

Tribal and Designees of Indian Health Programs Meeting Summary & Questions

Meeting Summary:

DHCS hosted a Tribal and Designees of Indian Health Programs Representatives meeting on August 12, 2022 from 9:30 a.m. to 12:30 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
 - Feather River Tribal Health, Inc.
 - Fort Yuma Indian Health Service
 - Indian Health Council, Inc.
 - Karuk Tribe
 - Lake County Tribal Health Consortium
 - Mathieson Memorial Health Clinic
 - Northern Valley Indian Health
 - Pit River Health Service, Inc.
 - Redding Rancheria
 - Riverside – San Bernardino County Indian Health
 - Scotts Valley Band of Pomo Indians
 - Sierra Tribal Consortium, Inc.
 - Sonoma County Indian Health Project
 - Southern Indian Health Council
 - Toiyabe Indian Health Project, Inc.
 - Tule River Indian Health Center
 - United Indian Health Services
 - Warner Mountain Indian Health Board
- Indian Health Organizations:
- California Rural Indian Health Board (CRIHB)
 - Indian Health Services-California Area Office (IHS-CAO)

Items Reviewed:

- DHCS Director's Update (Slide 3)
- Medi-Cal Benefits Update (Slides 4-15)
- Update on COVID-19 Vaccination Rates (Slides 16-25)
- Office of Tribal Affairs Update (Slides 26-33)
- Overview of ECM/Community Supports and PATH (Slides 34-50)
- Questions & Answers (Slide 51)
- Items for Next Meeting/Final Comments (Slide 52)

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](#).

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Questions and Responses

DHCS Director's Update

1. **Question:** Can the Department please include a Tribal representative from the Fort Bidwell Reservation in the Equity and Practice Transformation discussions?

DHCS Response: Yes, please send the representative's contact information to TribalAffairs@dhcs.ca.gov.

2. **Question:** Will there be tribal set asides for the California Advancing and Innovating Medi-Cal (CalAIM) Providing Access and Transforming Health (PATH) initiative?

DHCS Response: Currently there are no designated set asides for the CalAIM PATH initiative. However, Tribal Health Programs (THPs) are eligible to apply for PATH funding.

Medi-Cal Benefits Update

3. **Question:** In the Medi-Cal bulletin for coverage of Community Health Worker (CHW) services effective July 1, 2022, it states that providers are encouraged to develop a written plan of care when a need for multiple or ongoing CHW services is identified and that a licensed provider must review the beneficiary's plan of care at least every six months. Will the plan of care requirement apply to Tribal providers or will there be a different set of requirements for Tribal providers in Medi-Cal?

DHCS Response: The requirements outlined in the [CHW Medi-Cal bulletin](#), including the plan of care requirements, do apply to all providers and that includes Tribal clinics as well. To clarify, a written plan of care is required for continued CHW services after 12 units (1 unit is 30 minutes) of care per beneficiary in a single year, with the exception of services provided in the Emergency Department. The written plan of care must be developed by one or more licensed providers and a licensed provider must review the beneficiary's plan of care at least every six months. Information about the plan of care requirements is also outlined in the [CHW Provider Manual](#).

4. **Question:** Are CHW services carved-out of Managed Care Plans (MCPs)?

DHCS Response: CHW services are not carved-out of MCPs. DHCS will release a Managed Care All Plan Letter (APL) soon with additional information. The APL will be posted on the [DHCS Managed Care APL](#) webpage.

Office of Tribal Affairs Update

5. **Question:** What will be the reporting requirements for the Indian Health Program (IHP) Grant?

DHCS Response: The reporting requirements for the IHP Grant are currently under development. The Department will outline the requirements in the IHP Request for Application (RFA) that will be released.

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6. **Question:** What are the steps that the Department will take to ensure that the contracts for the IHP Grant are simplified and do not contain duplicative reporting requirements?

DHCS Response: DHCS is making an effort to simplify the reporting requirements and the application process for the IHP Grant in order to gather only the information that the Department needs to execute it while still meeting state requirements. The Department had proposed the use of the Government Performance and Results Act (GPRA) as one of the data reporting options. However, hearing the concerns from THPs, DHCS is also looking at the possibility of using an alternative data source. The Federal Indian Health Service-California Area Office confirmed that GPRA data is no longer published.

7. **Question:** Will Tribal clinics have an opportunity to review the draft contract for the IHP Grant?

DHCS Response: Typically the Department provides a copy of the draft contract to the grantee. More information will be released as the Department moves through the RFA process.

8. **Question:** Can the Department please clarify the mentioned change for Ordering, Referring, and Prescribing (ORP) providers?

DHCS Response: In regards to the update for ORP providers, the requirement for Medi-Cal is that a provider that is employed at a Tribal facility must be enrolled through the Medi-Cal ORP process which is through [DHCS' Provider Application and Validation for Enrollment \(PAVE\)](#) system. Medicare enrollment to satisfy the ORP enrollment requirement is no longer acceptable. Please note that the [ORP Validation Tool](#) on the Medi-Cal website cannot be used at this time to validate enrollment for an ORP provider in Medi-Cal since the tool also pulls data from Medicare. For reference, please see Managed Care [APL 22-013](#) and its [Attachment](#), question #31. In addition, the Department will issue further guidance on this matter.

9. **Question:** Is there a list available of Tribal Federally Qualified Health Centers (Tribal FQHCs) in Los Angeles County?

DHCS Response: There are no Tribal FQHCs in Los Angeles County. Please see [APL 21-008 Attachment #2](#) for a list of Tribal FQHCs in Medi-Cal in each county.

Overview of Enhanced Care Management (ECM), Community Supports, and PATH

10. **Question:** How should THPs make recommendations to local MCPs about Community Support Services that will be beneficial to the Tribal clinics in the communities they serve?

DHCS Response: THPs may make recommendations via a letter addressed to the plan, in direct conversations with the plan, and may also use the local Managed Care Plan meetings to raise issues. In addition, THPs are encouraged to participate in the

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Department's PATH Collaborative Planning and Implementation initiative, to provide feedback on concerns and recommendations to engage MCPs in conversations about Community Support Services. Participants for the Collaborative Planning initiative can apply at www.ca-path.com/collaborative. Please visit <https://www.ca-path.com> for more information on the different PATH initiatives.

11. Question: Once a Community Support Service is implemented by the MCP, are reimbursements to Tribal clinics negotiated?

DHCS Response: Yes, reimbursements to THPs for Community Support Services are negotiated between the THP and MCP. Reimbursement is not at the Medi-Cal FFS rate. Please see the [Non-Binding Community Supports \(ILOS\) Pricing Guidance](#) on the [DHCS CalAIM Enhanced Care Management, Community Supports, and Incentive Payment Program Initiatives](#) webpage which offers information on potential rates for each of the 14 pre-approved Community Supports, including midpoint benchmarks, a range around the benchmarks, and a discussion of key cost drivers for MCPs and Community Supports providers to consider as they establish their own contracting or MOU and payment arrangements. THPs may also apply for Capacity and Infrastructure Transition, Expansion and Development (CITED) funds under PATH to help support the implementation and delivery of Community Supports (for non-service costs). THPs can apply for round one CITED funds between August 1 – September 30, 2022, by visiting www.ca-path.com/cited.

12. Question: Are counties involved in the planning of Community Support Services?

DHCS Response: Yes, both counties and THPs are important partners in the collaborative planning process to provide information and recommendations on the needs of the community to address health disparities. The final decision on whether or not to implement specific Community Supports services, as well as decision to contract with prospective providers, is made by MCPs for each county they operate in. Please note, MCPs are not required to offer the same Community Supports in every county they operate, nor are MCPs in the same county required to offer the same Community Supports. The PATH Collaborative Planning and Implementation Initiative provides collaborative planning support to assist with county and regional collaborative planning efforts among MCPs, providers, local government agencies, counties, public hospitals, Medi-Cal Tribal and Designees of Indian Health Programs, and others to address gaps, issues, and solutions on implementing ECM and Community Supports. [Participant registration](#) for the PATH Collaborative Planning and Implementation initiative is currently open.

13. Question: How do Community Support Services work? For example, if a clinic provides a Community Support Service, such as medically supportive food/medically tailored meals, would the clinic then bill the MCP for that?

DHCS Response: If the MCP offers medically supportive food/medically tailored meals as a Community Support Service, and the clinic is contracted or has an MOU with the MCP to provide this service, then the clinic may bill the MCP for that service at rates negotiated upon. For additional information, please see the

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[Community Supports – Managed Care Plan Elections](#) document for a list of the services offered in a specific county by a specific MCP. Please note that MCPs are actively in the process of working with and contracting with providers for Community Supports services. Members cannot be restricted in their access to Indian Health Services Facilities and may receive Tribal services outside of their county. DHCS previously advised MCPs reach out and engage with THPs in neighboring counties, where Members in their county may go for services. THPs interested in providing Community Supports to MCP members should reach out to the MCPs to discuss establishing an MOU or contracting as a Community Supports provider. THPs may also apply for CITED funds under PATH to help support the implementation and delivery of Community Supports. The round one CITED application window is open between August 1 – September 30, 2022, and can be submitted by visiting www.ca-path.com/cited.

14. Question: How can Tribal clinics request reimbursement for traditional foods, such as game meat and roots, under Medically Supportive Food/Medically Tailored Meals?

DHCS Response: Medically Tailored meals are tailored to the medical needs of the Member by a Registered Dietitian (RD) or other certified nutrition professional, reflecting appropriate dietary therapies based on evidence-based nutritional practice guidelines to address medical diagnoses, symptoms, allergies, medication management, and/or side effects to ensure the best possible nutrition-related health outcomes. Tribal clinics providing the Medically Supportive Food/Medically Tailored Meals Community Support may submit a request to the MCP with the support of a medical professional who is able to clarify the benefits of traditional foods and advocate for their inclusion as part of the service for the Member receiving the Community Support. This may evolve into a larger conversation regarding the medical benefits of traditional foods. THPs may apply to receive PATH technical assistance (TA) services to build data infrastructure, access to best practices for billing and coding that may assist with the operations for reimbursement processing. For more information on PATH TA Marketplace services, please visit <https://www.ca-path.com/ta-marketplace>.

Next Steps:

- The next Tribal and Indian Health Program Representatives meeting will be on November 2, 2022. Registration information will be posted to the [DHCS' Indian Health Program](#) website when available.