

# Indian Health Service

## All Tribal and Urban Indian Organization Leaders Call

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APRIL 15, 2022



# Opening Remarks



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ELIZABETH FOWLER  
ACTING DIRECTOR  
INDIAN HEALTH SERVICE





# Indian Health Service

## IHS COVID-19 Update

LORETTA CHRISTENSEN MD MBA MSJ FACS  
CHIEF MEDICAL OFFICER  
INDIAN HEALTH SERVICE



# Strategy 1 - Prevent

- Get vaccinated, including boosters and second boosters!!
- Continue to take all precautions!!!!
- The 3 W's:
  - Wear a mask
  - Wait 6 feet apart
  - Wash your hands



# American Indian/Alaska Native Vaccination Rates

Data reflective of 4/5/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least One Dose	Fully Vaccinated	% Fully Vaccinated Who Received Additional (3 <sup>rd</sup> & booster) Doses
Age 65 and older	86.7% (128,427)	69.9% (103,540)	56.6% (58,567)
Age 18 and older	72.9% (622,052)	56.2% (479,552)	42.3% (202,960)
Age 12-17	48.3% (70,460)	36.2% (52,847)	18.7% (9,882)
Age 5-11	20% (36,219)	14.9% (27,055)	N/A

Data Considerations:

- All data is from the IHS COVID-19 Dashboard
- Second boosters are not yet displayed separately in the IHS COVID-19 Dashboard
- A significant number of administered doses have been given to “Unknown Race”. Areas are actively working to determine if race data can be recovered.
- Some AI/AN patients may have been vaccinated outside of IHS facilities that chose the IHS for vaccination; these doses are not reflected in this data.



# Second Boosters Authorized

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- FDA authorized and CDC endorsed the 2<sup>nd</sup> booster clinical recommendations 3/29/22
  - Eligible Groups
    - Anyone 50 years and older
    - Individuals 18 – 49 years who received BOTH Janssen/J&J primary and Janssen/J&J booster doses (very small group of patients)
    - Immunocompromised individuals
      - Individuals 12 – 49 years (Pfizer)
      - Individuals 18 – 49 years (Moderna)
  - Time Frames
    - At least 4 months after the 1<sup>st</sup> booster dose
  - Vaccines
    - Only Pfizer and Moderna may be used for the 2<sup>nd</sup> booster doses



# Looking Forward – Potential Expansions

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- FDA Advisory Committee meeting content April 6, 2022
  - Considerations for future vaccine strain selection, potential yearly change
  - Pfizer and Moderna are currently developing variant-specific vaccines
- Approvals for Peds <5 years (Pfizer 6 mos-4 years & Moderna 6 mos-5 years)
  - According to CDC Distribution Lead, timelines have SHIFTED
  - Anticipate both Pfizer and Moderna for younger ages EUA submission in April 2022
  - Newest target timelines: mid-to-late May or even early June for distribution of vaccine
  - The Pfizer <5 EUA submission will likely be revisited in April 2022
- Moderna age expansion
  - Children 6-11 years: Anticipated EUA submission in April 2022
  - Adolescents 12-17 years: Pending FDA review – unknown timeline



# Omicron

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- Replicates at a high rate in the upper airway which increases the transmissibility
  - Coughing, talking etc will send the aerosol into the space
- Public health measures always are protective
  - Will need better masks or double masks in close spaces
- Omicron is the dominant variant
  - BA.2: variant of Omicron is the dominant sub-variant
- The vaccinations are effective at preventing severe illness, hospitalization and death
- The booster doses are very important



# Omicron

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- Possible novel subvariant Omicron XE
- Combination of BA.1 and BA.2
- BA.2 is the dominant strain in the world and US
- Important continue testing to identify variants
- More transmissible-10%



# Strategy 2 - Detect

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- 4.27 million tests have been performed, 11.4% positive
- Current 7-day rolling positivity is 4.7%
- One IHS areas is in high transmission
- Home testing: encourage the use as a screening



# Strategy 3 - Treat

- Therapeutics: Monoclonal antibody therapy is available
  - Sotrovimab is effective against Omicron BA.1 but was halted for lack of effectiveness for BA.2
  - Remdisivir is approved for outpatient treatment
  - Bebtelovimab is approved for outpatient treatment
- Evusheld used as a pre-exposure prevention
- The 2 oral antivirals are approved
  - Molnupiravir and Paxlovid
  - There is a limited supply at this time, but increasing



# Test and Treat

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- Established Test and Treat for our facilities
- We are in the process rolling out the test and treat sites
- Closely follow the use of the anti-viral medications
- Clinical guidance was provided to the IHS areas
- Currently available at pharmacies, LTC, FQHC and federal and tribal healthcare sites

<https://aspr.hhs.gov/TestToTreat/Documents/Fact-Sheet.pdf>



# Strategy 4 - Recover

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- Monitoring and care of those who have had COVID-19 who may have Long Covid syndrome
  - Long COVID -19 task force activated
  - Create partnerships with academic centers for specialist support
- \* Long COVID-19 facts sheets in development



Thank you



# Indian Health Service

9-8-8 National Suicide Prevention Crisis Line

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PAMELA END OF HORN, DSW, LICSW

NATIONAL SUICIDE PREVENTION CONSULTANT

240-406-6924

[PAMELA.ENDOFHORN@IHS.GOV](mailto:PAMELA.ENDOFHORN@IHS.GOV)



# 9-8-8 Readiness: Tribal Nations

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Preparing for 9-8-8 and supporting integrating crisis care will need to involve a multiway collaboration between federal, state, territory and Tribal Nations.

Some Tribes and States have not yet collaborated on opportunities to engage on 9-8-8 and fund culturally appropriate, equitable and accessible crisis care.

Partners would benefit from specific technical assistance on how to support accessible, equitable and culturally appropriate crisis care.



# Engagement Approaches

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IHS DBH SME inclusion in across the board consultation.

Inclusion of NIHB and NCUIH in planning and communication strategies.

Inclusion of Urban Indian Health Programs in planning and communication strategies.

Monthly coordination meetings.



# Challenges and Opportunities

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High suicide rates among AI/AN people, 22.27 per 100,000 with elevated rates among AI/AN youth and young adults.

Tribes are diverse with varying relationships with U.S. States.

Legislation is specific to U.S. States with coalitions specific to crisis services within U.S. States.

Lack of crisis call centers in Tribal Nations.

Variations in service availability and connectivity.

Overreliance on State solutions without recognition of Tribal sovereignty.

Lacking of funding for initiation or sustainment of crisis services.



# Substance Abuse and Mental Health Services Administration

## 9-8-8 National Suicide Prevention Lifeline

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CAPT KAREN “KARI” HEAROD, MSW, LCSW, DIRECTOR, OFFICE OF TRIBAL  
AFFAIRS AND POLICY AND

CHARLES SMITH, PH.D., MA, REGIONAL ADMINISTRATOR, REGION 8

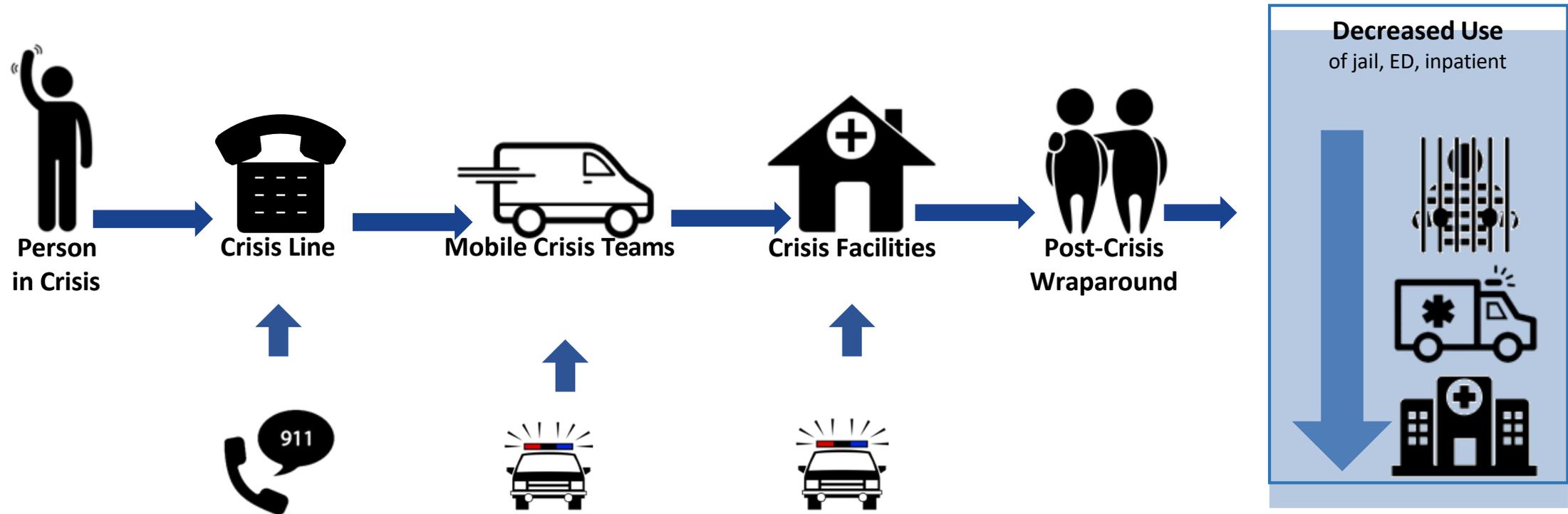
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

# Ongoing Implementation of 988



- Moving to a 3-digit dialing code is a once-in-a-lifetime opportunity to strengthen and expand the existing National Suicide Prevention Lifeline.
- The 988 dialing code is a first step toward strengthening and transforming crisis care in this country. It creates a universal entry point – and over time, the vision is to have additional crisis services available in communities across the nation, similar to the way emergency medical services are dispatched.

# The crisis system: crisis lines are an essential component of a comprehensive behavioral health crisis response system



Easy access for law enforcement = connection to treatment instead of arrest

← LEAST Restrictive = LEAST Costly

# Challenges and Opportunities

- Based on data from the Web-Based Injury Statistics Query and Reporting System (<https://wisqars.cdc.gov/fatal-reports>), the highest annual suicide rates by race and ethnicity occur among non-Hispanic AI/AN individuals, at a rate of 22.27 per 100,000 individuals, with these rates particularly elevated among AI/AN youth and young adults.
- Tribes are diverse among themselves due to varying relationships with the states, infrastructure needs and capacities, and political systems.
- Tribal jurisdictions and federal jurisdictions often do not line up, and this impacts how effectively Tribes can respond to challenges and situations particular to their community.
- There is need for additional support amidst the COVID-19 pandemic.
- Funding is spread across many different agencies, creating a significant challenge; Tribes need assistance in more easily accessing much-needed funds.

# Tribal Engagement Calendar

- TTAC Meeting August 2021
- STAC Meeting November 2021
- ANA brief listening session January 2022
- Tribal leader briefing/Q&A March 2022
- Tribal partner participation in readiness criteria for co-sponsorship convening #1 (incl NIHB, NCUIH) Tribal leader participation in Convening #2 as part of Federal panel
- Vibrant monthly Tribal coordination meeting
- Playbook addressing Tribal engagement for states and territories (April 2022)
- Regional Tribal Consultations (Proposed, April 2022- August 2022)
- Focus Groups with Tribal grantees (Proposed, April 2022)
- Development of companion operational playbook focused on Tribes (Proposed, June 2022)

# 988 Resources

- SAMHSA 988 Press Release: <https://www.samhsa.gov/newsroom/press-announcements/202112201100>
- 988 webpage: [www.samhsa.gov/988](http://www.samhsa.gov/988)
- 988 Fact Sheet: <https://www.samhsa.gov/sites/default/files/988-factsheet.pdf>
- 988 NOFO: <https://www.samhsa.gov/grants/grant-announcements/sm-22-015>  
(Grants.gov - <https://www.grants.gov/web/grants/search-grants.html?keywords=SM-22-015>)
- 988 Resource Mailbox: [988Team@samhsa.hhs.gov](mailto:988Team@samhsa.hhs.gov)

# Indian Health Service

## Zero Suicide Initiative Coordinating Center (ZSICC)

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LCDR MONIQUE RICHARDS, MSW, LICSW

NATIONAL COORDINATOR, ZERO SUICIDE INITIATIVE

ACTING PROGRAM OFFICIAL, BEHAVIORAL HEALTH INTEGRATION INITIATIVE

DIVISION OF BEHAVIORAL HEALTH

OFFICE OF CLINICAL AND PREVENTIVE SERVICES



## Background

**The Zero Suicide Initiative cooperative agreement program is part of IHS's strategic focus on suicide prevention and care in AI/AN health systems. Implementation of this program:**

- **Supports the IHS mission to raise the physical, mental, social and spiritual health of American Indian and Alaska Native people to the highest level;**
- **Consistent with the tenets of the National Strategy for Suicide Prevention (NSSP)**
- **Focuses on priorities of the National Action Alliance for Suicide Prevention (*Action Alliance*).**



# Background

- In FY 2017, IHS funded the first ZSI Cohort of eight projects for a three-year funding cycle totaling \$3.2M annually  
\*(Five Tribal Awards and Three Federal Awards)
- Due to the high volume of demands related to the COVID-19 IHS authorized one (1) additional project year to continue the project activities which resulted in a project extension through October 31, 2021
- In FY 2022, IHS will fund the next ZSI Cohort of eight - ten projects for a five-year funding cycle totaling \$2M annually
- Each project is required to implement the ZSI approach within Tribal and Urban Indian health care facilities and systems that provide direct care services to AI/AN patients in order to raise awareness of suicide and establish an integrated system of care, and improve outcomes from FY 2022- FY 2026.

# Purpose of the ZSICC

- The purpose of this cooperative agreement is to build capacity of ZSI projects to improve the system of care for those at risk for suicide by implementing a comprehensive, culturally informed, multi-setting approach to suicide prevention in Indian health systems.
- The ZSICC will provide technical assistance in the following areas:
  - Data collection
  - Reporting
  - Training
  - Resources
  - Implementation of the Zero Suicide approach in Indian Country



# Funding Announcement for Tribes, Tribal and Urban Indian Organizations

Posted on the Federal Register: **April 7, 2022**

To access the Zero Suicide Initiative Coordinating Center  
NOFO:

Federal Register Notice -

<https://www.federalregister.gov/documents/2022/04/07/2022-07333/zero-suicide-initiative-coordinating-center>

Grants.gov –

Reference Notice of Funding Opportunity:

**HHS-2022-IHS-ZSICC-0001**

## Key Dates

- All applications are due on: **July 6, 2022**
  - Tribes, tribal organizations, and urban Indian organizations will submit via [www.grants.gov](http://www.grants.gov) by 11:59 p.m. Eastern Time

Earliest Anticipated Start Date: **August 22, 2022**

# Estimated Funds Available

- The total funding identified for FY 2022 is approximately \$500,000. The award amount for the first budget year is anticipated to be up to \$500,000.
- Approximately one award will be issued under this program announcement.
- Period of Performance is for 5 years.
- Funding instrument is a Cooperative Agreement which means the agency will have substantial programmatic involvement in the project during the entire period of performance.

# Eligibility

- A Federally recognized Indian Tribe as defined by 25 U.S.C. 1603(14).
- A Tribal organization as defined by 25 U.S.C. 1603(26).
- An urban Indian organization as defined by 25 U.S.C. 1603(29); operating an Indian health program operated pursuant to as contract, grant, cooperative agreement, or compact with the IHS pursuant to the ISDEAA, (25 U.S.C. 5301 et seq.). Applicants must provide proof of non-profit status with the application, e.g., 501(c)(3).



## Eligibility

- Applicant must also have demonstrated expertise as follows:
- Representing Tribal governments and providing a variety of services to Tribes, area health boards, Tribal organizations, Federal agencies, and playing a major role in focusing attention on Indian health care needs resulting in improved health outcomes for Tribes.
- Promoting and supporting health education for AI/AN people and coordinating efforts to inform AI/AN people of Federal decisions that affect Tribal government interest, including the improvement of Indian health care.

## Resources

Please visit the ZSI News and Announcements webpage for information regarding upcoming technical assistance webinars for the ZSICC NOFO:

<https://www.ihs.gov/zerosuicide/news/fundingannouncement/>

To join the ZSI LISTSERV list for ongoing programmatic updates:

[https://www.ihs.gov/listserv/topics/signup/?list\\_id=345](https://www.ihs.gov/listserv/topics/signup/?list_id=345)

# Questions/Contacts

## Questions on:

- programmatic issues;
- how to apply;
- application submission;

**Monique Richards, MSW, LICSW**

National Coordinator, Zero Suicide Initiative

Indian Health Service

Office of Clinical and Preventive Services

Division of Behavioral Health

Direct #: (240) 252-9625

e-mail: [monique.richards@ihs.gov](mailto:monique.richards@ihs.gov)

# Indian Health Service Medicare and Medicaid (M&M) Reimbursement Rates (All Inclusive Rates) for Calendar Year 2022

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CAPT JOHN E. RAEL

DIRECTOR OFFICE RESOURCE ACCESS AND  
PARTNERSHIPS



# Overview of the All Inclusive Rates (CY) 2022

- The rates for Calendar Year (CY) 2022 were published in the Federal Register, on Friday, April 8. The Federal Register Notice (FRN) can be found by clicking this link: <https://www.federalregister.gov/public-inspection/2022-07468/reimbursement-rates-for-calendar-year-2022>

# Calendar Year 2022 and 2021 Comparison

## Medicaid Inpatient Hospital Per Diem Rate

Lower 48 States

Alaska

	CY22	CY21	CHANGE - \$	CHANGE - %
Lower 48 States	\$ 4,239	\$ 3,631	\$ 608	16.7%
Alaska	\$ 3,583	\$ 3,384	\$ 199	5.9%

## Medicaid Outpatient Per Visit Rate

Lower 48 States

Alaska

Lower 48 States	\$ 640	\$ 519	\$ 121	23.3%
Alaska	\$ 945	\$ 808	\$ 137	17.0%

## Medicare Outpatient Per Visit Rate

Lower 48 States

Alaska

Lower 48 States	\$ 541	\$ 414	\$ 127	30.7%
Alaska	\$ 792	\$ 662	\$ 130	19.7%

## Medicare Part B Inpatient Ancillary Per Diem Rate

Lower 48 States

Alaska

Lower 48 States	\$ 813	\$ 678	\$ 135	19.9%
Alaska	\$ 1,138	\$ 1,039	\$ 99	9.6%

# Impacts on the Rates

- Inpatient days remained relatively flat
- Outpatient visits decreased significantly
  - Suspension of services in the ambulatory, dental and optometry areas
  - Shift from in-person visits to telemedicine visits (impact on Medicare OP)
- Ancillary costs increased significantly impacting both the inpatient and outpatient rates.
  - Radiology, Laboratory, Drugs, Clinic, Emergency Department and Provider Costs

# Overview of the All Inclusive Rates (CY) 2022

- The IHS is working with the Centers for Medicare & Medicaid Services (CMS) to notify Novitas, the Medicare Administrative Contractor (MAC), that:
  - reimbursements should now be made using the CY 2022 All Inclusive Rates for services provided on or after January 1, 2022, and
  - retroactive payments should be processed for services provided on or after January 1, 2022, that were reimbursed at the CY 2021 All Inclusive Rates.

Although the CY 2022 rates are approved, facilities should continue to bill the CY 2021 Medicare rates for Medicare services until guidance is issued from CMS or the MAC.

# Overview of the All Inclusive Rates (CY) 2022

- IHS Business Office Coordinators (BOC) will be providing the CY 2022 All Inclusive Rates FRN to their respective State Medicaid agencies to notify the agencies that:
  - reimbursements can now be made using the CY 2022 All Inclusive Rates for services provided on or after January 1, 2022, and
  - retroactive payments should be processed for services provided on or after January 1, 2022, that were reimbursed at the CY 2021 All Inclusive Rates.
- IHS BOCs will need to work with States Medicaid agencies to determine when IHS facilities can start billing using the CY 2022 Medicaid Rates will come directly from your State Medicaid agencies and pass this information on to Tribal programs.

# Questions & Answers

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Next Tribal Leader and UIO Leader Call:

May 5, 2022



