

# 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 May 23, 2022 from 9:30 a.m. to 3:30 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
- Central Valley Indian Health, Inc.
- Chapa-De Indian Health Program
- Colusa Indian Health Clinic
- Consolidated Tribal Health Project, Inc.
- Feather River Tribal Health, Inc.
- Fresno American Indian Health Project
- Indian Health Center of Santa Clara Valley
- Indian Health Council, Inc.
- K'ima:w Medical Center
- Lake County Tribal Health Consortium
- Mathieson Memorial Health Clinic
- Northern Valley Indian Health
- Pit River Health Service, Inc.
- Riverside – San Bernardino County Indian Health
- Rolling Hills Clinic
- Scotts Valley Band of Pomo Indians
- Southern Indian Health Council
- Toiyabe Indian Health Project, Inc.
- Tule River Indian Health Center

## 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:

- Public Health Emergency Unwinding (Slides 3-5)
- DHCS Coverage Ambassadors Webinar (Slide 6)
- DHCS Director's Update (Slide 7)
- Medi-Cal Eligibility and American Indian Youth in Foster Care (Slides 8-12)
- CalAIM Enhanced Care Management & Community Supports (Slides 13-33)
- Behavioral Health Update (Slides 35-61)
- Children and Youth Behavioral Health Initiative (Slides 62-79)
- Quality and Population Health Management Program Update (Slides 80-93)
- Managed Care Transition Update (Slides 94-105)
- Update on COVID-19 Vaccination Rates (Slides 106-115)
- Items for Next Meeting/Final Comments (Slides 116)

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

#### DHCS Director's Update

- 1. Question:** DHCS responded to a previous inquiry that State Plan Amendment 22-0001 did not allow for reimbursement for Community Health Worker (CHW) or Community Health Representative (CHR) services in Tribal 638 clinics because the Federal All-Inclusive Rate (AIR) already factored the cost of these services in the rate calculation. However, CRIHB has verified that the Indian Health Service (IHS) does not factor CHW/CHR services in the calculation of the federal AIR. Therefore, would DHCS consider reimbursement at the AIR for CHW/CHR services provided at Tribal 638 clinics?

**DHCS Response:** The AIR is set by the Federal Office of Management and Budget (OMB) based on cost reports submitted by IHS facilities. DHCS has reached out to federal partners to confirm the Department's understanding of the inclusion of CHW/CHRs in the AIR calculations. Please note the exclusion of the CHW/CHR provider type in Page 2, Paragraph A of the [DHCS State Plan Supplement 6 to 4.19-B](#) is not indicative of what is included in the federal rate calculation, but rather a list of health professionals that may bill under the AIR for Medi-Cal. DHCS will provide an update after information from federal partners is received.

#### Medi-Cal Eligibility and American Indian Youth in Foster Care

- 2. Question:** Can American Indian youth beneficiaries who are enrolled in a Managed Care Plan (MCP) in a County Organized Health System (COHS) seek services at a Tribal clinic?

**DHCS Response:** Yes, American Indian/Alaskan Native beneficiaries may seek services at a Tribal clinic whether the clinic is contracted with the MCP or not, even in a COHS county. Please see [All Plan Letter \(APL\) 17-020](#) and [APL 21-008](#).

#### CalAIM Enhanced Care Management (ECM) & Community Supports

- 3. Question:** According to DHCS, Community Support Providers must have sufficient experience and expertise in the provision of the services being offered and have a history of serving Medi-Cal members in a community-based manner. Our clinic can offer new services and will try to expand the services that we currently provide. Is it acceptable that we will not have a history of providing new services?

**DHCS Response:** MCPs are required to vet the qualifications of the provider or provider organization to ensure they can meet the standards and capabilities required to be a Community Supports Provider. MCPs create and implement their own processes to do so. MCPs may consider experience as a factor.

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4. **Question:** Are in-person services a requirement for ECM or can these services be provided via telehealth?

**DHCS Response:** ECM is primarily in-person based and required to be delivered in a community-based, member-centered manner to the greatest extent possible. Examples include meeting with members in the community or in places where members live, seek care, or prefer to access services in order to provide the majority of ECM core services. Public health precautions and recommendations should be used to accomplish the community-based, in-person approach of ECM.

### Children and Youth Behavioral Health Initiative

5. **Question:** Are Urban Indian Health Programs and Federally Qualified Health Centers (FQHCs) included in the Children and Youth Behavioral Health Initiative (CYBHI)?

**DHCS Response:** Yes, Urban Indian Health Programs and FQHCs are included in the CYBHI as it relates to multiple work streams. For example, the behavioral health virtual services platform (Platform) will serve Native American/Alaskan Native children and youth. In addition, the Platform will provide children and youth with linkages to community-based providers, including Urban Indian Health Programs and FQHCs. For the school-linked partnership/capacity grants and the evidence-based/community-defined practices grants, Urban Indian Health Programs and FQHCs are potential recipients of these grants. However, DHCS is still working with stakeholders, including tribal partners, to obtain feedback on grant decision and decisions have not yet been made. For the statewide all-payer fee schedule, which will be implemented in 2024, DHCS, in collaboration with the Department of Managed Health Care, will develop and maintain a statewide network of providers who are eligible for reimbursement under the statewide all-payer fee schedule. This network could include Urban Indian Health Programs and FQHCs.

6. **Question:** Regarding the initiative around behavioral health virtual services and the e-consult platform, will Tribal clinics be reimbursed for the delivery of these services?

**DHCS Response:** The Department sought guidance and approval from the Centers for Medicare and Medicaid Services (CMS) for e-consult services as part of the flexibilities allowed due to the Public Health Emergency, however, CMS did not approve them. Consequently, there is no FQHC/RHC/Tribal 638 clinic reimbursement for e-consult services at this time.

7. **Question:** Has the Department discussed and considered supporting culturally appropriate practices for behavioral health services for American Indian youth?

**DHCS Response:** Yes, the appropriateness of practices and culturally appropriate services including community defined practices have been a topic of discussion and consideration at the Department. DHCS is seeking stakeholder input, including from tribal partners, about the selection of practices to scale, as well as to inform outcomes and specific populations of focus.

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### Managed Care Transition Update

8. **Question:** Will providers need to be re-credentialed during the managed care transition?

**DHCS Response:** The Department will review and communicate the credentialing and re-credentialing requirements for the managed care transition to the MCPs.

9. **Question:** Since United Healthcare will be leaving the Medi-Cal market in 2023, will there be any information in the United Healthcare beneficiary notices about the 2024 plan options?

**DHCS Response:** The Department will take this back for discussion. Thank you for the comment.

### Next Steps:

- The next Tribal and Indian Health Program Representatives meeting is scheduled for August 12, 2022. Registration information will be posted to the [DHCS' Indian Health Program](#) website when available.