: For information on the Community Supports that MCPs have opted to provide and when they will be implemented, please see [DHCS' Community Supports](#) webpage, [Community Supports Fact Sheet](#), and the [CalAIM Incentive Payment Program FAQ](#).

10. Question: Is it feasible for DHCS to schedule additional meetings with Tribal clinics and representatives to review the CalAIM initiatives in depth and produce a collaborative document summarizing all of the initiatives?

DHCS Response: DHCS will gladly discuss CalAIM one-on-one to see how the Department can further help bridge any gaps in information. Please note that [DHCS' CalAIM](#) webpage was recently redesigned so that the information is easy-to-follow and contains the latest updates. Additional information is also available in the [DHCS' CalAIM Waiver Public Hearing Presentation](#) from the April 30, 2021 meeting and the [Tribal Public Notice](#). You may view presentation materials from this meeting as well as other meetings for CalAIM on [DHCS' Indian Health Program](#) website.

Behavioral Health Update

11. Question: What is the current status of DHCS' proposal for traditional healers and natural helpers?

DHCS Response: In 2021, DHCS submitted a [request](#) to CMS to add traditional healers and natural helpers to the CalAIM initiative. CMS has neither approved nor denied the request, so it is still pending.

12. Question: Will each individual clinic vet and select the traditional healer/natural helper or will a clinic or someone be designated?

DHCS Response: As of now, the Department has a high level approach for which DHCS is requesting feedback on from Tribes and Tribal representatives. From the responses DHCS has received so far, the approach may be to allow flexibility for the individual provider to be able to implement the protocols or processes to vet, identify, and document who the traditional healer/natural helpers will be and the covered services they would deliver.

13. Question: In regards to the proposal for traditional healers and natural helpers, is there a requirement for evidence-based practices?

DHCS Response: Yes, in the request that was submitted to the Centers for Medicare and Medicaid Services (CMS), there is a requirement for Indian Health Care Providers (IHCP) that participate in the Drug Medi-Cal Organized Delivery System (DMC-ODS) to implement at least two of the following evidence-based treatment practices, which was developed by the Department in consultation with Tribal and Urban Indian partners:

- Motivational Interviewing
- Cognitive Behavioral Therapy

Tribal and Designees of Indian Health Programs Meeting Summary & Questions

- Relapse Prevention
- Trauma-Informed Treatment
- Psycho-Education

For clarification, the expectation is for the IHCP that is providing traditional healing services, to also offer at least two of the evidence-based practices referenced above.

14. Question: Will the Department schedule a follow-up meeting to discuss the remaining agenda items that were not addressed today due to time?

DHCS Response: Yes, the Department has scheduled a follow-up meeting on March 21, 2022 from 1:00 p.m. – 3:00 p.m. The agenda items include an update on the Tribal Engagement Plan and COVID-19 vaccination rates. To register for the meeting please visit [DHCS' Indian Health Program](#) website.

15. Question: Will the Department consider extending traditional healer and natural helper services to other areas of mental health, such as suicide prevention or grief support for suicide loss survivors?

DHCS Response: As of now, the Department is seeking approval for traditional healers and natural helpers within the DMC-ODS programs. However, if the proposal is approved, the Department may seek to expand the scope of individuals who would be eligible for these services in the future.

Next Steps:

- A follow up meeting to the February 24, 2022 Tribal and Indian Health Program Representatives meeting is scheduled for March 21, 2022. To register for the meeting please visit [DHCS' Indian Health Program](#) website.
- The next Tribal and Indian Health Program Representatives meeting is scheduled for May 23, 2022. Registration information will be posted to the [DHCS' Indian Health Program](#) website when available.