



**Welcome to the Department of Health Care Services  
Medi-Cal Annual Tribal and Designee Advisory Meeting  
March 6-7, 2013**



# Tribal and Clinic Designee Advisory Process

- DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the Section 5006 (e) of Public Law 111-5, the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS' advisory process is outlined in State Plan Amendment 12-002
- DHCS uses various methods to seek advice, including: written communication (Notices); quarterly webinars; teleconferences; annual Tribal and designee meeting; and meetings by request on Medi-Cal proposals
- Designees:
  - 36 of 39 Indian health clinics have updated their designees since October
  - In the absence of a designee, DHCS continues to direct communications to the clinic Executive Director
  - A current list of designees is posted to the Indian Health Program website at:  
<http://www.dhcs.ca.gov/services/rural/Pages/TribalIndianHealthProgDesigneeMCInfo.aspx>
- Tribal Chairpersons:
  - DHCS completed an update of all Tribal Chairperson in December 2012
  - Additionally, DHCS updates the list on a flow basis when corrections or errors are received

# Medi-Cal

- Medi-Cal is California's version of Federal Medicaid established in 1966 under title XIX of the Social Security Act (SSA)
  - Approximately 8.3 million enrollees in January 2013
  - Providers include over 400 hospitals and 130,000 private providers
- The State Plan - the official contract between the state and federal government by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding
- Medicaid Waivers allow States to apply to the federal government to obtain an exemption (i.e. “waive”) from particular Medicaid statutes. Waivers allow:
  - Flexibility and encourage innovation in administering its Medicaid program to meet the health care needs of its populations
  - Ability to provide medical coverage to individuals who may not otherwise be eligible and/or provide services that may not otherwise be allowed under the regular Medicaid rules
- The three categories of federal Medicaid waivers are:
  - Section 1115: Research and Demonstration Projects, Section 1915 (b): Managed Care/Freedom of Choice Waivers, Section 1915 (c): Home and Community-Based Services Waivers

