

# Tribal and Designees of Indian Health Programs Meeting Summary & Questions

## Meeting Summary:

The DHCS hosted a Tribal and Designees of Indian Health Programs meeting on October 28, 2021 from 1:30 p.m. to 4:30 p.m. via WebEx. The meeting materials have been distributed and can be found 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
- Chapa-De Indian Health Program
- Colusa Indian Health Clinic
- Feather River Tribal Health, Inc.
- Fort Mojave Indian Tribe
- Greenville Rancheria
- Indian Health Center of Santa Clara Valley
- Indian Health Council, Inc.
- K'ima:w Medical Center
- Karuk Tribe
- Lake County Tribal Health
- Mathieson Memorial Health Clinic
- Northern Valley Indian Health
- Pinoleville Band of Pomo Indians
- Pit River Health Service
- Quartz Valley Reservation
- Redding Rancheria Tribal Health System
- Riverside-San Bernardino County Indian Health, Inc.
- Rolling Hills Clinic
- Santa Ynez Tribal Health Clinic
- Scotts Valley Band of Pomo Indians
- Sonoma County Indian Health Project, Inc.
- Southern Indian Health Council
- 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:

- Introduction of New DHCS Director (Slide 3)
- Medi-Cal Rx Implementation Update (Slides 4-14)
- Telehealth and New Medi-Cal Benefits 2022 (Slides 15-20)
- CalAIM Dental Initiatives (Slides 21-32)
- Behavioral Health Continuum Infrastructure Program and Community Care Expansion (Slides 33-48)
- Behavioral Health Update (Slides 49-61)
- Draft Tribal Engagement Plan (Slides 62-67)
- Update on COVID-19 Vaccination Rates (Slides 68-78)

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

### Medi-Cal Rx Implementation Update

1. **Question:** Has the Department thought about how to mitigate any negative impacts on care coordination that may result from carving out pharmacy benefits from Managed Care Plans?

**DHCS Response:** DHCS analyzed this issue and does not anticipate any problems. Health plans indicated early on in the process that they needed data in order for them to continue their care coordination responsibilities. Consequently, they will receive a daily upload of every member utilization and drug that was dispensed to the health plans each day, in a format they can input into their own system. If health plans need something in real time there are clinical liaisons they can contact who can assist with time sensitive requests, such as getting prior authorization approved. In addition, specific members within health plans have been given designated user access, so that they can access information in Magellan's system in real time.

2. **Question:** Studies show that integrated pharmacy benefits are more cost effective than Fee-For-Service (FFS). The Rx carve out model in other states has resulted in approximately a 19% increase in net Medi-Cal pharmacy expenditures. Has DHCS worked through those findings and journal articles, and if so, does it anticipate that it will be an issue?

**DHCS Response:** DHCS staff reviewed those reports and don't believe it is a fair comparison because the other states in the study have done similar, but not the same things. One of the major differences is that California has already carved out the most expensive drug, so that was not taken into account as part of the study. Based on our analysis, we believe this change will result in savings overall for the state.

3. **Question:** What is the status of the 340B funding pool for Tribal community clinics in California and will these clinics be able to access the 340B pool?

**DHCS Response:** Access to the 340B pool for Tribal community clinics has been included in the State Plan Amendment which will be reviewed by the Center for Medicare and Medicaid Services (CMS).

4. **Question:** Will joining the 340B pool reduce Tribal community clinic's reimbursement of pharmacy claims?

**DHCS Response:** A reduction in pharmacy reimbursement would only occur if the 340B pharmacy negotiated a rate with the health plan that is higher than their acquisition cost for reimbursement. The 340B rules for billing in Managed Care are different than in FFS. In Managed Care, a 340B entity can negotiate the price (i.e. the reimbursement) with the Managed Care entity. In FFS, pharmacy reimbursement has two components consistent with state law: 1) average acquisition cost and 2) a professional dispensing fee based on claim volume.

## **Tribal and Designees of Indian Health Programs Meeting Summary & Questions**

5. **Question:** Would DHCS consider reimbursing Tribal FQHCs the All-Inclusive Rate (AIR) for pharmaceuticals? In addition, for particular medications that exceed the cost of the AIR reimbursement, will the Department consider a process to allow clinics to bill the actual cost, similar to what is being done currently in Arizona?

**DHCS Response:** Please email DHCS staff at [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov) the information from Arizona and your request so we can put together the right team to review and discuss the material. Once we have more information, staff can make a determination.

### **Telehealth and New Medi-Cal Benefits 2022**

6. **Question:** Do behavioral health case workers or managers fall into the Community Health Worker (CHW)/Community Health Representative (CHR) category?

**DHCS Response:** Behavioral health case workers or managers are not currently included as part of the CHW/CHR scope of services.

7. **Question:** Would it be possible to include behavioral health case workers or managers as part of the CHW/CHR scope of services because there is currently no way to pay them?

**DHCS Response:** DHCS believes behavioral health case workers or managers would be a component part of the full spectrum of services and supports that are provided. We require case management services through our managed care plans, but we do recognize DHCS has a different construct for individuals in the FFS delivery system where beneficiaries may not have an identified case manager and record. Please send questions and comments to us via email at [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov) so we can understand what you are envisioning and see if it might be something that falls under the scope of CHWs/CHRs.

8. **Question:** Is DHCS considering CHW or CHR as an AIR eligible encounter, especially in regards to Tribal Federally Qualified Health Centers (FQHCs)?

**DHCS Response:** DHCS has not yet discussed the reimbursement component of CHWs and CHRs. Please submit any information you would like to share or any input you have to [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov) and we will take it back to the team to discuss.

9. **Question:** Will CHWs/CHRs be a billable provider that is reimbursed at the AIR?

**DHCS Response:** The Department will review the reimbursement component for CHW/CHR services.

10. **Question:** Will non-clinic Tribal and Urban Indian organizations be able to bill for CHW services?

**DHCS Response:** The draft proposal allows for CHWs to provide services at non-clinic sites, but this has not yet been approved by CMS.

## **Tribal and Designees of Indian Health Programs Meeting Summary & Questions**

11. **Question:** Has the Department received a letter from CRIHB regarding CHWs/CHRs and community health aid programs?

**DHCS Response:** Yes, the Department has received the letter from CRIHB and we will review and provide a response. Thank you for following up.

12. **Question:** CRIHB also submitted another letter to the Department regarding synchronous telehealth. We look forward to discussing the next steps with you.

**DHCS Response:** The Department will also review this letter and provide a response. Thank you for following up.

### **Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion**

13. **Question:** If clinics work with other tribal health programs on the planning grant, would that tie into some of the brick and mortar construction dollars?

**DHCS Response:** There are allowable costs that will go towards construction type efforts, such as permits. In addition, once we release the Request for Applications (RFAs), the Department will host a webinar within a week to further address questions.

14. **Question:** In terms of the facility's funds, is there an opportunity for retrofitting of existing buildings?

**DHCS Response:** Funding will be only for new or expanding infrastructure. Expanding beds or outpatient capacity are some examples of expanding existing infrastructure.

15. **Question:** Which entities will be eligible for the grant?

**DHCS Response:** Counties, tribal entities, non-profit and for-profit entities will be eligible. A tribal entity means a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined in [Section 1603 of Title 25 of the United States Code](#).

16. **Question:** Will there be tribal set asides for the grant?

**DHCS Response:** The Department is currently looking into this matter and will provide an update as soon as the decision is available.

### **Behavioral Health Update**

17. **Question:** Information online shows that CMS has approved California's Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver amendment. Has this been approved and were traditional healers and natural helpers not included in the amendment that the Department sent to CMS?

## Tribal and Designees of Indian Health Programs Meeting Summary & Questions

**DHCS Response:** As part of the California Advancing and Innovating Medi-Cal Program (CalAIM), DHCS is seeking expenditure authority to allow federal reimbursement for DMC-ODS services that are provided by traditional healers and natural helpers. The proposal is currently under review by CMS.

### Tribal Engagement Plan Introduction

18. **Question:** How is the tribal engagement plan different than tribal consultation?

**DHCS Response:** The tribal engagement plan is a component of tribal consultation. It is not meant to replace tribal consultation but to complement it.

### Next Steps:

- DHCS will host a third stakeholder meeting regarding Community Health Worker services as a Medi-Cal benefit via WebEx/telephone from 3:00 to 5:00 p.m. on Wednesday, December 1, 2021. You are also welcome to submit written comments to DHCS before or after the meeting by emailing our new mailbox at [CHWBenefit@dhcs.ca.gov](mailto:CHWBenefit@dhcs.ca.gov).
- The next Tribal and Indian health program representatives' webinar is scheduled for February 24, 2022. To register for the meeting please visit [the Indian Health Program website](#).