Community Health Aide Program

Tribal Advisory Group: Day 1

March 21, 2018
NOTE

External, non-IHS links included in this presentation do not constitute official government endorsement on behalf of the Indian Health Service (IHS). The IHS makes no representations regarding the quality, content, completeness, suitability, adequacy, sequence, accuracy or timeliness of such information and disclaims any responsibility for errors.
Overview

• Day 1
  • CHAP TAG Overview
  • Background
  • CHAP Expansion Commonly Asked Questions
  • Key Consultation Themes
  • Policy Components
  • TAG Feedback

• Day 2
  • Workgroup Development
  • Workgroup Action Plan
  • Next Steps
Resources

• General
  • IHS Dear Tribal Leader Letter (6/2016)
  • IHS CHAP Press Release (1/2017)
  • IHS Policy Statement on CHAP Expansion
  • Alaska CHAP
  • IHS Circular 18-01 Community Health Aide Program Tribal Advisory Group Charter (2/2018)

• Behavioral Health Aide
  • Behavioral Health Aides: A Promising Practice for Frontier Communities
  • An Action Plan for Behavioral Health Workforce Development
  • Alaska Behavioral Health Aide Program

• Dental Health Aide
  • Alaska Dental Health Aide Program
  • Sample Dental Therapy Curriculum for Community Colleges
  • Current Use of DHATs in Indian Country and Beyond
CHAP Team Leads

Chris Halliday, DDS, MPH, RADM (ret.)
Serves as Deputy Director, Indian Health Service Division of Oral Health, with an emphasis on oral health promotion/disease prevention and the Dental Health Aide Lead. Prior to returning to the IHS in 2017, served as an Assistant Surgeon General, Chief of Staff to the U.S. Surgeon General and Chief Dental Officer of the United States Public Health Service

Minette C. Galindo, MPA
Serves as the Native Youth and Behavioral Health Aide program lead within the Division of Behavioral Health where she manages programming and develops strategies to promote positive development and build resiliency amongst Native Youth. Prior to IHS, she worked for the Centers for Disease Control & Prevention working in community health assessments, social determinants of health, and environmental health.
CHAP TAG Intention

CHAP TAG Overview
CHAP TAG Anatomy

Federal Executive Sponsors
- **WHO:** CMO, DDIGA, DDFO
- **WHAT:** Provide strategic leadership and oversight to the Federal officials

Tribal Advisory Group
- **WHO:** (1) Tribal Leader per Area, (1) TSGAC Rep, and (1) DST Rep for a total of (14) Tribal Leaders
- **WHAT:** Provide input, feedback, leadership, direction, and guidance to workgroup

Federal Officials
- **WHO:** OCPS Director, DOH Director*, DBH Director*, Area Directors, Area CMO, Area BHC, Area Dental Consultants, OGC
- **WHAT:** Subject matter, policy, and legal experts

Workgroups
- **WHO:** CHAP Leads, Tribal Designees, federal subject matter experts
- **WHAT:** Provide program specific guidance on the establishment of CHAP
<table>
<thead>
<tr>
<th>Name(s)</th>
<th>CHAP TAG Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Glorinda Segay</td>
<td>Tribal Chair</td>
<td>Works in coordination with the Federal co-chair to lead TAG meetings and direct the activities of the workgroups</td>
</tr>
<tr>
<td>Minette Galindo</td>
<td>Federal Officials</td>
<td>Subject matter, policy, and legal experts</td>
</tr>
<tr>
<td>Chris Halliday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Beverly Cotton</td>
<td>Federal Co-Chair</td>
<td>Works in coordination with the Tribal chair to lead the meeting and direct the activities of the workgroups</td>
</tr>
<tr>
<td>RADM Michael Toedt</td>
<td>Federal Executive Sponsors</td>
<td>Provide strategic leadership and oversight to the Federal officials</td>
</tr>
<tr>
<td>RADM Kevin Meeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ben Smith</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IHS Activities to Date

Background
Summary of IHS Activities to Date

• **1968-** Community Health Program begins and is established in AK
• **1998-** The IHCIA is amended to authorize CHAP
• **1998-** CHAPCB governing body of the chap curriculum is established
• **2007-** DHAT are added in the CHAPCB in AK
• **2008-** BHA are added in the CHAPCB in AK
• **2009-** First cohort of BHA’s are certified
• **2016-** IHS issued a DTLL on a draft policy to expand CHAP in the lower 48
• **2017-** After three consultation sessions, IHS issues a report on consultation and the themes were to create an Area-based program to allow for regional flexibility AND to make sure the work doesn’t disrupt that of Alaska
• **February 2018-** IHS publishes a charter to establish a CHAP Tribal Advisory Group
• **February 2018-** IHS Acting Director issues a DTLL informing Tribes of CHAP expansion updates
Alaska CHAP & IHS CHAP

Alaska CHAP

- Alaska Community Health Aide Program (CHAP)
  - Behavioral Health Aide
  - Community Health Aide
  - Dental Health Aide

IHS National CHAP (proposed)

- IHS Community Health Aide Program (CHAP)
  - Behavioral Health Aide
  - Community Health Aide*
  - Dental Health Aide

*Specific to only Alaska
Dental Health Aide State Authorization

[Map of the United States highlighting states with Dental Health Aide State Authorization]
Commonly Asked Questions
What does the Indian Health Care Improvement Act (IHCIA) require for CHAP Expansion?

• IHCIA has two specific requirements for the overall expansion of CHAP:
  1. IHS must establish the policy that creates the program
  2. For specific aides within the program, state authorization is required (e.g.: Dental health aides)
What impact does CHAP Expansion have on my ISDEAA Agreement?

• Title I ISDEAA
  • Redesign with IHS approval Rebudget

• Title V ISDEAA
  • Redesign and Rebudget.
How does CHAP Expansion impact the Federal Tort Claims Act (FTCA)?

• It depends.

• Regulations found:
  • ISDEAA Title I - 25 C.F.R. 900, Subpart M – *Federal Tort Claims Act Coverage Provisions*
  • ISDEAA Title V – 25 § C.F.R. 137.220
How does IHS plan to fund this program?

• Requires Federal Appropriations
• At this time, IHS CHAP activities are currently unfunded. IHS intention at this point, is to first develop the policy, but is continuing to work with Tribes through the budget consultation process.
My Tribe operates a Community Health Representatives (CHR) Program, how does this impact that?

• The Community Health Aide Program and the CHR Program have key differences:
  • Legislative Authority
  • Funding Sources
  • Scopes of Work
CHAP & CHR: Legislative Authority

• CHAP overall is authorized under IHCIA 25 U.S.C. § 1616 a-d
CHAP & CHR: Funding Sources

• The Alaska CHAP is funded out of the hospital & health clinic (H&HC) line item in the IHS budget
• The CHR Program is currently its own line item in the IHS budget
• IHS primary focus is to first develop the policy that establishes the national CHAP program
CHAP & CHR: Scopes of Work

• Community Health *Aide* are mid-level health providers with a wide range of clinical skills

• Community Health *Representatives* provide health outreach, and health promotion/disease prevention services
What is the state’s role in expanding CHAP?

• IHCIA specifies that in order to operate programs such as dental health aides, states must authorize their use through state legislation.
What we’ve learned from Tribes

Consultation Themes
Origin of Consultation Themes

• IHS conducted three consultation sessions
• Received comments from 27 Tribal organizations, 14 national AI/AN organizations, and 10 AI/AN individuals
• Hosted/presented at 6 roundtables, listening sessions, interviews, and summits
• Resulted in over 180 comments
• Qualitative Analysis of Comments
Workforce Barriers
Certification/Training
Cultural Inclusion
Reimbursement

180+ comments

Consultation
Listening Sessions
Roundtables
Certification/Training

• Portability
• Facility Accreditation
• Continuing Education
• Certification Board
• Academic Review Committees
What are we missing for certification/training?

Tribal Feedback
Reimbursement

• State by State Analysis
• Portability
• Sustainability
What are we missing for reimbursement?

Tribal Feedback
Reviewing ‘parking lot’ for certification/training. The following slides are notes from the meeting.
Open Discussion

• Has there been discussion to add CHAP to the IHS-funded scholarship?
  • What’s the process to add a health discipline?
• “We can certify but we need to help support cost associated to all licensing exams, CEUs”
Open Discussion

• Are the clinical certification boards for the training centers established in legislation?
Open Discussion

• How do Urban Indian Health programs fit into CHAP?

• “DHAs, BHAs, CHAs increase access to services they do not replace providers”
Open Discussion

• Can the standardized curriculum be based on the AK model?
• Would healthcare providers be required to take full curriculum?
Open Discussion

• National/Regional Certification
  • Collaborate locally with academic institutions
  • TCUs for Training?
  • State to State collaboration
  • Baseline standards– copy Alaska?
Reviewing ‘parking lot’ for reimbursement. The following slides are notes from the meeting.

OPEN DISCUSSION
Open Discussion

• Do you take current billable providers or do you train providers and create a mechanism for reimbursement?

• Is the Alaska CHAP reimbursed by Medicaid only or are other sources also billed for reimbursement?
Open Discussion

• If Medicaid is the sustainable source for CHAP-training, certification, reimbursements can be built into an 1115(b) waiver?
What does the law say we need?

Key Components of the Policy
Key Parameters of the Law

- Cannot be used to fill vacancies for a dentist (DHA)
- Cannot *reduce* the amount of resources to Alaska (both funding and human capital)
- Cannot authorize the use of DHAs in a state without authorization
What we aim to include in the policy:

• Have a training/trainer accredited by the program
• Have a training curriculum
• Establish and maintain a certification board
• Maintain a system for continuing education
• Routine supervision
• Routine evaluation
• Independent Program Review
Open Discussion-What are we missing?

Tribal Feedback