

# 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 August 17, 2021 from 9:30 a.m. to 12:30 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
- Central Valley Indian Health, Inc.
- Chapa-De Indian Health Program
- 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
- MACT Health Board, Inc.
- Mathieson Memorial Health Clinic
- Northern Valley Indian Health
- Pinoleville Band of Pomo Indians
- Pit River Health Service
- 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
- Sierra Tribal Consortium, Inc.
- Sonoma County Indian Health Project, Inc.
- Southern Indian Health Council
- Strong Family Health Center
- Toiyabe Indian Health Project
- Tule River Indian Health Center
- Tuolumne Me-Wuk Indian Health Center
- United American Indian Involvement, Inc.
- Washoe Tribe of Nevada and California

## Indian Health Organizations:

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

## Items Reviewed:

- Director's Update (Slides 3-5)
- DHCS Initiatives Update (Slides 6-13)
- Behavioral Health Update (Slide 14)
- Telehealth and New Medi-Cal Benefits (Slides 15-17)
- Introduction of Statewide Behavioral Health Needs Assessment (Slides 18-20)
- Medi-Cal Managed Care Update (Slides 21-30)
- Update on Covid-19 Vaccination Rates (Slides 31-41)

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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## Summary & Questions

### Questions and Responses

#### Director's Update

1. **Question:** Tribal health programs are able to receive reimbursement for chiropractic services through the Tribal Uncompensated Care (UCC) pool. Will this serve as a vehicle to provide reimbursement for other optional benefits that may be reduced?

**DHCS Response:** Correct. If there are future reductions with optional benefits, the UCC pool will be a vehicle to provide reimbursement for those services. As a reminder, the UCC pool had been originally set up for optional benefits that had been eliminated under the Medi-Cal program. As those benefits have been restored, they are no longer reimbursable under UCC because they are now reimbursed through Medi-Cal. Currently, the only optional benefit that has not been restored by the legislature is chiropractic services, and therefore, tribal health programs may receive reimbursement for chiropractic services through UCC.

2. **Question:** What is the Department's definition of a traditional healer to qualify for reimbursement through Medi-Cal?

**DHCS Response:** The definition of a traditional healer is still in development. DHCS will schedule a meeting with tribal health programs to hear recommendations and share those recommendations in our discussions with the Centers for Medicare and Medicaid Services (CMS).

#### DHCS Initiatives Update

3. **Question:** How will the Department implement the Children and Youth Behavioral Health Initiative so that Medi-Cal providers can participate in the program?

**DHCS Response:** Since the program will be statewide for all children and youth, regardless of insurance type or status, policies for the program will be consistent across all delivery systems in California. For the Medi-Cal Program, services will be provided through the Managed Care Plan or the county's network of providers. Medi-Cal beneficiaries will have access to the same providers who are currently providing behavioral health services and we hope that more providers will contract to provide services. There will be a predefined set of services and a standardized fee schedule for reimbursement across the board for all delivery systems, including both Medi-Cal and commercial. Providers will also be able to utilize e-consult services through the virtual platform if they want to check in with a mental health or Substance Use Disorder (SUD) subject matter expert.

4. **Question:** Can the Department provide information on where the one-time dollar funds for the Children and Youth Behavioral Health Initiative will be allocated?

**DHCS Response:** The Proposal, which includes funding information and a summary of each component of the Behavioral Health Initiative, is available on the DHCS web site at the following link:

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<https://www.dhcs.ca.gov/services/MH/Documents/CBHPC-General/CBHPC-Summary-of-CHHS-ChildrenYouth-BHI.pdf>.

DHCS will continue to engage with Indian health programs on this initiative as the Department builds on the policy.

5. **Question:** CRIHB submitted a letter to CMS outlining recommendations related to the 1115 and 1915(b) Waivers. One of those recommendations is to maintain Domain 4 of the Dental Transformation Initiative (DTI). Another recommendation is for DHCS to continue to engage in tribal consultation, tribal clinic engagement, and tribal advisory as the Department seeks approval for the 1915(b) Waiver.

**DHCS Response:** Thank you for highlighting CRIHB's recommendations. Although federal regulations did not require a full public comment period, DHCS chose to do a full consultation and comment period for the 1915(b) Waiver process to help ensure engagement and transparency. DHCS is committed to continuing to engage and consult with tribal and designees of Indian health programs as the Department seeks approval for the 1915(b) Waiver.

Regarding DTI, the Department is looking into providing supplemental payments for both preventive services and for continuity of care for adult and child beneficiaries, which builds upon Domains 1 and 3. The Department is also adding caries risk assessment and silver diamine fluoride for select populations, which builds upon Domain 2. Domain 4 was not continued, however, Domain 4 initiatives build upon the other 3 Domains of DTI.

### Behavioral Health Update

6. **Question:** Will traditional healers be required to provide two evidence-based traditional healing modalities and can the Department provide clarification on what evidenced-based practices are available?

**DHCS Response:** Evidence-based practices are a requirement for Drug Medi-Cal Organized Delivery System counties who must provide at least two evidence-based practices. The Department is requesting CMS allow billing for services provided by traditional healers in American Indian/Alaskan Native (AI/AN) communities. What those services will be and who would be able to provide them have not been defined at this time. The Department would like to hear from Tribes and Indian health programs on how those services should be defined because how evidence is gathered and determined in traditional healing practices is different than in the standard medical model. DHCS will schedule a meeting to solicit further input.

7. **Question:** Will Community Health Workers (CHW) be reimbursed for services related to medical, dental, and behavioral health and what type of reimbursement is being considered for CHWs?

**DHCS Response:** The Department is looking into CMS' definition of preventive services and we are still in the early stages of the development of this benefit. The Department has not decided what is possible under the dental or behavioral health

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categories. We encourage input from tribes and Indian health programs regarding CHW/Community Health Representative (CHR) services as a Medi-Cal benefit and the associated reimbursement rates.

DHCS will hold meetings to engage in discussion with tribes and Indian health programs around CHW/CHR benefits.

8. **Question:** Can the Department provide information regarding reimbursement for supervisors at Indian Health Service/Memorandum of Agreement (IHS/MOA) clinics?

**DHCS Response:** This is under development and the Department is looking into ways in which these services may be reimbursed at IHS/MOA, Tribal Federally Qualified Health Center (FQHC), and FQHC clinics. The Department encourages stakeholder feedback as we develop this benefit.

9. **Question:** What place of service codes can an IHS-MOA provider bill with?

**DHCS Response:** Place of service codes are not used for purposes of Medi-Cal billing for IHS/MOA, Tribal FQHC, or FQHC providers for claims submitted to the DHCS Fiscal Intermediary. Therefore, we are unable to provide further guidance at this time.

10. **Question:** Do Tribal FQHCs need to request a Scope-of-Service change to adjust the per-visit rate paid under the Alternative Payment Methodology?

**DHCS Response:** DHCS needs to research this question further with the CMS and DHCS Health Care Financing Division. It is noted that State law and the Medi-Cal State Plan require FQHCs “at large” to submit “a change in scope of service request (CSOSR)” in order to modify the suite of services and the intensity of services for which their clinic specific rate is based on. Once the CSOSR is processed, the clinic specific rate is modified accordingly. However, Tribal FQHCs have a rate that is not based on a clinic specific suite of services or the intensity of those services. Rather, it is determined by the federal government and is the rate that was approved by the CMS when the State added Tribal FQHCs as a Medi-Cal provider type.

11. **Question:** Do the telehealth flexibilities that have been extended through December 2022 include audio and video flexibilities that have been allowed so far?

**DHCS Response:** Yes, that is correct.

12. **Question:** Can the Department elaborate on case management within dyadic services?

**DHCS Response:** This policy will be effective as of July 1, 2022 and is currently under development. The Department will provide an update at the next meeting and share a draft of the policy as soon as it becomes available.

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### Medi-Cal Managed Care Update

13. **Question:** Can the Department provide an update on which counties, and the corresponding managed care plans, that are considering changing their model type?

**DHCS Response:** DHCS released a [Letter of Intent](#) memo that outlines the process the Department will take in reviewing applications requesting to transition to a different model. The Department is still in the process of reviewing the applications.

14. **Question:** Have tribal health programs or urban Indian clinics inquired about engaging with the state in the Medi-Cal Managed Care Plan procurement process?

**DHCS Response:** At this time, the Department is not aware of any tribal health programs or urban Indian clinics that have reached out. However, the Department has encouraged plans to do outreach to tribal partners for this initiative. We will continue to share information regarding the county model change for the 2024 Medi-Cal Managed Care Plan procurement during these meetings.

### COVID-19 Vaccination Rates

15. **Question:** For the COVID-19 vaccination rates, what is your data source for this information? Is this based on billable data?

**DHCS Response:** The data source is the California Immunization Registry (CAIR). It is not based on billable data.

16. **Question:** Will the Department include data that's been collected on the federal level in this report in the future, with regards to beneficiaries who have been vaccinated?

**DHCS Response:** We are currently working with the California Department of Public Health (CDPH) on this to ensure that the Department incorporates data from programs who receive doses directly from the CDC.

### Next Steps:

- DHCS hosted a Tribal and Indian health program representative meeting regarding Community Health Worker/Community Health Representative services on September 8, 2021. Further discussion will be ongoing, including release of a Tribal and designees of Indian health programs notice and customary comment period.
- Meetings are being scheduled to further discuss the use of natural helpers and traditional healers in Fall 2021.
- The next Tribal and Indian health program representatives' webinar is scheduled for October 28, 2021. To register for the meeting please visit [the Indian Health Program website](#).