



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

The Department of Health Care Services (DHCS) Tribal Engagement Plan

PURPOSE

The purpose of this policy is to guide engagement between DHCS, Tribes, and Indian health program representatives on policies that affect health care for American Indians in California.

AUTHORITY

- [Health and Safety Code Section 124595](#). – Establishes the American Indian Health Policy Panel (AIHPP) to advise DHCS on the level of resources, priorities, criteria, and guidelines necessary to implement the Indian Health Program as well as the level of services provided to American Indians from other State health programs. The director may also seek advice from individuals and groups, other than the policy panel, on program issues.
- [American Recovery and Reinvestment Act of 2009, Section 5006 \(e\)](#) – Requires DHCS establish a Tribal Advisory process in the Medi-Cal State Plan. The Centers for Medicare and Medicaid Services (CMS) approved the DHCS Tribal Advisory [State Plan Amendment \(SPA\) 12-002](#) in 2012. SPA 12-002 outlines the process the DHCS uses to seek advice from all Tribes and 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 Organization prior to submission of SPAs, waivers, and proposals for demonstration projects to CMS.
- [Governor's Executive Order \(EO\) B 10-11 of 2011](#) – Requires that every state agency and department subject to executive control shall encourage communication and consultation with Tribes in California. The EO was reaffirmed by [EO N-15-19](#) in 2019.

BACKGROUND

DHCS currently manages a Tribal and Indian health representative advisory process that includes a combination of (2) in person meetings annually, (4) quarterly webinars, quarterly opportunities to submit written comments regarding changes to the Medi-Cal program, and meetings upon request per ARRA Section 5006 (e) described above. Although these processes meet CMS requirements, they only provide opportunity for input after Medi-Cal policies have been nearly fully, or fully, developed. The DHCS Tribal Engagement Plan will allow the opportunity for Tribal and Indian health representatives to be involved in the development of Medi-Cal policies during scheduled quarterly meetings. Additionally, Tribes and Indian Health program representatives will continue to be able to request separate meetings as needed. DHCS' Tribal Engagement Plan aligns with federal CMS' and other States definitions of Tribal consultation and is inclusive of meaningful Tribal input during the development phase of Medicaid policies.

DHCS' TRIBAL ENGAGEMENT PLAN

The DHCS Tribal Engagement Plan proposes to host regularly scheduled meetings (in-person or virtually as needed) on a quarterly basis that will convene a week following the DHCS Stakeholders Advisory Committee (SAC) meetings. This will allow Tribes and Indian health representatives the opportunity to review and discuss issues that have been presented to the larger SAC to maximize input on initiatives during development as well as provide input on other DHCS activities on a more consistent basis. These meetings are intended to be in addition to the existing DHCS Tribal Advisory Process outlined in the Medi-Cal State Plan. DHCS will also reinstate the AIHPP to provide on-going policy guidance to the department, assist in development of meeting agendas, and facilitate further engagement with Tribes and Indian health program representatives. DHCS is committed to working with the California Rural Indian Health Board, Inc. and the California Consortium for Urban Indian Health, the statutorily mandated nomination organizations, to develop a timeline for the restoration of the AIHPP.

It is noted that California has a unique Indian health program development history whereby California Tribes were the first in the nation to administer their own Indian health programs as compared to Indian health systems in other states that were initially administered by the Federal government. Therefore, California Tribes have developed both "Tribal direct" and "Tribally sanctioned" programs and organizations to represent their health program interests. Likewise, urban Indian Health programs established organizations (UIHOs) to represent their collective interests. The DHCS Tribal Engagement Plan includes the opportunity for input from individual Tribes and their sanctioned entities, and UIHOs. The plan is inclusive of all Tribes in the State and UIHOs, which meets the intent of the federal ARRA, State Executive Order, and existing State law.

IMPLEMENTATION OF THE DHCS TRIBAL ENGAGEMENT PLAN

- 1. Leaders to Contact** - The primary contact for DHCS for each Tribe is the elected Tribal Chairperson or his/her designee by resolution or letter. DHCS maintains a list of Tribal Chairpersons that is updated at least quarterly.
- 2. Issue Identification** - DHCS will meet with Tribes and Indian health program representatives at the earliest possible time in the planning process for policies that impact Tribal members. This includes the development and implementation of these policies, as well as relevant state budget related information. Tribes and Indian health program representatives can also request to meet with DHCS at any time by submitting a written request by email. DHCS will respond to these additional requests to meet within 10 business days to coordinate a meeting either through email or by phone. Requests for additional meetings should be directed to the Office of Tribal Affairs (OTA) by email at TribalAffairs@dhcs.ca.gov. DHCS will also solicit input on a regular-basis from the AIHPP.
- 3. Frequency of Communication** - DHCS will engage in regular and early discussions with Tribes and Indian health program representatives in order to promote effective collaboration. DHCS will at a minimum host quarterly meetings and solicit agenda items prior to the meeting. Meeting agenda and materials will be provided no later than 1 week prior to the event; any exceptions to this timeline will be communicated to Tribes and Indian health program representatives in the meeting notification that goes out. . Tribes and Indian

health program representatives will receive the agenda and meeting materials through email. The OTA will also post all meeting materials to the DHCS website. Tribes and Indian health program representatives should be aware of state policy development timelines, including the [budget](#) and [legislative cycles](#), which guide state decision-making processes.

DHCS will also continue to maintain compliance with the DHCS Tribal Advisory meeting and webinar timeframes as outlined in SPA 12-002, which allows Tribes and designees of Indian health program to request to meet at any time regarding specific DHCS proposals.

- 5. Dissemination** - To foster participation DHCS will use all methods of dissemination of information relevant to Tribes and Indian health program representatives, including email, phone communication, and web.

ROLES AND RESPONSIBILITIES OF DHCS

The DHCS Tribal Engagement Plan applies to all programs and activities and shall serve as a guide for Tribes and Indian health program representatives to participate in Department policy development.

DHCS will ensure ongoing engagement by:

1. Considering DHCS Tribal Engagement requirements as program policy is developed to facilitate early-engagement with Tribes, Indian health program representatives, and UIHOs
2. Ensuring participation of DHCS Executive Staff in Tribal and Indian health program representative meetings/webinars and program specific meetings
3. Hosting meetings at least quarterly and as requested
4. Timely posting of meeting materials and agendas
5. Following-up on identified issues to ensure resolution/timely response
6. Sharing relevant program information, updates, and training opportunities with interested parties
7. Continuing to meet Tribal Advisory Process timelines and responsibilities
8. Maintaining an Office of Tribal Affairs (OTA) to assist DHCS Directorate in increasing engagement with Tribes, Indian health program representatives, and UIHOs. The OTA is responsible for:
 - Serving as the principal entity to facilitate early engagement between DHCS programs and Tribes, Indian health program representatives, and UIHOs
 - Providing support to the AIHPP and coordination of bi-monthly meetings
 - Serving as a technical resource for Divisions on potential impacts of policy/funding proposals
 - Maintaining listservs for Tribal Chairpersons, Indian health program representatives, and UIHOs
 - Managing the ongoing quarterly Tribal Advisory Process on proposed changes to the Medi-Cal program
 - Coordinating with other federal agencies on Indian health related matters including Federal Indian Health Services and CMS

EXPECTATIONS OF TRIBES AND INDIAN HEALTH PROGRAM REPRESENTATIVES

1. Actively engage with DHCS in determining agenda items or areas of interest to include in regular, ongoing meetings.
2. Participate actively in meetings and quarterly webinars.
3. Provide nominations for AIHPP representatives
4. Provide comments, input, and advice on policy development and Medi-Cal proposals sent out for review and comment within requested timelines.
5. Provide updated contact information and Indian health program designees when changes are made or as requested by DHCS.