Maximizing Sustainable Financial Strategies for Tribal Systems of Care in the Affordable Care Act Era

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Agenda
I. Sustainability
II. Strategies to integrate System of Care community assessments into sustainable programs
III. Cultural/Traditional healing practices - how to weave them into the service menu
IV. Sustainable funding opportunities e.g. Medicaid, Medicare, Commercial Insurance
V. Significant relationships with county, state and federal payers and licensing agents
VI. Staffing - right person, right process and right place
VII. Three year business and budget planning guide with short and long term activities

I. Sustainability

The Three Spheres of Sustainability

Define Sustainability

Sustainability is based on a simple principle:
- Everything that we need for our survival and well-being depends, either directly or indirectly, on our natural environment
- Sustainability creates and maintains the conditions under which humans and nature can exist in productive harmony, that permit fulfilling the social, economic and other requirements of present and future generations

Maintaining Sustainability

- Requires a continual information flow through the following vehicles:
  - Parent/Family advisory groups
  - Youth advisory groups
  - Community stakeholders
  - Organizational benchmarks
  - External communications
II. Strategies to Integrate System of Care Community Assessments into Sustainable Programs

Tribal Need for Behavioral Health Funding

Factors that contribute to elevated behavioral health needs in Indian Country:
- Historical breakdown of Native cultural values and family organization
- Socioeconomic status
- Limited availability of resources
- Environment of Scarcity

Tribal Need for Behavioral Health Funding (cont.)

Availability of resources:
- Environmental challenges:
  - Indian Health Service (IHS) behavioral health programs underfunded
  - Tribes are currently ineligible to directly apply for and administer important behavioral health programs (e.g., Mental Health Block Grant and Medicaid)
  - Need for child trained therapists and culturally appropriate systems and service providers

Determine Demand for Services

- Create openings for community buy-in
- Create opportunities for new alliances and connections with new partners
- Form successful strategies for your organization
- Ensure that the services you provide meet the needs of the community you serve
- Build credibility for your organization
- Provide a foundation for funding
- Guide board governance in sound decision-making
- Guide staff training and educational planning
- Enhance your organization’s capacity to respond to change
- Generate authentic input from stakeholders
- Identify causes and conditions that affect the community you serve (Moore, 2009)

Gap Analysis

<table>
<thead>
<tr>
<th>Desired Services</th>
<th>Existing Services</th>
<th>Gap</th>
<th>Actions for Fill Gap</th>
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<tbody>
<tr>
<td>Tribal providers providers</td>
<td>Indian providers</td>
<td>Tribal provider system</td>
<td>tribal provider system</td>
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<tr>
<td>Tribal developed and regulated delivery system</td>
<td>Indian developed and regulated delivery system</td>
<td>Tribal system</td>
<td>tribal system rules and regulations</td>
</tr>
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<td>Tribal community mental health and substance use treatment services</td>
<td>Indian community-based mental health and substance use treatment services</td>
<td>Tribal system</td>
<td>tribal system regulations for tribal community-based mental health and substance use treatment services</td>
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<tr>
<td>Tribal professional providers</td>
<td>Indian professional providers</td>
<td>Tribal and Indian providers</td>
<td>tribal and Indian providers</td>
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</tbody>
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Community Partners

III. Cultural/Traditional Healing Practices - How to Weave Them into the Service Menu

Cultural Programming

What is “culture”? 
- The integrated pattern of human knowledge, belief, and behavior 
- The customary beliefs, social forms, and material traits of a racial, religious, or social group

Cultural Programming (cont.)

Tribally-specific considerations and challenges: 
- Cultural competency training for staff, partners, and funders 
- Internal diversity of identity, spirituality, mixed-race, and gender identification 
- Historical trauma, racial healing, and race equity 
- Culturally based

Cultural Programming

The paradox: Are we all the same underneath? 
- At the level of basic human needs? “Yes” 
- At the level of how we go about meeting those needs? “No”

The Role of Culture and Traditional Healing Practices

- Who can provide cultural services that are Medicaid billable? 
  - Review state Medicaid plan 
  - State have flexibility in how they design their Medicaid services and how they are offered 
  - Look for intersection between billable services and cultural services - different language, but similar purposes and approaches 
- What qualifies as reimbursable? 
  - Review state Medicaid plan 
  - Rehabilitation services is a category of interest to many tribes 
    - Could include fishing, hunting, berry picking, etc. These could be considered as “skills development”, “therapeutic behavioral health services”, or “community based wrap around” 
    - Group counseling fall under this category as well. Could include: sweat and talking circles, etc. 

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The Role of Culture and Traditional Healing Practices

- Washington State examples:
  - Services must be provided by a mental health professional.
  - Services must be:
    - Medically necessary;
    - Face-to-face;
    - Identified in the Medicaid state plan as covered by the department, performed by a health care professional within the scope of services, documented in the client's file, etc.

- Cowlitz Tribal Health Seattle Program example:
  - Sweat lodge
  - Canoe trip
  - Drumming

How to include traditional healers
Who can participate in therapy
Challenge for therapists working in Indian Country
Training and development
- Community members and professionals will need ongoing training and assistance to maintain compliance and protect cultural practices.
- Quality assurance system is important in identifying areas for improvement, along with TA plan

Protective Factors

- As cultural involvement increases, depression in youth decreases
- As culture involvement increases, delinquency decreases

Relationship of NAYA-identified outcomes to existing evidence

Your Service & Billing Cross-Walk Tool

- Dream services
- Staff credential map
- Workforce development
- Payer opportunities
- Coding, billing & collection
- Revenue vs. cost Performance
IV. Sustainable funding opportunities e.g. Medicaid, Medicare, Commercial Insurance

A. Funding Silos

Federal Funding

- Grants
  - Substance Abuse Mental Health Services Administration (SAMHSA)
  - Health Research Services Administration (HRSA)
  - National Institute of Mental Health (NIMH)
  - National Institute of Drug Addiction (NIDA)
  - Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Medicaid
  - Waivers
- Children’s Health Insurance Plan (CHIP)
- Indian Health Services
- Urban Indian Health Centers
- Federally Qualified Health Clinics (FQHC)

SAMHSA Programs Serving AI/AN Communities

- 17 Strategic Prevention Framework Tribal Incentive grants
- 54 Drug Free Communities Support grants
- 29 Garrett Lee Smith Tribal Youth Suicide Prevention grants
- 65 Native communities served by Native Aspirations (bullying, violence, and suicide prevention)
- 7 Circles of Care Infrastructure grants for Children’s Mental Health Systems
- 1 Project LAUNCH grantee
- Native American Center for Excellence
**State Funding**
- Children’s Mental Health or Behavioral Health Division
- Children’s Trust Fund
- Medicaid
- CHIP
- State General Funds
- County General Funds
- Request for Proposals (RFPs)

**Foundation Funding**
- [www.guidestar.org](http://www.guidestar.org)
- State or homegrown
  - Look to Industry
  - Known Philanthropists
  - Grant Guide
- Regional
  - National
    - Robert Wood Johnson Foundation
    - E. Kellogg Foundation
    - Annie E. Casey Foundation
- Cause specific
  - Health
  - Mental Health
  - Children
  - Families
  - Diversity
  - Cultural

**Tribal Funding**
- Tribal council health funds
  - Specific target population
  - Grant match
  - Charity care
- Tribal employee assistance program (EAPs)
  - Tribal
  - Indian Health Service
  - Bureau of Indian Affairs
  - School district
- Shared program funds

**Ideal Funding Model**

**Medicaid**
- Largest payer of behavioral health services in the country
  - For people who have low incomes
  - The only people who are covered include:
    - low income children
    - pregnant women
    - elders (when children are young)
    - people with disabilities who do not have a work history (receiving a Supplemental Security Income, or SSI)
- Persons with a disability, including blindness or physical disability, deafness, and mental illness can apply for SSI, which comes with Medicaid
- Is a state-federal partnership

**Medicaid (cont.)**
- Tribes are not eligible to administer Medicaid directly
- Each state determines:
  - Eligible for services
  - Provider qualifications
  - What services will be purchased
- Reimbursement structure
Medicaid & Medicare

- Medicaid
  - About half of the funding is federal; the remainder comes from the individual states.
  - It’s run on a needs basis, and a person’s eligibility largely depends on their household income and assets.
  - Covers more diverse services than Medicare. Covers pediatric care.
  - Pays for long-term care in a nursing home indefinitely.

- Medicare
  - This is a social insurance program that’s federally funded.
  - Eligible people are 65 or older or under age 65 with certain disabilities.
  - Pays for the first 100 days of long-term care in a nursing home and only fully for the first 20.

Largest Payer of Behavioral Health Services in the Country

- Service categories include:
  - Physician’s services
  - Inpatient and outpatient hospital services
  - Licensed practitioner’s services
  - Clinics
  - Rehabilitative services
  - Inpatient psychiatric hospital services for individuals under age 17
  - Prescription drugs

- Examples of services include:
  - Counseling
  - Therapy
  - Medication management
  - Psychological services
  - Licensed Clinical Social Work services
  - Peer Specialist supports
  - Substance Abuse Treatment

B. Affordable Care Act

- Improves Access to health care in Indian Country
- Expands health services offered in the Indian health system
- Advances health care services provided to AI/AN

Implements Access

- Recruitment and retention of health care providers
  - Increases the ability of AI/AN communities to recruit and retain health care professionals by updating the scholarship program
  - Makes necessary updates to the Indian Health Service scholarship program
  - Exempts health care professionals employed by a tribally operated health program from state licensing requirements within the boundaries of the reservation so long as the professional

Implements Access (cont.)

- Health care facilities
  - Authorizes the transfer of funds, equipment, or other supplies from sources such as federal or state agencies, for use in construction or operation of Indian health facilities
  - Establishes demonstration projects that provide incentives to use modern facility construction methods, such as modular component construction and mobile health stations, to save money and improve access to health care services
  - Modernize the Indian health system
    - Includes demonstration programs to promote new innovative models of health care, which are tribally driven and will improve access to health care for Native Americans
Expand Health Services
- Cancer Screening: Authorizes the Indian Health Service to provide cancer screenings beyond mammography, as law currently limits.
- Long-Term Care: Authorizes Indian health programs to provide long-term care, including home health care, assisted living, and community-based care.
- Behavioral Health and Suicide Prevention: Establishes mental and behavioral health programs beyond alcohol and substance abuse, such as fetal alcohol spectrum disorders, child sexual abuse prevention, and domestic violence prevention programs.
- Expands the American Indians into Psychology program.
- Authorizes comprehensive youth suicide prevention efforts by streamlining the SAMHSA grants for Indian youth suicide prevention, authorizing tribal use of SAMHSA funds and CEIEC grants for Native American communities, mental health demonstration project for Native American communities to use for technology efforts to enhance mental health and prevent youth suicides, and creating a demonstration project for a youth suicide prevention curriculum programs in schools serving Indian youth.

Other Advancements
- The Patient Protection and Affordable Care Act also authorizes:
  - Expanded program authority for Urban Indian Health Programs
  - Updates for tribal epidemiology centers
  - Expansions to the chronic and infectious disease initiatives
  - Enhances the coordination between the Indian Health Service and Department of Veterans Affairs
  - Certain Indian tribes and urban Indian organizations to purchase coverage for their employees from the Federal Employees Health Benefits Program
  - Authorizes Indian tribes to use Indian Health Service dollars to purchase health benefits coverage for beneficiaries
  - Many expansions to improve the Indian health care system.

Indian Health Care Improvement Reauthorization and Extension Act
- Indian Health Care Improvement Act (IHCIA) was originally adopted by the US Congress in 1976.
- President Obama recommitted IHCIA in the ACA in 2010.
- Allows for Indian Health Services, tribal organizations, and urban Indian health centers to bill Medicare, Medicaid, and other third party insurance.

Indian Health Care Improvement Reauthorization and Extension Act (cont.)
- Provides for 100% federal funds to be reimbursed to state Medicaid programs for payments to Indian Health Service, tribal organizations, and urban Indian health centers for services to AI/AN people.
  - This 100% federal fund pass through is intended to act as an incentive for states and Tribes to work together to develop billable Medicare and Medicaid services.
  - All states pay a “match” for Medicaid funding, which makes the 100% federal fund pass through a very important cost savings to states.

C. Outreach & Enrollment Challenges
- “Federal Trust” - promise
- ACA enrollment outcomes
  - State Initiatives
  - Roadblocks
- Engagement & Enrollment grants
MEDICAID JEOPARDY

What is the number of Medicaid Plans in the USA?
Category 1 – 100 Points

Who Can Bill for Medicaid?
Category 1 – 300 Points

Who is the Largest Payer of Behavioral Health in the USA?
Category 1 – 500 Points

Who is covered by Medicaid?
Category 2 – 100 Points

Persons with Disabilities Include?
Category 2 – 300 Points
Who Can Administer the Medicaid program?
Category 2 – 500 Points

What Agency is the AI/AN Communities Most Involved?
Category 3 – 100 Points

Name 3 Federal Agencies Who Provide Grant Funding for Health & Human Services?
Category 3 – 300 Points

What is the Major Difference between Medicaid & Medicare?
Category 3 – 500 Points

What Critical AI/AN Act Was Included in the ACA?
Category 4 – 100 Points

Name 3 Areas of Importance to the AI/AN community?
Category 4 – 300 Points
Name all 3 of the Behavioral Health and Suicide Prevention Areas of the ACA for the AI/AN Community? Category 4 – 500 Points

What Opportunity Did States Have in 2013 That Would Have Provided Greater Access to Services? Category 5 – 100 Points

What is the Greatest Engagement & Enrollment Obstacle for the AI/AN Community? Category 5 – 300 Points

How Often can AI/AN Members Enroll or Re-Enroll for Healthcare Insurance? Category 5 – 500 Points

V. Significant Relationships

A. Key government contacts
- Federal Partners
  - Congressional members
  - HHS/CMS/SAMHSA
  - HRSA
  - NIH
- County/State Partners
  - Commissioners/State elected officials
  - Governors office
  - DPHHS
- Tribal Partners
  - IHS/Tribal Council
  - Indian Health Boards
  - BIA
B. Tribal-Government relationship and negotiation considerations

- Each state has its own rules or criteria to participate in Medicaid as a provider.
- States are interested in partnering and at the same time do not know where to start or who to include.
- Federal partners can often increase the likelihood of a partnership with states.
- Be ready to tell your story.
- Have a business description.
- Invite them to your community and facility.

VI. Right Person, Right and Process Right Place

The Right People

- Adopt a management philosophy:
  - Lead management
    - All have a voice
    - All a point of accountability
  - Clear job descriptions:
    - Orientation
    - Supervision
  - Performance measures:
    - Billable hours
    - Performance reviews

The Right People (cont.)

- Adopt a treatment model:
  - Person centered/driven
  - Family centered/driven
  - Trauma informed
  - Choice theory
  - Cultural integration
- Train, test, & retrain:
  - Monthly in-service routine
  - Test for competency in job skills
  - Use Risk Management team to review for trends

The Right Process

- Twice a week treatment team meetings
- Daily documentation
- Weekly billing
- 90-day treatment plan updates with clients
- Internal audit processes
- Supervision
- Monthly consultation with medical director
- Integration of cultural healing

The Right Place

- Meet clients where they are:
  - Home
  - School
  - Nature
  - Cultural activity
  - Family
  - Group
  - Phone
  - Telemedicine
  - Equine/animal
- Therapy isn’t a location but an action:
  - Office is a home base
Executive Summary

- Introductory overview - needs met, who, what, where it is and why it is unique
  - Market opportunity (opportunities your service program is positioned to take advantage of)
  - Capital requirements, breakdown of uses of funds, repayment of loan or benefits to investors. (include only if you are seeking funding)
  - Mission statement
  - Management (who they are and strengths each one brings to the service program)
  - Describe who else may be providing the service

Business Description

- Story of your community
- Facts (demographics, social economic statistics, healthcare need assessment, workforce, etc.)
- Cultural strengths and beliefs
- Community challenges
- Compelling issues
- Gaps to be filled - “target population”
- Identification of business model

Market Analysis Research

1) Economic Analysis

a. Payers
   i. Medicaid
   ii. State mental health plan (typically paid with state general funding)
   iii. Tribal contract
   iv. Employee Assistance Program (EAP)
   v. Medicare
   vi. Veterans Administration contracts
   vii. Commercial insurance
Market Analysis Research (cont.)

1) Economic Analysis (cont.)
   d. Program components
      i. Outpatient (individual, family, group)
      ii. Mental health
      iii. Substance use
   ii. Child & Youth Case Management
   iii. Psychiatric
   iv. In-school
   v. In-home family

Market Analysis Research (cont.)

2) Competitive Analysis
   a. Current service delivery system or history of other attempts
      i. Has this been tried before
      ii. Are there similar projects
      iii. Lessons learned
      iv. Any other program billing Medicaid
      v. Indian Health Services
      vi. Non-native service deliverers

Market Analysis Research (cont.)

2) Competitive Analysis (cont.)
   b. Other providers - mental health and or substance use
      i. State providers
      ii. Non-profit organizations
      iii. Healthcare clinics/hospital
      iv. Natural healers (natural paths)
      v. School-based mental health
      vi. Access to Recovery

2) Competitive Analysis (cont.)
   c. Complimentary services
      i. Crisis telephone line
      ii. Warm line
      iii. Emergency department
      iv. Child Welfare
      v. Healthcare
      vi. Support groups
      vii. Fundraisers
      viii. Community events

Program Development Business Plan & Budget

1) Operation Assumptions
   a. Licensure as a community mental health provider
      i. State licensure application
      ii. Memorandum of Understanding with Indian Health Services
      iii. Tribal Council to consider 638 Status for mental health and substance abuse treatment
   b. Licensure and/or development of professional staff
   c. Facility need and capacity
   d. Target population
   e. Staff hiring plan

Program Development Business Plan & Budget (cont.)

2) Finance Productivity Assumptions
   a. Ramp-up budget
   b. Three-year conservative expense and revenue projections
   c. Capital costs
   d. Grant opportunities
   e. Tribal contribution
Program Business Plan & Budget

- Based on the findings of the Marketing Analysis
  - Economic
  - Competitive
- Provides strategies for the following:
  - Marketing Plan
    - Cultural and holistic treatment model
    - Target geographical area
    - Target service model market
  - Operational Plan
    - Budget projections
    - Organizational transitions

Marketing Plan

- Hire an Administrator with a background in behavioral health (mental health and substance use programs)
- Develop a formal marketing plan.
- Administrator will be accountable for developing the marketing plan in conjunction with the leadership team. Suggested marketing tactics include:
  - Develop promotional materials that distinctly highlight:
    - Cultural and holistic treatment model
    - Facility environments
    - Emphasis on Tribal community members
    - Experienced credentialed CMHC treatment staff
    - Outcomes associated with a cultural and holistic treatment model with a outcome timeline
  - Design the BPWC website to reflect the CMHC treatment business line.
  - Develop an on-line marketing strategy directed at the target market referents.

- Administer will be accountable for developing the marketing plan in conjunction with the leadership team. Suggested marketing tactics include:
  - Establish a communication strategy to regularly be in contact with target market referents through phone calls, e-mails, mailings, and business development events.
  - Host a series of "open houses" for target market referents at facility and in the larger communities from the first year. The benefits of initiating an open house either on campus or in other communities will be the direct connection with the key referents with both the Administrator and the Clinical staff.
  - Establish relationships with other CMHCs through on-site visits to those facilities. The purpose would be to develop relationships to be a referral option for the excess demand of those facilities.
  - Join the Tribal or State Association for CMHCs.
  - Establish a clear communication plan

Operational Plan

- Includes a three-year budget projection and organizational transitions related to increased utilization patterns.

Operational Plan (cont.)

- Includes a three-year budget projection and organizational transitions related to increased utilization patterns.
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Questions

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