Welcome to the NASHP Webinar

We will begin shortly

October 20, 2023
1:00-2:30 p.m. EDT

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

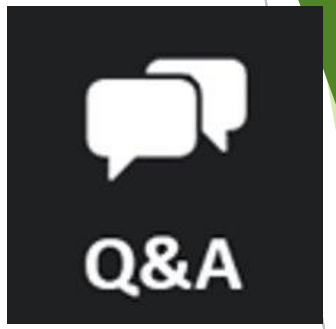
Leveraging Medicaid to Improve the Health Care Delivered to American Indians and Alaska Natives

October 20, 2023
1:00-2:30 p.m. EDT

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

Funded by the Robert Wood Johnson Foundation

Webinar Logistics



- Use the Q&A function at the bottom of your screen to enter your questions and comments throughout the presentations
- The closed captioning button is located at the bottom of your screen
- The slides and webinar recording will be posted after the webinar on the NASHP website and sent out to all webinar registrants

Agenda

- Welcome and Opening Remarks
  - Neva Kaye, Senior Policy Fellow, NASHP
- Medicaid and AI/AN
  - Nicole Evans, Director of Equity and Population Health, NASHP
- Arizona's American Indian Medical Home program
  - Leslie Short, Deputy Assistant Director, Arizona Division of Fee-For-Service Management
  - Dr. Jessica Weeks, Chief of Primary Care, Chinle Comprehensive Healthcare Facility
- Washington's Behavioral Health Innovations
  - Lucille Mendoza, Tribal Behavioral Health Administrator, HCA
  - Vicki Lowe, Executive Director, American Indian Health Commission for Washington State
- Discussion
- Wrap-up and Future of AI/AN Work at NASHP

The Indian Health Service and Medicaid: Key Concepts

- The Indian Health Service (IHS) is the federal agency responsible for providing American Indians and Alaska Natives with health services
- The IHS funds and delivers services through a three-part system of IHS operated, Tribally operated, and Urban Indian health programs (sometimes referred to as I/T/U)
- Medicaid provides health coverage to eligible low-income families and individuals, including AI/AN. Each state establishes its own policies within federal guidelines and the program is jointly funded by states and the federal government
- IHS providers may bill Medicaid for covered services provided to Medicaid-enrolled AI/AN and Medicaid is a major funder of IHS services
- Tribes are sovereign nations. State/Tribal Initiatives need to be developed government-to-government

Relevant Federal Medicaid Policies

- State Medicaid agencies are required to consult with Tribes and Indian health care providers before making changes to their Medicaid programs that have Tribal implications.
- States must meet specialized Medicaid managed care provisions for AI/AN in areas including network adequacy, provider choice and payment, and enrollment policies.
- The federal government is required to fully reimburse states for expenditures for Medicaid services that AI/AN receive through an IHS or Tribal facility (100% federal medical assistance or FMAP).







American Indian Medical Home (AIMH)

Leslie Short, *Deputy Assistant Director*
Division of Fee-for-Service Management, AHCCCS

Dr. Jessica Weeks, *Chief of Primary Care*
Chinle Comprehensive Health Care Facility

AHCCCS
Arizona Health Care Cost Containment System

AIMH Overview

AHCCCS
Arizona Health Care Cost Containment System

American Indian Medical Home (AIMH) Program

- The American Indian Medical Home is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- A value-based model that supports and incentivizes IHS/Tribal 638 facilities serving AIHP members.
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 24-hour access to the care team.

American Indian Medical Home Program cont'd

- AIMH initiative aligns with:
  - National IHS efforts to advance Patient Centered Medical Homes
  - Coordinating care with IHS/Tribal 638 facilities
  - State-wide focus on integrated care, health information exchange, and care coordination
- Concept of PCCM and PMPM strategy as an AIMH brought to fruition thru collaborative efforts of a Tribal workgroup
- State Plan Amendment was approved June, 2017

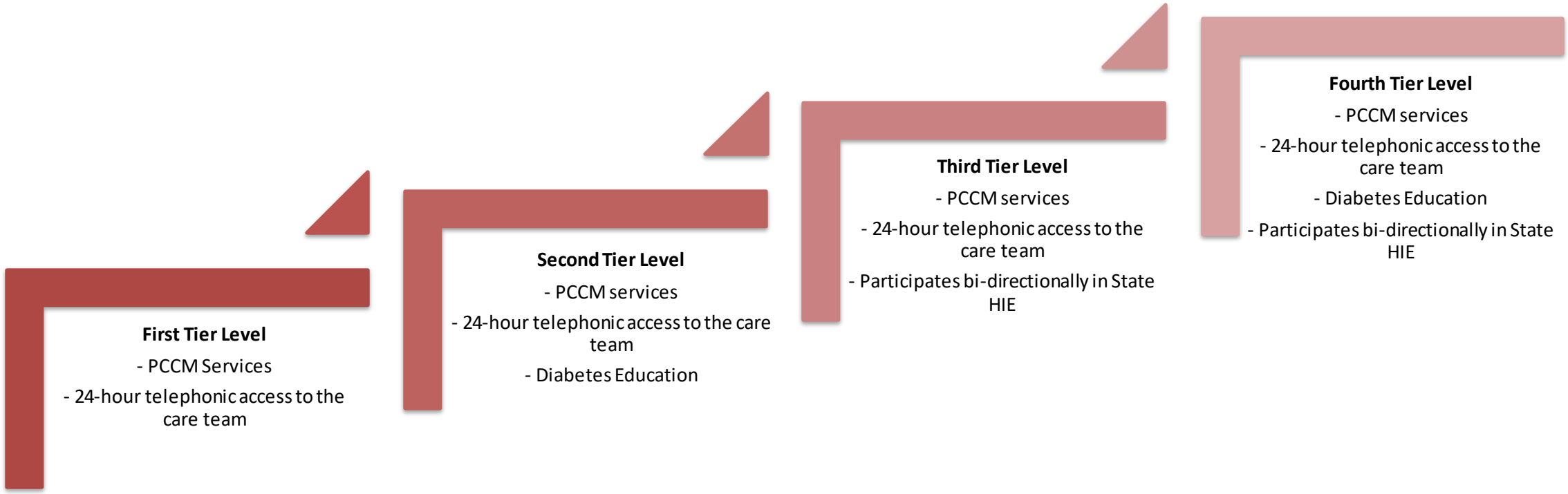
AIMH Provider Requirements

- Be an eligible IHS or Tribal 638 facility
- Enter into an AIMH IGA with AHCCCS
- Obtain Primary Care Medical Home (PCMH) through appropriate accreditation body
- Provide 24-hour telephonic access to the care team
- Dependent on selected tier level:
  - Provide diabetes education through an accredited diabetes education program
  - Participate bi-directionally in the State Health Information Exchange (HIE)

AIMH Member Eligibility

- Title 19 (Medicaid) only
- AIHP enrolled members only
- Title 21 (KidsCare) not included
- Tribal ALTCS not included
- The AIMH program is a voluntary program
- Members can choose to decline participation, dis-enroll or switch AIMHs at any time

AIMH Service Tier Level



- There is an annual renewal process every October at which time an AIMH can select a new tier level, if requirements have been met.

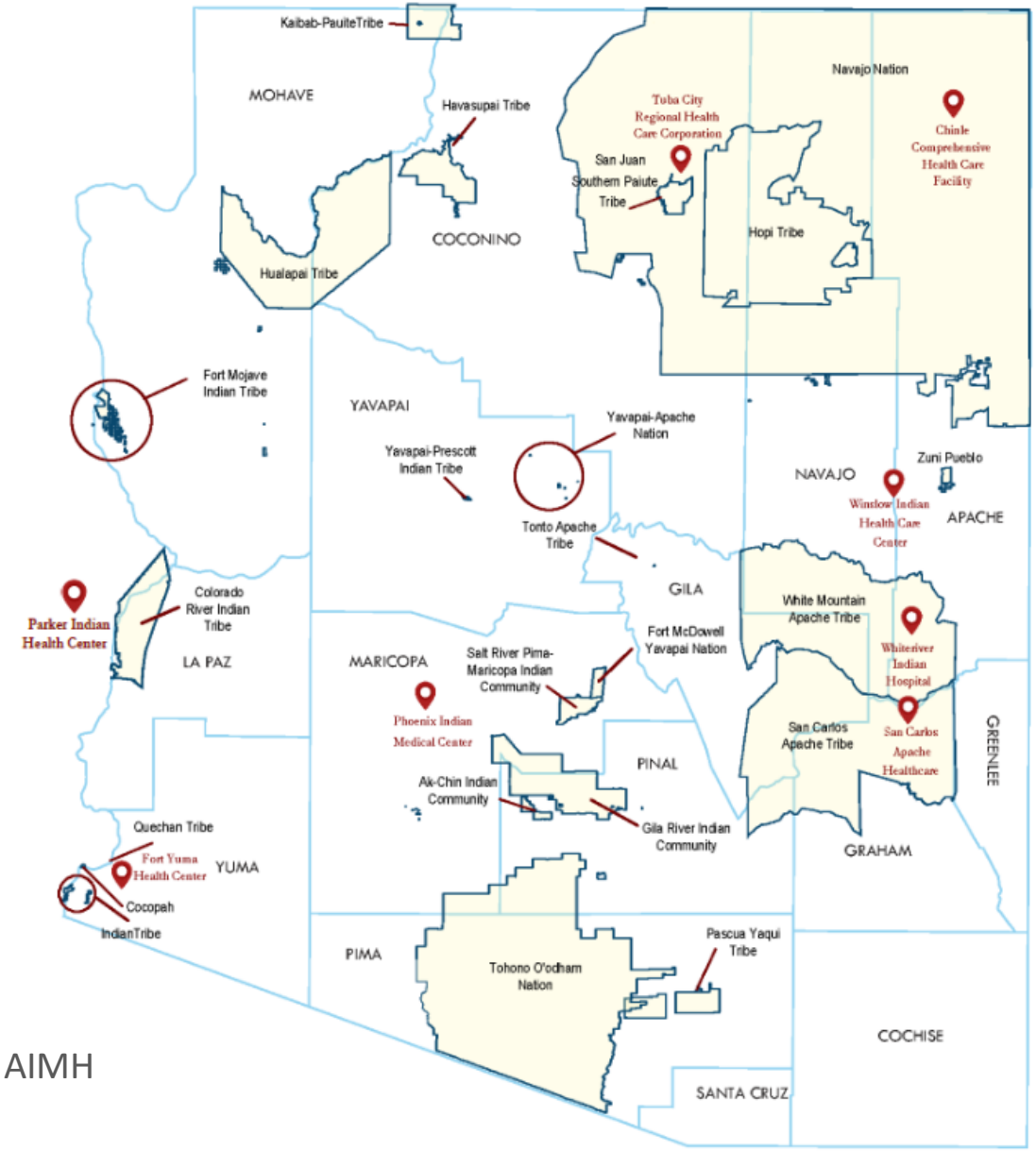
AIMH Reimbursement by Tier Level

- AIMHs will receive a prospective per member per month (PMPM) rate for services provided by their medical home.
- Payments are dependent upon the AIMH tier level achieved.
- An annual rate increase of 4.6% occurs on January 1st.

Calendar Year	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	CY 2026	CY 2027
Level 1	13.26	13.87	14.51	15.18	15.87	16.60	17.37	18.17	19.00	19.88	20.79
Level 2	15.26	15.96	16.70	17.46	18.27	19.11	19.99	20.91	21.87	22.87	23.93
Level 3	20.76	21.71	22.71	23.76	24.85	25.99	27.19	28.44	29.75	31.12	32.55
Level 4	22.76	23.81	24.90	26.05	27.25	28.50	29.81	31.18	32.62	34.12	35.69

American Indian Medical Homes throughout Arizona

1. Chinle Comprehensive Health Care Facility
   - Tier 4
2. Fort Yuma Health Care Clinic
   - Tier 1
3. Parker Indian Health Center
   - Tier 1
4. Phoenix Indian Medical Center (PIMC)
   - Tier 2
5. San Carlos Apache Healthcare
   - Tier 4
6. Tuba City Regional Health Care Center
   - Tier 4
7. Whiteriver Indian Hospital
   - Tier 2
8. Winslow Indian Health Care Center
   - Tier 3



* Approximately 28% of AIHP members are empaneled with an AIMH

AIMH Resources

- IHS/Tribal 638 facilities can send questions to:
  AIMH@azahcccs.gov
- Review AIMH information at:
  www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/
- State Plan Amendment (SPA):
  www.azahcccs.gov/Resources/StatePlans/StatePlanAmendments.html



Chinle Comprehensive Health Care Facility

AHCCCS
Arizona Health Care Cost Containment System

Chinle Comprehensive Healthcare Facility

+

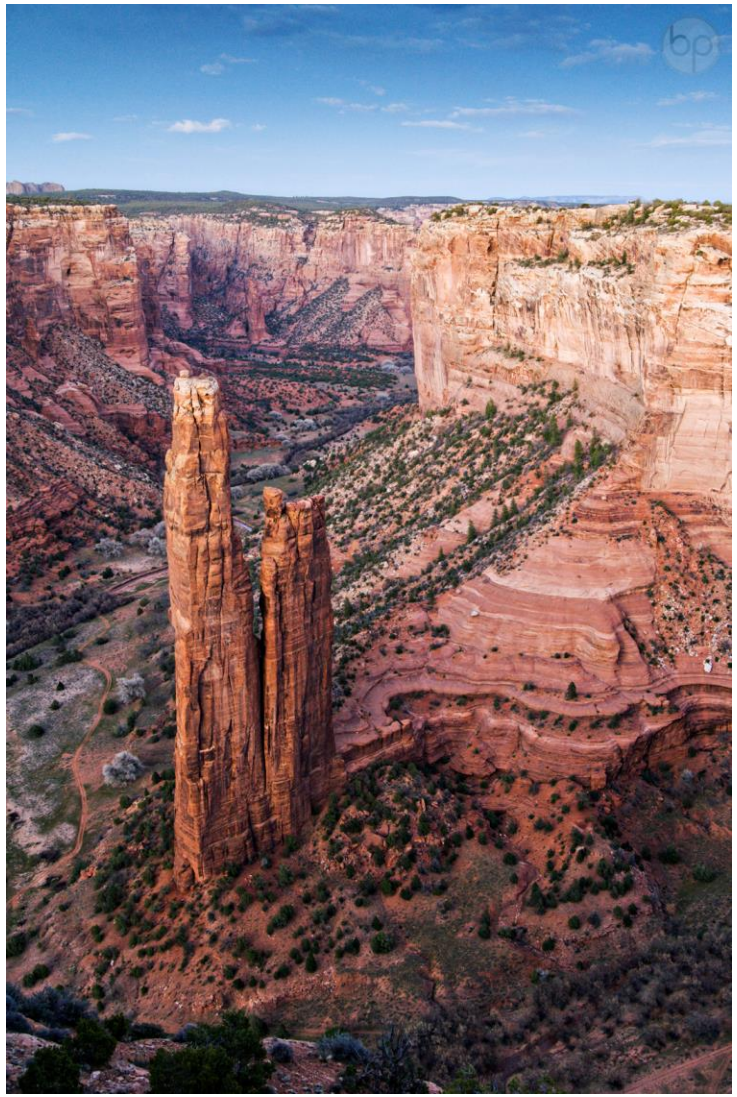
American Indian Medical Home (AIMH)

=

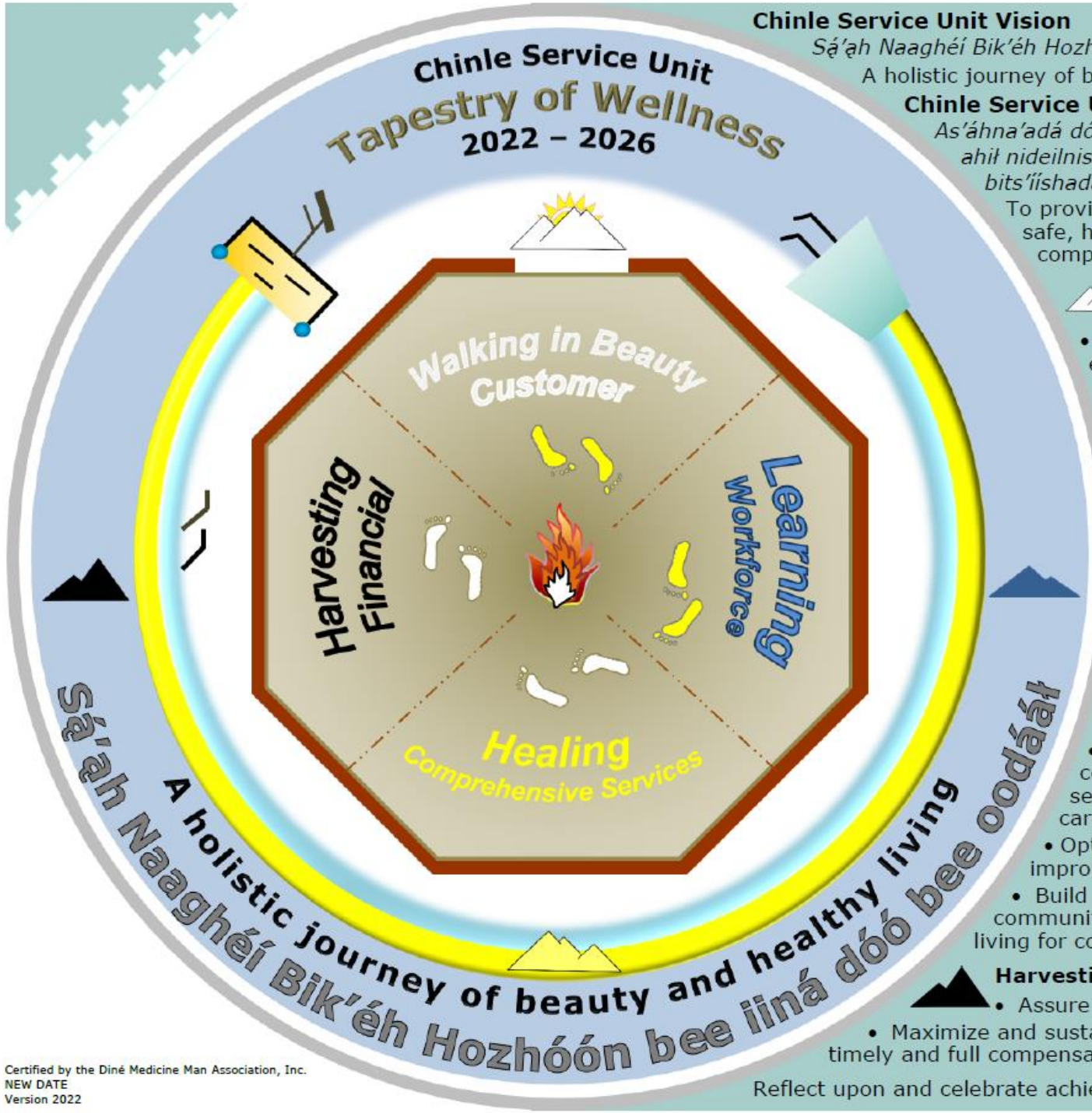
Partnership, Health, Wellness, Growth

Who Are We?

- Chinle Comprehensive Healthcare Facility and Ambulatory Care Center (also referred to as Chinle IHS)
- Affiliated with the federal Indian Health Service (not a “638” site)
- 60-bed inpatient and outpatient facility
- Outpatient services include Primary Care, Lab, Physical Therapy, Pharmacy, OBGYN, Mental Health, School Health
- Provide medical care for approximately 35,000 Navajo
- Rural area, 3 hours by car from nearest tertiary care center (Flagstaff, AZ)
- 1/3 of patients served by CCHCF lack electricity or running water in their homes



Spider Rock Overlook, Canyon de Chelly, Arizona.
Photo Credit: Brian Post Photography



Chinle Service Unit Vision

Sá'ąh Naaghéí Bik'éh Hozhóón bee iiná dóó bee oodáát.

A holistic journey of beauty and healthy living

Chinle Service Unit Mission

As'áhna'adá dóó as'áh oodáát biniyé ahił nideilnishgo binąhji' nihi Dine'é bits'íishadaałt'é náádleeł.

To provide patient-centered, culturally safe, high-quality, community guided comprehensive health services.

Walking in Beauty: Customer Perspective

- Ensure exceptional customer experience and achieve wellness through self-reliance.

Learning: Workforce Perspective

- Develop and promote high-quality staff, leadership, and communication within our organization.
- Promote high-quality work life.
- Foster cultural safety and nurture customer friendly staff.

Healing: Comprehensive Services Perspective

- Strengthen multi-disciplinary collaboration to improve support services and meaningful access to care.
- Optimize health care services to improve health outcomes.
- Build multi-agency, tribal, and community partnerships to support healthy living for community and staff.

Harvesting: Financial Perspective

- Assure financial accountability
- Maximize and sustain revenue generation to ensure timely and full compensation.

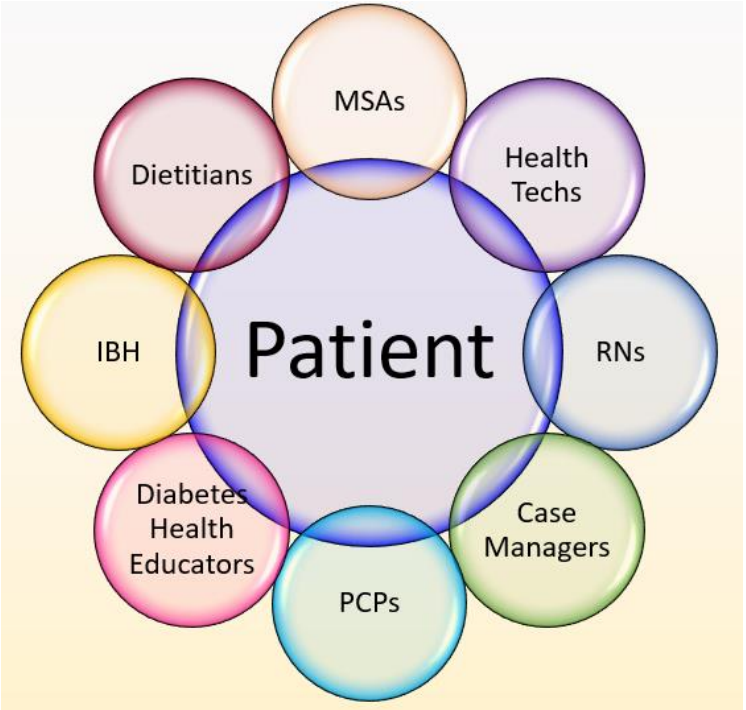
Reflect upon and celebrate achievements

Certified by the Diné Medicine Man Association, Inc.
NEW DATE
Version 2022

Requirements for AIMH Application

- Patient-Centered Medical Home (PCMH) Certification
- Establish 24hr Access
- Participate in Health Information Exchange (HIE)
- Diabetes Education Certification
- Attest to the Above
- Renew Application Yearly
- Option to start at lower “tier” for lower reimbursement, then advance to higher tier and higher reimbursement as more requirements met

What are the local benefits to AIMH participation?



Services Made Possible by AIMH funds

- Case management
  - RN case managers and Medical Assistant care coordinators assigned to each clinic
  - Ensure communication feedback loop between primary care, specialists, and tertiary care centers
  - Direct patient contact for goal setting, care coordination, troubleshooting problems
  - Individualized, multidisciplinary care

Services Made Possible by AIMH funds

- Integrated Behavioral Health
  - Psychologists, therapists, coaches available in clinic for point-of-care interventions
  - Follow-up and mental health case manager
- Diabetes Health Coaching
  - Motivational interviewing
  - Medication teaching
  - Patient follow-up
  - Group visits
  - Community Outreach

Expanded Services Made Possible by AIMH funds

- Treatment of Substance Use Disorders
  - Education, training for staff
  - Community Outreach
- Multidisciplinary Pain Management
  - Expansion of services to include acupuncture, behavioral health
- Telemedicine Subspecialty Services
  - Rheumatology, Dermatology
  - Equipment, contracts

Thank you for your time!
A’he’hee

Questions?

Leveraging Medicaid to Improve the Healthcare Delivered to AI/AN

NASHP
October 20, 2023

American Indian Health Commission for Washington State
Presented By Vicki Lowe, Executive Director, AIHC

aihc

Pulling Together for Wellness

Established in 1994, the American Indian Health Commission is a Tribally-driven, non-profit organization providing a forum for the twenty-nine tribal governments and two urban Indian health programs in Washington State to work together to improve health outcomes for American Indians and Alaska Natives.

Land Acknowledgement

I would like to begin by acknowledging that as we gather today, we are all on the ancestral homelands of indigenous people. Where I live, that is the S'Klallam People, who have lived on those lands from time immemorial. Please join me in expressing our deepest respect and gratitude for our indigenous neighbors for their enduring stewardship and protection of our shared lands and waterways.

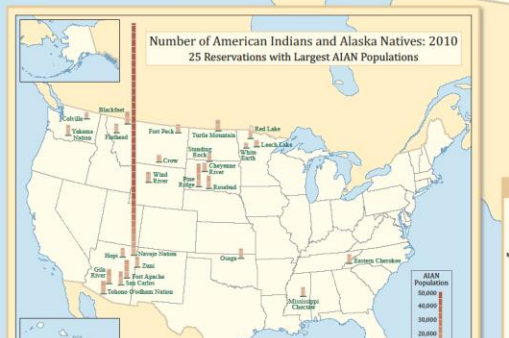
Native American Nations

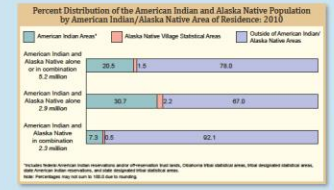
Traditional Names & Locations

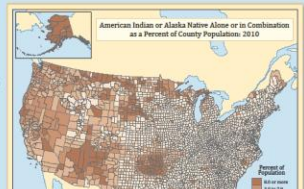
American Indians and Alaska Natives

in the United States

United States Census Bureau





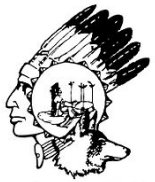


For more information about the U.S. Census Bureau, American Indian and Alaska Native (AIAN) areas and statistics, please visit www.census.gov and factfinder2.census.gov.
For information on AIAN tribal groupings, see Appendix B in the *2010 Census Summary File 1 - Technical Documentation* at www.census.gov/prod/cen2010/doc/sf1.pdf.
Source: U.S. Census Bureau, *2010 Census Redistricting Data (Public Law 94-171) Summary File*, Table P1, and *2010 Census Summary File 1*.

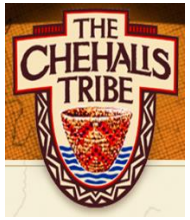
LEGAL AND HISTORICAL FOUNDATIONS OF THE INDIAN HEALTH SYSTEM

Understanding and respecting Indian law and policy can bring about great improvements for the Tribal nations and American Indian and Alaska Native people AND benefit the citizens of the state of Washington.

29 Federally Recognized Tribes in Washington State



Quileute Tribe



Upper Skagit Indian Tribe

TRIBAL SOVEREIGNTY IN PRACTICE

AUTHORITY TO GOVERN

Sovereignty ensures control over the future of the tribes and encourages preservation of tribal culture, religions, and traditional practices.

Tribes have the authority to, among other things, govern their people and their land; define their own tribal membership criteria; create tribal legislation, law enforcement and court systems; and to impose taxes in certain situations.

Building Bridges for the New Millennium: Government to Government Implementation Guidelines, May 18, 2000

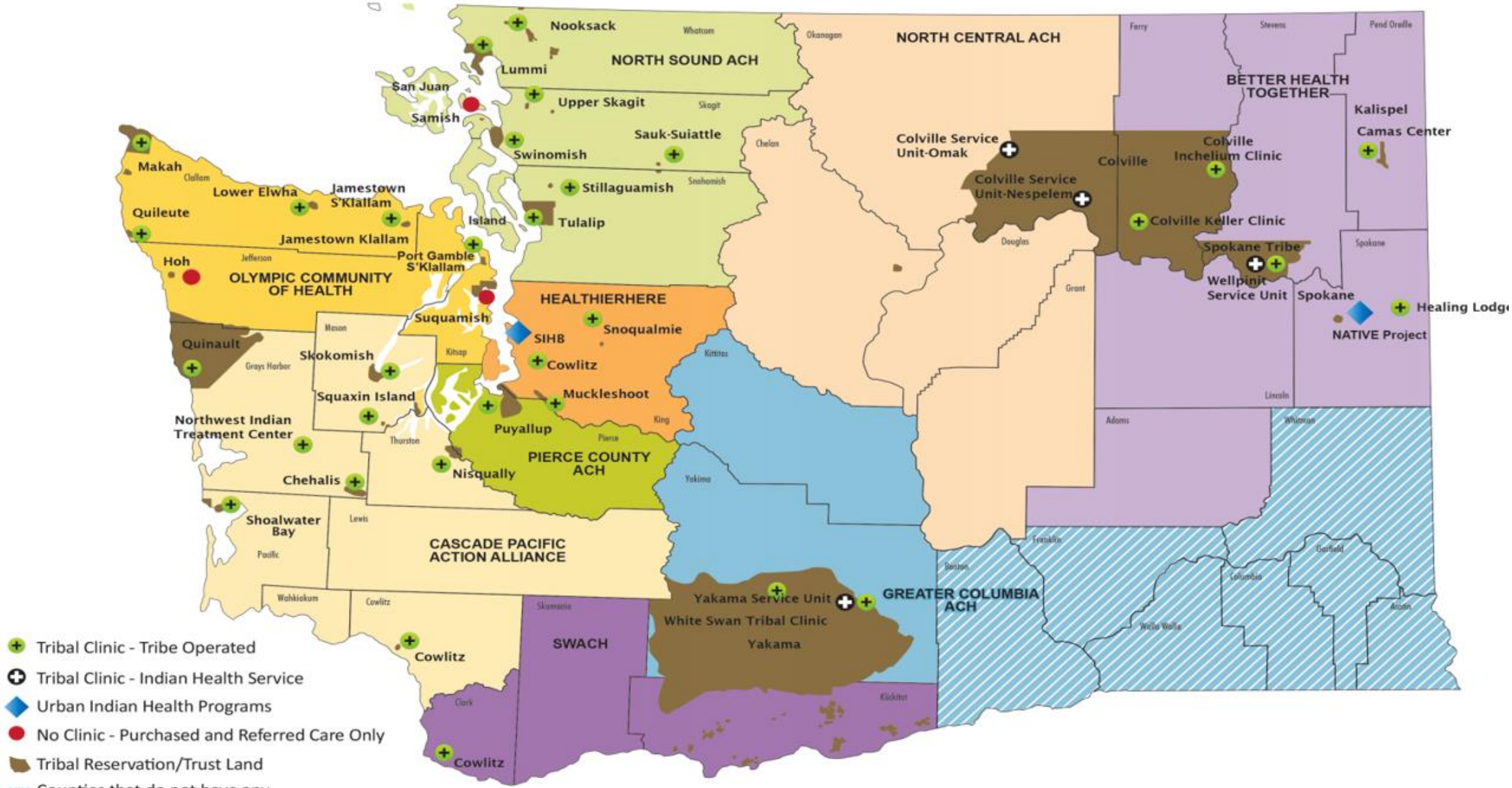
TRUST RESPONSIBILITY

Trust responsibility is a legally enforceable obligation of the United States to protect tribal self-determination, tribal lands, assets, resources, and treaty rights, as well as carry out the directions of federal statutes and court cases.

Building Bridges for the New Millennium: Government-to-Government Implementation Guidelines, State-Tribal Workgroup, May 18, 2000

Healthier WASHINGTON

Washington State Tribes and Tribal Health Clinics



HCA 82-329 (2/18)

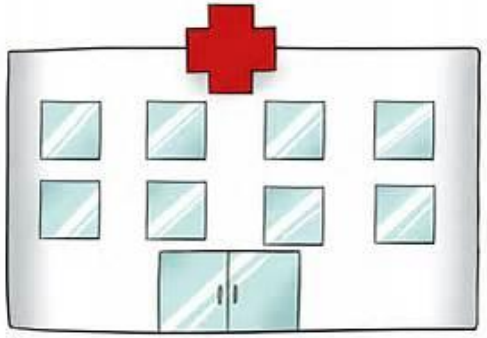
PURCHASED AND REFERRED CARE
PAYING FOR CARE REFERRED OUTSIDE THE INDIAN HEALTH CARE SYSTEM

Indian Health Care Provider

- Health Care
- Mental Health
- Substance Use
- Dental

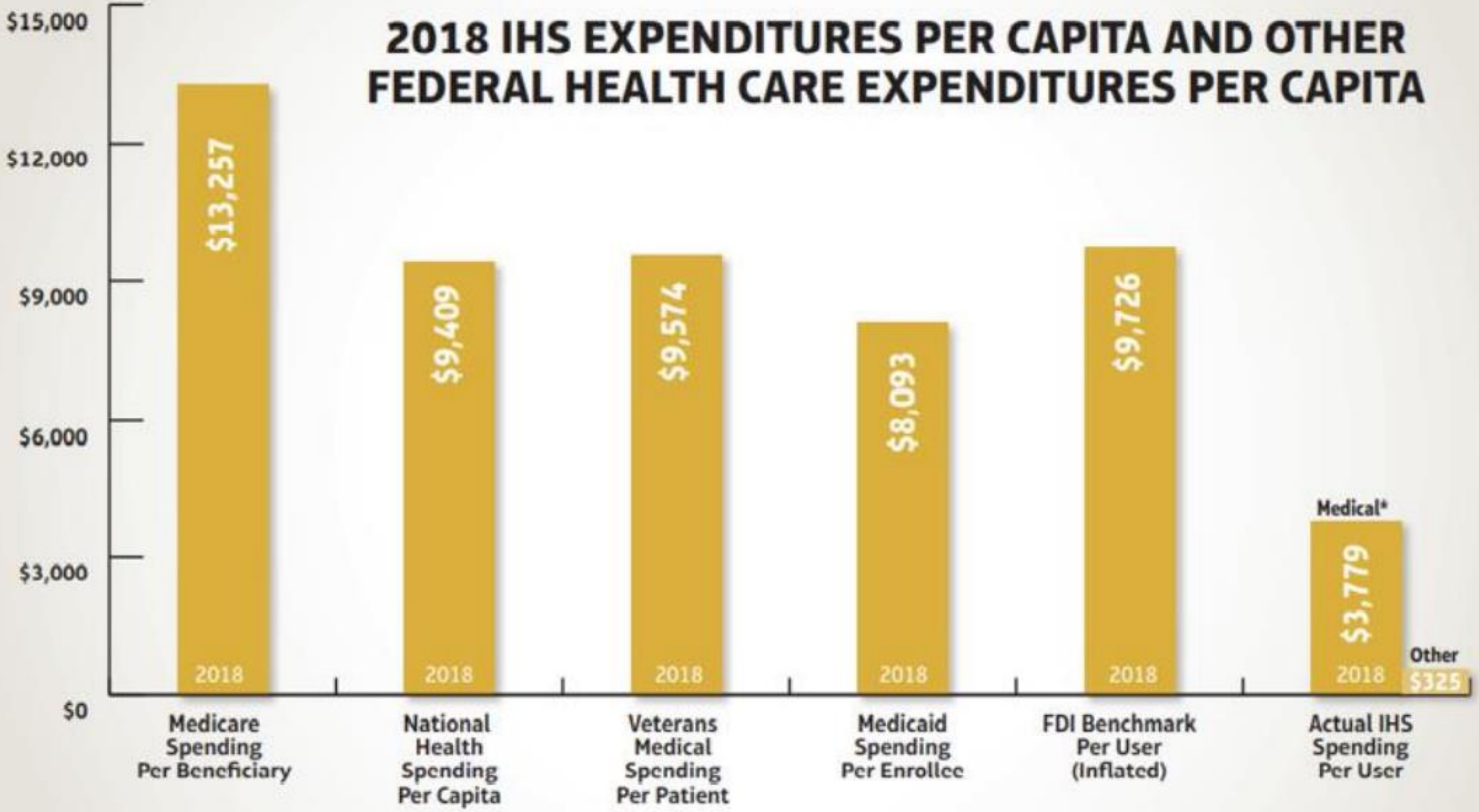
Referral & Coordination

Non-Indian Health Care Provider



- Specialty Care
- Inpatient Care

2018 IHS EXPENDITURES PER CAPITA AND OTHER FEDERAL HEALTH CARE EXPENDITURES PER CAPITA



*Payments by other sources for medical services provided to AIANs outside IHS is unknown. 4/6/2020

GOVERNMENT TO GOVERNMENT RELATIONSHIP WITH TRIBES

FEDERAL AND STATE LEVEL

GOVERNMENT-TO-GOVERNMENT

AT THE FEDERAL LEVEL

Executive Order 13175 - “Consultation and Coordination with Indian Tribal Governments"

Issued by U.S. President Bill Clinton on November 6, 2000.

Requires federal departments and agencies to consult with Indian tribal governments when considering policies that would impact tribal communities

Reiterates the federal government's previously acknowledged commitment to tribal self-government and sovereignty

GOVERNMENT-TO-GOVERNMENT

AT THE STATE LEVEL

Centennial Accord of 1989:

Agreement between the State of Washington and the Tribes where each party “respects the sovereign status of the parties, enhances and improves communications between them, and facilitates the resolution of issues.”

GOVERNMENT-TO GOVERNMENT

AT THE STATE LEVEL

Chapter 43.376 RCW:

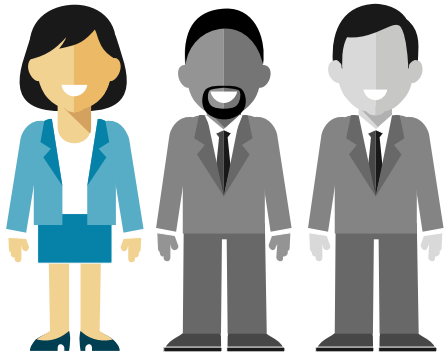
In 2012, Washington State codified that state the intent of the Centennial Accord. This includes requiring all state agencies to have a formal consultation policy.

The Governor's Office of Indian Affairs, GOIA, is the office that connects the Tribal Leadership to the Governor.

Health Care Authority

The state's largest health care purchaser

We purchase care for 1 in 3 non-Medicare Washington residents.

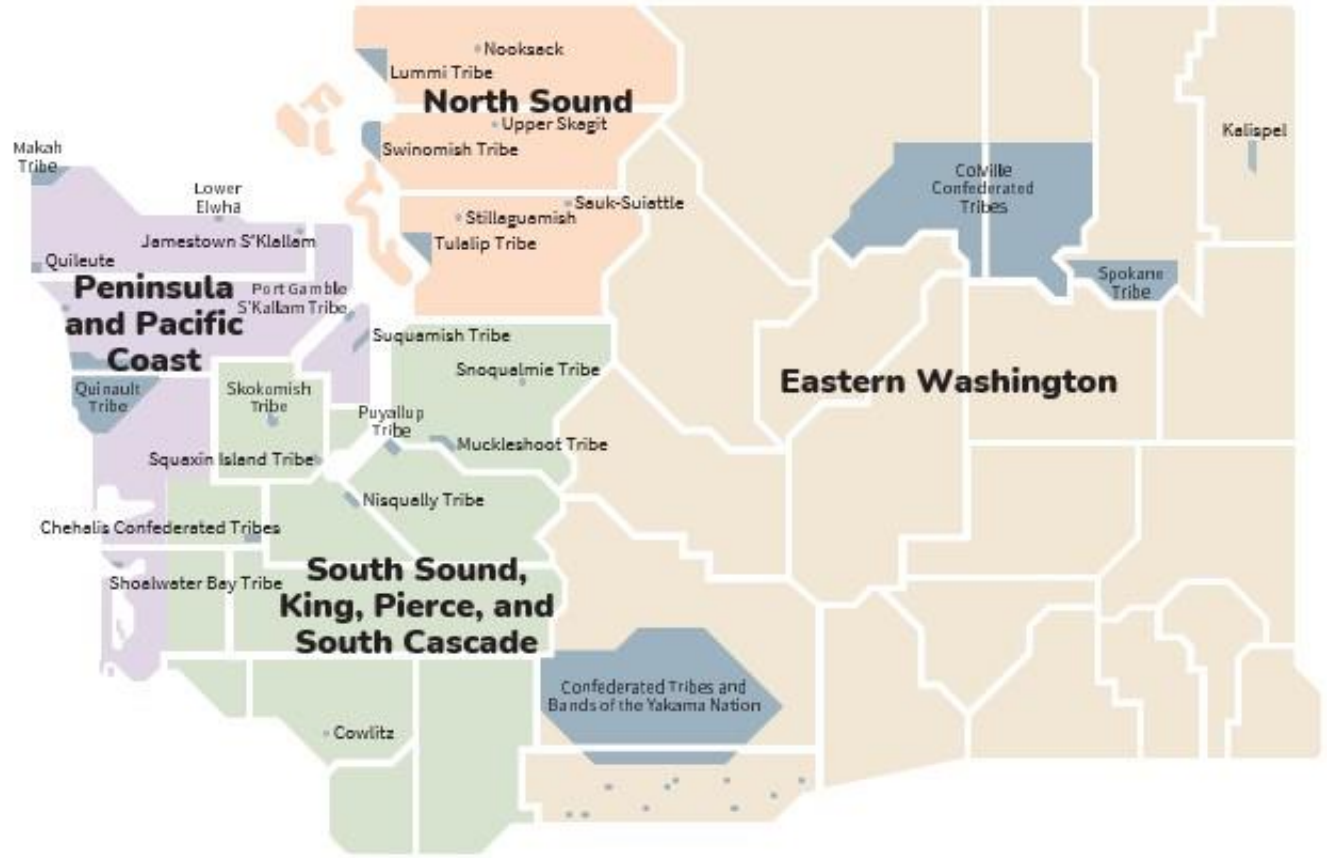


We purchase health care for more than 2.5 million Washington residents through:

- Apple Health (Medicaid)
- The Public Employees Benefits Board (PEBB) Program
- The School Employees Benefits Board (SEBB) Program
- Various community behavioral health and recovery grant-funded programs

We also provide behavioral health services to all residents of Washington State, regardless of insurance.

HCA Office of Tribal Affairs Coverage



Consultation Policy – Tribal Engagement and Communication

- **Multiple Tribal Workgroups:**
  Opioid Response – BH Advisory – Claims Operations – EHR as a Service
- Statewide Tribal conferences (prevention gathering, State/National Tribal Opioid Summit)
- Annual Centennial Accord
- 4 Regional Tribal Liaisons
- Tribal Consortia Partnerships with AIHC and NPAIHB

Roles and Responsibilities of HCA Contractors

Government – to – Government Training

Build rapport

Navigate Government –to- Government structure

Partner with HCA for all Tribal communications

Address AI/AN health disparities

Respect timelines

Managed care and fee-for-service

Managed care

- Delivery system organized to manage cost, utilization, and quality.
- Contracted arrangements between HCA and managed care organizations (MCOs) that accept a set per member, per month (capitation) payment

Coverage without a managed care plan (commonly called “fee-for-service”)

- HCA pays providers directly for each service they provide
- Some care coordination and disease management programs

Related work

- Addressing payment parity, implementation of 22% increase January 2024
- Addressing network adequacy

Tribal Medicaid Initiatives/Partnerships

Managed Care Improvements

- Implementation of the Right of Recovery
- Tribal Liaison and Training for Managed Care Entities
- Addressing billing concerns/rapid response

Tribal Partnerships on State Plan Amendments

- Residential Treatment Facility Cost-based Rates
- Nursing Facility Cost-based Rates

Community Health Aide Worker Program (CHAP)

- Behavioral Health Aide
- Community Health Aide
- Dental Health Aide

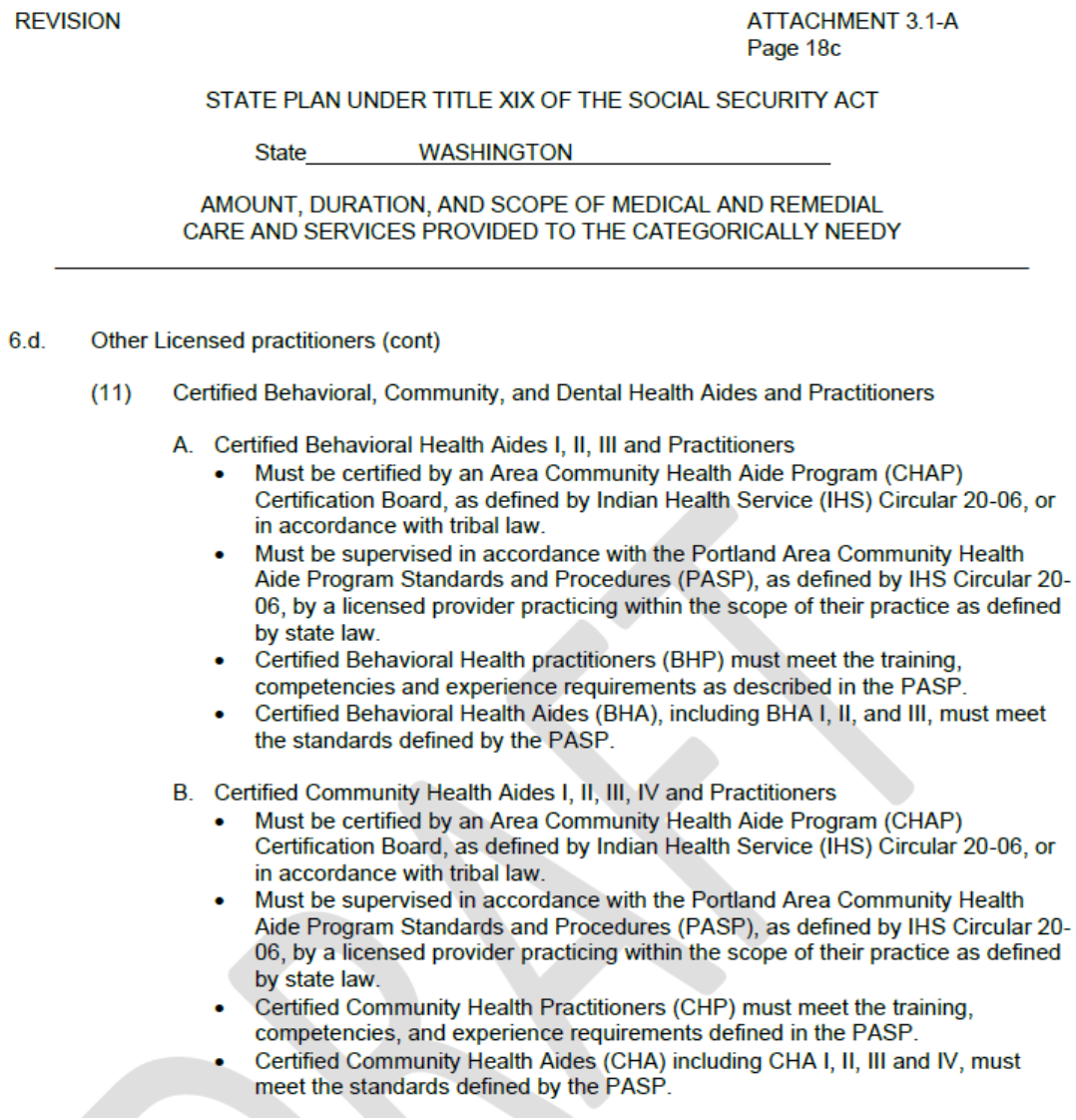
5 encounters per day & Dental Health Aide Therapists

Community Health Aide Program (CHAP) State Plan Amendment

Consultation occurred on March 8, 2023

- •Tribes requested pause on language to reconvene and edit language follow DHAT approval by CMS.
- •HCA is working with a Tribal representative, NPAIHB, and AIHC to draft language for feedback by CMS.
- •Final language will go through a second consultation process.

Allows for new provider types, CHA/P, BHA/P and DHA, to be Medicaid reimbursed at the encounter rate.



REVISION

ATTACHMENT 3.1-A
Page 18c

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

6.d. Other Licensed practitioners (cont)

(11) Certified Behavioral, Community, and Dental Health Aides and Practitioners

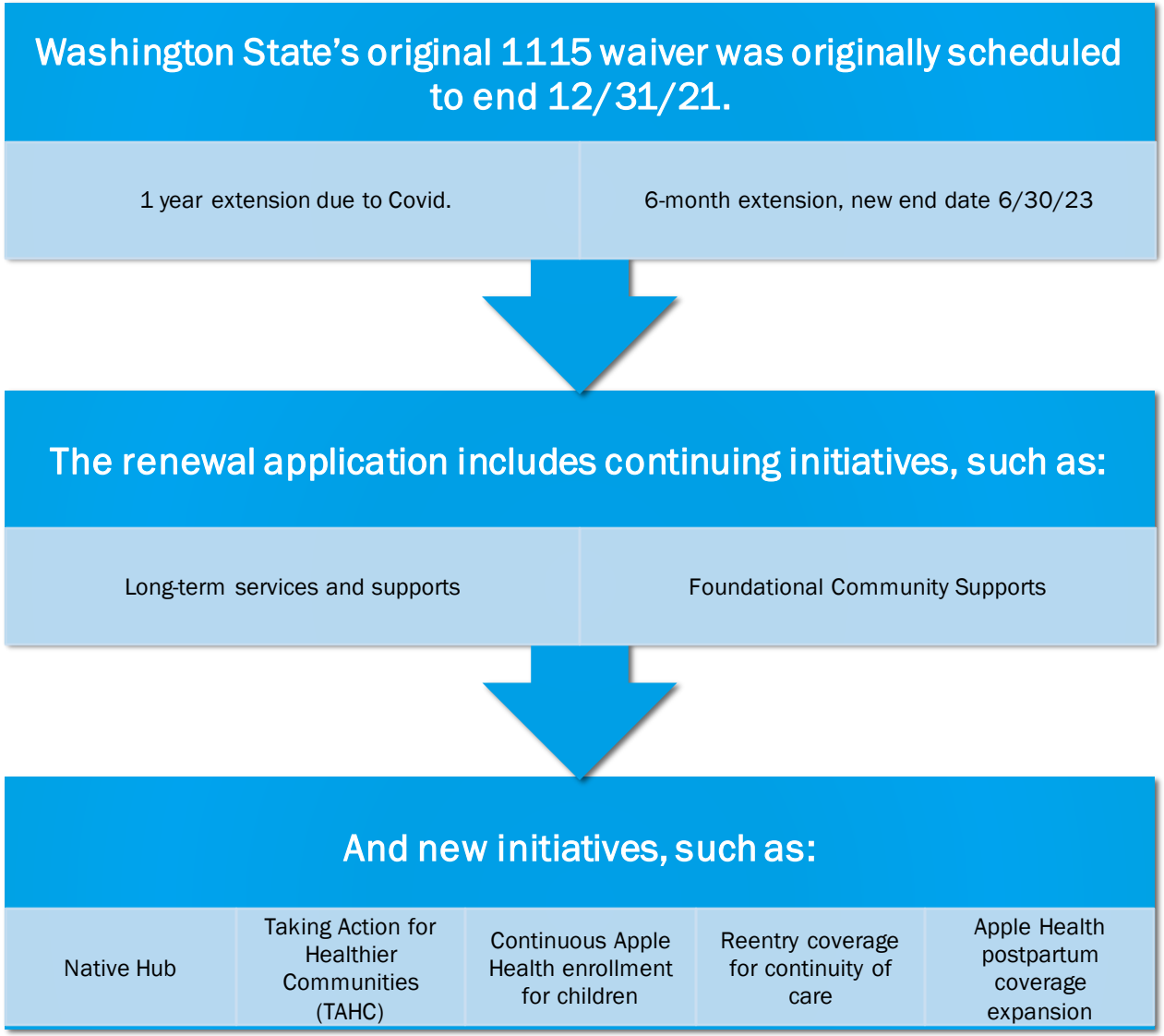
A. Certified Behavioral Health Aides I, II, III and Practitioners

- Must be certified by an Area Community Health Aide Program (CHAP) Certification Board, as defined by Indian Health Service (IHS) Circular 20-06, or in accordance with tribal law.
- Must be supervised in accordance with the Portland Area Community Health Aide Program Standards and Procedures (PASP), as defined by IHS Circular 20-06, by a licensed provider practicing within the scope of their practice as defined by state law.
- Certified Behavioral Health practitioners (BHP) must meet the training, competencies and experience requirements as described in the PASP.
- Certified Behavioral Health Aides (BHA), including BHA I, II, and III, must meet the standards defined by the PASP.

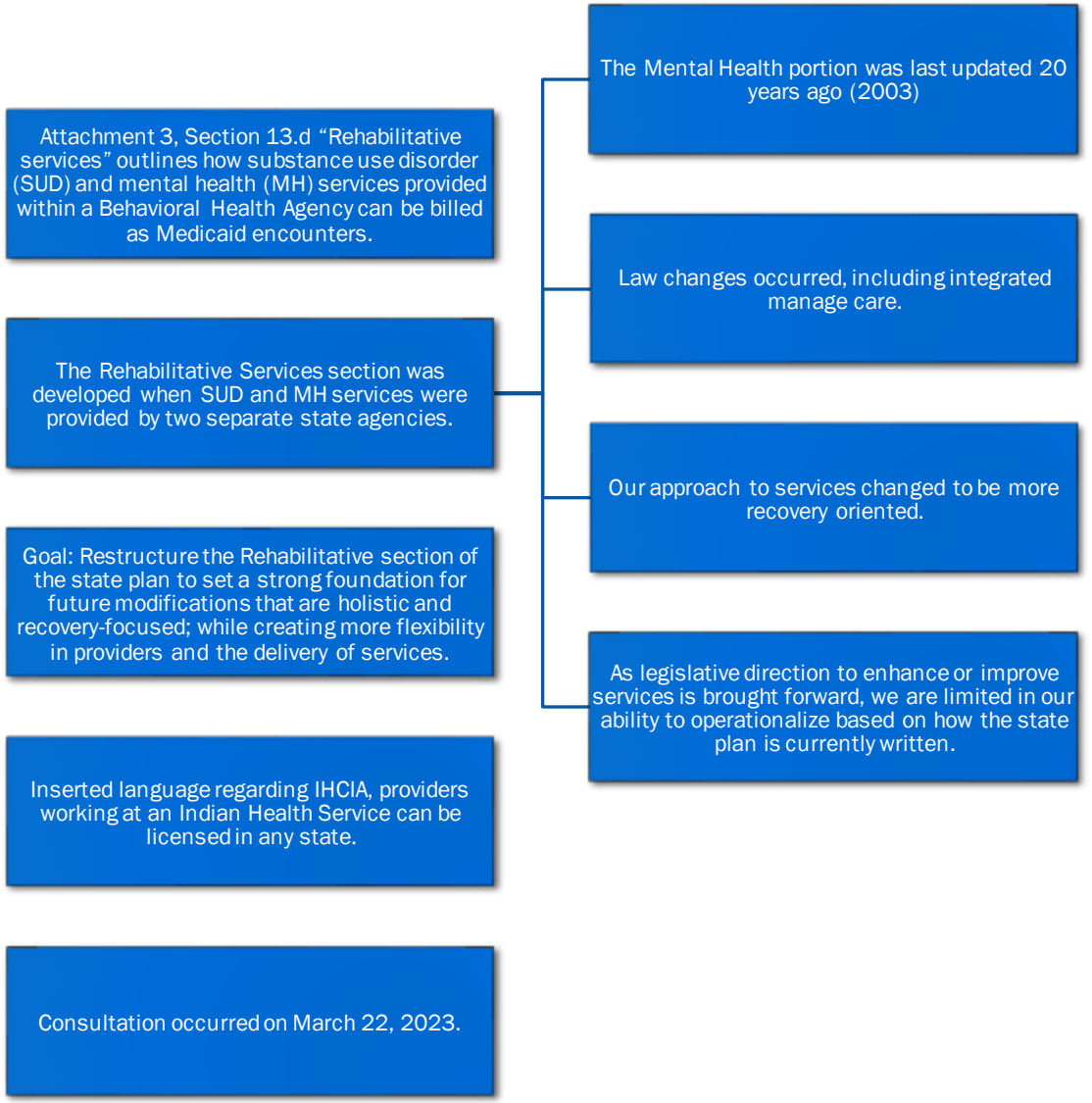
B. Certified Community Health Aides I, II, III, IV and Practitioners

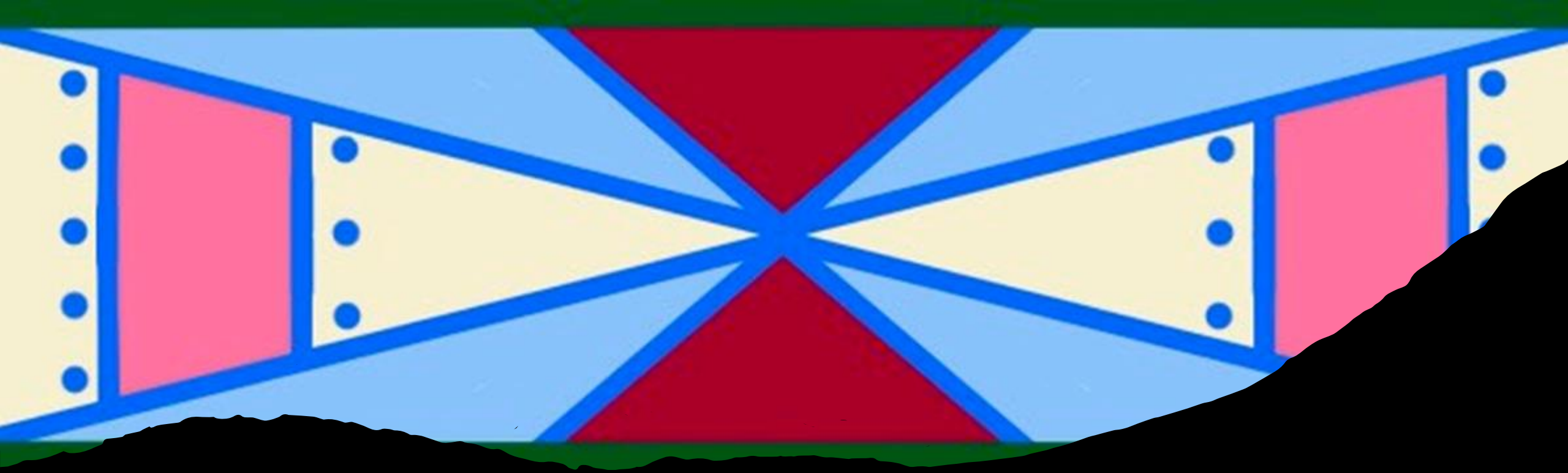
- Must be certified by an Area Community Health Aide Program (CHAP) Certification Board, as defined by Indian Health Service (IHS) Circular 20-06, or in accordance with tribal law.
- Must be supervised in accordance with the Portland Area Community Health Aide Program Standards and Procedures (PASP), as defined by IHS Circular 20-06, by a licensed provider practicing within the scope of their practice as defined by state law.
- Certified Community Health Practitioners (CHP) must meet the training, competencies, and experience requirements defined in the PASP.
- Certified Community Health Aides (CHA) including CHA I, II, III and IV, must meet the standards defined by the PASP.

Medicaid Transformation Waivers



13d Rehabilitative Services State Plan Amendment





Tribal Behavioral Health Crisis Response

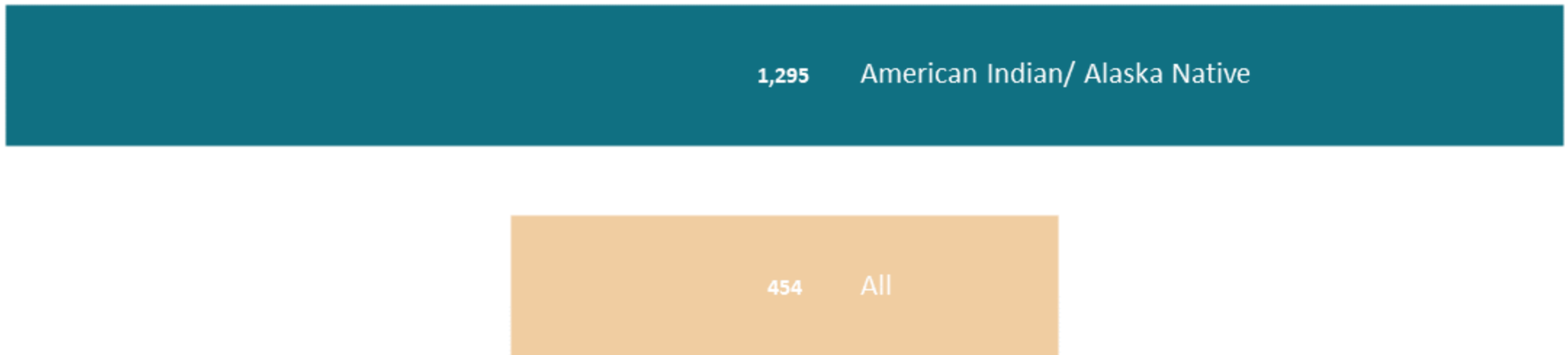
NASHP
October 10, 2023
Kathryn Akeah, AIHC

Plateau Parfleche by Jon Shellenberger Olney, Yakama

Opioid Related - Years of Potential Life Lost

(per 100,000)

Washington, By Race, 2017-2021



RATE = years of potential life lost relative to age 65 per 100,000 population. (Count = number of YPLL65)

Source: Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990–2021, Community Health Assessment Tool (CHAT), October 2022.

Tribal BH Crisis Response Activities

- Tribal Centric Behavioral Health Advisory Board/Tribal 988 Subcommittee
- State legislation changes: 2020 Washington Indian BH Act and 2024 BH Bill
- Training: MCO, ACH, DCR Academy, Forensic Navigators, BH Providers, OBHA
- Tribal BH Code template development
- Native Resources Hub
- Native and Strong Lifeline (Tribal 988)
- Tribal Mobile Crisis Response endorsement, best practices and funding
- Tribal DCR Planning Meetings
- Tribal BH Crisis Response Planning
- DCR protocols and WACs
- Information gathering with Tribal BH professionals, medical directors, attorneys, judges, police, plus treatment facilities
- Sustainability planning: case rate, potential for 988 related pilot projects, billing guidance
- Upcoming: 1134 and 5120 feedback on WAC development

To reach us, please call 866-491-1683.

We are Natives supporting Natives.

Native Resource Hub

Native & Strong Lifeline 988 PRESS 4

Today's Takeaways

- Approach problems from a Government - to - Government perspective.
- Understand the Trust Responsibility and how your state's policies and programs interact
- Prioritize access to culturally appropriate services and support Indian Health Care Providers as the medical home.

Salmon Chief, Spokane Falls, photo by Roxanne Best, Colville

Thank you

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Whale Comb by Zeke Serrano, Quinault

Lingering Questions?

Resources

- CMS Tribal Consultation Policy
- Indian Provisions in the Final Medicaid and CHIP Program MCO Regulations
- AI/AN Health Disparities Data
- Arizona's American Indian Medical Homes (AIMH) Program
- Indian Health Care Improvement Act
- Indian Nation Agreements (INA)
- For further questions:
  - Neva Kaye, NASHP (nkaye@nashp.org)
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Thank you!

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