

# TRIBAL AND DESIGNEES OF INDIAN HEALTH PROGRAMS MEETING SUMMARY AND QUESTIONS

## Meeting Summary:

The Department of Health Care Services (DHCS) hosted a Tribal and Designees of Indian Health Programs Representatives meeting on August 26, 2024 from 9:30 a.m. to 4:00 p.m. in person and via Webex. 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:

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|---|---|
| • American Indian Health & Services               | • Scotts Valley Band of Pomo Indians                    |
| • Bakersfield American Indian Health Project      | • Southern Indian Health Council                        |
| • Blue Lake Rancheria                             | • Sycuan Medical Dental Center                          |
| • Chapa-De Indian Health Program                  | • Tuolumne Me-Wuk Indian Health Center                  |
| • Feather River Tribal Health                     | • United Indian Health Service, Inc.                    |
| • Indian Health Council, Inc.                     |   |
| • Indian Health Center of Santa Clara Valley      | Indian Health Organizations:                            |
| • K'ima:w Medical Center                          | • California Consortium for Urban Indian Health (CCUIH) |
| • Pala Band of Mission Indians                    | • California Rural Indian Health Board (CRIHB)          |
| • Pit River Health Service, Inc.                  |   |
| • Quartz Valley Indian Reservation                |   |
| • Resighini Rancheria                             |   |
| • Riverside – San Bernardino County Indian Health |   |
| • Santa Ynez Tribal Health Clinic                 |   |

**Items Reviewed:**

- Welcome, Introduction of Tribal Leaders, and Review of Agenda (Slide 4)
- Director's Update (Slide 5)
- State Medicaid Director (Slide 6)
- DHCS 2022 Comprehensive Quality Strategy (Slides 7-23)
- Health Equity Roadmap (Slides 24-34)
- Transforming Care with Cultural Language and Access Standards (CLAS) (Slides 35-44)
- Behavioral Health Transformation Overview (Slides 45-95)
- Medi-Cal Redeterminations (Slides 96-104)
- Items for Next Meeting/Final Comments (Slide 105)

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

### Director's Update

1. **Question:** Can the Department clarify if there is another Tribal consultation meeting?

**DHCS Response:** The Department holds a Tribal and Designees of Indian Health Programs Meeting and the quarterly Tribal and Designee Webinar on Proposed Changes to the Medi-Cal Program Meeting. The meeting invites are sent by DHCS Office of Tribal Affairs to LISTSERV contacts via e-mail. To request to be added to the LISTSERV for meeting invitations, please send an e-mail to [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov). Also, the meeting invite is posted on the [DHCS IHP](#) webpage, under the Upcoming Events section.

2. **Question:** Can the Department explain what was the methodology and rationale in deciding to cut Indian Health Program funding during the May revise, which has now been restored working collaboratively with Tribes, Tribal clinics, Urban Indian Organizations, and lawmakers?

**DHCS Response:** There were many proposals moved forward to address the \$20 billion shortfall in the budget and the Department did not want to eliminate any core Medi-Cal benefits or reduce Medi-Cal eligibility.

**3. Question:** How can clinics escalate billing issues?

**DHCS Response:** For Managed Care Plan (MCP) billing issues, please contact the MCP's Tribal Liaison. For Fee-For-Service billing issues, please contact Medi-Cal's Telephone Service Center at 1-800-541-5555 and request to speak to a Field Representative. If they are unable to resolve the issue, please contact the Department's Office of Tribal Affairs at [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov) or at [TribalFQHC@dhcs.ca.gov](mailto:TribalFQHC@dhcs.ca.gov) for assistance.

**4. Question:** There are many American Indian/Alaska Native (AI/AN) members residing outside the time and distance standards to access health care from their place of residence to a clinic, hospital, or specialty care. What can the Department do to remedy this issue?

**DHCS Response:** If an MCP is unable to meet the time and distance standards for access to health care due to geography or location, then the plan should provide options for an alternative way for a member to receive health care, (known as alternative access requirements) such as through local community providers or providers over the state border. Providers and members may also utilize other services for easier access to care, such as telehealth modalities and doula services. For assistance regarding issues with access to care, please send an email to [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov).

**5. Question:** How can Tribal leaders and Indian Health Program representatives request to be added to the DHCS Office of Tribal Affairs' contact list for emails about proposed changes to the Medi-Cal Program, important announcements, and meeting invites?

**DHCS Response:** Please send an email to DHCS Office of Tribal Affairs at [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov) to request to be added to the LISTSERV contact list. A link to register for meetings is also posted on the [DHCS IHP](#) webpage under the Upcoming Events section.

**6. Question:** Is there another forum to discuss State Plan Amendment (SPA) updates in greater detail?

**DHCS Response:** SPA and Waiver Renewals/Amendments on proposed changes to the Medi-Cal Program that impact Tribal Health Programs (THPs), Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and/or AI/AN Medi-Cal Members, are discussed quarterly during the Tribal and Designee Webinar on Proposed Changes to the Medi-Cal Program Meeting. The meeting invite is sent via e-mail to LISTSERV contacts and a link to register for the meeting

is also posted on the [DHCS IHP](#) webpage under the Upcoming Events section. Also, all Tribal Notices are posted on the [DHCS Indian Health Program Notices of Proposed Changes to Medi-Cal Program](#) webpage. In addition, Tribes and Indian Health Programs may request consultation on SPAs and Waiver Renewals/Amendments by sending a request to [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov).

7. **Question:** Can the Department provide information on the types of funding and programs available to address housing needs for individuals experiencing homelessness?

**DHCS Response:** The Behavioral Health Transformation is the effort to implement Proposition 1 and will require counties to spend 30% of the funding under this program on housing interventions for people who are at risk of experiencing homelessness. In addition, funds from the Mental Health Services Act are used for housing needs for individuals experiencing homelessness. Currently all Medi-Cal MCPs provide housing related support to Medi-Cal members, which is known as community supports. Furthermore, the Department will be seeking approval from the Centers for Medicare and Medicaid Services (CMS) for a new Medi-Cal service called transitional rent as a new community support in Medi-Cal Managed Care. The transitional rent service proposes to pay six months of rent for people who are transitioning from unsheltered homelessness, health facilities, or incarceration. The Department will release a comprehensive concept paper on the proposal and design for the transitional rent benefit and will share the information with Tribal partners for input and feedback.

8. **Question:** Is the topic of increasing visit encounters to five for Tribal Health Programs still under consideration by the Department?

**DHCS Response:** Increasing the number of reimbursable visit encounters beyond three per day/member is not currently under consideration as data shows that utilization is not being maximized.

## DHCS 2022 Comprehensive Quality Strategy

9. **Question:** Can the Department share the list of committee members on the Member Advisory Committee?

**DHCS Response:** The Department will not be releasing the names of committee members on the Member Advisory Committee. However, staff can take back any topics or concerns to be addressed by the committee. Please note that summaries of meeting materials are posted on the [DHCS Medi-Cal Member](#)

[Advisory Committee](#) webpage. For general questions about the advisory committee or membership, please send an e-mail to [Medi-CalMemberAdvisoryCommittee@dhcs.ca.gov](mailto:Medi-CalMemberAdvisoryCommittee@dhcs.ca.gov).

**10.Question:** Are certified nurse midwife services a covered Medi-Cal benefit?

**DHCS Response:** Yes, certified nurse midwife services are a covered Medi-Cal benefit and reimbursed at the All-Inclusive Rate (AIR). For reference, please see the [Indian Health Service-Memorandum of Agreement \(IHS-MOA\) Provider Manual](#) and the [Tribal Federally Qualified Health Center \(Tribal FQHC\) Provider Manual](#).

## Behavioral Health Transformation Overview

**11.Question:** Can the Department provide information on the types of funding and programs available to address housing needs for individuals experiencing homelessness?

**DHCS Response:** The Behavioral Health Transformation is the effort to implement Proposition 1 and will require counties to spend 30% of the funding under this program on housing interventions for people who are at risk of experiencing homelessness. In addition, funds from the Mental Health Services Act are used for housing needs for individuals experiencing homelessness. Currently all Medi-Cal MCPs provide housing related support to Medi-Cal members, which is known as community supports. Furthermore, the Department will be seeking approval from the Centers for Medicare and Medicaid Services (CMS) for a new Medi-Cal service called transitional rent as a new community support in Medi-Cal Managed Care. The transitional rent service proposes to pay six months of rent for people who are transitioning from unsheltered homelessness, health facilities, or incarceration. The Department will release a comprehensive concept paper on the proposal and design for the transitional rent benefit and will share the information with Tribal partners for input and feedback.

**12.Question:** How will the funds from the Behavioral Health Services Act (BHSA) that go to the counties help Tribes?

**DHCS Response:** Counties are required to develop a three-year integrated plan which will provide information as to how they plan to spend the funding, including BHSA funds. To develop those plans, counties are required to engage and consult with the community on the planning process, which includes engaging with Tribal partners. Counties are also required to assess community

needs and gather information from partners that they consult with and inform of their plans for utilizing funds.

**13.Question:** How will the county be held accountable if they are not engaging with Tribal partners as required?

**DHCS Response:** The goals of the BHSA include providing transparency in the way that counties display and report on their efforts and to strengthen accountability mechanisms. The Department is in the process of developing the guidance for counties and the mechanisms for how DHCS will hold them accountable. In addition, the Department will review each county's three-year plan which will include information on their consultation efforts with stakeholders and Tribal partners. Counties will be required to obtain approval of their three-year plan before they can proceed.

**14.Question:** As Proposition 1 moves forward, how much of the BHSA funds will go to Tribes for prevention and early intervention services?

**DHCS Response:** As part of the three-year plan, counties will need to work with the community to identify program needs and then make decisions about how they will spend BHSA funds. Also, there will be money available through the California Department of Public Health (CDPH) for prevention programs. This information will be provided in the policies the Department is working to develop.

**15.Question:** Will there be specific Tribal partnership performance measures to ensure that counties partner with Tribes?

**DHCS Response:** At this stage, the Department is still developing the policy for counties, including what the statewide performance measures will be, as well as accountability and enforcement measures. Thank you for the question which DHCS will consider as the policy is developed.

**16.Question:** Will the Department kick-back the three-year plan to the county if minimum Tribal partnership performance measures are not met and how will counties be held accountable?

**DHCS Response:** The Department is currently in the process of developing the policy and the criteria for performance standards and will share more information once it is available.

**17.Question:** Is the Department willing to go back and pull data to confirm how much of the funding from Proposition 63, Mental Health Services Act (MHSA), went to Tribal Health Programs as there have been significant gaps in service support from the counties to Tribal Health Programs?

**DHCS Response:** There is data on county expenditures from MHSA, however, the data was organized in a way which makes it challenging to use, analyze, and draw conclusions from. Moving forward with BHSA, the Department's goal is to completely reshape the approach so that there are clearer goals, outcome measures, and publicly available data on funding expenditures. In addition, the DHCS plans to create new parameters on how counties can spend BHSA funding.

**18.Question:** Does Medi-Cal's Behavioral Health Division have a Tribal Liaison?

**DHCS Response:** Medi-Cal's Behavioral Health Division does not have a Tribal Liaison, but the team works closely with the Office of Tribal Affairs. Please send any questions or concerns to the Office of Tribal Affairs at [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov).

**19.Question:** Regarding the funding by regions, do all regions have a Tribal set aside?

**DHCS Response:** For the Bond BHCIP Round 1, there is a total Tribal set aside of \$90 million regardless of region. For the Behavioral Health Infrastructure Bond Act of 2024, there is a separate Tribal set aside of \$30 million which will be awarded through competitive grants. In addition, there is a discretionary set-aside in the amount of \$342 million that may be used to fund high scoring projects in regions that have met their funding reserve and for which Tribal entities are eligible for.

**20.Question:** How does the Department define an applicant as eligible to apply for the Tribal set aside?

**DHCS Response:** In accordance with Section 5960.35 of the Welfare and Institutions Code, a "Tribal entity shall mean a federally recognized Indian Tribe, Tribal Organization, or Urban Indian Organization, as defined in Section 1603 of Title 25 of the United States Code."

**21.Question:** For traditional healer and natural helper services, has the Department reached out to Tribes and Tribal Health Programs to request existing policies so the Department can leverage them as it works to develop these provider types?

**DHCS Response:** The Department has reached out to Tribes and Tribal Health Programs and received several policies to ensure we are utilizing existing resources in the most efficient way possible. DHCS also engaged in targeted webinars to solicit tribal feedback on the traditional healers and natural helper services. DHCS encourages Tribes and Tribal Health Programs to send updated or additional information to [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov).

**22.Question:** To qualify for traditional healer and natural helper services, does the patient need to be diagnosed by a provider such as a clinician or substance use disorder counselor?

**DHCS Response:** The minimum eligibility requirement is that the patient has a substance use disorder or symptoms of a substance use disorder as required to meet Drug Medi-Cal Organized Delivery System (DMC-ODS) criteria. Please see [BHIN 24-001](#) for additional information about the DMC-ODS, including access criteria.

Indian Health Care Providers (IHCPs) offering traditional healer and natural helper services will be required to concurrently provide the following services to the patient as well:

1. Provide or facilitate/refer the member for a clinical assessment consistent with the American Society of Addiction Medicine Criteria (ASAM Criteria).
2. Provide or facilitate access to the SUD Level(s) of Care recommended by the completed ASAM Criteria assessment.
3. Provide or facilitate referrals for medications for addiction treatment (MAT), including assessment for MAT needs.
4. Provide (within the IHCP) at least two of the following evidence-based practices (EBPs): motivational interviewing, cognitive-behavioral therapy, relapse prevention, and trauma-informed treatment.

**23.Question:** Traditional healing was discussed at the National Indian Health Board Conference on June 26, 2024. Was the information from the conference utilized to develop Medi-Cal's traditional healer and natural helper policy?

**DHCS Response:** The Department was not able to participate at the conference but has reached out to the board to request for a copy of the report from the meeting to review.

## Medi-Cal Redeterminations

**24.Question:** For members that were assigned to an Indian health clinic, does the Department still provide the clinic with a list of those that were discontinued from Medi-Cal due to no response?

**DHCS Response:** The Department will take this back and confirm if there is still a data exchange in place following the end of the Continuous Coverage Unwinding.

**25.Question:** Has the Department heard from Tribal clinics regarding delays in processing redeterminations timely?

**DHCS Response:** The Department has not received any complaints from Tribal clinics but does acknowledge that there are timeliness issues across the state due to the volume of redeterminations to process. However, per the data received, the majority of redeterminations are being processed as timely as possible. DHCS encourages Tribal partners to inform the Office of Tribal Affairs at [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov) of any concerns.

### Next Steps:

- The next Tribal and Indian Health Program Representatives meeting will be held virtually on December 9, 2024. Registration information will be posted to the [DHCS IHP website](#) when available.