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 July 29, 2020 from 9:30 a.m. to 1:00 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), Urban Indian Health Organizations, and other interested parties:

- American Indian Health and Services
- Anav Tribal Health Clinic
- Bear River Band of the Rohnerville Rancheria
- Central Valley Indian Health
- Chapa-De Indian Health
- Colusa Indian Health Clinic
- Consolidated Tribal Health Project
- Fresno American Indian Health Project
- Greenville Rancheria
- Indian Health Center of Santa Clara Valley
- Indian Health Council
- K'ima:w Medical Center
- Lake County Tribal Health
- Lake County Tribal Health Board
- MACT Health Board
- Mathieson Memorial
- Northern Valley Indian Health
- Pinoleville Pomo Nation
- Pit River Health Services
- Pit River Health Board
- Redding Rancheria
- Riverside-San Bernardino County Indian Health Program
- Rolling Hills Clinic
- Sacramento Native American Health Center, Inc.
- Santa Ynez Tribal Health Clinic
- Scotts Valley Band of Pomo Indians
- Shingle Springs Health and Wellness
- Sonoma County Indian Health Project
- Southern Indian Health Council
- Toiyabe Indian Health Project
- Tolowa Deeni Nation
- Tule River Indian Health Center
- United American Indian Involvement
- United Indian Health Services
- Washoe Tribal 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)
- One Together Solutions
- Phoenix Area Indian Health Services

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Items Reviewed:

- May Revision – State Budget (Slide 4)
- Medi-Cal 2020 Section 1115 Waiver Extension (Slides 3-12)
- 1915(b) Specialty Mental Health Services Waiver Extension (Slides 13-16)
- Tribal Federally Qualified Health Center (TFQHC) Provider Type State Plan Amendment (Slides 18-20)
- State Fiscal Year 2020-2021 Budget
- Medi-Cal Long-Term Care (LTC) Home Benefit Development (Slides 22-32)

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.

Questions and Responses

Medi-Cal 2020 Section 1115 Waiver Extension

1. **Question:** Will physical therapy be included in the waiver extension?

   DHCS Response: Physical therapy is a benefit in the state plan and therefore is billable today. It was proposed to be eliminated in the budget; however, the legislature rejected the elimination of restored optional benefits and the elimination of Proposition 56 services.

Substance Use Disorder (SUD)

2. **Question:** Can DHCS give an update on how the tribal SUD program is being expanded to the tribal health programs? Can you explain more about the increase in access to SUD for Native Americans?

   DHCS Response: DHCS is in the final stages of developing guidance clarifying the reimbursement process for Indian Health Care Providers (IHCPs) as it relates to Drug Medi-Cal Organized Delivery System (DMC-ODS) counties, and has begun drafting similar guidance for DMC State Plan counties. DHCS continues to implement the Tribal Medication Assisted Treatment (MAT) Project, and to evaluate the recommendations from the Statewide Tribal Needs Assessment that was funded by DHCS and conducted by the University of Southern California, which addresses the opioid crisis in American Indian/Alaskan Native (AI/AN) populations. DHCS continues to work to identify opportunities to provide technical assistance to tribal providers and clinicians to expand access to SUD for Native Americans.

3. **Question:** Can we receive reimbursement for SUD services without going to the county?

   DHCS Response: DHCS is currently in the process of developing guidance to remind counties of their obligations to reimburse IHCPs, which will include information regarding IHCP provider reimbursement. Thus far, the draft guidance related to DMC-ODS communicates that, although IHCP providers do need to receive their reimbursement from the county, they do not need to have a contract established in order to provide and be reimbursed for DMC-ODS services. DHCS is also working to develop similar guidance for DMC State Plan counties and for Mental Health Plans as it relates to

specialty mental health services.

4. **Question:** Can the Department please provide a status update on the proposed State Plan Amendment (20-0006). Would the State Plan Amendment apply to telehealth/telephonic visits for Tribal 638 clinics in addition to TFQHCs?

   DHSC Response: DHCS released a public notice on June 12, 2020, informing stakeholders of the intent to pursue modifications to the Medi-Cal Program via State Plan Amendment (SPA) 20-0006 to expand beneficiary access to SUD individual and group counseling services. DHCS will submit SPA 20-0006 to CMS in August 2020, and the effective date of the changes will be retroactive to July 1, 2020. Once SPA 20-0006 is approved, Tribal 638 and TFQHCs providing DMC State Plan services will be allowed to provide SUD individual counseling services via telehealth, as specified in SPA 20-0006. Group counseling delivered via telehealth will not be reimbursable until Welfare and Institutions Code Section 14132.731 is amended to allow group counseling to be delivered via telehealth.

   Note that for the duration of the federally declared COVID-19 public health emergency, CMS approved California's request to allow individual and group DMC State Plan services provided via telephone or telehealth to be reimbursed.

5. **Question:** Can the Department update on the earlier Organized Delivery System proposal to add native healing and cultural practices for IHS-MOA clinics? Is the Department planning to move ahead with this in spite of the delay in the CalAIM initiative? Will this be an added benefit for TFQHC's?

   DHCS Response: DHCS has posted to the website the 1115 Medi-Cal 2020 Demonstration Waiver 12-month extension request, which includes the following (excerpt):

   > Additionally, the state proposes to take a number of actions to increase access to SUD treatment for American Indians and Alaska Natives, including:
   >
   > - Providing an allowance for specific cultural practices for Tribal 638 and Urban clinics, reimbursement and definitions of scope of practice for the workforce of traditional healers and natural helpers, and culturally specific evidence-based practices.

   If approved, both IHS facilities and Tribal 638 clinics would be permitted to provide and bill for these practices prior to the implementation of the CalAIM waiver, which will not go into effect until January 1, 2022. DHCS will work with CMS and stakeholders to operationalize the requirements, including the reimbursement rate.

6. **Question:** The 12 month extension of the 1115 waiver will provide Medi-Cal funding for county-based pilots to provide residential SUD services in institutions of mental disease. Additionally, the state is asking for a technical change to increase access to SUD treatment services for American Indians and Alaska Natives. What does this mean for tribal Indian health programs that provide SUD services? Also, given that the state is proposing funding to county based pilots, would the state be open to provide similar or comparable support to provide to tribal programs that provide SUD services?

   DHCS Response: In the Medi-Cal 2020 Demonstration Waiver 12-month extension request, DHCS is seeking CMS approval to eliminate the number of stays and days in residential treatment as treatment can often take longer than 30-days, as well as approval to reimburse tribal providers for traditional practices. This request is subject to negotiation and CMS approval. Furthermore, DHCS is finalizing guidance to the counties regarding IHCP reimbursement to ensure counties are aware of their obligations as related to IHCP provision of and reimbursement for DMC-ODS services. DHCS will continue to work with tribal providers and counties on a concrete solution that is operationally and financially clear.

   Note that CMS approved DHCS' 1115 waiver COVID-19 request to suspend the limitation of two non-continuous 90-day stays per year in residential treatment, as well as the current 30-day (for adolescents) and 90-day (for adults) maximums for a single residential stay, during the PHE.

   Tribal FQHC (TFQHC)

7. **Question:** Can DHCS define specialist services in the TFQHC?

   DHCS Response: There is no broad definition but the definition would typically include, cardiologists, pulmonologists or endocrinologists, etc., those that are not primary care. The TFQHC will allow a primary care visit and an ambulatory visit with a specialist on the same day.

8. **Question:** Can DHCS explain how to enroll as a TFQHC so we can plan and be ready when the time comes? Also, can you ensure Partnership Health Plan will be ready and there will not be a delay in reimbursement?

   DHCS Response: For clinics that self-identify as wanting to be a TFQHC, DHCS would update that information in the Provider Master File to show that they have the ability to render three services a day in any combination. It wouldn't be a new enrollment but it would be a designation change of provider type.

   DHCS is working and planning on the requirements to allow the claims to adjudicate properly; however, we cannot move forward until we have final approval from CMS. Additionally, DHCS will ensure we are collaborating with the Managed Care plans.

9. **Question**: For TFQHC provider types, will clinics be able to have care agreements with outside specialists and bill through our clinic at the All Inclusive Rate (AIR) for our Medi-Cal beneficiaries?

   DHCS Response: As long as the contracted specialist is not billing Medi-Cal as well. As a TFQHC they then become part of your organization as contracted providers. You can then bill at the AIR.

10. **Question:** Since specialists are on the list and services provided outside the four-walls is included, does this mean we can bill for outside services under the agreement?

    DHCS Response: Same response as above. Part of the agreement should ensure they are not subsequently billing separate and apart. The agreement should have language the specialist will not bill DHCS for the same services.

11. **Question:** Do we need to use a template agreement approved by DHCS?

    DHCS Response: DHCS will take that into consideration, there are probably some provisions, not the entire agreement, but provisions that the contracted provider does not bill Medi-Cal. DHCS will take this back and discuss with Audits & Investigations as I believe this came up with them in the past. To those clinics on the call if you have some samples of an agreement with similar language/ information, DHCS requests that clinics provide PRIHD to look at to identify commonalities to leverage on what the agreement would look like.

12. **Question**: Will drug and alcohol services be available under the TFQHC as an ambulatory visit, as it is in the current State Plan?

    DHCS Response: Yes, this is currently a benefit in the State Plan for IHS-MOAs. Typically it's counted as an ambulatory visit when provided by a billable provider.

13. **Question:** Will we bill managed care under the TFQHC?

    DHCS Response: Yes, if the patient is a member of managed care.

14. **Question:** We have asked for pharmacy to be at the AIR rate, which is allowable. Where is DHCS on adding pharmacy at the AIR as part of the TFQHC?

    DHCS Response: Pharmacy services are not currently included as one of the benefits in the TFQHC proposal. Pharmacy is separate and apart and clinics will continue to bill as they do today for pharmacy services.

15. **Question:** We have asked for medical imaging, specifically X-ray services to be included in the TFQHC. Where is DHCS at in adding this to the TFQHC?

    DHCS Response: DHCS had to look at the costs involved for the services requested and take into consideration the clinics as a whole to determine what to include in the TFQHC proposal. As each clinic is different in their service populations, some have a higher American Indian/Alaska Native (AI/AN) population than others. DHCS put forward those services that the Department could confidently advance for approval.

Imaging and X-ray services, are part of the AIR. DHCS can continue to have those discussions, but at this point in time, the policy is at 3 visits a day based on expansion on how DHCS proposes to define ambulatory services. Once the SPA is approved, time is needed to see the policy implemented and to obtain data to inform policy discussions internally within the administration. DHCS is happy to meet to discuss, the tribal notice will be sent by August 27, 2020 and the webinar will be on August 31, 2020. There will also be the same 30 day comment period for the tribal notice.

16. **Question:** Are there any changes at this time on how we can report our data to the state for FMAP? This seems like what's holding us back. If I recall the state was using native data from a couple years back to use for FMAP?

    DHCS Response: DHCS continues to work with Indian Health Service California Area Office (IHS/CAO) for obtaining the data from the National Data Warehouse and continue with the process the department has in place. Issues remain with one organization that represents multiple tribal health clinics and affecting about one year's worth of data. DHCS is in a much better place than last reported six months ago.

    A data share agreement with IHS/CAO is in place and two clinic/corporations report directly.

17. **Question:** Can we ensure that the TFQHC include all specialties currently covered under the optional benefit (acupuncture, chiropractic, dental, psychological services, physical therapy, optometry, podiatry, audiology, and speech therapy)?

    DHCS Response: DHCS has not defined "specialist" services in the state plan. With the exception of chiropractic services, those are benefits of Medi-Cal. Chiropractic services are a required service for FQHCs, therefore, it will be a covered service under the TFQHC. Currently, chiropractic services are billable under the uncompensated care waiver and will continue to be covered for tribal health programs that are non-TFQHCs with the 1135 waiver extension through December 2021.

18. **Question:** Will Chiropractic services be available for patients over 21 under the TFQHC?

    DHCS Response: Yes.

19. **Question:** Will pain management and psychiatry within the 4-walls be covered?

    DHCS Response: If the services are provided in the primary care clinic setting and are mild to moderate services that are outside of services under the Specialty Mental Health Services Waiver, and are physician or specialist services, it will be covered.

20. **Question** :For clarification and future discussion: It is my understanding that Tribal PHN intervention of assessment and other services is not reimbursable through the Long-Term Care at home benefit,. In terms of TFQHC, are Tribal PHN visits reimbursable? Under the IHS MOA during Covid-19, are PHN services provided outside of the 4 walls reimbursable?

    DHCS Response: During COVID, there is no change in provider types reimbursable for the MOA clinics. For IHS/MOA clinics PHNs are not a billable provider; however, DHCS

is specifically looking at Certified PHNs as one of the provider types to include in the TFQHC. In regards to the LTC benefit, those services would be provided by the licensed entity providing the service. DHCS must ensure there is not a duplication of efforts, the licensed entity through assessment would have to look at what other services the individual is currently receiving and ensure there is no duplication.

Long-Term Care

21. **Question:** Will the in-home Long-Term Care (LTC) services be payable at the AIR rate?

    DHCS Response: No, the benefits provided will be provided by a licensed entity, a Home Health Agency, Hospice, Program of All-Inclusive Care for the Elderly or county based organization. The rates have not been determined, we are working through that now.

22. **Question:** LTC - personal case management service with Public Health Nurses (PHN) what will the rate be?

    DHCS Response: As stated in Question 21 above, rates have not been determined. DHCS is working through that now and looking at the care plan, the assessment, and coordination by the licensed entity to provide services and support, therapies, physician services, nurse services, personal emergency response systems, etc. Reimbursement will depend on the type of licensed entity, DHCS will ensure the entities are meeting their license requirements and will reimburse appropriately based on that.

23. **Question:** Does this mean that DHCS is essentially cutting the primary care providers case management programming out of the continuum of care?

    DHCS Response: No this is not part of the proposal. When looking at how to structure the program, DHCS looked at the Hospice model, just the concept without the end-of-life services and support. Hospice provides all services and support that an individual needs, there is a physician identified that is consulted for the needs of the individual and hospice provider and orders the services and supports for the individual while in the hospice setting. It would be similar in structure.
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24. **Question:** Pit River Health Services had a patient that is very rural and needed services of a home health provider, Pit River provided the services as there are no HHA in the area willing to go to the patient's home. As the services were outside of the clinic 4-walls, the clinic could not bill Medi-Cal. Will services in the home be billable under the TFQHC?

    DHCS Response: Under the TFQHC, yes. Additionally, there are 1135 waiver flexibilities approved by CMS during the PHE that allow services outside of the clinic 4-walls, The department has disseminated information to providers of the flexibilities and they are available on the DHCS website here.

    Licensed entities will provide the LTC benefit for all appropriate services for the individual to remain in the home and to ensure patient safety.

25. **Question**: Under the LTC care home program would TFQHC's be able to see these patients? Traditionally only Rural Health Clinics did Skilled Nursing Facilities (SNF).

    DHCS Response: Response Pending

26. **Question:** Hospice is not a good example since perforce the decision to go to hospice mandates this level of control?

    DHCS Response: Understood, the hospice model is being used as a concept to develop the program, not to model to the same extent. The entity would make available all of the resources appropriate needed for someone to be in their home for those services and supports.

27. **Question:** Nursing homes are really a poor example for any excellence in care. Complaints abound about the lack of medical oversight and care. Won't this proposal allow for further fragmentation of care?

    DHCS Response: The idea is to move patients out of the SNFs, patients who can receive necessary, therapies, etc. safely in their home. Some individuals may need the services for a couple of months, while others may need long term, therefore, DHCS has not put an end date on the benefits.

28. **Question:** Under the LTC program, would we be able to perform the case management services, with our PHNs? If so, how would we be paid and what is the all-inclusive per diem rate?

    DHCS Response: No, the LTC provider will be a licensed entity that will provide all services necessary to the patient so the patient can remain safely in their home. PHNs will be included in the TFQHC and be reimbursable at the AIR rate.

    Other - Medi-Cal Rx

29. **Question:** Can you provide a 340B update?

    DHCS Response: Yes, the 340B Supplemental Payment Pool is in the governor's budget and is moving forward. DHCS is working out the details. If you have further questions, please email Andrea Zubiate, Coordinator, DHCS-Indian Health Program at Andrea.Zubiate@dhcs.ca.gov or to Medi-Cal Rx at RxCarveOut@dhcs.ca.gov. The 340B policy has not changed. Medi-Cal Rx is going live on 1/1/2021 and you need to bill using the 340B acquisition cost and be reimbursed at the applicable dispensing fee for those drugs.

30. **Question:** What is the dispensing fee reimbursement?

    DHCS Response: The professional dispensing fee for covered outpatient drugs dispensed under the 340B program is based on a pharmacy's total (Medicaid and non-Medicaid) annual claim volume of the previous year, as follows:

    a. Less than 90,000 claims = $13.20, or
    b. 90,000 or more claims = $10.05

Pharmacies qualifying for the higher dispensing fee must attest to their claim volume on an annual basis. Additional detail about the claim volume attestation process can be found here.

Next Steps:
DHCS will conduct meetings with Tribal and IHP representatives to continue discussions on the TFQHC provider type. Upcoming tentative meeting date is August 2020.