

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 March 11, 2024 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 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
- Chapa-De Indian Health Program
- Chemehuevi Indian Tribe
- Colusa Indian Health Community Council
- Consolidated Tribal Health Project, Inc.
- Feather River Tribal Health
- Fresno American Indian Health Project
- Indian Health Council, Inc.
- Indian Health Center of Santa Clara Valley
- Karuk Tribe
- K'ima:w Medical Center
- Mathiesen Memorial Health Clinic
- New Life Clinic
- Pala Band of Mission Indians
- Pit River Health Service, Inc.
- Riverside – San Bernardino County Indian Health
- Scotts Valley Band of Pomo Indians
- Sherwood Valley Rancheria
- Southern Indian Health Council
- Strong Family Health Center
- Sycuan Medical Dental Center
- Tule River Indian Health Center, Inc.
- Tuolumne Me-Wuk Indian Health Center
- United Indian Health Service, Inc.

Indian Health Organizations:

- California Consortium for Urban Indian Health (CCUIH)
- California Rural Indian Health Board (CRIHB)

Items Reviewed:

- Office of Tribal Affairs Update (Slide 5-33)
- Updates on Population Health Management (Slides 34-48)
- Update on Medi-Cal Eligibility Redeterminations (Slides 49-58)
- DHCS Director's Update (Slides 59-63)
- Office of Strategic Partnerships Update (Slides 65-86)
- Behavioral Health Update (Slides 87-113)
- Managed Care Update (Slides 114-134)
- Items for Next Meeting/Final Comments (Slide 135)

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](#).

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Questions and Responses

Office of Tribal Affairs Update

1. **Question:** Can the Department clarify the allowed number of visits per day, per member for Tribal Federally Qualified Health Centers (Tribal FQHCs)?

DHCS Response: Tribal FQHCs may be reimbursed for up to three visits per day, per recipient, in any combination of three different visits in the following categories: medical, mental health, ambulatory, and dental. Services in the same category (per day/per recipient) is allowed but each visit must be for distinct and different reasons per established frequency limitations. For example, a Tribal FQHC may be reimbursed for two different medical visits and a dental visit on the same day, for the same member. For additional information, please see the [Tribal FQHC Provider Manual](#).

2. **Question:** How does the Department use the Federal Medical Assistance Percentage (FMAP) claiming data submitted by Tribal Health Programs?

DHCS Response: The Department reimburses Tribal Health Programs the All-Inclusive Rate (AIR) for services provided to American Indian/Alaska Native (AI/AN) Medi-Cal members and uses FMAP data to claim 100% federal reimbursement for the services.

3. **Question:** How does the Department use FMAP data that Tribal Health Programs submit quarterly?

DHCS Response: The data allows the Department to claim 100% FMAP reimbursement for services provided to AI/AN Medi-Cal members.

Update on Population Health Management

4. **Question:** Can the Department provide information as to how Urban Indian Organizations (UIOs) are included in the Population Health Management (PHM) Service Project?

DHCS Response: UIOs will be included in the PHM Service Project and the Department will conduct outreach and engage with UIOs to determine their specific needs and how the PHM Service Project can benefit them. Select UIOs will have the opportunity to play a key role in the development of the PHM Service by providing input as Early Adopters.

5. **Question:** How will the Department outreach to Tribal communities and UIOs?

DHCS Response: The Population Health Management team is working with the Office of Tribal Affairs to implement a plan for outreach to Tribal communities and UIOs. The team will conduct outreach to Tribal and Urban Indian communities with correspondence to Tribal Health Program and UIO leaders, including outreach to the California Rural Indian Health Board and the California Consortium for Urban Indian Health. DHCS also plans to engage Managed Care Plan (MCP) Tribal liaisons, as well

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as AI/AN Medi-Cal members through AI/AN-specific focus groups. The Department will provide additional information on this as it becomes available.

6. **Question:** Tribal Health Programs already have issues with Electronic Health Record (EHR) systems, including not receiving accurate data from multiple EHR systems. How will the Department ensure that the PHM Project is an accurate and effective tool considering these challenges?

DHCS Response: The Department is aware that there are disparate EHR systems across the state and in Tribal communities. At this stage, the PHM Service will not integrate into EHRs and will not be a real time service. During the engagement process, the Department will learn from tribal partners regarding the various data systems they currently use. This information will help DHCS determine how to make the PHM Service as helpful as possible to tribal partners.

Update on Medi-Cal Eligibility Redeterminations

7. **Question:** Can the Department explain why 412 AI/AN Medi-Cal beneficiaries were discontinued from Medi-Cal coverage in November 2023?

DHCS Response: The beneficiaries who were discontinued either did not return their redetermination packet, were no longer eligible for Medi-Cal due to a change of income, withdrew voluntarily, or may have passed away.

DHCS Director's Update

8. **Question:** Regarding the Governor's proposed budget of \$159.8 billion for local assistance (funding for program costs, partners, and administration), does the Department track how much of the funding goes to the Tribes and Indian Health Care Providers (IHCPs)?

DHCS Response: The Department does not track local assistance expenditures for population groups. For additional information, please see the [2024-25 Governor's Budget DHCS Highlights](#) document dated January 10, 2024. Please note that there is approximately \$23 million for Indian Health Program grants. There are also tribal set asides for the Behavioral Health Continuum Infrastructure Program (BHCIP) and Behavioral Health Bridge Housing (BHBH) Program.

9. **Question:** When will the Department provide the grant award for the next round of grant funding for the Children and Youth Behavioral Health Initiative (CYBHI)?

DHCS Response: The Department is currently working to issue the grant awards soon.

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Behavioral Health Update

10. Question: Which other states have pending requests with the Centers for Medicare and Medicaid Services (CMS) to cover traditional healer and natural helper services?

DHCS Response: States with pending requests to cover traditional healer and natural helper services include Arizona, New Mexico, and Oregon.

11. Question: Will traditional healer services be eligible for reimbursement when provided via telehealth?

DHCS Response: This policy is currently under consideration by the Department and updates will be provided as soon as available.

12. Question: How can Tribal Health Programs track which counties have opted in to participate in BH-CONNECT and which enhanced community-based services they offer?

DHCS Response: The Department plans to post and regularly update this information on its [project website](#) once the initiative has launched in January 2025 and counties have started to opt-in.

13. Question: Has the Department communicated to the counties any expectation for them to include Tribal partners in the discussion to decide whether to opt-in to participate in BH-CONNECT and offer enhanced community-based services?

DHCS Response: While the Department has not yet directly communicated this expectation to counties, it has engaged Tribal and Urban Indian Health Programs to solicit feedback regarding the state's BH-CONNECT demonstration application, including on community-based services/evidence-based practices (EBP) components. It is a Department priority to ensure that Tribal partners are fully engaged in the opt-in process with counties, and DHCS will convey this in forthcoming discussions with counties. In addition, counties will have the opportunity to opt-in to provide BH-CONNECT EBPs on a rolling basis throughout the demonstration period, as well as following the demonstration, and as such, counties and Tribal partners may continue to engage in conversations with one another regarding participation in the BH-CONNECT demonstration on an ongoing basis.

Lastly, Behavioral Health Transformation (BHT) efforts resulting from Proposition 1 passage offer another opportunity for counties to engage with Tribal partners on delivering high quality and culturally responsive community-based services. As part of BHT, counties will be required to develop an Integrated Plan for Behavioral Health Services and Outcomes and participate in an integrated Community Program Planning (CPP) process to receive input on local behavioral health services. The local integrated plan must be developed in partnership with a host of stakeholders, including Tribal and Indian Health Program designees. We encourage you to visit the Behavioral Health Transformation [project page](#) for more information.

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14. Question: Chemehuevi Indian Health Clinic is located on a reservation in San Bernardino County in California; however, the clinic is part of the Colorado River Service Unit under Phoenix Area Indian Health Service. Is Chemehuevi Indian Health Clinic eligible to apply for the Behavioral Health Program grants including the Tribal Medication Assisted Treatment (TMAT) Project and Behavioral Health Bridge Housing (BHBH) Program?

DHCS Response: If the Chemehuevi Indian Health Clinic is incorporated within California to serve Californian tribal members, and otherwise meets the specifications identified under each granting program for qualifying tribal entities, then they are eligible to apply for Behavioral Health Program grants, including the TMAT Project and BHBH Program.

15. Question: Regarding the delay in BHCIP funds from FY 2024-25 to 2025-26, does this mean there will also be a delay in the Tribal set aside portion?

DHCS Response: Yes, since there is a delay in Round 6 of BHCIP, there will be a delay in the Tribal set aside. The Department will continue to provide updates as they become available.

16. Question: If Proposition 1 is approved, which will require counties to change some of the mental health care and drug or alcohol treatment services provided currently to focus more on housing and personalized support services, what does the Department's timeline for implementation look like?

DHCS Response: Proposition 1 recently passed, and the Department is currently working to set a timeline. DHCS will enact changes resulting from Proposition 1 through the Behavioral Health Transformation (BHT) project. Please check the [DHCS BHT](#) webpage for timeline updates.

Managed Care Update

17. Question: Can a patient who is not enrolled in an MCP still receive Enhanced Care Management (ECM) and Community Support services?

DHCS Response: Yes, ECM and Community Support services are available to eligible Medi-Cal members who are not enrolled in an MCP.

18. Question: If an AI/AN patient who is enrolled in an MCP, receives services from an IHCP that they are not assigned to, will the IHCP still receive reimbursement from the MCP?

DHCS Response: Yes, the MCP will reimburse an IHCP that provided services to an AI/AN patient who is not assigned to the clinic. If there are any payment issues, please contact the MCP Tribal Liaison or send an inquiry to the DHCS Office of Tribal Affairs at TribalAffairs@dhcs.ca.gov.

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Next Steps:

- The next Tribal and Indian Health Program Representatives meeting will be held in person and virtually August 26, 2024. Registration information will be posted to the [DHCS IHP website](#) when available.