



“IMPACT OF MEDICAID ON AZ TRIBES”

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A NAVAJO DEPARTMENT OF HEALTH THAT MANAGES ITS OWN MEDICAID PROGRAM: *RATIONALE*

- Political climate has changed & there is a need to maximize healthcare resources available to the Nation
- The Nation does not have jurisdiction over its healthcare delivery system & is in danger of the States encroaching on the Nation's jurisdiction
- Authority to regulate is an inherent power of a sovereign government
- The Nation needs to move into the 21st Century by managing & administering its own Medicaid Agency



NAVAJO MEDICAID FEASIBILITY STUDY:
AFFORDABLE CARE ACT & INDIAN HEALTH
CARE IMPROVEMENT ACT

25 USC § 1647D - NAVAJO NATION MEDICAID
AGENCY FEASIBILITY STUDY

(a) Study

The Secretary shall conduct a study to determine the feasibility of treating the Navajo Nation as a State for the purposes of title XIX of the Social Security Act [42 U.S.C. 1396 et seq.], to provide services to Indians living within the boundaries of the Navajo Nation through an entity established having the same authority and performing the same functions as single-State Medicaid agencies responsible for the administration of the State plan under title XIX of the Social Security Act.



(b) Considerations

In conducting the study, the Secretary shall consider the feasibility of—

- (1) assigning and paying all expenditures for the provision of services and related administration funds, under title XIX of the Social Security Act [42 U.S.C. 1396 et seq.], to Indians living within the boundaries of the Navajo Nation that are currently paid to or would otherwise be paid to the State of Arizona, New Mexico, or Utah;
- (2) providing assistance to the Navajo Nation in the development and implementation of such entity for the administration, eligibility, payment, and delivery of medical assistance under title XIX of the Social Security Act;
- (3) providing an appropriate level of matching funds for Federal medical assistance with respect to amounts such entity expends for medical assistance for services and related administrative costs; and
- (4) authorizing the Secretary, at the option of the Navajo Nation, to treat the Navajo Nation as a State for the purposes of title XIX of the Social Security Act under terms equivalent to those described in paragraphs (2) through (4).



(c) Report

Not later than 3 years after March 23, 2010, the Secretary shall submit to the Committee on Indian Affairs and Committee on Finance of the Senate and the Committee on Natural Resources and Committee on Energy and Commerce of the House of Representatives a report that includes—

- (1) the results of the study under this section;
- (2) a summary of any consultation that occurred between the Secretary and the Navajo Nation, other Indian Tribes, the States of Arizona, New Mexico, and Utah, counties which include Navajo Lands, and other interested parties, in conducting this study;
- (3) projected costs or savings associated with establishment of such entity, and any estimated impact on services provided as described in this section in relation to probable costs or savings; and
- (4) legislative actions that would be required to authorize the establishment of such entity if such entity is determined by the Secretary to be feasible.



IMPACT OF SOCIO-ECONOMIC VARIABLES ON NAVAJO NATION HEALTH



THREE DIFFERENT MEDICAID HEALTH CARE PROGRAMS

UTAH:
No Medicaid
Expansion
State HIX

ARIZONA:
No Medicaid
Expansion
State HIX

NEW MEXICO:
No Medicaid
Expansion
State HIX

Navajo Division of Health

- Service Provider
- Minimal code enforcement

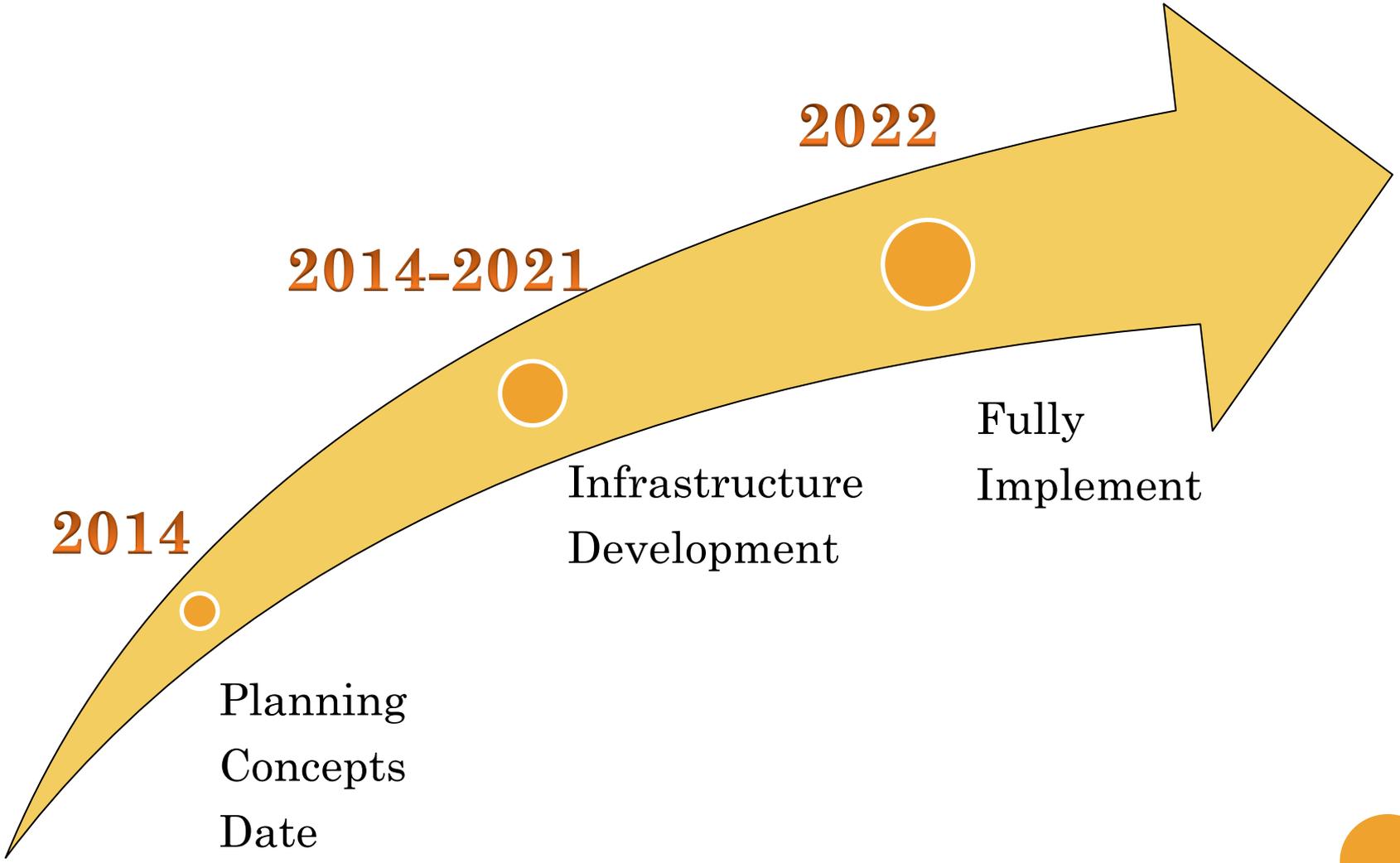
Enabling Legislation

- Navajo Nation Council passage of legislation CO-50-14

Navajo Department of Health

- Regulatory
- Policy
- Standards
- Certification
- Accreditation





2014

Planning
Concepts
Date

2014-2021

Infrastructure
Development

2022

Fully
Implement



NAVAJO DEPARTMENT OF BEHAVIORAL HEALTH SERVICES...IN 2016

- BHS will expand the current 638 Health Management Service contract to include the r Mental Health Expansion.
- Completed a Request for Proposal (RFP) to expand the current Electronic Health Record.
- Amend the DBHS Policies and Procedures.
- Amend the DBHS Plan of Operation.
- Obtain appropriate legislative approval for a DBHS Fund Management Plan.
- Reclassify personnel within administrative, clinical and sectional components.



Thank You!!

