



**HUMAN SERVICES**  
D E P A R T M E N T

**1115 WAIVER NATIVE AMERICAN  
TECHNICAL ADVISORY COMMITTEE  
RECOMMENDATIONS**

MARCH 28, 2017

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*Notes:*

- *All comments provided in this document are displayed as submitted by the commenter. HSD has not made any editorial or other changes to the comments submitted.*
- *Bullet points represent HSD’s summary of recommendations from the Native American Technical Advisory Committee (NATAC) meetings.*

# CARE COORDINATION

## **The HSD Native American Technical Advisory Committee Meetings, January 20, 2017 and February 10, 2017**

- Require the managed care organizations (MCOs) to pay Community Health Representatives (CHRs) for health risk assessments and comprehensive needs assessments.
- Medical Assistance Division should require MCOs to contract with CHRs to conduct care coordination functions.
- MCOs should reimburse CHRs at various payment levels.
- Family members should be paid for doing care coordination/navigation, etc.
- CHRs should have access to data and IT systems.
- Add language in the contract or request for proposal for contracting with CHRs and include a set reimbursement rate.
- Get the MCOs to require CHRs be included in care coordination and get reimbursement.
- Community based incentives; look at what casinos are doing for their members.
- Reimbursement for CHRs.

# LONG-TERM SERVICES AND SUPPORTS

## **The HSD Native American Technical Advisory Committee Meetings, January 20, 2017 and February 10, 2017**

- Recommend continued support for respite services, which are important in Native American communities.

# POPULATION HEALTH

## **The HSD Native American Technical Advisory Committee Meetings, January 20, 2017 and February 10, 2017**

- Health literacy is important.

# VALUE-BASED PURCHASING

## **The HSD Native American Technical Advisory Committee Meetings, January 20, 2017 and February 10, 2017**

- MCOs should align outcome measurements.

# ELIGIBILITY AND BENEFIT ALIGNMENT

## **The HSD Native American Technical Advisory Committee Meetings, January 20, 2017 and February 10, 2017**

- Eyeglasses, hearing aids, and home modifications (for adults) provided through the Waiver.
- Dental and vision services are vital to Native Americans.
- There is a huge need for social support services for incarcerated individuals.
- Integrate CHRs with the justice system by having detention centers call the Tribe when their member enters the system.
- For members with behavioral health issues, treatment is a better option than sending them to jail.
- IHS is not in favor of ending retroactive eligibility for Native Americans. It would be a significant issue for the Indian Health Service (IHS), Tribal Health Programs, and Urban Indian Programs.
- Acupuncture and chiropractic services as an alternative for opioid pain management are a good idea.

### **Indian Health Services – Sandra Winfrey**

IHS would like the State to re-consider requesting a waiver of the three-month retroactive eligibility period. This retroactive period is vital to Native Americans. Native Americans are not subject to all of the mandatory insurance requirements of the ACA and without the retroactive period, they could be penalized for not adhering to a law that does not cover them. This could result in additional costs at federal and tribal service units for PRC eligible Native Americans, or significant debts and collection issues for Native Americans that are not eligible for PRC. The issues with removing the retroactive eligibility period was discussed extensively with the tribes and CMS during the Centennial Care implementation. The tribes were very vocal as to the necessity of retaining this Medicaid provision.

The State's consideration of allowing cost-effective non-covered services as an alternative to opioids for pain management for patients enrolled in an MCO should also be considered as an alternative for Fee For Service Medicaid recipients. Approximately 70% of Native Americans are

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ELIGIBILITY AND BENEFIT ALIGNMENT**

not enrolled in an MCO and would not benefit from this Opioid alternative. Acupuncture and chiropractic services should also be allowed for Native American patients that are not enrolled in an MCO.

The State's consideration of possibly reducing the Dental and Vision benefits or using "riders" to cover these services should exempt Native Americans. The State receives 100% FMAP when these services are provided at an IHS federal or tribal facility and there is no cost to the state for these services. Dental and Vision services are vital to the Native communities and shouldn't be reduced, especially when there is no cost savings to the State from this proposed reduction.

IHS continues to encourage the State to hold the planned tribal consultations on the above topics as well as the other anticipated changes that were discussed during the 1115 Waiver meetings.