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CHR Certification, Reimbursement & Sustainability: Summary and Implications for Tribal CHR Programs and Beyond



Role of Community Health Representatives (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 are employed by Tribes and trained to provide information on health issues, policies and procedures and basic preventative services to Tribal members.



CHR Program History

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



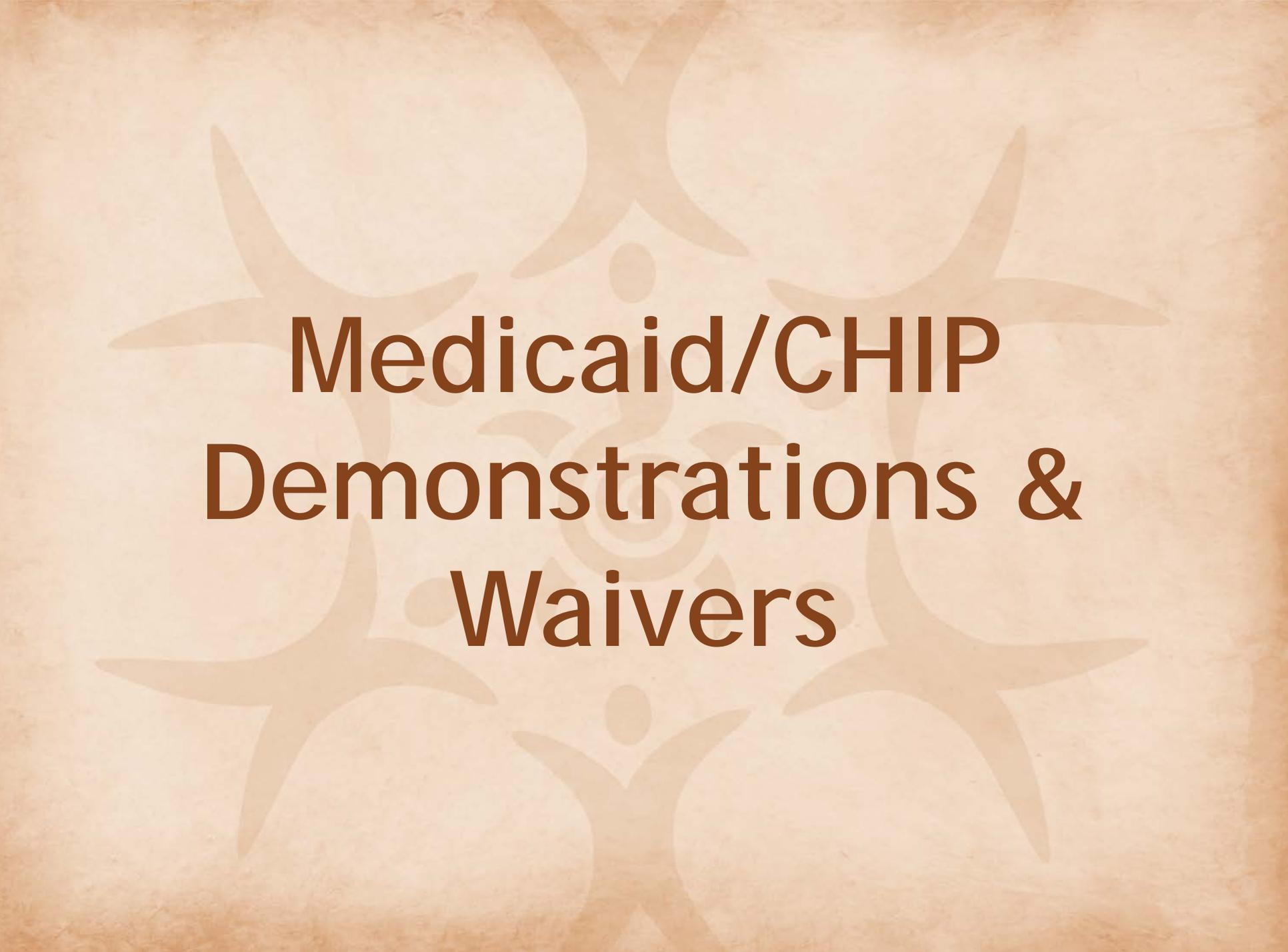
CHR Program History

- In 2010, Affordable Care Act amendments included authorization for an Urban Indian Health CHR program.
- 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 and 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 Program History

- In 2010, Affordable Care Act amendments expanded the **Community Health Aide/ Community Health Practitioner (CHA/P)** from the state of Alaska to the lower 48 states.
- Community Health Aid 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).
- Dental Health Aid Therapists are not allowed to conduct pulpal therapy or complicated extractions without first consulting their supervising dentist and prohibited from performing oral or jaw surgery.

The background features a repeating pattern of stylized human figures in a light beige color. Each figure has its arms raised, and they are arranged in a circular formation, suggesting a community or a group of people. The overall aesthetic is warm and textured, resembling aged paper.

Medicaid/CHIP Demonstrations & Waivers



- Social Security Act Demonstrations give the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects to promote the objectives of the Medicaid/CHIP programs.
- Demonstrations give states flexibility to design and improve their programs and evaluate policy approaches such as:
 - Expanding eligibility to individuals who are not Medicaid or CHIP eligible;
 - Providing services not typically covered by Medicaid; or
 - 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 and CHIP.

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

Section 1915(c) Home and Community-Based Services Waivers: States can apply for waivers 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 simultaneously implement two types of waivers to provide a continuum of services to the elderly and people with disabilities, as long as all Federal requirements for both programs are met.



Medicaid/CHIP Optional Benefits

Prescription Drugs

Clinic services

Physical therapy

Occupational therapy

Speech, hearing and language disorder services

Respiratory care services

Other diagnostic, 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)

TB Related Services

Inpatient psychiatric services for individuals under the age of 21

Other services approved by the Secretary*

Health Homes for Enrollees with Chronic Conditions – Section 1945



Indian Health & Medicaid (AHCCCS)

- In 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 sometimes hundreds of miles to Medicaid and Medicare providers located off reservation.
- IHCIA also provided states with a 100% Federal Medical Assistance Percentage (FMAP) for Medicaid services provided through an IHS or Tribal facility.



Indian Health & Medicaid (AHCCCS)...

- Prior to 1982, Arizona was the only state that did not participate in Medicaid. When it launched the **Arizona Health Care Cost Containment System (AHCCCS)** that year, Arizona was the first state in the nation to enroll all Medicaid beneficiaries statewide in mandatory managed care.
- Since 1988, AHCCCS has covered both acute care, long term services supports (LTSS), and behavioral health for older adults and individuals with disabilities in need of a nursing home level of care through the **Arizona Long Term Care System (ALTCS)** program
- A 1980's lawsuit between the Federal and State government resolved that American Indians/Alaska Natives are eligible and can choose to enroll in an acute care health plan, or enroll in AHCCCS' fee-for-service American Indian Health Program (AIHP). Current enrollment is approximately 105,000 in AIHP and 40,000 in Managed Care plans.



!Thank you!

Alida Montiel (Member, Pascua Yaqui Tribe)
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