



Community Health Aide Program

Tribal Advisory Group: Day 1

March 21, 2018

NOTE

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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

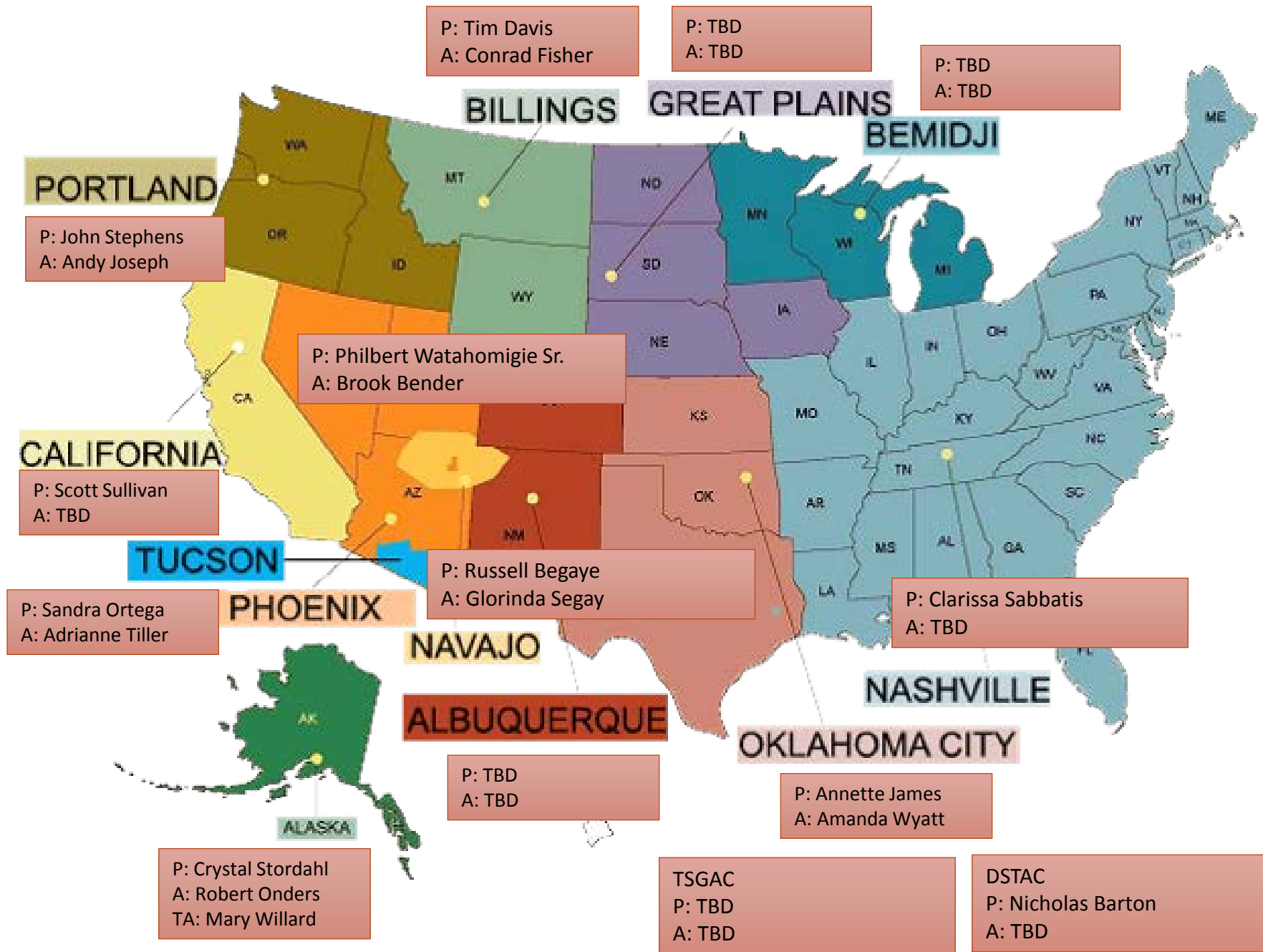
- **WHO:** OCPS Director, DOH Director*, DBH Director*, Area Directors, Area CMO, Area BHC, Area Dental Consultants, OGC
- **WHAT:** Subject matter, policy, and legal experts

Workgroups

- **WHO:** CHAP Leads, Tribal Designees, federal subject matter experts
- **WHAT:** Provide program specific guidance on the establishment of CHAP

CHAP TAG

Name(s)	CHAP TAG Role	Responsibility
Dr. Glorinda Segay	Tribal Chair	Works in coordination with the Federal co-chair to lead TAG meetings and direct the activities of the workgroups
Minette Galindo Chris Halliday	Federal Officials	Subject matter, policy, and legal experts
Dr. Beverly Cotton	Federal Co-Chair	Works in coordination with the Tribal chair to lead the meeting and direct the activities of the workgroups
RADM Michael Toedt RADM Kevin Meeks Ben Smith	Federal Executive Sponsors	Provide strategic leadership and oversight to the Federal officials



P: Tim Davis
A: Conrad Fisher

P: TBD
A: TBD

P: TBD
A: TBD

PORTLAND

P: John Stephens
A: Andy Joseph

BILLINGS

GREAT PLAINS

BEMIDJI

P: Philbert Watahomigie Sr.
A: Brook Bender

CALIFORNIA

P: Scott Sullivan
A: TBD

TUCSON

P: Sandra Ortega
A: Adrienne Tiller

PHOENIX

P: Russell Begaye
A: Glorinda Segay

P: Clarissa Sabbatis
A: TBD

NAVAJO

ALBUQUERQUE

P: TBD
A: TBD

NASHVILLE

OKLAHOMA CITY

P: Annette James
A: Amanda Wyatt

ALASKA

P: Crystal Stordahl
A: Robert Onders
TA: Mary Willard

TSGAC
P: TBD
A: TBD

DSTAC
P: Nicholas Barton
A: TBD

IHS Activities to Date

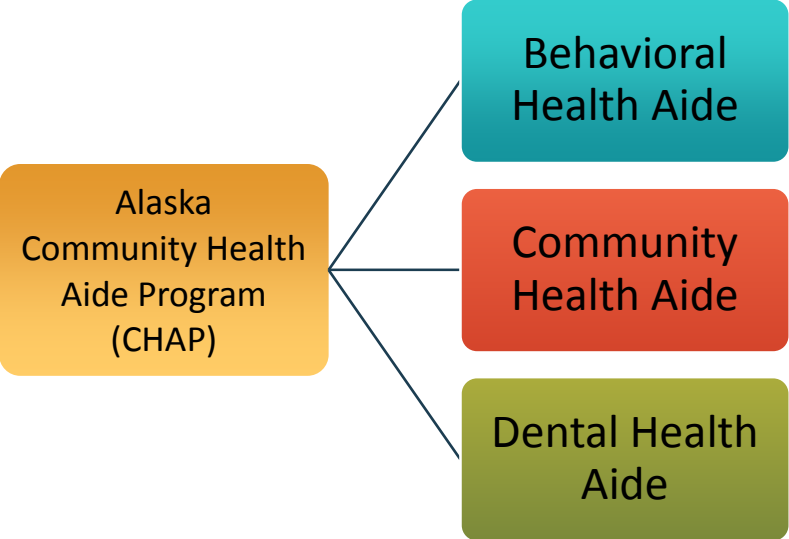
Background

Summary of IHS Activities to Date

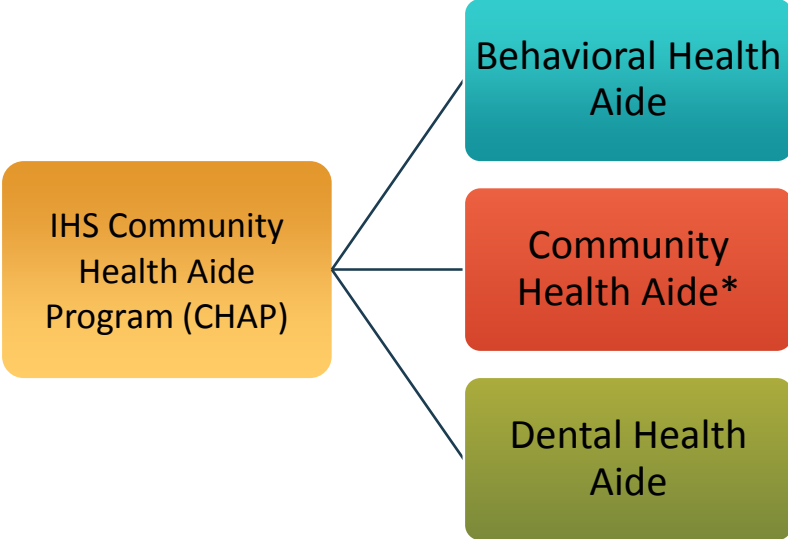
- **1968-** Community Health Program begins and is established in AK
- **1998-** The IHCIA is amended to authorize CHAP
- **1998-** CHAPCB governing body of the chap curriculum is established
- **2007-** DHAT are added in the CHAPCB in AK
- **2008-** BHA are added in the CHAPCB in AK
- **2009-** First 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

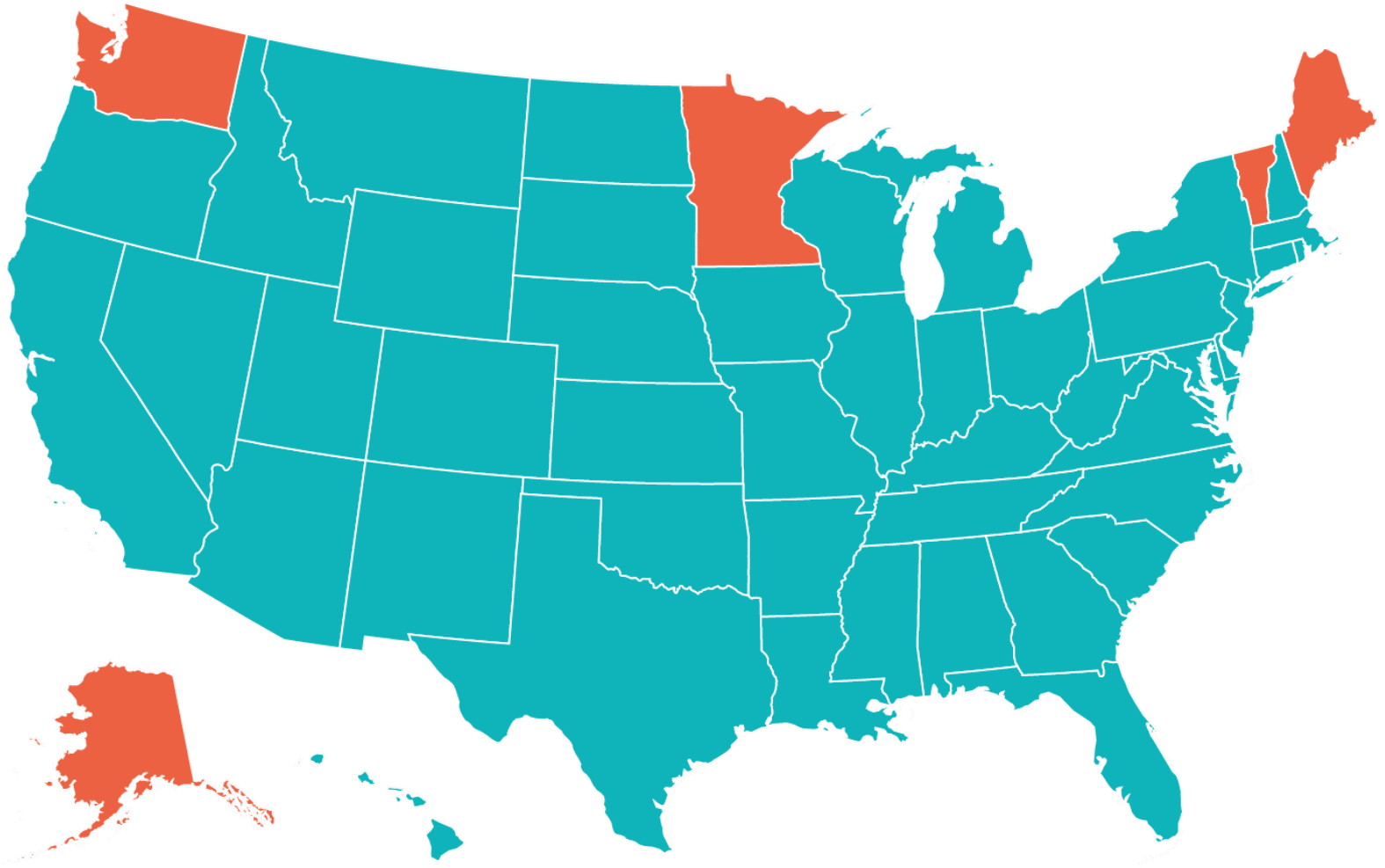


IHS National CHAP *(proposed)*



*Specific to only Alaska

Dental Health Aide State Authorization



CHAP Expansion Efforts & Programs

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
- Behavioral Health Aide Program is also authorized under 25 U.S.C. § 1665d, 25 U.S.C. § 1665e, and 25 U.S.C. § 1665j
- CHR is authorized under 25 U.S.C. § 13 and 25 U.S.C. § 1616

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?

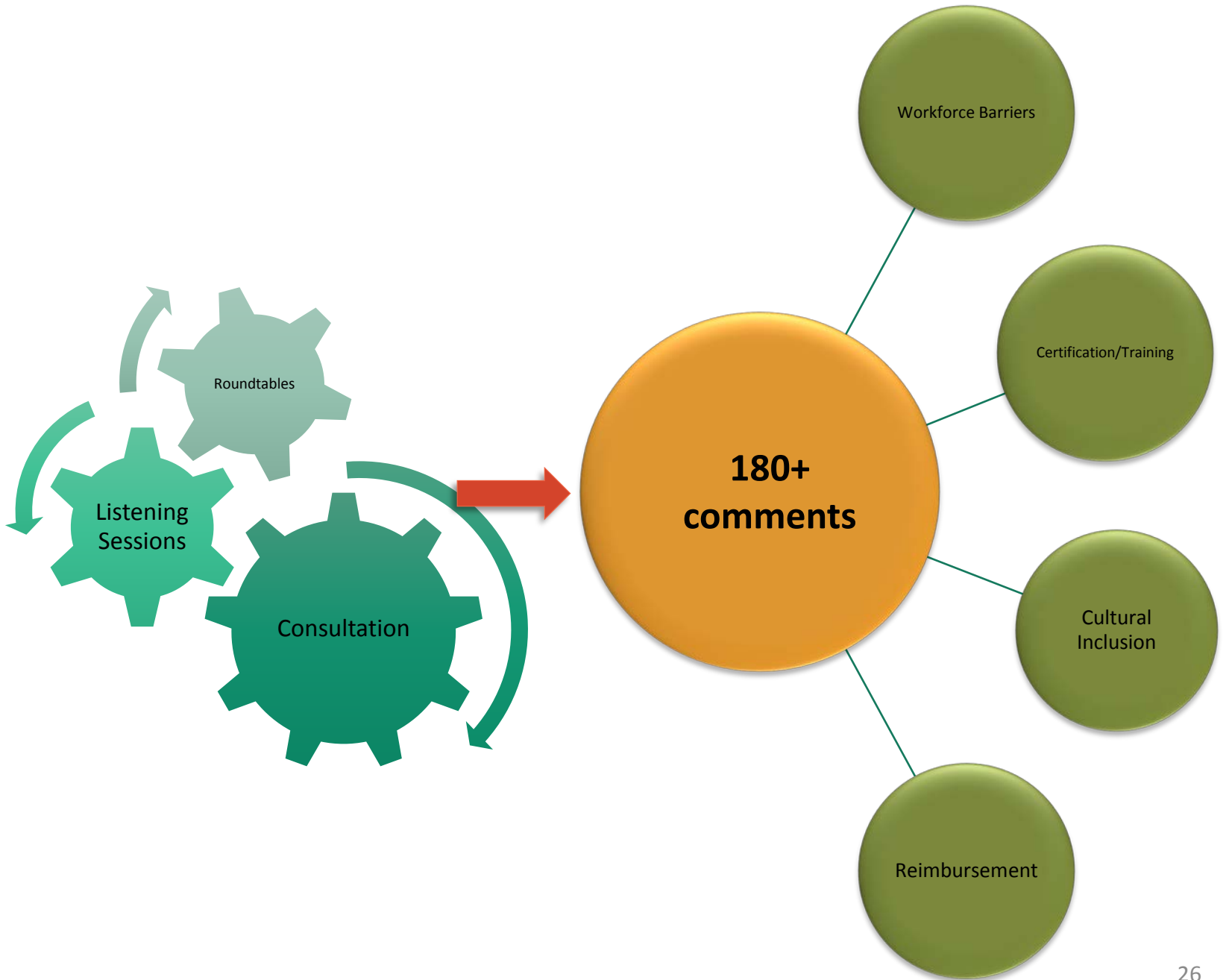
- IHClA specifies that in order to operate programs such as dental health aides, states must authorize their use through state legislation.

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



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

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