# Tribal and Indian Health Program Representatives Meeting

Department of Health Care Services

April 22, 2025

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

# Welcome, Introduction of Tribal Leaders, and Review of Agenda

**Yingjia Huang, Deputy Director**
Health Care Benefits & Eligibility

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# Welcome and Webinar Logistics

## WebEx Tips

- Everyone will be automatically muted upon entry
- Use the Q&A or Chat box to submit comments or questions
- Please use the Chat box for any technical issues related to the webinar

# Feedback Guidance for Participants

- **Q&A or Chat Box.** Please feel free to utilize either option to submit feedback or questions during the meeting.
- **Spoken.**
  - Participants may "raise their hand" for Webex facilitator to unmute the participant to share feedback
  - Alternatively, participants who have raised their hand may unmute their own lines, but DHCS asks that you wait for a facilitator to recognize your request to speak
  - DHCS will take comments or questions first from tribal leaders and then all others in the room and on the webinar
- **If you logged on via phone-only.** Press "*6" on your phone to "raise your hand"

# DHCS Director's Update

**Michelle Baass**
DHCS Director

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# Governor Newsom's 2025-26 Proposed Budget DHCS Highlights

# Governor’s Proposed Budget

- The Governor's proposed fiscal year 2025-26 budget includes $296.1 billion total funds for all health and human services programs.
- The Governor's proposed budget includes **$193.4 billion total funds for DHCS** and **4,821.5 positions**. Of this amount, $1.3 billion is state operations (DHCS operations), while $192.1 billion is local assistance (funding for program costs, partners, and administration).
- DHCS budget proposals continue to build on the Administration's previous investments and enable DHCS to continue to transform Medi-Cal and behavioral health within a responsible budgetary structure.

# DHCS Major Budget Issues and Proposals

- Managed Care Organization (MCO) Tax and Proposition 35
- Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration Approval
- Caseload Impacts Related to Redeterminations
- Senate Bill (SB) 525 Health Care Minimum Wage Impacts
- Behavioral Health Transformation Update
- Home and Community-Based Spending Plan Update
- Trailer Bill Language

# Medi-Cal Caseload

» Caseload will be generally steady or only slightly decline through 2024-25 (15 million individuals).

» Assumes the end of discretionary pandemic unwinding flexibilities that result in fewer discontinuances after June 2025.

» Consistent with this assumption, enrollment is expected to fall more steeply in 2025-26 (to 14.5 million individuals).

» Significant variability is possible in the near future due to potential changes in federal immigration policy.

# Additional Information and Resources

- DHCS Website Governor's Budget Proposal
- Statewide Budget Website – ebudget.ca.gov
- Department of Finance Website Department of Finance

# Prop 1 Update

# Behavioral Health Transformation Milestones

| Started Spring 2024 | Started Summer 2024 | Beginning Early 2025 | Summer 2026 |
|---|---|---|---|
| **Stakeholder Engagement**<br><br>Stakeholder engagement, including **public listening sessions**, through all milestones to inform policy creation. | **Bond BHCIP: Round 1 Launch Ready**<br><br>**294 Requests for Applications (RFA)** received for up to $3.3 billion in funding available through the Behavioral Health Continuum Infrastructure Program (BHCIP). | **Integrated Plan Guidance and Policy**<br><br>Policy and guidance will be **released in phases,** beginning with policy and guidance for integrated plans. | **Integrated Plan**<br><br>New integrated plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three- year cycle). |

# Bond BHCIP Round 1: Launch Ready

- May 14, 2024: DHCS released the **Bond BHCIP Round 1: Launch Ready**, which will provide up to **$3.3 billion** in funding for behavioral health treatment facilities statewide.
  - $1.5 billion open only to counties, cities, and Tribal entities.
  - $1.8 billion open to counties, cities, and Tribal entities, as well as nonprofit and for-profit organizations.
  - $30 million minimum to be awarded to Tribal entities.
- A Request for Applications posted in July 2024.
- **Application deadline was December 13, 2024.**
- **Funds will be awarded in Spring 2025.**

# Resources

**Behavioral Health Transformation Website and Monthly Newsletter**

Explore the Behavioral Health Transformation website for additional information and resources.

Please sign up on the DHCS website to receive monthly Behavioral Health Transformation updates.

**Public Listening Sessions**

DHCS hosted recurring public Behavioral Health Transformation listening sessions from April – October 2024 to gather feedback from stakeholders. Public Listening Sessions will resume in spring 2025.

Recordings are available on the Behavioral Health Transformation website.

**Bond BHCIP Round 1: Launch Ready**

Visit the BHCIP website to access the application and learn more.

Please send any other questions to bondbhciproundl@ahpnet.com.

**Questions and Feedback**

Please send any other questions or feedback about Behavioral Health Transformation to BHTInfo@dhcs.ca.gov.

# Questions/Feedback

# Implementation of Traditional Health Care Practices in Medi-Cal

**Paula Wilhelm**
Deputy Director
**Kevin Masuda**
Health Program Specialist II

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# Webinar Agenda

- Traditional Health Care Practices Background
- Behavioral Health Information Notice (BHIN) 25-007 Overview
- Q&A

# Traditional Health Care Practices

Background

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# Importance of Traditional Health Care Practices

- Western mental health focuses on the individual as the locus of illness, while for AI/AN mental illness is just a symptom of a whole community that is suffering from its own history of oppression and violence.
- Research shows that AI/AN who meet criteria for depression/anxiety or substance use disorder are significantly more likely to seek help from traditional/spiritual healers than from other sources.

- **723,225** AI/ANs live in California
- **55,302** Medi-Cal enrollees who self-identify as AI/AN

# Importance of Traditional Health Care Practices (continued)

- "Today's approval is an important first step in ensuring these life-saving services are made available to Tribal people across the state as they begin their healing journey." **Jesus Tarango, Tribal Chairman of Wilton Rancheria**
- "In reimbursing these services, California is not creating new services. It's the state and federal government acknowledging that Indian country has resources and tools to heal ourselves." **Virginia Hedrick, Director of the California Consortium for Urban Indian Health**
- "The inclusion of traditional healers and natural helpers in Medi-Cal is a pivotal moment, marking a significant step forward in honoring and preserving Native cultures. This initiative recognizes the value of our ancestral knowledge and ensures holistic care is accessible to those who need it most." **Clayton Dumont (The Klamath Tribes), Chief Operating Officer at Friendship House**

# Timeline

**2017-2021**
DHCS sends CMS 3 requests to cover traditional health care practices under DMC-ODS

**Summer 2024**
Policy development and consultation

**October 16, 2024**
CMS approves provision of traditional health care practices through Medi-Cal

**January 2025**
DHCS releases draft BHIN (guidance) for Tribes, Tribal partners, and the public for comments

**March 21, 2025**
DHCS releases BHIN

**2025-2026**
Ongoing technical assistance for IHCPs and DMC-ODS Counties

# Traditional Health Care Practices Overview

- Between 2017-2021, DHCS sent CMS three **requests to cover traditional health care practices under the Drug Medi-Cal Organized Delivery System (DMC-ODS).**
  - The purpose of these requests was to provide culturally appropriate options and improve access to Substance Use Disorder (SUD) treatment for American Indians and Alaska Natives (AI/AN) receiving SUD treatment services through Indian Health Care Providers (IHCPs).
- **In October 2024, CMS approved Medicaid coverage of Traditional Health Care Practices** in four states (CA, AZ, OR, NM) with a standard framework through Section 1115 waivers. California's coverage is authorized through **December 31, 2026**, unless extended or amended.
  - Waivers allow states to waive certain federal Medicaid requirements and conduct statewide pilot programs.
  - Traditional health care practices in Medi-Cal will initially be covered for Medicaid and CHIP members through the DMC-ODS only. **California has the option to expand to other populations and/or delivery systems in the future.**

# Traditional Health Care Practices Overview (continued)

- **Traditional Health Care Practices in California:**
  - **Traditional health care practices** is the umbrella term for services provided by **Traditional Healer** and **Natural Helpers**.
  - Services will be covered through DMC-ODS counties and provided by **Indian Health Care Providers** (IHCPs).
    - "**IHCPs**" are defined as health care programs operated by the IHS ("IHS facility"), an Indian Tribe, a Tribal Organization, or an Urban Indian Organization (UIO).

# Traditional Health Care Practices

Benefits Overview

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# Practitioner Descriptions

**DHCS partnered with Tribes and Tribal partners to develop practitioner descriptions of Traditional Healers and Natural Helpers. These descriptions are designed as a framework for reference and to encourage a shared understanding among IHCPs and DMC-ODS counties.**

## Practitioner Descriptions

- A *Traditional Healer* is a person currently recognized as a spiritual **leader in good standing with a Native American Tribe, Nation, Band, Rancheria, or a Native community, and with two years of experience** as a recognized Native American spiritual leader practicing in a setting recognized by a Native American Tribe, Nation, Band, Rancheria, or Native Community who is contracted or employed by the IHCP. A Traditional Healer is a person **with knowledge, skills and practices based on the theories, beliefs, and experiences which are accepted by that Indian community as handed down through the generations** and which can be established through the collective knowledge of the elders of that Indian community.
- A *Natural Helper* is a **health advisor**, contracted or employed by the IHCP, who seeks to deliver **health, recovery, and social supports** in the context of Tribal cultures. A Natural Helper could be a spiritual leader, elected official, paraprofessional or other individual who is a trusted member of a Native American Tribe, Nation, Band, Rancheria, or a Native community.

# Service Descriptions

**DHCS partnered with Tribes and Tribal partners to develop service descriptions of traditional healer and natural helper services. Individual IHCPs may identify and offer a variety of culturally specific practices; the below descriptions are not intended to be exhaustive.**

**Service Descriptions**

Individual IHCPs may identify and offer a variety of culturally specific practices; the below descriptions are not intended to be exhaustive.

- Traditional Healers may use an **array of interventions including, music therapy (such as traditional music and songs, dancing, drumming), spirituality (such as ceremonies, rituals, herbal remedies) and other integrative approaches**.
- Natural Helpers may assist with **navigational support, psychosocial skill building, self-management, and trauma support** to individuals that restore the health of eligible Medi-Cal members.

# Member Eligibility

- **Traditional health care practices are covered for Medi-Cal members who:**
  1. Are enrolled in Medi-Cal or CHIP in a DMC-ODS County;
  2. Are able to receive services delivered by or through an IHCP, as determined by the facility; and
  3. Meet DMC-ODS access criteria.
     - Members enrolled in Medi-Cal in a DMC-ODS county must meet existing DMC-ODS access criteria detailed in BHIN 24-001 or subsequent guidance to be eligible to receive traditional health care practices.

# Participating IHCP Requirements

# Medi-Cal Enrollment and Certifications

**IHCPs that bill Medi-Cal for traditional health care practices are required to enroll as Medi-Cal providers. If the IHCP is providing DMC-ODS services beyond traditional health care practices, they must also become DMC certified.**

| IHCP DMC Certification Requirements Based on Services Offered | |
|---|---|
| **Medi-Cal Services Offered** | **Drug Medi-Cal (DMC) Certification** |
| Only traditional health care practices (and no other DMC-ODS services) | Not required |
| Traditional health care practices and other DMC-ODS services | Required |

*Medications for Addiction Treatment (MAT) services do not require DMC certification or participation in the DMC-ODS.*

**Alcohol and Other Drug: (AOD) Certification:** Consistent with federal law*, Indian Health Care Providers enrolled as Medi-Cal providers are **not** required to obtain DHCS' certification for Alcohol and Other Drug (AOD) programs if they meet all applicable standards.

**See U.S. Code, title 25, section 1647a.*

# Practitioner Qualifications

- Participating IHCPs are required to **establish methods for determining whether employees or contractors are qualified to provide traditional health care practices.**
- Participating IHCPs must **determine and document** (available to DHCS upon request), that each practitioner, provider, or staff member employed or contracted with the facility to provide traditional health care practices is:
  - Qualified to provide traditional health care practices to the IHCP's patients; and
  - Has the necessary experience and appropriate training.
- IHCPs may only bill Medi-Cal for traditional health care practices furnished only by employees or contractors who are **qualified** to provide them.

# Ensuring Access to Continuum of Treatment Services

- Participating IHCPs must provide, or coordinate with DMC-ODS counties to ensure access to, additional services to promote the **treatment of substance use disorders (SUDs)**, including:
  - Comprehensive **American Society of Addiction Medicine (ASAM)** assessments to identify other SUD treatment needs;
  - **Medications for addiction treatment (MAT):** services may be offered directly through the IHCP or there must be an effective MAT referral process in place; IHCP must implement and maintain a MAT policy; and
  - **Other DMC-ODS services**, as needed and desired by the member.

# Ensuring Access to Continuum of Treatment Services (continued)

- IHCPs that opt to provide traditional health care practices are required to implement **evidence-based treatment practices** (EBPs).
  - Note: If an EBP(s) does not exist for the population(s) of focus and types of problems or disorders being addressed, but there are culturally adapted practices, Community Defined Evidence Practices, and/or culturally promising practices that are appropriate, the **complementary practices that have been shown to be effective for your population(s) of focus may be used**.*

**Evidenced-Based Treatment Practices (EBPs):**

- Motivational Interviewing
- Cognitive-Behavioral Therapy
- Relapse Prevention
- Trauma-Informed Treatment
- Psycho-Education

**This exception applies to IHCPs providing only traditional health care practices and no other DMC-ODS services.*

# Service Documentation

- **IHCPs providing traditional health care practices are required to follow the progress note and problem list documentation requirements in BHIN 23-068.**
  - Individual Traditional Healers or Natural Helpers are not solely responsible for developing or maintaining the member's clinical records. These requirements shall be completed at the organizational (IHCP) level.
  - Other licensed or non-licensed practitioners may complete service documentation on behalf of the Traditional Healer or Natural Helper as needed.

# Opt-in Process for IHCPs to Provide Traditional Health Care Practices

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# IHCP Opt-in Process

**IHCPs must opt-in to providing traditional health care practices.**

- **IHCPs shall complete and submit an Opt-In Package to DHCS for approval,** using a DHCS template that includes, but is not limited to:
  - **Information for each site** (name, location, National Provider Identifier, contact).
  - **Medi-Cal enrollment status.**
  - **List of services the IHCP will provide** (Traditional Healers/Natural Helpers/ DMC-ODS).
  - **An acknowledgment** that IHCPs must obtain DMC certification if they seek to offer DMC-ODS services other than Traditional Healers/ Natural Helpers.
  - **Draft or final policies and procedures.**
  - **An attestation** that the IHCP will provide DHCS, upon request, supporting documentation and records.

# IHCP Opt-in Process (continued)

**IHCPs must submit draft or final policies and procedures as part of their opt-in submission.**

- **The Opt-In Package submission must include the following policies and procedures:**
  - Practitioner Qualifications;
  - County coordination, connecting members to American Society of Addiction Medicine (ASAM) assessments;
  - Providing members access to medication for addiction treatment (MAT);
  - Access to other DMC-ODS services, as needed; and
  - Implementation of at least two evidence-based treatment practices (EBPs) *or* complementary practices (e.g., Community Defined Evidence Practices).
- DHCS will provide approval of opt-in packages **no earlier than 10 business days** after submission.

# Opt-in and Coordination with DMC-ODS Counties

**IHCPs may claim for services back to the date of opt-in submission (as long as DHCS approves the opt-in package).**

- Upon receiving approval from DHCS, IHCPs must share a copy of their opt-in package and DHCS approval letter with the DMC-ODS counties in which they plan to provide services.
  - DHCS will post a list of approved IHCPs on the traditional health care practices webpage.

# DMC-ODS County Requirements

# DMC-ODS County Requirements

**DMC-ODS counties must observe differing payment obligations for care provided to American Indian and Alaska Native (AI/AN) and non-AI/AN individuals, per federal requirements outlined in 42 CFR 438.14.**

- **AI/AN Individuals:** DMC-ODS counties must pay IHCPs for claims submitted for the provision of traditional health care practices to eligible AI/AN members whether or not they hold a contract with the IHCP, in accordance with BHIN 22-053.

- **Non-AI/AN Individuals:** DMC-ODS counties are generally not obligated to pay for services provided to non-AI/AN members by IHCPs that are not contracted with the DMC-ODS county, as outlined in BHIN 22-053.

# DMC-ODS County Requirements (continued)

- DMC-ODS counties must provide **DHCS with the contact information of the DMC-ODS lead for traditional health care practices** so the Department can share this information with IHCPs.
- Once DHCS has approved an IHCP's opt-in package, **DMC-ODS counties must accept claims retroactive to the day the complete opt-in package was submitted to DHCS**.
- DMC-ODS counties shall ensure that eligible Medi-Cal members have access to covered DMC-ODS services. This obligation requires **DMC-ODS counties to coordinate access to the following covered services as needed for their Medi-Cal members referred from IHCPs** that provide traditional health care practices:
  - **Comprehensive ASAM assessment** to identify SUD treatment needs;
  - **MAT**; and
  - All other medically necessary **DMC-ODS services** as needed by the member.

# Claiming and Payment

# Claiming and Payment

- IHCPs are not required to contract with DMC-ODS counties to receive payment for the provision of traditional health care practices to eligible American Indian/Alaska Native (AI/AN) members.
- IHCPs are required to hold a contract with DMC-ODS counties to receive payment for the provision of traditional health care practices to non-AI/AN members.

*See Code of Federal Regulations Title 42, Section 438.14*

# Claiming and Payment (continued)

- **Submitting claims:** IHCPs shall submit claims for traditional health care practices to the appropriate county for each member who receives services.
  - Traditional health care practices are only covered as a DMC-ODS benefit for members enrolled in counties that participate in the DMC-ODS program.
- **All-Inclusive Rate (AIR):** When Traditional Healer and Natural Helper services are provided by an IHCP that is eligible to receive the AIR and by a practitioner listed in California's Medicaid State Plan, the DMC-ODS county shall claim payment at the AIR.
  - This policy is in alignment with DHCS guidance on DMC-ODS county obligations to provide payment to IHCPs for the provision of DMC-ODS services outlined in BHIN 22-053 and CMS' requirements as outlined in Special Terms and Conditions 13.6.

# Rates for Non-AIR Eligible Services

**This chart outlines rates based on IHCP Contract Status with DMC-ODS county.**

| IHCP Contract status | Member's AI/AN Status | How non-AIR Rates Are Determined |
|---|---|---|
| **IHCPs with a DMC-ODS County contract** | AI/AN | Rates are determined based on negotiation between IHCP and DMC-ODS county. |
| | Non-AI/AN | |
| **IHCPs without a DMC-ODS County contract** | AI/AN | The rates the IHCP receives are not subject to negotiation. DMC-ODS counties must pay at the rate established by DHCS via the DMC-ODS fee schedule. |
| | Non-AI/AN | DMC-ODS selective contracting policy applies. Counties are not obligated to pay IHCPs for services provided to non-AI/AN members if they do not have a contract with the IHCP. |

# Rates for Non-AIR Eligible Services (continued)

- **Traditional Healer** services ineligible for the AIR will be paid at an AIR equivalent rate.
  - AIR for SFY 2025-26: $801.00
- **Natural Helper** services ineligible for the AIR will be paid using an encounter rate (billed once per member per day), based on statewide average rate for DMC-ODS Peer Support Specialist Services.
  - Natural Helper encounter rate: $335.37
- **Group billing:** A Traditional Healer or Natural Helper service may include both individual and group services. When providing Traditional Healer or Natural Helper services in a group setting, the provider shall claim for one member in the group visit using the HQ modifier.

# Service Limitations

- **Same Day Claiming:** Traditional Healer and Natural Helper services can be billed on the same day as other covered Medi-Cal services.
  - A member can receive DMC-ODS outpatient treatment on the same day as a Traditional Healer or Natural Helper service, and each of these encounters would be billable if they do not exceed any other applicable limits.
  - A member may receive Traditional Healer and Natural Helper services on the same day if no other applicable limits are exceeded.
- **Residential and Inpatient Setting:** DHCS will clarify coverage and payment policies for traditional health care practices for Medi-Cal members receiving residential or inpatient SUD treatment in forthcoming guidance.

# Oversight, Monitoring, & Evaluation

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# IHCP Oversight and Monitoring

**IHCPs will be monitored to ensure compliance with the requirements specified in this guidance and the DHCS-approved "opt-in package."**

| IHCP Contract Status | |
|---|---|
| **IHCPs with a DMC-ODS County contract** | **IHCPs without a DMC-ODS County contract** |
| **The county** is responsible for oversight and monitoring.* | DHCS is responsible for oversight and monitoring.* |

**Requirements outlined in BHIN 25-007.*

**Neither DHCS nor DMC-ODS counties may determine whether a traditional health care practice is culturally or clinically appropriate** for an individual Medi-Cal member. This is an individualized determination made by the Traditional Healer or Natural Helper with oversight from the IHCP.

# Waiver Evaluation and Monitoring

- **CMS will conduct ongoing monitoring of the state's implementation, and California must work with an independent evaluator to evaluate demonstration outcomes.**
  - DHCS will monitor data related to the delivery of traditional health care practices provided by IHCPs (e.g., number of participating IHCPs; number of members served), as required by CMS.
  - ***Metrics are not intended to determine effectiveness of services or specific traditional practices.***
  - Evaluation goals include examining whether the initiative increases access to culturally appropriate care for individuals served by IHCPs.
  - DHCS will coordinate closely with CMS, Tribes, Tribal partners and DMC-ODS counties to develop an approach to these requirements.

# Technical Assistance

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# Technical Assistance

- DHCS will provide technical assistance to support IHCPs and DMC-ODS counties. TA will be provided through written materials and webinars.
- DHCS will be working with the following partners to develop, facilitate, and disseminate TA:
  - California Consortium for Urban Indian Health (CCUIH)
  - Kauffman and Associates Inc. (KAI)
- **TA will be available at no additional costs to IHCP's seeking to provide services by Traditional Healers and Natural Helpers.**
- **Please send TA topics of interest to** TraditionalHealing@dhcs.ca.gov

# Questions?

TraditionalHealing@dhcs.ca.gov

DHCS Traditional Health Care Practices Webpage

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# Thank you!

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# Appendix

# Counties participating in the DMC-ODS (as of April 2025)

- Alameda
- Marin
- Placer
- Santa Clara
- Contra Costa
- Mariposa
- Riverside
- Santa Cruz
- El Dorado
- Mendocino (PHP)
- Sacramento
- Shasta (PHP)
- Fresno
- Merced
- San Bernardino
- Siskiyou (PHP)
- Humboldt (PHP)
- Modoc (PHP)
- San Diego
- Solano (PHP)
- Imperial
- Monterey
- San Francisco
- Sonoma
- Kern
- Napa
- San Joaquin
- Stanislaus
- Lake
- Nevada
- San Luis Obispo
- Tulare
- Lassen (PHP)
- Orange
- San Mateo
- Ventura
- Los Angeles
- San Benito
- Santa Barbara
- Yolo

# Overview of IHCPs

**There are an array of Indian Health Care Providers (IHCPs) within California offering health care services to meet the needs of diverse populations with varying needs.**

## In California, there are:

- **57 Indian Health Service Memorandum of Agreement (IHS-MOA) 638 clinics**
  - Butte, Colusa, Del Norte, Fresno, Humboldt, Imperial, Kings, Lassen, Madera, Mendocino, Modoc, Plumas, Riverside, San Bernardino, San Diego, Shasta, Siskiyou, Sutter, Tehama

- **72 Tribal Federally Qualified Health Centers (FQHCs)**
  - Amador, Butte, Calaveras, El Dorado, Glen, Humboldt, Inyo, Lake, Mariposa, Modoc, Mono, Nevada, Placer, Riverside, San Bernardino, San Diego, Santa Barbara, Shasta, Sonoma, Tehama, Tuolumne, Yolo

- **17 Urban Indian Organizations (UIOs)**
  - Alameda, Fresno, Los Angeles, Sacramento, San Francisco, San Diego, Santa Barbara, Santa Clara
    *Of the 17 enrolled UIOs, 15 are FQHCs and 2 are not FQHCs.

- **2 IHS Youth Regional Treatment Centers**
  - Yolo, Riverside

# Types of IHCPs

**In California, "IHCPs" are defined as health care programs operated by the IHS ("IHS facility"), an Indian Tribe, a Tribal Organization, or an Urban Indian Organization (UIO).**

- **IHS Facilities –** Facilities and/or health care programs administered and staffed by the federal Indian Health Service.
- **Tribal 638 Providers –** Federally recognized Tribes or Tribal organizations that contract or compact with IHS to plan, conduct and administer one or more individual programs, functions, services or activities under Public Law 93-638. Can be enrolled as:
  - Indian Health Services Memorandum of Agreement (IHS/MOA) provider
  - Tribal FQHCs
- **UIOs –** A nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals funded under the authority of Title V.
  - In CA, UIOs can be community health centers, FQHCs, or residential treatment facilities.

# Group Billing

- A Traditional Healer or Natural Helper service may include **both individual and group services.**
- When providing Traditional Healer or Natural Helper services **in a group setting, the provider shall claim for one member in the group visit**. Claims must contain the **modifier HQ** to distinguish group visits.
  - The HQ modifier is used in billing/claiming HCPCS codes to indicate group settings.
- IHCPs may only claim one Traditional Healer and Natural Helper service per member per day.
  - A member may receive both group and individual services in a day, but the group service may only be claimed separately if claimed on behalf of at least one member who did not also receive an individual service.

# Comments and Questions?

# Managed Care Update/Review of Managed Care Tribal Liaison Survey and Best Practices

**Bambi Cisneros**

Assistant Deputy Director

DHCS

# Providing Access and Transforming Health (PATH)

Overview for Tribes and Indian Health Care Providers

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

# PATH Initiative Overview

# What is the PATH initiative?

- **$1.85 billion in funding**
- **Capacity building**
- **Enhanced Care Management/ Community Supports**
- **Justice-Involved Reentry**

# Key PATH Program Initiatives

| PATH Initiative Name | High-Level Description |
|---|---|
| **Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative** | Grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide Enhanced Care Management (ECM) and Community Supports. Application windows open in multiple rounds, beginning in 2023 through 2025. Three rounds of funding have been awarded to over 500 organizations for almost $600 million as of August 2024. The last round of funding is now open and will close March 7, 2025. |
| **Collaborative Planning and Implementation Initiative** | Support for collaborative planning and implementation groups to promote readiness for ECM and Community Supports. Participant registration is ongoing, and collaborative groups launched in January 2023. |
| **Technical Assistance Marketplace Initiative** | Technical assistance to providers, community-based organizations, county agencies, hospitals, tribal partners, and others providing or planning to provide ECM and/or Community Supports. TA Recipient applications, Project Eligibility Applications (PEA), and Scope of Work (SOW) and Budgets are open and reviewed on a rolling basis. As of January 2025, there are 557 approved TA Recipients, 116 TA Vendors, and 875 executed TA projects, representing over $87 million dollars. |
| **Justice Involved Capacity Building** | Funding to support collaborative planning as well as infrastructure and capacity needed to maintain and build pre-release enrollment and suspension processes and implement pre-release services to support implementation of the full suite of statewide CalAIM justice-involved (JI) initiatives. PATH JI Round 1 and Round 2 funding are closed and Round 3 is open to targeted entities. |

# PATH CITED for Tribal Applicants

# Who Qualifies for PATH CITED Funding?

**Applicants must be an actively contracted ECM / Community Supports provider or have a signed attestation that they intend to contract to provide ECM/Community Supports in a timely manner*.**

**Applicants may include, but are not limited to:**

- County, city, and local government agencies (including local health jurisdictions)
- **Tribes, Indian Health Care Providers, Indian Health Clinics/Programs, or Urban Indian Organizations**
- Hospitals or Hospital-Based Clinics (including public hospitals)
- Primary Care or Specialist Providers (including Physician Groups)
- Community-Based Organizations (CBO)
- Adult Day Health Centers and/or Home Health Agencies
- Federally Qualified Health Centers (FQHC)
- Others as approved by DHCS

# Alternative Contracts for Tribal Applicants

- A memorandum of understanding (MOU) may be provided for eligibility for Tribes, Tribal Healthcare Providers, Indian Health Clinics/Programs, or Urban Indian Organizations.
  - Instead of the signed contract / letter of intent to contract with MCPs that is typically required.
  - If your organization participates in the TA Marketplace and has a signed TA Marketplace applicant eligibility attestation form, this is sufficient for CITED eligibility and should be provided with the application.

# Additional Info for Tribal Applicants

- Organization Types to select to ensure you are identified as a Tribal Applicant:
  - Indian Health Clinic (Also known as Indian Health Care Providers or (IHCPs)
  - Tribal Federally Qualified Health Center (FQHC)
  - Tribe, Indian Health Program or Urban Indian Organization
- This will let the review team know your organization aligns with this Round 4 priority.
- Please use the Organization Type Definitions list beginning on page 36 of the PATH CITED Round 4 Guidance Document for more information.

# PATH CITED Funding Uses

# Allowable Uses of PATH CITED Funding

Allowable uses of funding include, but are not limited to:

- Training and recruitment
- Salary support for new and/or existing positions
- Modifying, purchasing, and/or developing the necessary referral, billing, data reporting, or other infrastructure and IT systems to support integration into CalAIM
- Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identify strategies to address gaps
- Develop a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care
- Other uses as approved by DHCS

# Examples of Allowable Uses

- Health Information Exchange (HIE) systems/expansions
- Electronic Health Record (EHR) systems
- Electronical Medical Record (EMR) systems
- Billing/Data Collection systems
- Training on Billing/Data/IT systems
- Peer Support Specialist Training and Certification
- Salary support for administrative or service-related positions necessary to support the delivery of ECM or Community Supports
- Technology to support staff in the facilitation of ECM and Community Supports
- Fringe benefits, limited to 40%
- Compliance Training to Meet MCP Requirements
- Cultural Sensitivity Training

# Examples of Unallowable Uses

- Services or benefits otherwise covered through Medi-Cal
  - Fuel or maintenance costs for transport vehicles
  - Taxi/rideshare services for patients
- Activities that have previously been approved via other federal, state, or local funding sources
- Direct CalAIM services
- Real estate investments (e.g., purchasing property), developments, and other capital projects
- Costs of organized fundraising, including financial campaigns, lobbying, endowment drives, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions
- Goods or services for personal use (e.g., kits for clients/staff, laptops for storage, gift cards, staff uniforms, etc.)
- Marketing material costs (e.g., printing flyers, postage, radio/tv ads, etc.)
- Marketing costs not otherwise related to ECM/Community Supports
- Memberships and subscription costs not related to ECM/Community Supports

# Examples of Projects

- Several Tribal awardees are utilizing CITED funding to advance positive outcomes. Some activities of tribal awardees include:
  - Expand current ECM services to new populations of focus
  - Fund a CalAIM Tribal Administrator position
  - Hiring staff, including CHWs and Lead Care Managers, to expand access to under-served members
  - Purchase vehicles to allow ECM/Community Supports staff to travel to members
  - Purchase office equipment and EHR systems
  - Developing pilot sites for Medically Tailored Meals from a partnering farm
  - Building renovations to increase their capacity and implement, sustain, and improve ECM and Community Support Services to their vulnerable community members.

# PATH CITED Round 4 Application

# PATH CITED Round 4: Funding Priorities

PATH CITED Round 4 funding priorities include:

- **Tribal Entities or other entities serving Tribal members**
- County-Specific ECM/Community Support gaps
- Statewide ECM/Community Support gaps
  - Birth Equity, Justice-Involved, and Transitional Rent
- Rural counties
- Entities operating in counties with lower funding in prior CITED rounds
- Entities serving individuals whose primary language is not English
- Local CBOs
- Counties providing Transitional Rent

# Helpful Links for Round 4 Application

- **Guidance Document**
- **Application PDF**
- **Funding Request Workbook**
- **Sample ECM / Community Supports Budget**
- **Sample Hub Budget**
- **Sample Day Habilitation Budget**
- **GrantsConnect FAQ**

All resources can be found on the PATH CITED webpage

# What to Expect After Submission

# What happens after I submit an application?

- Once submitted, you will not be able to revise your application unless specifically requested by DHCS or the TPA.
- Upon submission, the Point of Contact and the TPA will receive a confirmation email that the application has been submitted.
- Applications will be reviewed and evaluated by the PATH TPA according to criteria developed by DHCS.
- The PATH TPA will provide DHCS with recommended applications for DHCS approval; with DHCS making the final decision of approval or denial.
- Applicants will be notified of the decision via email to the point of contact in the application portal.

# What happens after awards are announced?

1

**All applicants** will receive notification of DHCS award decision via email by after DHCS approval (Fall 2025).

2

**Awarded applicants** will need to complete the contracting process with the TPA in the timeframe specified in the award notification.

3

If your application is **not recommended** for funding, you will receive an email with an explanation of why sent by the TPA

# Awarded Applicants and Progress Reporting

Once awarded, applicants will be required to submit quarterly progress reports detailing movement toward goals, purchases made, challenges encountered, and milestones **accomplished in the quarter**.

Round 4 awardees will create **milestones tied to their budget items** and will identify progress made towards the milestones in that quarter.

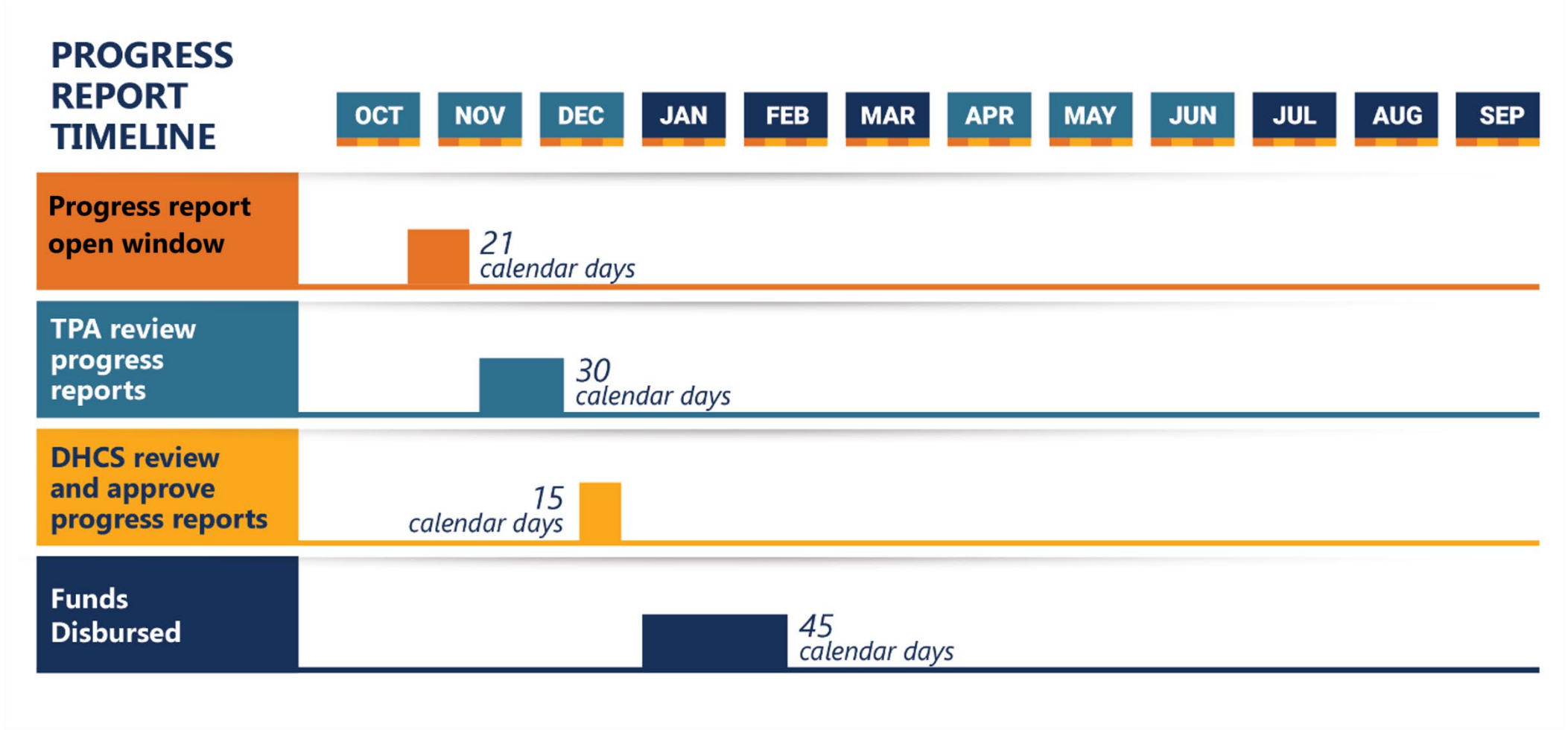
Funds will only be disbursed for **completed** milestones.

# Tentative Progress Reporting Timelines

| Reporting Period | Report Due Date |
|---|---|
| October 1, 2025 - December 31, 2025 | Mid-January 2026 |
| January 1, 2026 – March 31, 2026 | Mid-April 13, 2026 |
| April 1, 2026 – June 30, 2026 | Mid-July 2026 |
| July 1, 2026 – September 30, 2026 | Mid-October 2026 |

- The TPA and DHCS have up to 45 business days from the close of the progress report to complete the review and approval of progress reports.
- Once progress reports are approved by DHCS, funding will be disbursed within an additional 45 business days.

# Funding Disbursement Timeline



# Next Steps

# Next Steps

- Apply for CITED Funding at:
  - www.ca-path.com/cited
- Round 4 application window:
  - January 6 through May 2, 2025

# Resources

- For technical support or questions regarding applications, please email cited@ca-path.com
- PATH CITED Website
- DHCS CalAIM Webpage
- CITED Round 4 Guidance Document
- Gap Filling Plans
- Collaborative Planning and Implementation

# Questions?

# PATH Resources

- cited@ca-path.com
- 1115Path@dhcs.ca.gov
- (866) 529-7550
- PATH CITED Website

# PATH Technical Assistance (TA) Marketplace

# Key PATH Program Initiatives

| PATH Initiative Name | High-Level Description |
|---|---|
| **Technical Assistance Marketplace Initiative** | Technical assistance to providers, community-based organizations, county agencies, hospitals, tribal partners, and others providing or planning to provide ECM and/or Community Supports. TA Recipient applications, Project Eligibility Applications (PEA), and Scope of Work (SOW) and Budgets are open and reviewed on a rolling basis. As of January 2025, there are 557 approved TA Recipients, 116 TA Vendors, and 875 executed TA projects, representing over $87 million dollars. |
| Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative | Grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide ECM and Community Supports. Application windows open in multiple rounds, beginning in 2023 through 2025. Three rounds of funding have been awarded to over 500 organizations for almost $600 million as of August 2024. The last round of funding is now open and will close March 7, 2025. |
| Collaborative Planning and Implementation Initiative | Support for collaborative planning and implementation groups to promote readiness for ECM and Community Supports. Participant registration is ongoing, and collaborative groups launched in January 2023. |
| Justice Involved Capacity Building | Funding to support collaborative planning as well as infrastructure and capacity needed to maintain and build pre-release enrollment and suspension processes and implement pre-release services to support implementation of the full suite of statewide CalAIM justice-involved (JI) initiatives. PATH JI Round 1 and Round 2 funding are closed and Round 3 is open to targeted entities. |

# What is the Technical Assistance (TA) Initiative?

The **PATH Technical Assistance Initiative** enables entities that are providing or that intend to provide **ECM/Community Supports under CalAIM** to access technical assistance from an array of **qualified TA Vendors**.

TA Vendors are promoted via a **virtual "TA Marketplace,"** which serves as a one-stop-shop environment where eligible entities can access TA resources.

The TA Marketplace is designed, launched, and managed by **Public Consulting Group (PCG)**, the Third-Party Administrator, with **oversight from DHCS.**

- Approved TA Vendors enter into a General Agreement with PCG that enables them to provide TA under the CalAIM PATH TA Marketplace.

# Eligible TA Recipients

**TA Recipients may include, but are not limited to:**

- City, county, and other government agencies
- County and community-based providers (including but not limited to public hospitals)
- Community-Based Organizations (CBOs)
- Correctional agencies and other Justice Involved stakeholders
- **Tribal Designees and Indian Health Programs**

**MCPs are not eligible to receive TA support through the TA Marketplace.*

**TA Recipients must submit an attestation demonstrating one of the following:**

- **Contracted (Option 1):** Contracted with an MCP or other entity to provide ECM / Community Supports
- **Planning to Contract (Option 2):** Actively engaged with an MCP or other eligible entity to explore the possibility of contracting to provide ECM / Community Supports
- **Approved by DHCS (Option 3):** Other entities that are not contracted or engaged with an MCP or other entity may receive special approval from DHCS to receive TA.

# TA Project Types & Domains

## On-Demand Resources

- Static TA resources made available directly through CA-PATH website

## Off-the-Shelf TA Projects

- Ready to go, TA offerings packaged for convenient, efficient delivery

## Hands-On TA Projects

- Customized TA projects tailored to the unique needs of the TA Recipient

**Domain 1 - Building Data Capacity: Data Collection, Management, Sharing, and Use**

» TA Vendors with the expertise to help TA Recipients build knowledge and implement the systems required to effectively leverage data in their work with and on behalf of Medi-Cal members receiving Enhanced Care Management (ECM) and Community Supports.

**Domain 2 - Community Supports: Strengthening Services that Address the Social Drivers of Health**

» TA Vendors with expertise in designing, implementing, and improving one or more of the Medi-Cal "Community Supports" services

**Domain 3 - Engaging in CalAIM through Medi-Cal Managed Care**

» TA Vendors with the expertise to help TA Recipients better understand and navigate the requirements of CalAIM and Medi-Cal managed care delivery system, as well as leveraging the numerous new opportunities made available by CalAIM.

# TA Project Types & Domains cont.

**Domain 4 - Enhanced Care Management (ECM): Strengthening Care for ECM Population of Focus**

» TA Vendors with the expertise to help TA Recipients strengthen and improve the delivery of the seven ECM "Core Services" they provide for Medi-Cal "Populations of Focus".

**Domain 5 – Promoting Health Equity**

» TA Vendors with the expertise to help TA Recipients advance health equity through their implementation of ECM/Community Supports and in their work with Medi-Cal members overall.

**Domain 6 - Supporting Cross-Sector Partnerships**

» TA Vendors with the expertise to help TA Recipients successfully engage in cross-sector partnerships, including partnerships between MCPs and counties.

**Domain 7 - Workforce**

» TA Vendors with expertise in recruiting and retaining a well-prepared, high performing workforce, with a particular focus on members of the frontline, clinical, and/or "lived experience" workforces.

# TA Marketplace Steps & Roles

| Step | Process Step | TA Recipient | TA Vendor |
|---|---|---|---|
| 1 | **TA Recipient Eligibility Application** (One-time-only requirement) | The entity seeking access TA must submit the TA Recipient Eligibility Application.<br><br>An entity must be an approved TA Recipient to access TA through the TA Marketplace. | TA Vendors have no formal role in the TA Recipient Eligibility Application.<br><br>In practice, TA Vendors may help entities navigate the TA Recipient Eligibility Application process. |
| 2 | **TA Project Eligibility Application (PEA)** (Each TA Recipient may submit multiple TA Project Eligibility Applications) | TA Recipients must complete and submit the TA Project Eligibility Application.<br><br>TA Recipients are strongly encouraged to consult with their selected TA Vendor prior to submitting a TA Project Eligibility Application, especially for Hands-On TA Projects, to ensure that their TA goals are feasible. | TA Vendors have no formal role in the TA Project Eligibility Application.<br><br>In practice, TA Vendors often help TA Recipients formulate and draft TA Project Eligibility Applications. TA Vendors are strongly encouraged to weigh in on applications for **Hands-On TA Projects**. |

# TA Marketplace Steps & Roles cont.

| Step | Process Step | TA Recipient | TA Vendor |
|---|---|---|---|
| 3 | **TA Project SOW & Budget** (Each TA Project SOW & Budget must "match" an approved TA Project Eligibility Application) | TA Recipients are expected to contribute to TA Project SOW & Budget development process.<br><br>TA Recipients must formally approve the TA Project SOW & Budget prior to submission by the TA Vendor. | TA Vendor must complete and submit the TA Project SOW and Budget with input from the TA Recipient. |
| 4 | **TA Project Invoicing & Progress Reporting** (Each TA Project will have its own invoices and progress reports) | TA Recipients are responsible for approving TA Vendor invoices for the project, confirming the work was completed.<br><br>TA Recipients must complete TA progress reports semi-annually for each active TA project. | TA Vendors are responsible for submitting invoices for completed project work to the TA Recipient and TPA.<br><br>TA Vendors must complete TA progress reports semi-annually for each active TA project. |

# TA Marketplace Resources

- TA Recipient Application Guide
  - This video walks through the TA Marketplace website as well as how to determine eligibility and apply as a TA Recipient on the Marketplace.
- TA Recipient FAQ Document
  - An updated FAQ document is now available on the Marketplace resources page that includes frequently asked questions, including those questions asked during the Spring Vendor Fairs.
- TA Marketplace Filters
  - Filters were added to the Marketplace in January 2024 to support organizations in identifying a Vendor or project to meet their TA needs
- TA Recipient Policy Guide
  - This document contains policies and guidance to support TA Recipients as they submit and implement projects on the TA Marketplace.

If any you have any questions or concerns about the TA Marketplace, please email ta-marketplace@ca-path.com; responses are given within 48 hours.

# TA Marketplace Resources cont.

- Model Project Eligibility Applications
  - Model PEAs were released in April 2024 to support approved TA Recipients submit a successful PEA.
- TA Marketplace Sign In Guide
  - This document provides instructions regarding how to log into the TA Marketplace console and reset your password.
- TA Marketplace Account Creation Guide
  - This document provides instructions on how to create an account for the TA Marketplace console to be used to apply as a TA Recipient and submit TA projects.

# Managed Care Plan (MCP) Tribal Liaison

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

# MCP Tribal Liaison Survey

» Purpose

- To measure the effectiveness of the MCP Tribal Liaisons, determine if additional policy/technical assistance (TA) guidance is needed, and understand success, challenges, and concerns with MCP Tribal Liaisons

» Recipients

- Indian Health Care Providers (IHCP), including executive directors and representatives
- Survey duration: 12/3/2024 - 1/15/2025
- Nine individual responses were received; eight IHCPs submitted in total

# MCP Tribal Liaison Survey - Framework

- The survey requested information such as:
  - Which respondents are aware/unaware of how to connect with their MCP Tribal Liaison(s)
  - The communication/collaboration styles between IHCPs and their MCP Tribal Liaison(s)
  - The types of concerns/issues raised and how the MCP Tribal Liaison(s) were able to assist (if applicable)
  - Any additional feedback from IHCPs on improving the Tribal Liaison role

# MCP Tribal Liaison Survey - Results

- Five respondents used the survey to request their liaison(s) contact information
  - DHCS has responded resharing the liaison contact list with these IHCPs, added them to OTAs distribution list, and will continue to share the liaison contacts as needed to help maintain these connections
- Two respondents indicated a need for improvement with their liaison(s)
  - Areas of suggested improvement include introductions with the Federally Qualified Health Center (FQHC), liaison(s) should share and discuss their role with providers, show how the liaison(s) can assist the providers
  - DHCS has reached out directly to these MCPs to help build connections and strengthen the role of the liaison
- Two respondents indicated their liaison is successful when addressing issues when they:
  - Regularly communicate with providers to provide updates, respond to inquiries, and ensure connections to specific plan personnel are bridged as needed
- Common categories that respondents request liaison assistance: timely payments, data, and MCP contracting

# MCP Tribal Liaison Introductions

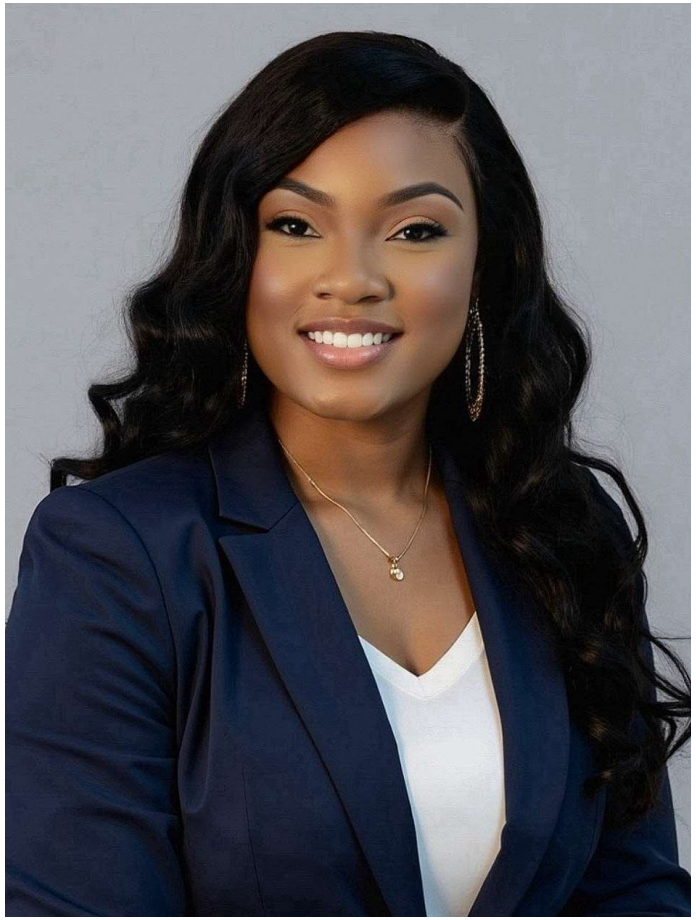


DHCS

# Introduction: Yolanda L. Latham

- Yolanda Latham is the Tribal liaison at Partnership Health Plan of California.
- She creates lasting bonds between Partnership and Tribal communities
- She aims to improve Tribal members' health and access to care.
- Yolanda received her master's degree in business administration from University of Phoenix. She has a bachelor's degree in sociology from Sacramento State University.
- Yolanda's career began as a youth worker with the California Indian Manpower Consortium (CIMC). Her career then took her to the Public Health Institute, where she contributed to supervising a team within a large survey research call center. She helped in fostering health, well-being, and quality of life through rigorous quantitative and qualitative research.
- She approaches leadership with humility and kindness and the belief that small acts of compassion can spark significant changes in any professional setting. She is committed to paying it forward – teaching, inspiring, and making a lasting difference in Tribal communities and beyond.

# Introduction: Jasmine Morgan



- Jasmine Morgan is the Tribal Liaison at Inland Empire Health Plan. Jasmine was honored to begin her role on December 1, 2024.
- Jasmine is a proud citizen of the Muscogee (Creek) Nation and brings over 10 years of healthcare experience, having served in key roles across Member Service, Provider Relations, Grievance and Appeals, Enhanced Care Management, and as a Preceptor developing departmental standard work and facilitated staff training.
- Jasmine holds degrees in Social and Behavioral Sciences, Public Administration, Leadership & Management, currently pursuing her Dr.PH, Doctor of Public Health. Jasmine's professional journey rooted in a passion for serving underserved and minority populations, with a special focus on culturally responsive care and health equity.
- Jasmine is also a dedicated advocate for survivors of human trafficking and sexual assault. She continues to support efforts that raise awareness and promote healing.
- As Tribal Liaison, she is committed to learning, strengthening relationships with tribal communities, promoting meaningful dialogue, and ensuring that Native voices are heard and valued in healthcare decisions.

# Partnership HealthPlan of California Update: April 22, 2025

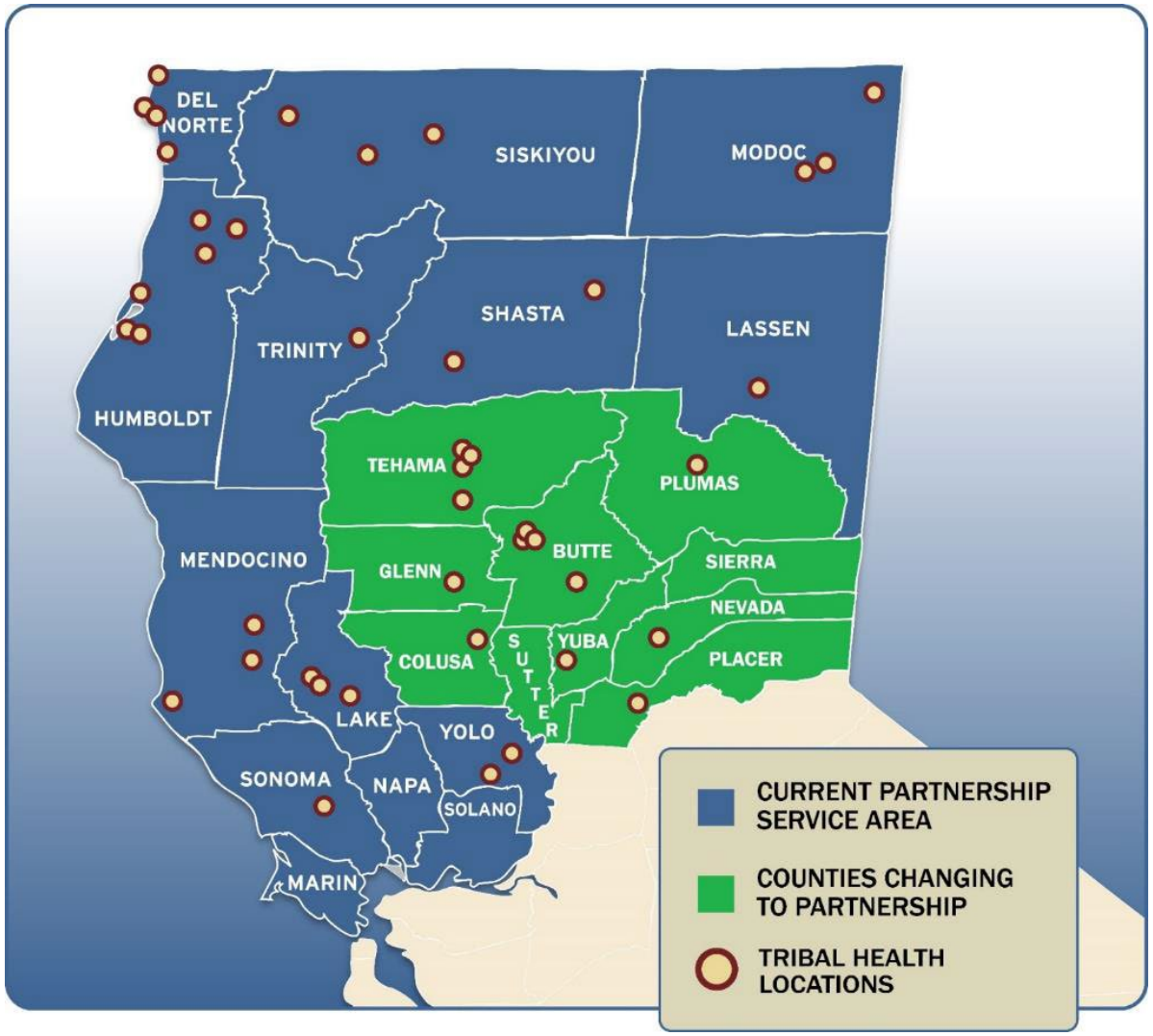
PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

ACCREDITED NCQA HEALTH PLAN

# Partnership Priority Initiatives

- Champion Local Partnerships, Provide Statewide Leadership
- Be a Catalyst for Health Equity and Quality
- Extend Our Reach, Transform Our Role

# Tribal Health Locations




**Current Region:**
Tribal community members make up **1.8%** of Partnership's membership, or approx. **15,856** members.

**Tribal Health Centers**

- 21 Tribal Health Programs
- 50 Sites

**California Tribes**

- 51 Federally recognized
- 8 Non-federally recognized

# Educating our Team on Tribal History and the Indian Health System

- Native American History and Culture Training
- Tribal Health 101: Education about Tribal Health Systems – Indian Health Service, Tribal health programs, and urban Indian health programs.
- Sovereignty & Policy: Training on Tribal sovereignty and key Tribal policies/laws (e.g. Federal Indian Health Care Laws, Medi-Cal Policies for AI/AN members)
- Cultural Humility: Staff learn about traditions, beliefs, and health practices in different Tribes to better serve members.

# Cultural Tours

Hoopa Village Tour

Sue-Meg Village, Trinidad, California

# Engaging on Tribal Lands

- **Active Presence**:  Partnership staff regularly attend tribal community events (health fairs, tribal community events)
- **Outreach**: We set up booths to share information on Partnership services, benefits, and answer questions.
- **Listening Ear:** Use these events to listen to member experiences – elders, youth, and families – about their benefits or health concerns.
- **Learning firsthand:** Gain insight into emerging issues in Indian Country (e.g., youth mental health, substance use, environmental health impacts)
- **Building Relationships**:  Consistent attending shows commitment, builds good relationships, and informs Partnership programs with community input

# Chapa De Indian Health Back to School Clinics


# United Indian Health Services
# Grand Opening

# Transforming Medi-Cal

- Californias Medi-Cal is undergoing a major transformation (communities' CalAIM Reform)
- Partnership is actively evolving our programs in step with these changes.
- Emphasis on Equity: ensuring Tribal communities' benefit from new initiatives
- Collaborating with Tribal Health Programs as partners in this transformation
- Shared goal: improved care and outcomes for members

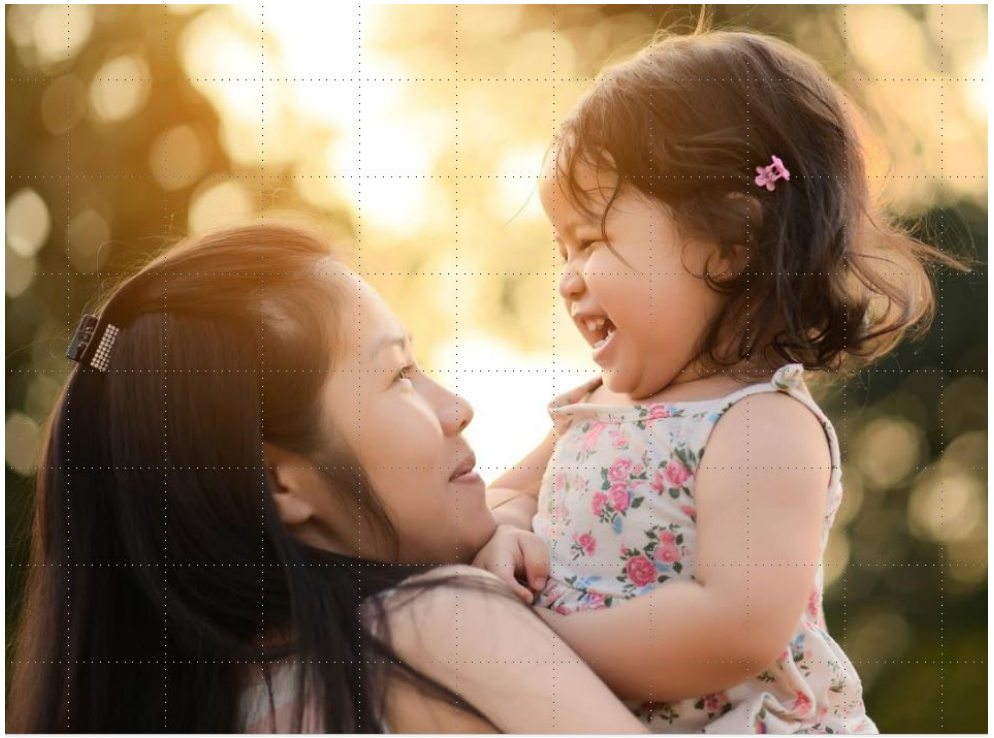
# Bridging Communities Through Art


# Annual Tribal Convening

- **Annual Convening:** Partnership hosts an annual convening of Tribal health leaders and Partnership leadership
- **Sharing and Listening**: We present Partnership programs and services
- **Engagement**: Open dialogue on community needs, challenges, and partnership opportunities.
- **Building Long-Term Relationships**: We strive to foster mutual understanding, respect and strong relationships

# Annual Tribal Convening

# Tribal Perinatal Initiative



- Family Spirit Program
- Mental Health First Aid
- Motivational Interviewing
- Trauma Informed Care
- More in development

# Tribal Perinatal Initiative

- **Purpose**: Support healthy pregnancies, births, and postpartum care in tribal communities.
- **Capacity Building**: Training tribal clinic staff and doulas in prenatal and postpartum care.
- **Education**: Offering culturally tailored prenatal classes and parenting education for expecting Native mother's and families.
- **Hospital Partnerships:** Linking tribal health programs with local hospitals to ensure respectful, coordinated maternity care.
- **Tribal Engagement:** Tribal program staff training.

# Future Initiatives

Future Initiatives

- New Internships
- Strengthening relationships, improving health outcomes, and honoring tribal sovereignty in all initiatives

# Investing in Tribal Youth – Summer Internships

- **New Internship Program:** Launching summer public health internships for Native American high school students
- **Hands-On Experience:** Students will be sponsored to work on real projects that tell stories from their communities.
- **Cultural Connection:** The tribal communities we serve invest tremendously in their youth. We would like to also like to support youth in their endeavors.
- **Mentorship:** Each intern will be paired with a Partnership mentor for guidance, learning, and two-way exchange of ideas.
- **Goals:** Inspire Native Youth to explore careers health careers and build a future tribal health care workforce.

# Next Steps

- Partnership remains fully committed to collaborating with Tribal communities in the Medi-Cal program
- We will continue to adapt and co-create programs based on tribal feedback and needs.
- Deep appreciation for the guidance of DHCS Indian Health Program and tribal health leaders in shaping our efforts
- Future focus:  strengthening relationships, improving health outcomes, and honoring tribal sovereignty in all initiatives.
- Thank you – we look forward to continuing this journey together and are happy to answer questions.

# Contact Information

**Yolanda Latham, MBA**
Hupa, Chilula, Karuk
Tribal Liaison
**Email:** ylatham@partnershiphp.org
Or
TribalLiaison@partnershiphp.org

# INLAND EMPIRE HEALTH PLAN
# TRIBAL LIAISON

Presented by Jasmine Morgan

# Agenda

- Tribal Liaison Implementation
- Tribes and Areas served
- IHCP Collaboration
- Community Engagement
- Internal Collaboration
- Next Steps

# Tribal Liaison Implementation

## A Collaborative Effort

**Purpose**: Ensure APL 24-002 compliance, strengthen relationships with Indian Health Care Providers & tribal communities, ensure culturally responsive care, and elevate Native voices in healthcare decisions

## Goals

- Listen and Learn
- Build relationships
- Provide support where needed & allowed
- Share internal findings and data
- Address needs as identified by Native Members and Indian Health Providers.
- Remove barriers to care and address issues.

# Federally Recognized Tribes in the Inland Empire

1.Yuhaaviatam of San Manuel Nation
2. Morongo Band of Mission Indians, California
3. Soboba Band of Luiseno Indians, California
4. Agua Caliente Band of Cahuilla Indians of the Agua
5. Caliente Indian Reservation, California
6. Cahuilla Band of Indians
7. Ramona Band of Cahuilla, California
8. Santa Rosa Band of Cahuilla Indians, California
9. Torres Martinez Desert Cahuilla Indians, California
10. Augustine Band of Cahuilla Indians, California
11. Cabazon Band of Cahuilla Indians
12. Twenty-Nine Palms Band of Mission Indians of California
13. Pechanga Band of Indians

IEHP provides services to over 3000 Native American Members.

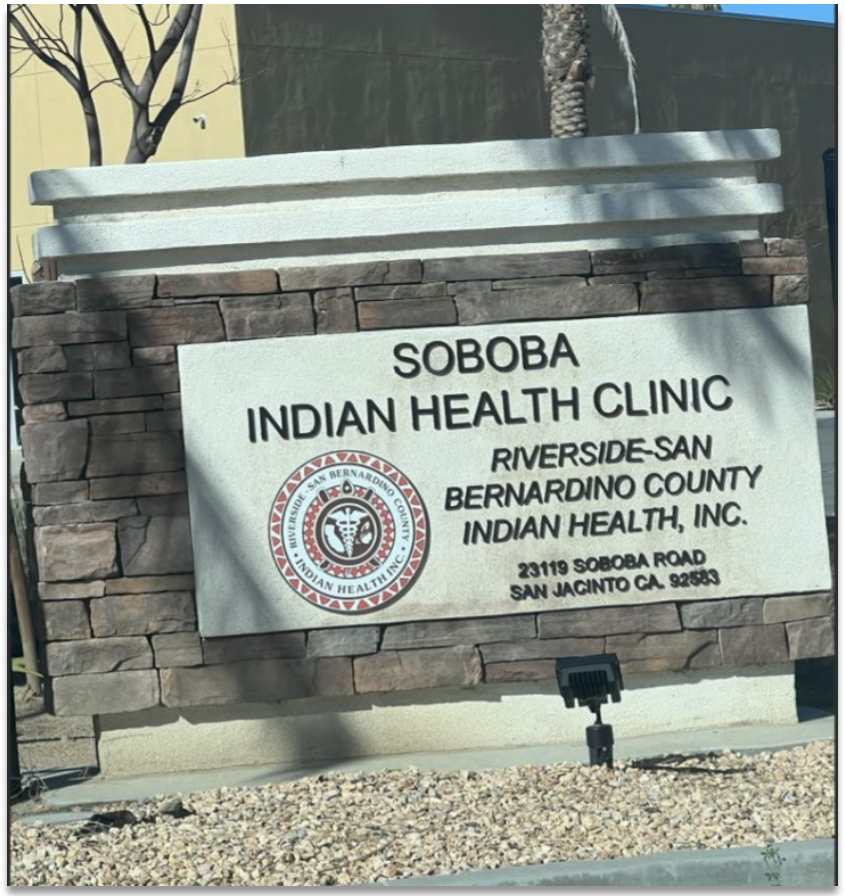
IEHP seeks to explore additional ways to identify Native American members within the health plan -as some members have selected to not identify as Native on enrollment forms.

# Indian Health Clinics in the Inland Empire

1. San Manuel Indian Health Clinic
2. Morongo Indian Health Clinic
3. Pechanga Indian Health Clinic
4. Torres-Martinez Indian Health Clinic
5. Soboba Indian Health Clinic
6. Cahuilla Indian Health Clinic
7. Barstow Clinic
8. Santa Rosa Clinic
9. DHHS IHS Phoenix Area - Chemehuevi Clinic

# IHCP Collaboration (Indian Health Care Providers)

- Initiated partnerships with local IHCPs serving San Bernardino and Riverside counties
- Coordinated Joint Operation Meetings(JOM) to identify healthcare barriers for native members.
- Provided support with Claims/billing, Provider Credentialing and Member enrollment.
- Began discussions to align care with best practices. Initiated campaigns (Ex. Well-child visits)
- Scheduled clinic tours to connect with office Staff and Providers 1-on-1 and obtain feedback.







# Community Engagement

- Participated in the 18th National Indian Nations Conference to support Native victims of crime and broaden understanding of justice and healing needs across tribal, state, and federal systems.
- Visited Noli Indian School and engaged with staff to understand Native student health needs and social determinants of health (SDOH)
- Attended the California Truth & Healing Council Regional Hearing session to listen to powerful stories from Native community members in San Bernardino and Riverside counties
- Open dialogue with patients during clinic visits regarding their experiences and suggestions.
- Currently in discussion regarding partnership for upcoming community events.

# Internal Collaboration

- Collaborated with Member Services, Provider Experience, Grievance, Utilization Management, Enhanced Care Management, Behavioral Health, and Community Partnership teams to address internal improvement areas and update standard work
- Developed best practices to promote culturally competent care
- Met with Provider Relations Managers to educate on IHCP rights and protections
- Partnered with the Grievance Department to identify sources of member dissatisfaction.
- Engaged directly with members to resolve concerns and care delays.
- Actively monitored enrollment and disenrollment trends to track access and retention.

# Next Steps

- Continue to build relationships with native communities.
- Explore options to improve healthcare needs in rural areas.
- Expand partnerships with Tribal Leaders and organizations to identify any additional community needs.
- Closely monitor internal data to track success or failures of initiatives.
- Actively monitor enrollment and disenrollment trends to track access and retention.

IEHP

We heal and inspire the human spirit.

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# Contact Information

JASMINE MORGAN, MSLM

IEHP Tribal Liaison

(840) 256-0121

EMAIL: Morgan-j2@iehp.org

# Questions?

# Items for Next Meeting/Final Comments

Thank You for Participating In Today's Webinar