

TRIBAL AND DESIGNEES OF INDIAN HEALTH PROGRAMS MEETING SUMMARY & QUESTIONS

Meeting Summary:

The Department of Health Care Services (DHCS) hosted a Tribal and Designees of Indian Health Programs Representatives meeting on August 29, 2025 from 9:30 a.m. to 4:00 p.m. virtually. The meeting materials were distributed before the meeting and are now posted on the Meetings, Webinars, and Presentations section of the [DHCS Indian Health Program \(IHP\) website](#).

Attendees included representatives from the following Tribes, Tribal Health Programs (THPs), and Urban Indian Health Organizations:

- American Indian Health & Services
- Big Valley Band of Pomo Indians of the Big Valley Rancheria
- Cahto Tribe of the Laytonville Rancheria
- Central Valley Indian Health, Inc.
- Chapa-De Indian Health
- Colusa Indian Health Clinic
- Consolidated Tribal Health Project
- Feather River Tribal Health
- Federated Indians of Graton Rancheria
- Fresno American Indian Health Project
- Indian Health Center of Santa Clara Valley
- Indian Health Council, Inc.
- Karuk Tribe
- Lassen Indian Health Center
- MACT Health Board, Inc
- Mathiesen Memorial Health Clinic
- Pala Band of Mission Indians
- Picayune Rancheria of Chukchansi Indians of California
- Pinoleville Pomo Nation
- Pit River Health Service, Inc
- Quartz Valley Indian Reservation
- Redding Rancheria
- Riverside – San Bernardino County Indian Health
- Sacramento Native American Health Center, Inc.
- Santa Ynez Tribal Health Clinic
- Scotts Valley Band of Pomo Indians of California
- Shingle Springs Tribal Health
- Sonoma County Indian Health Project
- Southern Indian Health Council
- Sycuan Health Center
- Tule River Indian Health Center Inc.
- Tuolumne Me-Wuk Indian Health Center
- Viejas Band of Kumeyaay Indians

Indian Health Organizations:

- California Consortium for Urban Indian Health (CCUIH)
- California Rural Indian Health Board (CRIHB)
- California Tribal Epidemiology Center (CTEC)

Items Reviewed:

- Welcome, Introduction of Tribal Leaders, and Review of Agenda (Slide 2)
- Welcome and Webinar Logistics (Slide 3)
- Feedback Guidance for Participants (Slides 4-15)
- DHCS Director's Update (Slides 16-44)
- Behavioral Health (BH) Update (Slides 45-62)
- California's Naloxone Distribution Project (Slides 63-71)
- Office of Tribal Affairs Update (Slides 72-119)
- California Population Health Management Service: Medi-Cal Connect Update (Slides 120-140)
- DHCS' Comprehensive Quality Strategy and Health Equity Strategy: A Look Behind and Ahead (Slides 141-182)
- Items for Next Meeting/Final Comments (Slide 183)

For details on the items discussed during the meeting please refer to the [presentation slides](#) and other meeting materials available on the [DHCS IHP website](#).

Questions and Responses

CalAIM Section 1115 Waiver Renewal Update

1. **Question:** Will there be an opportunity to review the public comments submitted on the concept paper?

DHCS Response: At this time, the Department does not plan to publish or publicly disseminate the feedback received during the concept paper comment period. However, all input received will be used to help shape the draft 1115 waiver application, which will be publicly posted.

DHCS Director's Update

- 2. Question:** How will the elimination of the state-only Prospective Payment System (PPS) rates for Federally Qualified Health Centers (FQHCs) affect Tribal Health Programs enrolled in Medi-Cal as an Indian Health Services–Memorandum of Agreement (IHS-MOA) clinic, Tribal FQHC, or Urban Indian Organization (UIO)?

DHCS Response: The elimination of state-only PPS rates will not impact Tribal Health Programs enrolled in Medi-Cal as IHS-MOA clinics or Tribal FQHCs, as these providers are reimbursed under the federal IHS All-Inclusive Rate (AIR). However, the Department will follow up to provide further clarification regarding any potential impact to UIOs enrolled as FQHCs.

- 3. Question:** For Medi-Cal recipients currently on a GLP-1 drug for weight loss, will there be any consideration to allow them to continue receiving the medication?

DHCS Response: Coverage decisions will continue to follow the medical necessity standard. A prior authorization will be required to determine whether continued treatment is medically necessary. Impacted individuals currently receiving GLP-1 drugs for weight loss will receive notices and are encouraged to discuss next steps with their medical provider.

- 4. Question:** What is DHCS doing to help individuals who are exempt from the new requirements of H.R. 1 learn about their exemptions?

DHCS Response: Federal law requires states to conduct an outreach campaign 90 days before the effective date of the H.R. 1 provisions. DHCS is in the early planning stages and will engage Tribal leaders, partners, Managed Care Plans, and coverage ambassadors to ensure members and new applicants are informed. The campaign will build on lessons from the Medi-Cal redeterminations effort to provide clear and consistent communication.

- 5. Question:** For the state pharmacy prescription drug utilization management changes, when will specific information on impacted medications be available?

DHCS Response: DHCS issued a Provider Bulletin on August 1, 2025 with preliminary information on the pharmacy changes. Providers can access the current bulletin here: [Medi-Cal Rx Monthly Bulletin – August 1, 2025](#). The bulletin will be updated with

additional details as they become available. Providers are encouraged to review the bulletin for next steps and may also reach out directly to DHCS staff with questions.

- 6. Question:** Will pregnancy-related dental services be available for members with Unsatisfactory Immigration Status (UIS)?

DHCS Response: Yes. Pregnant individuals in the UIS population are eligible to receive dental services under Medi-Cal.

Behavioral Health Update

- 7. Question:** Will the state consider removing Traditional Healers and Natural Helpers benefit from the Drug Medi-Cal Organized Delivery System (DMC-ODS) and making it a general Medi-Cal benefit?

DHCS Response: The state acknowledges these limitations and confirms that at this time, coverage of traditional health care practices is limited to Medi-Cal/CHIP members who are seeking care for substance use and enrolled in Medi-Cal/CHIP in DMC-ODS counties. The [1115 waiver approval](#) and [Special Terms and Conditions](#) permit DHCS to expand traditional health care practices to other delivery systems. This would require state budget action and additional financial resources; Medi-Cal coverage for traditional health care practices is not limited to members whose care is covered entirely by federal funds, so state funds must be authorized. This implementation is part of a pilot demonstration under the state's Section 1115 waiver. The goal is to gain initial experience, demonstrate that the benefit works both procedurally and administratively, and then use that evidence to potentially advocate for future expansion beyond DMC-ODS.

- 8. Question:** How can Indian Health Care Providers (IHCPs) elevate concerns or challenges related to the Traditional Healers and Natural Helpers benefit, especially when implementation is proving difficult at the county level?

DHCS Response: The Department recognizes that implementation challenges may vary across counties. IHCPs that encounter barriers or inconsistencies in applying the Traditional Healers and Natural Helpers benefit are encouraged to escalate these issues directly by emailing TraditionalHealing@dhcs.ca.gov and cc TribalAffairs@dhcs.ca.gov. The Department also meets regularly with Tribal partners to provide technical assistance

(TA), review issues, identify patterns, and escalate concerns as needed. Ensuring that the policy is implemented as intended is a top priority.

- 9. Question:** Are taxonomy codes and NPIs required for Traditional Healer and Natural Helper services when submitting Medi-Cal claims?

DHCS Response: Taxonomy codes and NPIs are only required on claims for Traditional Healer and Natural Helper services that meet criteria to be paid at the All-Inclusive Rate (AIR). There may be some Traditional Healers or Natural Helpers who also hold clinical licenses — for example, as a Licensed Marriage and Family Therapist (LMFT) or Licensed Psychologist. If a Traditional Healer also holds such a license and is providing a service billed at the AIR, then the claim must include the practitioner’s NPI and taxonomy code, consistent with billing requirements for other mental health or Substance Use Disorder (SUD) services paid at the AIR. For Traditional Healers and Natural Helpers without a clinical license and not billing at the AIR, NPIs and taxonomy codes are not required, and claims can be paid without them.

- 10. Question:** How can Tribal Health Programs communicate or promote Traditional Healer and Natural Helper services for SUD while staying compliant with 42 CFR Part 2 confidentiality rules?

DHCS Response: Under 42 CFR Part 2, confidentiality protections apply to any organization that “holds itself out” as providing SUD treatment. If an IHCP does not otherwise offer SUD services but begins providing Traditional Healer or Natural Helper services for SUD, publicly marketing those services could trigger additional Part 2 compliance requirements. Programs are encouraged to approach outreach carefully and may contact DHCS or technical assistance partners for guidance on 42 CFR Part 2 requirements. This information is intended as general guidance. In addition, Tribal Health Programs are encouraged to consult their own legal counsel or compliance staff.

- 11. Question:** IHCPs are experiencing billing delays for Traditional Healer and Natural Helper services because counties are not fully informed or equipped to process and implement the billing. How is DHCS addressing these challenges?

DHCS Response: DHCS’s goal is to enable service delivery and billing between IHCPs and counties as quickly as possible. Once an opt-in package is approved, providers may

bill retroactively back to the approval date, pending resolution of county billing setup and implementation challenges.

DHCS will conduct proactive outreach to counties to provide clarification, troubleshooting, and targeted billing support. The Department is also offering additional webinars and training opportunities to ensure counties understand the billing requirements. IHCPs experiencing barriers are encouraged to contact the DHCS technical assistance team for support at TraditionalHealing@dhcs.ca.gov. To request for training and technical assistance, IHCPs may also submit the form on the [Technical Assistant Portal](#) webpage.

Office of Tribal Affairs Update

12. Question: For FMAP reporting, how is AI/AN defined? Is it based on individuals who self-identify as American Indian/Alaska Native (AI/AN) on their Medi-Cal application, or those verified as HIS-eligible by a Tribal Health Program?

DHCS Response: It refers to individuals who have been verified at the clinic level as registered American Indian or Alaska Native persons in the Indian Health Service (HIS) system and eligible for HIS services.

13. Question: Has DHCS been in discussions with HIS regarding the Community Health Aide Program (CHAP) and the potential introduction of new provider types in Medi-Cal?

DHCS Response: DHCS is aware of the Community Health Aide Program and has discussed the various types of community health aides with leadership. If discussions or planning sessions are taking place around CHAP, DHCS is open to participating. The Department can help outline what the process might look like to introduce a new provider type in Medi-Cal, including whether that would require a State Plan Amendment, waiver, or legislation.

DHCS' Comprehensive Quality Strategy and Health Equity Strategy: A Look Behind and Ahead

14. Question: THPs have capacity to serve American Indian/Alaska Native (AI/AN) patients, but Managed Care Plans continue assigning members who never seek care at the THPs. These members are still counted in our denominator for quality measures, even though we don't see them. Is anything being done to address this?

DHCS Response: Yes. DHCS has longstanding guidance directing Managed Care Plans to make appropriate primary care assignments, including specific instructions regarding AI/AN members and their access to THPs.

Through recent initiatives, DHCS has identified widespread inaccuracies in member assignments. Many members listed as assigned to one provider are actually seeking care elsewhere, which affects provider quality measure data.

DHCS is developing new requirements for Managed Care Plans to regularly verify and update member assignments in collaboration with providers and health centers. This will help ensure members are attributed to the clinics where they receive care. Additional guidance is expected later this year, and DHCS can provide a more detailed update at a future Tribal meeting.

Next Steps:

- The next Tribal and Indian Health Program Representatives meeting will be held in a hybrid format with both in person and virtual options on February 23, 2026. Registration information will be posted to the [DHCS IHP website](#) when available.