

# CHR Policy Summit II

## Navajo Nation

Workshop Session D: CHR  
Medicaid/CHIP Reimbursement Policy  
Options

September 30, 2016





## **Role of CHR's in the American Indian Health Care System:**

- CHRs are familiar with the language and cultural aspects of their patient's lives.
- CHR's are advocates for their peoples health needs.
- CHR's, employed by Tribes are trained to provide information on health issues, policies and procedures and basic preventative services to Tribal members.



# CHR Program History

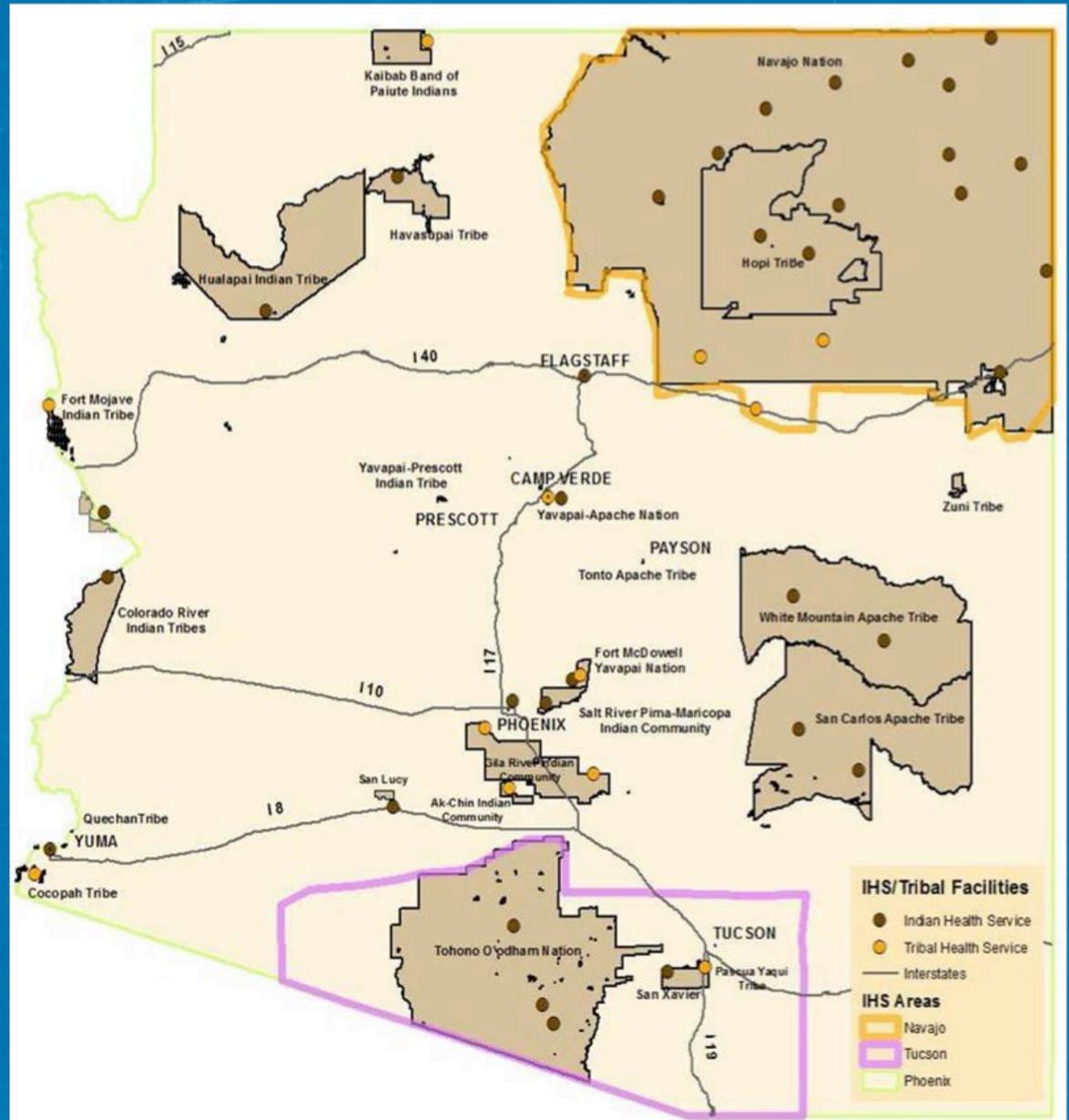
- **1968** - Tribes advocated to IHS/Congress to establish the CHR Program, to provide health promotion disease prevention services in Tribal communities.
- **1981** - IHS included a CHR budget line item. “The CHR program shall be managed and carried out by Tribal governments through contracts, grants or cooperative agreements with IHS.”
- **1988/1992** - Indian Health Care Improvement Act (IHCIA) amendments provided clearer authorizing language, including guidelines, goals and standards of practice for the paraprofessional program.
- **2010** - Affordable Care Act amendments included authorization for an Urban Indian Health CHR program.



# CHR Program History

- The Indian Health Manual (IHM) is the reference for IHS employees on specific policy and procedures
- **Chapter 16 - Community Health Representatives Program**
  - Sections include; appropriate and inappropriate use of CHR funds, goals & objectives, organizational & staff responsibilities, scope of work matrix (community-based), standards of practice, training, supervision & evaluation.
  - The IHS CHR Program Director is located at Headquarters. IHS Area Coordinators are located at the IHS Area Offices.
  - IHS Service Units designate a Project Officer Representative to serve as the service unit liaison official with the tribal governments/contractors.
  - The liaison is to facilitate coordination and effective interaction between tribal CHR Programs, the Service Unit and the Area office.

# CHR's in Phoenix Area IHS (#246 @20 Tribes in Arizona)





# CHA/P Program History

- 2010 Affordable Care Act amendments affords IHS the ability to expand the **Community Health Aide/ Community Health Practitioner Program** operating in Alaska to the lower 48 states.
- CHA/P consists of Community Health Aids, Behavioral Health Aids and Dental Health Aids.
- The Alaska CHAP Certification Board oversees training in the theory of health care and practical experience in the provision of health care, health promotion, disease prevention, effective management of clinic pharmacies, supplies, equipment, facilities and utilization of the Electronic Health Record (EHR).



## Differences between a CHR and a CHA:

- CHRs are community based paraprofessionals that are responsible for providing health promotion, and disease prevention services. CHRs assist tribal members maintain their health and provide education and outreach on disease prevention.
- CHAs are mid-level providers that provide treatment as long as it is within the scope of services for which they have been trained for.

**CHR Sustainability:  
Certification & Potential  
Medicaid/CHIP  
Reimbursement**



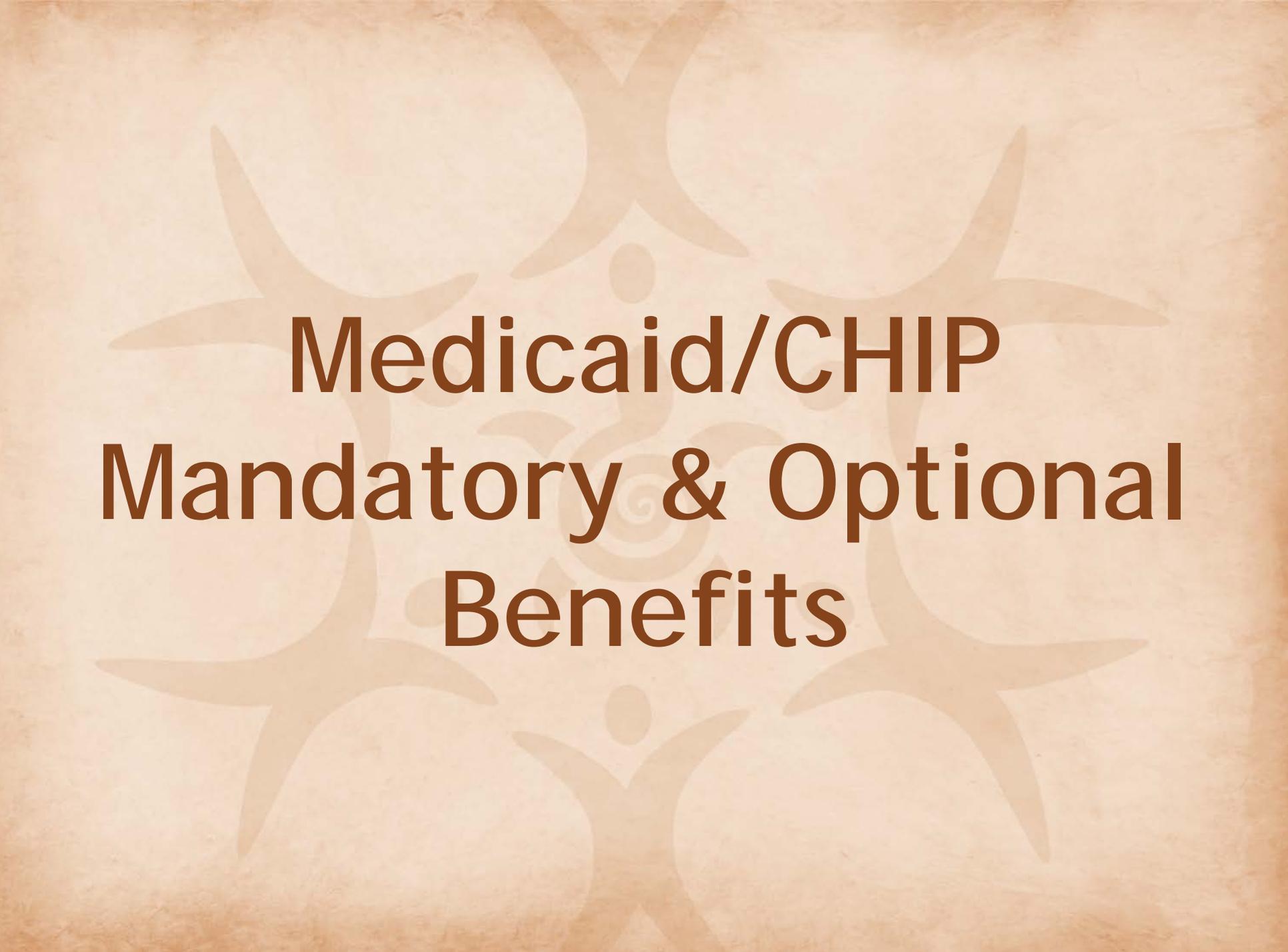
## Indian Health & Medicaid

- 1976 - The Indian Health Care Improvement Act (IHCIA) amended the Social Security Act to permit reimbursement by Medicare and Medicaid for services provided to American Indians and Alaska Natives in Indian Health Service (IHS) and tribal health care facilities.
- Congress recognized that many Indian people were eligible but could not access services without traveling hundreds of miles to Medicaid and Medicare providers located off reservation.
- IHCIA also provided a 100% Federal Medical Assistance Percentage (FMAP) for Medicaid services provided through an IHS or Tribal facility.



## Indian Health & Medicaid

- **1982** - Arizona was the only state that did not participate in Medicaid. When the **Arizona Health Care Cost Containment System (AHCCCS)** was launched that year, Arizona was the first state to enroll all Medicaid beneficiaries in mandatory managed care.
- **1988** - AHCCCS covered both acute care, long term services supports (LTSS), and behavioral health for older adults and individuals with disabilities in need of nursing home level of care.
- A lawsuit between the Federal and State government was settled resolving that American Indians/Alaska Natives are eligible to enroll in an AHCCCS acute care health plan, or in the fee-for-service American Indian Health Program (AIHP). Current AI enrollment is 9.35% of the total AHCCCS population (1,854,126).

The background features a repeating pattern of faint, stylized human figures with their arms raised, interspersed with starburst or sunburst shapes. The overall color palette is a warm, light beige or tan.

# **Medicaid/CHIP Mandatory & Optional Benefits**



# Medicaid/CHIP Mandatory Benefits

Inpatient hospital services

Outpatient hospital services

EPSDT: Early Periodic Screening & Diagnostic Services (Under 21)

Home health services

Physician services

Rural health clinic services

Federally qualified health center services

Laboratory and X-ray services

Family planning services

Nurse Midwife services

Certified Pediatric and Family Nurse Practitioner services

Freestanding Birth Center services (when licensed or otherwise recognized by the state)

Transportation to medical care

Tobacco cessation counseling for pregnant women



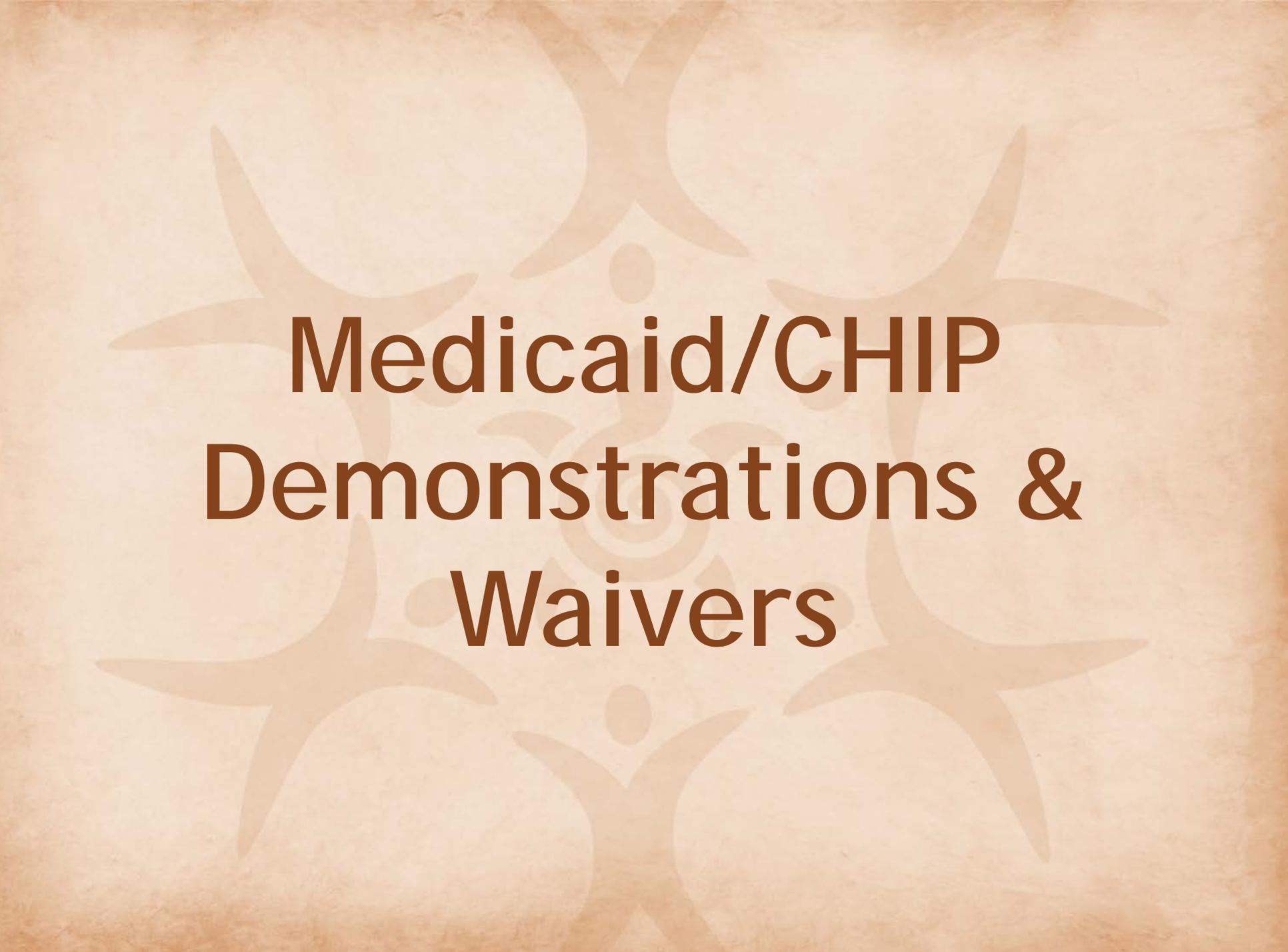
# Medicaid/CHIP Optional Benefits

Prescription Drugs  
Clinic & Diagnostic services  
Physical therapy  
Occupational therapy  
Speech, hearing and language disorder services  
Respiratory care services  
Screening, preventive and rehabilitative services  
Podiatry services  
Optometry services  
Dental services  
Dentures  
Prosthetics  
Eyeglasses  
Chiropractic services  
Other practitioner services  
Private duty nursing services  
Personal Care  
Hospice  
Case management



# Medicaid/CHIP Optional Benefits

- Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for Individuals with Intellectual Disability
- State Plan Home and Community Based Services- 1915(i)
- Self-Directed Personal Assistance Services- 1915(j)
- Community First Choice Option- 1915(k) (HCBS attendant services)
- TB Related Services
- Inpatient psychiatric services for individuals under the age of 21
- Health Homes for Enrollees with Chronic Conditions – Section 1945 (ACA)  
*(Note: Proposed American Indian Medical Home (AIMH) and Delivery System Reform Incentive Payment (DSRIP) combined Waiver initiative.*

The background is a light beige or tan color with a subtle, repeating pattern of stylized human figures in various poses, some with arms raised, and starburst or sunburst shapes. The figures and shapes are rendered in a slightly darker shade of the background color, creating a soft, textured effect.

# **Medicaid/CHIP Demonstrations & Waivers**



- Social Security Act gives the Secretary of Health & Human Services authority to approve experimental, pilot, or demonstration projects to promote the objectives of Medicaid/CHIP programs.
- Demonstrations give states flexibility to improve their programs and evaluate policy approaches such as:
  - Expanding Medicaid/CHIP eligibility
  - Providing services not typically covered by Medicaid
  - Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.
- Demonstrations must be "budget neutral" to the Federal government, which means that during the course of the project Federal Medicaid expenditures will not be more than Federal spending without the Waiver.



# Four Types of Demonstrations May Be Granted CMS Waivers

Section 1115 Research & Demonstration Projects: States can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid/CHIP services. ***(Note: AHCCCS Care proposal submitted to Secretary Burwell, U.S. Department of Health & Human Services by Arizona Governor Ducey on 9/30/15. Waiver application covers the period of 10/1/16 to 9/30/21).***

Section 1915(b) Managed Care Waivers: States can apply to provide services through managed care delivery systems or to limit people's choice of providers.

Section 1915(c) Home and Community-Based Services Waivers: States can apply to provide long-term care services in home and community settings rather than institutional settings.

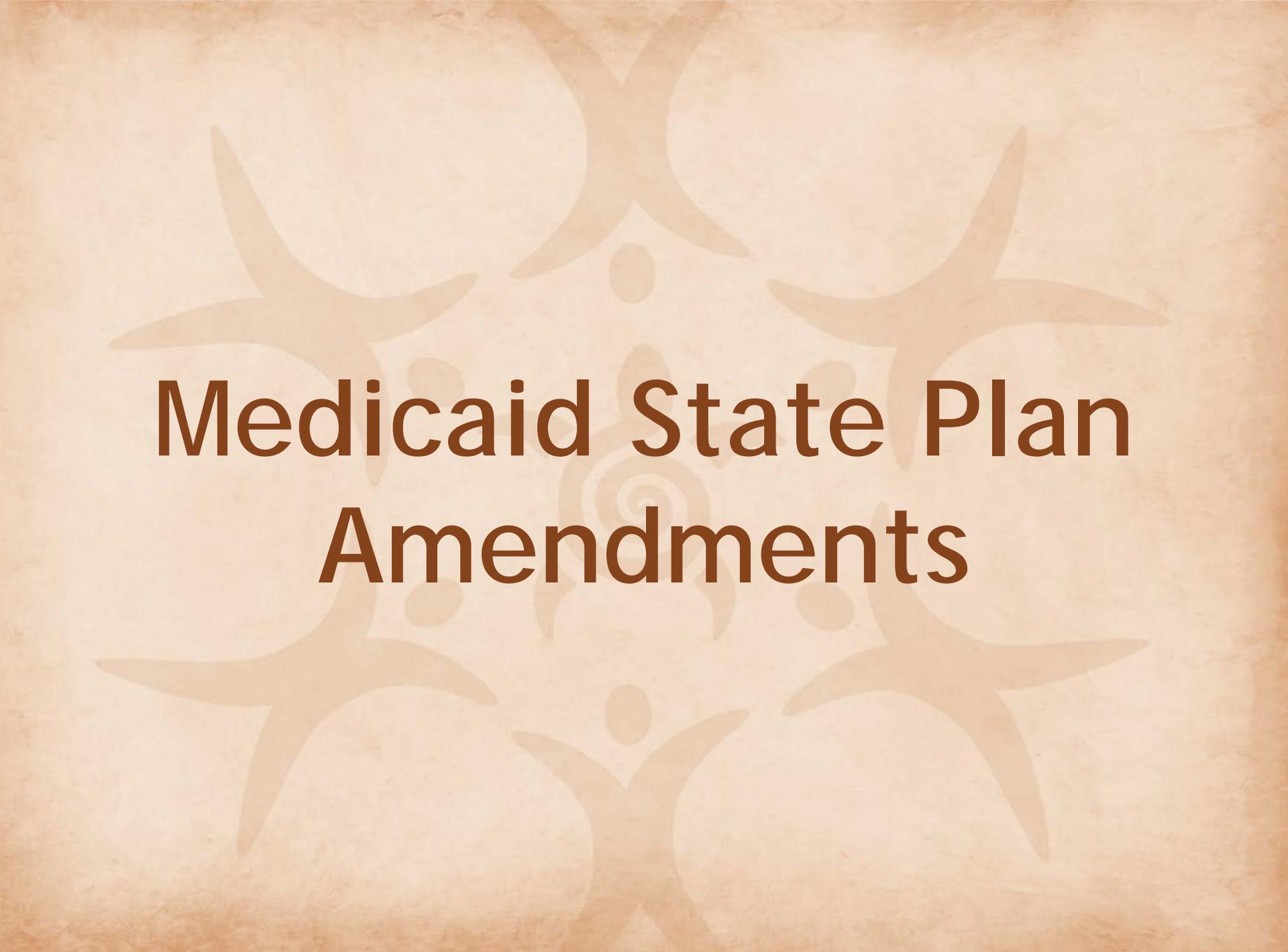
Concurrent Section 1915(b) and 1915(c) Waivers: States can apply to implement two types of Waivers at the same time to provide a continuum of services to the elderly and people with disabilities, as long as all Federal requirements for both programs are met.

**Special Terms and  
Conditions (STCs) for  
Section 1115 (a)  
Medicaid  
Demonstrations**



# Special Terms and Conditions (STCs)

- STCs sets forth waivers and expenditure authorities incorporated in the Demonstration for the 5 year approval period, which covers:  
  
General Program Requirements; Eligibility; Demonstration Programs; Funding Pools Under the Demonstration; Delivery Systems; Evaluation; Reporting Requirements; General Financial Requirements under Title XIX/Title XXI; Budget Neutrality; and the Schedule of State Deliverables.
- CMS TTAG is developing a template STC to include AI/AN Special Protections in order to assist the States. It will cover:  
  
Indian exemptions from enrollment fees, premiums, deductibles, coinsurance, or copayments if furnished an item or service by an Indian health care provider or through CHS; Prohibition in any reduction in payment due to a I/T/U or to a health care provider through a CHS referral; Disallowance of Federal trust property or natural resource income counted for Medicaid/CHIP eligibility and Medicaid estate recovery.

The background features a repeating pattern of stylized human figures in a circle, rendered in a light beige color. The figures are arranged in a circular pattern, with their arms raised, suggesting a sense of community or support. The overall aesthetic is warm and professional.

# Medicaid State Plan Amendments



# Medicaid/CHIP State Plans

The state plan is comprehensive contract between with the Federal government describing how a state administers its programs. It gives assurance that a state will abide by Federal rules so it may claim Federal matching funds for its program activities. The state plan identifies groups of individuals to be covered, services to be provided, and methodologies for providers to be reimbursed.

Changes to program policies or operational approaches require submission of State Plan Amendments (SPAs) to the CMS for review and approval. States also submit SPAs to request program changes, make corrections, or update their Medicaid or CHIP state plan with new information.

2016 Pending & Approved Amendments -

LTAC & Rehab Hospitals (submitted 8/31/16)

Freestanding Hospital-based emergency departments (submitted 8/30/16)

Treat & Refer (submitted 8/26/16)

NF Provider Assessment (submitted 8/25/16)

Services by a Podiatrist (submitted 7/21/16)

Vaccines & Immunizations approved 7/13/16

Hospice Rates 9/7/16 approved

2009 - States are now required to solicit advice prior to the State's submission of any Medicaid or CHIP SPA, Waiver request, or proposal for a Demonstration likely to have a direct effect on Indians, Indian health programs, or Urban Indian Organizations.



# !Thank you!

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