

**California Code of Regulations
Title 17 Public Health
Division 1 State Department of Health Services**

Chapter 3.1. Indian Health

Article 1. Definitions

§1500. Indian.

“Indian” means any person who is:

- (a) Identified as an Indian on the rolls maintained by the Bureau of Indian Affairs,
- (b) Identified as an Indian on the rolls maintained by an Indian tribe, band, or other organized group of Indians, in any state,
- (c) A descendant in the first or second degree of any person identified at any time on a roll referred to in subsection (a) or (b),
- (d) Declared to be a member of a tribe or a descendant in the first or second degree of a member of a tribe by the tribal council of his or her tribe, or
- (e) A descendant in any degree from a member of a tribe which has been declared to be terminated by the United States government. However, any person qualifying under this subsection must be at least one quarter Indian blood.

Note

Authority cited: Sections 102 and 208, Health and Safety Code. Reference:
Sections 429.30, 429.31 and 429.32, Article 14, Chapter 2, Part 1, Division 1,
Health and Safety Code.

History

1. New Chapter 3.1, Articles 1-4 (Sections 1500-1541, not consecutive) filed 4-1-76 as an emergency; effective upon filing (Register 76, No. 14).
2. Certificate of Compliance filed 7-14-6 (Register 76, No. 29).

§1501. Indian Tribe.

“Indian Tribe” means any Indian tribe, band, nation or other organized group or community, which is determined to be eligible for the special programs and services provided by the United States or State of California, to Indians because of their status as Indians.

§1502. Existing Indian Health Programs.

“Existing Indian Health Programs” means any program which provided, as of September 8, 1975, direct health services as defined in Section 1503 under the supervision of a licensed physician and surgeon, dentist, optometrist, or nurse.

§1503. Direct Health Services.

“Direct Health Services” means one or more of the following services provided under the supervision of a licensed provider of health services acting within the scope of his or her license:

- (a) Primary health care consisting of diagnostic, treatment and health maintenance services.
- (b) Outreach, education, referral, follow-up services and assistance to the individual in obtaining services from other agencies to which he is entitled (health advocacy).
- (c) Specialized health services as listed below:
 - (1) Screening and disease detection services.
 - (2) Alcohol and drug abuse detoxification services.
 - (3) Dental health services.
 - (4) Services leading to the prevention of vision and hearing loss and the restoration of vision and hearing.
 - (5) Family planning services.
 - (6) Maternal and child health services.
 - (7) Medical care of chronic conditions.

§1504. Licensed Provider of Health Services.

“Licensed Provider of Health Services” for the purposed of section 1503 means:

- (a) A provider practicing in California licensed by the appropriate healing arts board.
- (b) An individual employed by the Federal government in the practice of the healing arts on tribal lands.

1505. Department.

Note

“Department” means the State Department of Health Services.

History

Authority cited: Sections 208 and 1182.2(d), Health and safety Code, Reference: Section 1182.2, Health and Safety Code.

1. Editorial correction files 12-7-84 (Register 84, No. 49).

§1506. Director.

Note

"Director" means the Director of the State Department of Health Services.

History

Authority cited: Sections 208 and 1182.2(d), Health and Safety Code. Reference: Section 1182.2, Health and Safety Code.

1. Editorial correction filed 12-7-84 (Register 84, No. 49).

§1507. Indian Medicine and Traditional Health Practices.

Note

"Indian Medicine and Traditional Health Practices" means traditional practices of Indian medicine which are native to an Indian community, which are accepted by that Indian community as handed down through the generations and which can be established through the collective knowledge of the elders of that Indian community.

History

Authority cited: Sections 208 and 1182.2(d), Health and Safety Code. Reference: Section 1182.2, Health and safety Code.

1. New NOTE filed 12-7-84 (Register 84, No. 49). §

Article 2. Indian Health Policy Panel

§1520. Indian Health Policy Panel.

An Indian Health Policy Panel established by the Director shall advise the Director regarding policy for Indian health.

§1521. Panel Membership.

Panel membership shall consist of four representatives of the California rural Indian Health Board, four representatives of the California Urban Indian Health Council, and two individuals appointed by the Director. The representatives of the California Urban Indian Health Council and the California Rural Indian Health Board shall be appointed by the Council and the Board.

Article 3. Assistance to Indian Health Programs

§1530. Financial Assistance to Indian Health Programs.

Monies available under Chapter 606, Statutes of 1975, and any funds available to carry out provision of Article 14 (commencing with Section 429.30) of Chapter 2 of Part 1 of Division 1 of the Health and Safety Code shall be allotted for the following purposes:

- (1) Direct health services as defined under Section 1503 of these regulations.
- (2) Technical assistance by individuals experienced in the delivery of health services including, but not limited to, health professionals, economists, sociologists, accountants, legal advisors, midwives (to the extent otherwise permitted by law), and other experts in Indian medicine and traditional health practices. Technical assistance may be provided by State staff, by consultants under contract with the State, or through contracts with local public and voluntary health organizations or existing Indian health programs.
- (c) Training for health workers in Indian programs provided in the following manner:
 - (1) On the job training using workers in the program or individuals from other projects or agencies as instructors.
 - (2) Short term training sponsored by an educational facility not to exceed two weeks duration at any one time or one day per week over a three-month period.
 - (3) Tuition for the course work required by a staff member for the A.A., B.A. degree or advanced degree.

(d) Studies concerning the health needs, resources and practices of California Indians. Special emphasis shall be placed on the area of Indian medicine and traditional health practices.

§1531. Allocation of Financial Assistance to Indian Health Programs.

(a) Funds shall be allocated for health services which are supplemental to those available from the Federal or State government. State funds available for purposes of the Indian Health Services Program (Article 14 (commencing with Section 429.30) of Chapter 2 of Part 1 of Division 1 of the Health and Safety Code) shall not duplicate or replace any commitment made by the Federal government.

(b) No funds shall be provided from those appropriated for the purposes of the Indian Health Service Program for types of services for which Indians are eligible under other programs and for which other funds are available, including but not limited to the following types of services;

(1) Family planning.

(2) Supplemental Feeding for Women, Infants and Children (WIC).

(3) Alcoholism or substance abuse services.

(4) Hospitalization other than for emergency services, if an individual is eligible for medical care under Title XVIII or XIX of the Federal Social Security Act, under the Workmen's Compensation Statutes of California, from the Veteran's Administration or other similar programs or when a public health service hospital is accessible or if an individual has private health insurance.

(5) Maternal and Child Health.

(6) Crippled Childrens Services.

(7) Community Mental Health Services Program (Short-Doyle).

(8) Developmental Disability Program (Regional Centers).

§1532. Allocation Formula.

(a) In the determination of the allocation of State funds the following factors shall be considered:

(1) Need as demonstrated by:

(A) The number of individuals to be served.

(B) The availability of other resources in the service area.

(C) The accessibility of resources in the service area.

(D) Higher costs of providing health services in the areas served.

(2) The ability of the proposed program to meet that need, as determined by:

(A) Adequate personal services.

(B) Sufficient operating expenses.

- (3) Compliance with statewide plan for Indian health services and existing priorities for services.
- (4) Compliance with local Indian health plan.
- (5) The demonstrated ability of the Indian health program to carry out the proposed services.

§1533. Reimbursement for Service.

- (a) The programs shall maximize utilization of reimbursement from third-party payors.
- (b) Where an Indian is eligible for health benefits from third-party payors and the service is provided by an existing Indian health program, the revenue collected from third-party payors shall be used to increase the services offered by the program.

§1534. To Qualify for Funding.

Note

- (a) To qualify for funding an existing Indian health program shall be administered by a nonprofit corporation organized under the laws of this State or by an Indian tribe as defined in Section 1501. The board of directors or trustees of such corporation shall be composed of a majority of Indians as defined in Section 1500.

History

Authority cited: Sections 208 and 1182.2(d), Health and Safety Code. Reference: Sections 1182 and 1182.2, Health and Safety Code.

1. New NOTE filed 12-7-84 (Register 84, No. 49).

§1535. Criteria for Reimbursement of Direct Services.

- (a) Salaries, travel expenses, and per diem rates for employees of existing Indian health programs shall be no greater than the rate set for State employees in like circumstances. Exceptions shall be granted only when no provider of services is available to the program at the rate set for State employees.
- (b) Rates for reimbursement of services provided on a fee-for-services basis shall be no greater than the prevailing rates in the community in which the provider of services offers services.

§1540. Confidentiality of Information.

(a) All patient files and information maintained or possessed by an existing Indian health program shall be treated as privileged communication, shall be held confidential, and shall not be divulged without the written consent of the individual or his personal representative, (or the parent or guardian, in the case of a minor), except as may be necessary to provide emergency services to the individual, to file a claim for benefits on behalf of the individual, or as required by the Department to administer this program. Information may be disclosed in summary, statistical, or other form which does not identify the particular individual.

(b) Services shall be provided in a manner that respects the privacy and dignity of the individual.

§1541. Informed Consent.

(a) No individual shall be denied benefits available under the Indian Health Service Program for failure to accept any form of offered treatment. In the case of any medical treatment offered or given to an individual under the Indian Health Services Program, a signed consent form shall be obtained indicating that the individual has been informed of all known risks, benefits, and alternatives to the proposed treatment. This requirement may be waived in the case of emergencies. In the case of minors, the consent form shall be signed by the parent or guardian.