

States and Tribes Working Together to Improve the Long-Term Care Delivered to American Indian/Alaska Native Elders and Their Caregivers

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NATIONAL ACADEMY
FOR STATE HEALTH POLICY

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Agenda

- Welcome and Opening Remarks
- Understanding LTSS/HCBS in Indian Country – Role of States in Partnering to Improve Outcomes for Elders and People with Disabilities
- Strengthening Government-to-Government Relations in Minnesota (Medicaid Agency)
- Strengthening Partnerships with American Indian Tribes in Arizona (Division of Aging and Adult Services)

Understanding LTSS/HCBS in Indian Country – Role of States in Partnering to Improve Outcomes for Elders and People with Disabilities

Elaina Seep, Policy Specialist, National Resource Center on Native American Aging

Level of Need in Tribal Communities

In a National Survey
802,510
Native People with Disabilities*



*Out of **253** Native Communities Surveyed, not including AI/AN people who were inpatient/nursing homes. There are **574** federally recognized Tribal Nations. The data represents less than half.



Nearly 10% of those with disabilities
are CHILDREN
Under the Age of 18

Level of Need in Tribal Communities

Nationwide, **89.7%** of Elders have at least one chronic disease according to the Title VI program survey from the NRCNAA



Due to disparities in longevity, the majority of Tribal communities consider someone an Elder at 55.

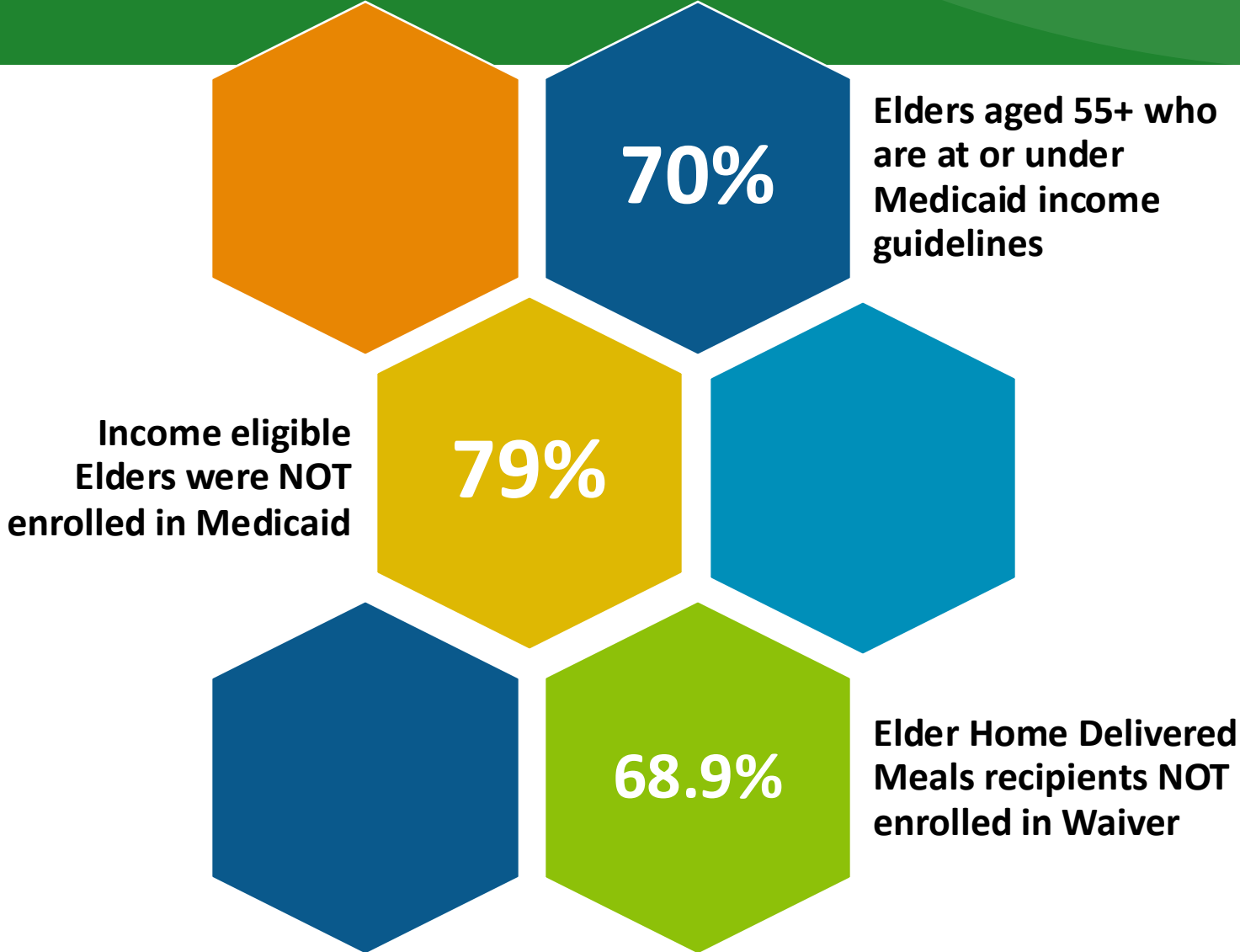
There are Tribes where you are an Elder at 45 because their people do not live into their 50s.



COVID reduced the average life expectancy of Native Americans back by 4.5 years in 2020 and 6.4 years in 2021. As a result, the current AI/AN life expectancy is 65 years of age per the CDC.

Finding Elders In Need: Using Title VI Data (A peek at Oklahoma)

National data shows that Native Elders tend to over-qualify but be under-enrolled in Medicaid programs.



Funding for LTSS/HCBS to Tribes – The Patchwork Quilt That’s Too Short



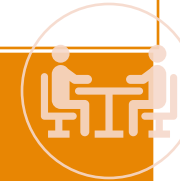
- Only people age 60+
- Funding Formula Built for States on Population Tiers
- Elders age starts at 55
- Barely 1% are capturing other funds

Title VI



- Inconsistent process on State/Tribal coordination
- States Count Tribal Elders but may not coordinate/contract with Tribes

Title III



- Main funding option to Tribes
- Many States do NOT understand federal provisions for Tribes as providers and Tribal people as enrollees
- Majority of Waivers NOT written to include Tribes as key providers

Medicaid Waivers



IHS DOES NOT PROVIDE FUNDING FOR LTSS/HCBS

What States Need to Know – Federal Provisions for Tribes and Tribal Members

TRIBES AS PROVIDERS	Native Enrollees of Medicaid HCBS
Sovereign Governments	Triple Citizenship – Tribe, State, US
Must be reimbursed for Medicaid allowable services provided to Medicaid (IHCA, ISDEAA, ANAIDRA)	Right to choose IHS provider for Medicaid services (IHCA, ANAIDRA, ARRA Sect 5006, SSA, OAA)
Exempted from contracting with MCOs under federal law (ARRA, Sect. 5006)	Right to have Tribal program staff present as an advocate
Covered Entities (HIPAA) as Insurance Plan, Providers and Public Health Authorities*	Tribal GWE funds not counted as taxable income (IRS 139E)
May pay for member spend-downs (IRS 139E)	Over-qualify but under-enrolled in Medicaid

*Tribes/IHS mentioned 11 different times under HIPAA

What Can States Do to Be Partners of Impact

- Ensure Waivers language includes Tribes as allowable providers (Case Management, Functional Assessment/Screenings)
- Foster Inter-Agency Collaboration between SUAs, Counties, ADRCs and Tribal Agencies
- Train County/ADRC/SUAs and other key state divisions on working with Tribes, federal provisions & exemptions for Tribes and their members
- Include Tribes and their Agencies & key programs in review of proposed legislation
- Review HCBS provider requirements to identify conflicts with Tribal Nation status as government and its agencies

Strengthening Government-to-Government Relations

Dr. Jasmine Grika, Tribal Collective Supervisor, Minnesota Department of Human Services

John A. Anderson, Money Follows the Person Tribal Initiative Project Lead, Minnesota Department of Human Services

Sarah Reynolds and Chris Burt, Red Lake Nation

Teri Morrison, Bois Forte Band

What we do to Support Tribes

Minn. Stat. § 10.65

Government-to-government relationship with tribal governments

- Recognition of Tribal Status and Relationship with the State of Minnesota
- Consultations

6 Guiding Principles

1. Advocate, honor, and respect tribal sovereignty
2. Reduce health disparities
3. Support the development of culturally centered and accessible services
4. Maximize available funding
5. Technical assistance, and streamlined connection for easier navigation of state systems
6. Responsive and effective communication

MFPTI – Tribal Collective

- Capacity Building
- JPA
- Contract simplification
- Tribal Collective- 4 pillars



Why We Do It

- Create a positive, enduring, robust government-to-government relations between Tribes and State Government.
- Address profound health inequities being experienced by our Tribal citizens.
 - Lifespan is 20 years shorter for Tribal members living on a Reservation
 - Range of services are limited

Successes and Challenges

Successes

- Expanded array of culturally accessible services
- Contractual relationships with 5 Tribal Nations, likely to expand to 7-8, out of the 11 Tribes in MN by the end of this year.
- Strengthened Government-to-Government relations e.g. Joint Powers Agreement, Tribal Consultation

Challenges

- Colonized thinking and attitudes
- A system based upon County authority
- Existing structural barriers within regulations and administrative practices
- Siloed, complex, bureaucratic structures
- Pandemic, Opioid epidemic, poverty

Bois Forte Band

- Inter-Tribal Collaboration
- Brought in staffing resources, led to increased administrative capacity
- Strengthened government relations with Counties, Tribes and State
 - Joint Powers Agreement



Call to Action

States that share geography with Tribes should seriously consider establishing a Tribal Initiative. This is exciting, relevant, and important work.



Contact Information

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Strengthening Partnerships with American Indian Tribes in Arizona

Patricia Sutton, Tribal Liaison, Division of Aging and Adult Services,
Arizona Department of Economic Security

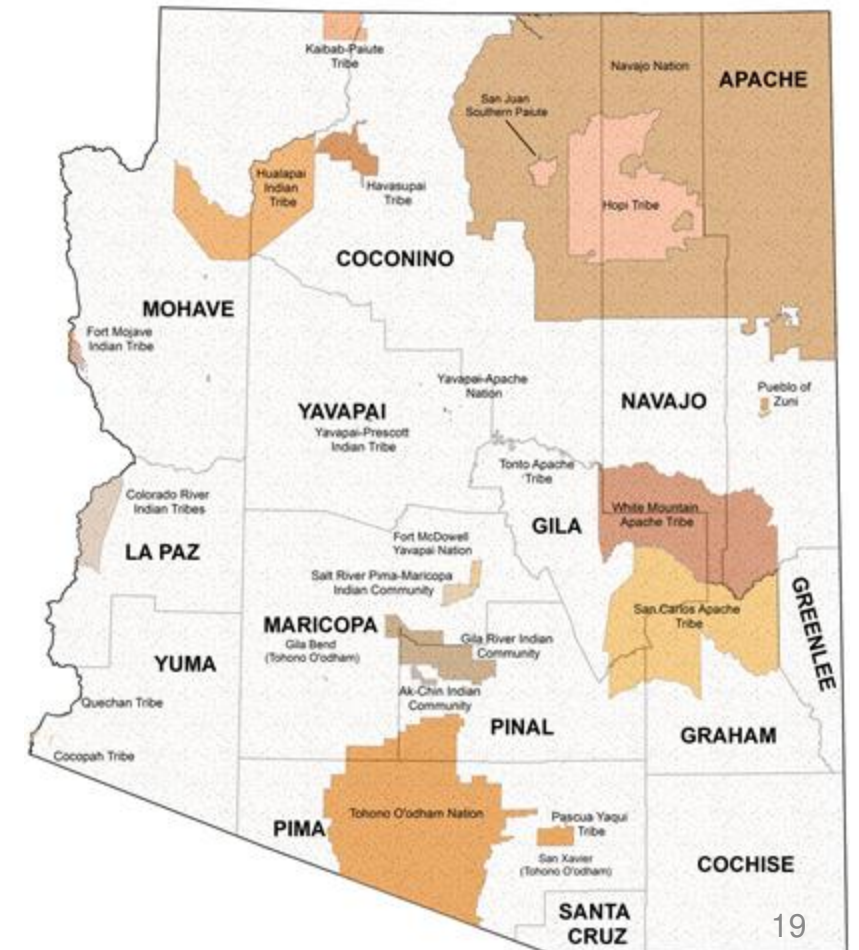
Lita Nelson, Family Caregiver Program Coordinator, Division of Aging and Adult Services,
Arizona Department of Economic Security

What We Did to Support Tribes

Tribal homelands cover 25% of Arizona's rural regions. Arizona has eight designated Area Agencies on Aging (AAAs), of which, two are Tribal AAAs:

- Region VII: Navajo Nation Department of Health, **Division of Aging and Long-Term Care Services (DALTCS)**. DALTCS serves the Navajo Nation spanning Coconino, Apache, and Navajo counties and the States of Utah and New Mexico.
- Region VIII: **Inter-Tribal Council of Arizona (ITCA)**: Serves 21 member Tribes spanning 13 counties and borders the States of California, New Mexico, and Utah. One tribe borders Mexico.

Tribal Homelands In Arizona



Why We Did It

- In Arizona, the Commission of Indian Affairs was established in **1953** by the 21st Legislature. The agency mission made targeted efforts:
 - to assist and support state and federal agencies in assisting American Indians and tribal councils to develop mutual goals, to design projects for achieving goals and to implement their plans; and
 - to ensure equitable access to state services and may initiate or assist programs on tribal land only on the request of, or with the approval of, a tribal nation.
- AZ Department of Economic Security (DES) Office of Tribal Relations is committed to working with 22 Tribes **to improve the quality, availability, and accessibility of human services** to children, youth, and adults.
- To serve older adults in Arizona and meet the goals and objectives within the State Plan on Aging.

Successes and Challenges

- **Sovereignty**

- Success: In 1952, the Inter Tribal Council of Arizona was established to provide a united voice for tribal governments and on July 9, 1975, ITCA became a non-profit.
- Challenge: ITCA supports 21 diverse member tribes and negotiates many funding streams, government-to-government relationships, federal and state partnerships, and meeting the needs of 21 diverse member tribes.

- **Government-to-Government Relationship(s)**

- Success: Recognition of the intra-Tribal government structure including identifying funding, amendments, timelines, review and approval, and execution of contracts processes.
- Challenge: The SUA continues to communicate shared challenges and collaborate with Tribes to adjust timelines, review policies, and work to meeting shared goals.

Inter Tribal Council of Arizona, Inc. – Supporting Tribes in Arizona

Jackie Edwards, Family Caregiver Support Program Coordinator, Inter Tribal Council of Arizona, Inc.

Flor Olivas, Tribal Ombudsman Specialist, Inter Tribal Council of Arizona, Inc.

ITCA Area Agency on Aging, Region 8

- Administration
- Program Development & Evaluation
- Advocacy
- Resource Development
- Tribal Agreements
- Grant Writing
- Support AICOA Advisory Board
- Conference Planning
- Technical Assistance and Training
- Professional Development (Management)
- Coordination of Title III and VI programs
- Nutrition Programs – Congregate and Home Delivered
- Nutrition Education
- Transportation Services
- Evidence Based Programs
- Socialization and Recreation
- Case Management
- State Health Insurance Assistance Program
- Senior Medicare Patrol
- **Caregiver Services**
- **Ombudsman Program**



Title III and VI Family Caregiver Support Program (Older Americans Act)

- Information Assistance/Referral
- Caregiver Counseling and Support Group Services
- Trainings on Caregiver Topics
- Caregiver Respite Services
- Supplemental Services

Tribal Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program exists to protect the human and civil rights of long-term care residents and to enhance their quality of life in long-term care settings.

The service can only be provided by an Ombudsman **trained and state certified** to resolve complaints on behalf of residents.

- Tribal Language and Customs
- Resident's Challenges
- Communication Style & Education



Successes

- Adapt programs and services to meet the needs of Tribal communities by incorporating cultural practices.
- Community members are involved in the adaptation of programs and services as consultants, trainers, key advisors.
- Evidence-based programs such as Chronic Disease Self-Management Program, Diabetes Self-Management Program, Powerful Tools for Caregivers, or Falls Prevention Programs

Challenges

- Rural communities – isolation from support services, health care services, long-term care facilities, etc.
- Different perspective on caregiving culturally
- Caregivers placing elders' health before their own health
- Fear of seeking medical attention or resources
- Additional stress as a primary caregiver in a traditional setting

Questions?



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Thank you!

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