

# 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 21, 2023 from 9:30 a.m. to 4:00 p.m. in person and via Webex at The Center for Healthy Communities Sacramento. 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
- Bridgeport Indian Colony
- Chapa-De Indian Health Program
- Colusa Indian Health Community Council
- Consolidated Tribal Health Project, Inc.
- Feather River Tribal Health
- Fort Mojave Indian Health Center
- Fresno American Indian Health Project
- Indian Health Council, Inc.
- Indian Health Center of Santa Clara Valley
- Karuk Tribe
- Lassen Indian Health Center
- Northern Valley Indian Health, Inc.
- Pinoleville Pomo Nation
- Pit River Health Service, Inc.
- Riverside – San Bernardino County Indian Health
- Sacramento Native American Health Center
- Santa Ynez Tribal Health Clinic
- Sonoma County Indian Health Project
- Southern Indian Health Council
- Strong Family Health Center
- Sycuan Medical Dental Center
- Toiyabe Indian Health Project, Inc.
- Tule River Indian Health Center, Inc.
- Tuolumne Me-Wuk Indian Health Center
- United Indian Health Service, Inc.
- Yurok Tribe

## Indian Health Organizations:

- California Consortium for Urban Indian Health (CCUIH)
- California Rural Indian Health Board (CRIHB)
- Indian Health Services-California Area Office (IHS-CAO)

## Items Reviewed:

- DHCS Director's Update (Slide 5)
- Medi-Cal Managed Care Plan Contract: Managed Care Plan Transitions and 2024 Readiness (Slides 6-18)
- Capacity and Infrastructure Transition, Expansion and Development (CITED) Funding (Slides 19-55)
- Medi-Cal Initiatives Update (Slides 56-75)
- Population Health Management Update (Slides 76-98)
- Behavioral Health Update (Slides 99-130)
- Benefits Division Update (Slides 131-156)
- Office of Tribal Affairs Update (Slides 157-164)

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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 IHP website](#).

## Questions and Responses

### DHCS Director's Update

1. **Question:** Will the Medi-Cal targeted provider rate increase effective January 1, 2024 impact reimbursement rates to Tribal Health Programs (THPs)?

**DHCS Response:** The Medi-Cal targeted provider rate increase will only impact the Fee-For-Service (FFS) rate reimbursement for doula services for THPs. It will not have an impact on the All-Inclusive Rate (AIR), which is set annually by the federal Indian Health Service Office of Management and Budget. For more information, please see the list of impacted codes on the [DHCS Medi-Cal Targeted Provider Rate Increases and Investments](#) webpage.

2. **Question:** Will the Medi-Cal targeted provider rate increase effective January 1, 2025 increase the FFS rate for doula services to more than 87.5% of the Medicare rate?

**DHCS Response:** The rate increases for targeted services effective January 1, 2024 will be no less than 87.5% of the Medicare rate. There will be an additional rate increase effective January 1, 2025. However, the Department has not confirmed the amount at this time.

3. **Question:** Will Community Health Worker (CHW) services receive the Medi-Cal targeted provider rate increase?

**DHCS Response:** CHW services rendered by CHWs (denoted by billing code modifier U2) will not receive the Medi-Cal targeted provider rate increase.

4. **Question:** Will there be reimbursement for traditional healers and natural helpers?

**DHCS Response:** Reimbursement for traditional healers and natural helpers under the Drug Medi-Cal Organized Delivery System (DMC-ODS) was submitted to CMS for approval through the CalAIM Section 1115 demonstration. The request is still pending with CMS and DHCS remains committed to securing CMS approval. Please see [DHCS' CalAIM 1115 Demonstration & 1915\(b\) Waiver](#) webpage for updates.

5. **Question:** Can the Department comment on the use of ex parte renewals and the extent to which DHCS is taking advantage of the CMS flexibilities?

**DHCS Response:** States may implement federal flexibilities to assist with minimizing terminations for procedural reasons during the COVID-19 unwinding period. The Department has implemented several flexibilities including ex parte renewal, renewing Medicaid eligibility based on available information, and an asset waiver. For additional information, please see [Medi-Cal Eligibility Division Information Letter \(MEDIL\) No. I 23-40](#) on the [DHCS All County Welfare Director's & Medi-Cal Eligibility Division Information Letters](#) webpage and other MEDILs regarding Temporary Flexibility Waivers during the continuous coverage unwinding period.

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6. **Question:** Can the Department explain the reason for the lack of disenrollment/enrollment data for American Indian/Alaska Native (AI/AN) members?

**DHCS Response:** The number of AI/AN members either discontinued or enrolled in Medi-Cal for a particular month may be underreported due to members who do not self-identify as AI/AN when enrolling in Medi-Cal, which is voluntary information. In addition, there are limitations to data that can be reported publicly due to public data reporting provisions. Therefore, the Department may not be able to publicly report the number of AI/AN discontinuance data if the number is too small.

7. **Question:** Does the Department know which THP clinics disenrolled members received services from?

**DHCS Response:** The Department does not have access to this information. However, Medi-Cal Health Enrollment Navigators partner with the Managed Care Plans (MCPs) and receive a list of individuals that have been dis-enrolled who they will reach out to. The Department suggests partnering with MCPs or with the Health Enrollment Navigator Programs to receive access to that information. For additional information, please see [DHCS' Medi-Cal Health Enrollment Navigators Project](#) webpage.

8. **Question:** It can be difficult to contact members due to address changes, lack of cell phone access, or homelessness. How can clinics assist members they've identified as needing to update their Medi-Cal information?

**DHCS Response:** The Department conducts outreach efforts to ensure that Medi-Cal members' information is updated. If clinics identify members who need their information updated, then the Department encourages clinics to report that to the county Medi-Cal office or to the Medi-Cal Health Enrollment Navigator. Clinics may also help to support members to update their information through the [DHCS' Keep Your Medi-Cal](#) webpage. In addition, DHCS has implemented several federal flexibilities to assist with minimizing terminations for procedural reasons, including the zero income waiver, which allows counties to renew eligibility without requesting additional income information or documentation for members with no income/zero income.

9. **Question:** Are members required to indicate their Tribe or Tribal affiliation on the Medi-Cal eligibility form/application?

**DHCS Response:** The Medi-Cal eligibility form does not request for members to indicate their Tribe or Tribal affiliation. Members may choose to voluntarily identify if they are AI/AN.

10. **Question:** Will THPs be eligible for Assembly Bill (AB) 531 general obligation bond funding?

**DHCS Response:** THPs will be eligible for AB 531 bond funding.

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**11. Question:** Will there be Tribal representation and consultation as the Department plans for the next three-year cycle of the Mental Health Services Act (MHSA) expenditure plan?

**DHCS Response:** Yes, there will be engagement with key stakeholders, including Tribal partners, for the MHSA expenditure plan as the Department plans for the next three-year cycle.

### Medi-Cal Managed Care Plan Contract: Managed Care Plan Transitions and 2024 Readiness

**12. Question:** Will the results from the Managed Care Plan (MCP) Transition go-live assessments be posted on the Department's website?

**DHCS Response:** DHCS' go-live assessment is comprised of Operational Readiness key deliverables, including network adequacy, delegation oversight, continuity of care, and certain California Advancing and Innovating Medi-Cal (CalAIM) components. On September 1, 2023, DHCS announced the go-live decision for all MCPs for having met all the assessment requirements. For more information, please see the [DHCS Stakeholder News Update](#). The [DHCS](#) website also includes a county lookup tool as a resource for any plan changes in the county.

**13. Question:** How can the Department further encourage MCPs to make timely payments to THPs?

**DHCS Response:** The Department agrees with the importance of timely payments to THPs and has issued [All Plan Letter \(APL\) 23-020 Requirements for Timely Payment of Claims](#) to remind MCPs of their legal and contractual obligations to promptly pay claims submitted by providers. Furthermore, the Department released the draft APL on November 21, 2023 which informs MCPs of existing Indian Health Care Provider (IHCP) protections, as well as of MCP Tribal Liaison requirements. For delayed or unresolved billing issues, THPs may contact DHCS' Office of Tribal Affairs at [TribalAffairs@dhcs.ca.gov](mailto:TribalAffairs@dhcs.ca.gov) or [TribalFQHC@dhcs.ca.gov](mailto:TribalFQHC@dhcs.ca.gov) for assistance.

**14. Question:** When will the APL with information about IHCP protections and MCP Tribal Liaison requirements be released?

**DHCS Response:** DHCS met with Tribal Partners and Representatives on September 8, 2023 to discuss and receive feedback on MCP Tribal Liaison requirements which were incorporated into the draft APL which was released on November 21, 2023 for Public and Tribal Partner comment and feedback due by December 12, 2023.

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## Medi-Cal Initiatives Update

**15. Question:** For the Justice-Involved Reentry Initiative, how will the Department evaluate that the pre-release care manager at the correctional facility conducts and complies with the warm handoff requirement?

**DHCS Response:** The Department will conduct evaluations as part of the process for Medi-Cal members that are eligible for the Justice-Involved Reentry Initiative Program.

**16. Question:** Can the warm handoff requirement for the Justice-Involved Reentry Initiative Program be met via a telehealth modality?

**DHCS Response:** Yes, this service may be provided via a telehealth modality.

**17. Question:** Can a social worker or other Enhanced Care Management (ECM) provider provide some of the pre-release services for the Justice-Involved Reentry Program?

**DHCS Response:** Yes, social workers and other ECM providers at the Tribal clinic may provide pre-release or post-release services as a care manager for the Justice-Involved Reentry Program.

## Population Health Management Update

**18. Question:** Are Urban Indian Organizations/Federally Qualified Health Centers (FQHCs) eligible to apply for the Equity & Practice Transformation (EPT) Payment Program?

**DHCS Response:** Yes, outpatient primary care clinics, including THPs and FQHCs, may apply for the EPT Payment Program. Applications are due by October 23, 2023 and can be found [here](#). The application must be filled out in one sitting by a signing authority for the clinic. Practices should consider their responses in advance by reviewing the [Application Instructions](#). For additional information, please see the [DHCS EPT Payment Program](#) webpage.

## Behavioral Health Update

**19. Question:** Are there discussions to expand coverage for Traditional Healer and Natural Helper services outside of the Drug Medi-Cal Organized Delivery System (DMC-ODS)?

**DHCS Response:** Currently, the request to CMS is specifically to cover Traditional Healer and Natural Helper services under DMC-ODS.

**20. Question:** Is there a full report available from the 988 Tribal Summit?

**DHCS Response:** A 988 Tribal Summit report is being finalized. The report summarizes feedback from attendees and stakeholders and lessons learned

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from the two 988 Tribal Summits held in February and March 2023. DHCS is currently working on a dissemination plan to send the report to attendees, tribal partners, state and federal partners, community providers and interested stakeholders tentatively in October 2023.

**21. Question:** Regarding the Behavioral Health Bridge Housing (BHBH) Program, if there are funds left over from the \$50 million set aside for Tribal entities, what is the plan for left over dollars?

**DHCS Response:** The \$50 million identified for the BHBH Program Tribal Entities Planning and Implementation Grants is competitive funding. Any remaining funding will be re-released with additional outreach to qualifying entities.

### Benefits Division Update

**22. Question:** Can the Department share the CHW billing scenario slides?

**DHCS Response:** Please see slides 66-67 of the [Tribal and Indian Health Program Representatives Meeting](#) from May 22, 2023 for CHW billing scenarios.

**23. Question:** Will dyadic services be reimbursed at the All-Inclusive Rate (AIR) or Fee-For-Service (FFS) rate for THPs?

**DHCS Response:** The State Plan Amendment (SPA), which is currently under review with CMS, proposes to reimburse dyadic services provided to the dyad for the benefit of the child, at the FFS rate in addition to the child's applicable medical encounter which is reimbursed at the AIR.

**24. Question:** Regarding dyadic services, if the child's medical encounter is reimbursed at the AIR and if the dyadic service provided to the dyad for the benefit of the child is conducted by a billable provider (such as a Licensed Clinical Social Worker), then will the second encounter be reimbursed at the FFS rate or AIR?

**DHCS Response:** If the second encounter is a dyadic service, which serves both parent/caregiver and child together as a dyad, and is provided for the benefit of the child, then the second encounter is reimbursed at the FFS rate. If the second encounter provided to the patient is for their own benefit, it is not considered a dyadic service and is reimbursed at the AIR.

**25. Question:** Can the Department clarify why CHW and doula services are not reimbursed at the Prospective Payment System (PPS) rate at FQHCs and RHCs?

**DHCS Response:** FQHCs and RHCs providing CHW or doula services may submit a Change in Scope-Of-Service Request (CSOSR) for a PPS rate revision so that CHW and doula services are incorporated in the PPS rate.

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### Next Steps:

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