

# **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 February 27, 2023 from 9:30 a.m. to 3:00 p.m. via WebEx. The meeting materials were distributed before the meeting and are now posted on the [DHCS website](#).

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

- American Indian Health and Services
  - Central Valley Indian Health, Inc.
  - Chapa-De Indian Health Program
  - Feather River Tribal Health, Inc.
  - Friendship House Association of American Indians
  - Indian Health Council, Inc.
  - K'ima:w Medical Center
  - Karuk Tribe
  - Northern Valley Indian Health
  - Pit River Health Service, Inc.
  - Redding Rancheria
  - Riverside – San Bernardino County Indian Health
  - Rolling Hills Clinic
  - San Diego American Indian Health Center
  - Santa Ynez Tribal Health Clinic
  - Sonoma County Indian Health Project
  - Southern Indian Health Council
  - Sycuan Medical Dental Center
  - Toiyabe Indian Health Project, Inc.
  - Tule River Indian Health Center, Inc.
  - United American Indian Involvement, Inc.
  - United Indian Health Service, Inc.
- Indian Health Organizations:
- California Rural Indian Health Board (CRIHB)
  - California Consortium for Urban Indian Health (CCUIH)
  - Indian Health Services-California Area Office (IHS-CAO)

## **Items Reviewed:**

- DHCS Coverage Ambassadors (Slides 3-10)
- DHCS Director's Update (Slides 11-18)
- CalAIM Justice Involved Initiative (Slides 19-49)
- CalAIM Behavioral Health Administrative Integration Concept Paper (Slides 50-70)
- Medi-Cal for Kids & Teens Outreach & Education Toolkit (Slides 71-82)
- Behavioral Health Bridge Housing Request for Application (Slides 83-98)
- Medi-Cal Eligibility Division Update (Slides 100-114)
- Benefits Division Update (Slide 115-144)
- Office of Strategic Partnerships Update (Slides 145-155)
- Wellness Coach Profession (Slides 156-169)
- Managed Care Update (Slides 170-179)
- Office of Tribal Affairs Update (Slides 180-185)

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](#).

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## Summary & Questions

### Questions and Responses

#### DHCS Coverage Ambassadors

1. **Question:** Will DHCS Coverage Ambassadors have access to additional materials or information?

**DHCS Response:** The role of the Coverage Ambassador is to deliver important messages to Medi-Cal beneficiaries. Therefore, Coverage Ambassadors will have access to the latest information and materials. Resources that are available now include joining the [DHCS Coverage Ambassador Mailing List](#) and the Medi-Cal Continuous Coverage Toolkit on the [DHCS Coverage Ambassador](#) webpage.

2. **Question:** Will there be information and materials available which are targeted to the American Indian/Alaskan Native (AI/AN) population for the continuous coverage operational unwinding plan?

**DHCS Response:** Yes, an American Indian specific continuous coverage campaign will be created. In the interim, DHCS continues to encourage Tribal partners to enroll as Coverage Ambassadors to receive updated toolkit information.

#### DHCS Director's Update

3. **Question:** Will there be a cap for the transitional housing proposal?

**DHCS Response:** Yes, there will be a six-month cap. The Department is still working with the federal government regarding the cap details for the program. DHCS will share further details as they become available.

4. **Question:** Is the Department planning to conduct in-person meetings again?

**DHCS Response:** The topic of in-person meetings is under consideration. The Department received feedback from Tribal partners during today's meeting and will take this back for discussion. An update will be provided in future meetings.

#### CalAIM Justice Involved Initiative

5. **Question:** Regarding the Justice-Involved Initiative, will there be a new aid code assigned and are there any Medi-Cal service restrictions to coverage? For example, dental coverage for pregnant/postpartum or substance use disorder (SUD) counseling.

**DHCS Response:** Regarding restrictions to coverage, there are specific covered pre-release services authorized under the Justice Involved Reentry Initiative which are listed on slide 27 of the [PowerPoint Presentation](#). There will be an aid code assigned for the 90-day pre-release services which will be paid at the fee-for-service (FFS) rate.

## Tribal and Designees of Indian Health Programs Meeting Summary & Questions

6. **Question:** Will California's Youth Regional Treatment Centers (YRTC's), which provide culturally appropriate SUD services to American Indian and Alaskan Native youth, be eligible to participate in the Justice Involved Initiative?

**DHCS Response:** The Department conducted an assessment to confirm if there are any Tribal correctional facilities that would be eligible for the Justice Involved Initiative and came to the determination that there are none. The Justice Involved Initiative is specifically for individuals incarcerated in correctional facilities. Therefore, YRTC's would not be eligible to participate in this initiative. If Tribal representatives would like to send the Department additional information as to how the YRTC's may be eligible or benefit from the initiative, please direct this information to [CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov).

### CalAIM Behavioral Health Administrative Integration Concept Paper

7. **Question:** Can the Department explain the difference between Specialty Mental Health Services (SMHS) and Non-Specialty Mental Health Services (NSMHS) and whether it is the responsibility of the County Mental Health Plan (MHP) or Managed Care Plan (MCP) to provide reimbursement for these services?

**DHCS Response:** MHPs are required to provide or arrange for the provision of SMHS to adult beneficiaries in their counties who have significant impairment or reasonable probability of functional deterioration due to a diagnosed or suspected mental health disorder, and to Medi-Cal children/youth under 21 years of age who meet SMHS access criteria, as described in [Behavioral Health Information Notice \(BHIN\) 21-073](#). SMHS are reimbursed by the MHP. For additional information about SMHS, please see [BHIN 22-020](#). MCPs must provide or arrange for the provision of NSMHS for eligible beneficiaries as indicated on page 4 of [All Plan Letter \(APL\) 22-006](#). NSMHS are reimbursed by the MCP.

### Medi-Cal Eligibility Division Update

8. **Question:** When will asset elimination be implemented?

**DHCS Response:** Asset elimination is set to implement January 1, 2024.

9. **Question:** In regard to the media campaign, will there be a closed looped commercial available for Tribal communities to run at clinics?

**DHCS Response:** The Department will take this back to confirm.

10. **Question:** The California Consortium for Urban Indian Health (CCUIH) recommends the Department's vendor, GMMB, work with a Tribal consultant for the outreach media campaigns for the continuous coverage unwinding period and all the eligibility expansions.

**DHCS Response:** Thank you for the feedback and recommendation.

## Tribal and Designees of Indian Health Programs Meeting Summary & Questions

### Benefits Division Update

**11. Question:** Can Federally Qualified Health Centers (FQHCs) bill the FFS rate for dyadic services?

**DHCS Response:** The Department will submit a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) to reimburse dyadic services at the FFS rate. Following CMS approval, please refer to the billing guidance for dyadic services in the [Non-Specialty Mental Health Services: Psychiatric and Psychological Services](#) provider manual.

**12. Question:** Will the Department consider increasing the reimbursement rate for Community Health Worker (CHW) services as the current reimbursement rate is too low?

**DHCS Response:** CHW preventive services are reimbursable at the current FFS rate when rendered by Tribal FQHC and Indian Health Services-Memorandum of Agreement (IHS-MOA) providers. Please note that the rates listed for each billing code in the [CHW NewsFlash](#) are indicated for one unit (30 minutes). Tribal FQHC and IHS-MOA providers may bill for a maximum of four units (two hours) daily per beneficiary. Additional units per day may be provided with an approved Treatment Authorization Request (TAR) for medical necessity. TARs may be submitted after the service is provided. Please see the [CHW Provider Manual](#) and billing examples listed below.

Example 1: If a Tribal clinic provided two hours of CHW services (CPT code 98960) to an American Indian beneficiary, the clinic may receive reimbursement in the amount of \$106.64 since the current rate for CPT code 98960 is \$26.66 and four units of service was provided.

Example 2: When billing for multiple patients, if a health care professional provided CHW services for 3 patients in a day (CPT code 98961 at a rate of \$12.66) and the health care professional saw each patient for two hours (4 units) each, the Tribal clinic may bill for each patient at \$50.64 (\$12.66 x 4 units) and the total reimbursement for 3 patients in that day comes out to \$151.92 (\$50.64 x 3 patients). Please note that caregivers may be included in the visit, but they cannot be included in the billing, only the patient will be included for billing purposes. For example, if the patient and caregiver are at the visit, that will be billed as one patient visit and not a group visit.

### Managed Care Update

**13. Question:** Is there a list of Tribal liaisons for each MCP?

**DHCS Response:** DHCS' Managed Care Operations Division (MCOD) maintains a list of Tribal contacts for each plan. To request for the list, please contact OTA at [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov).

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### Office of Tribal Affairs Update

**14. Question:** Can the Department provide an update on the Indian Health Program (IHP) grant and will the Department release a round two of the Request for Application (RFA)?

**DHCS Response:** OTA anticipates the release of the grant award to 17 successful applicants for the IHP RFA on March 15, 2023. OTA will also release round two of the RFA on March 15, 2023. If technical assistance is needed, please contact OTA at [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov).

**15. Question:** If the Department decides to conduct in-person meetings again, can reimbursement be provided to representatives who travel a significant distance to participate in person?

**DHCS Response:** Reimbursement for travel will not be provided.

### Next Steps:

- The next Tribal and Indian Health Program Representatives meeting will be held virtually on Monday, May 22, 2023. Registration information will be posted to the [DHCS' Indian Health Program](#) website when available.