

OHCA Tribal Partnership Action Plan (January 2016 to December 2016)

Topic identified by tribal partners at the Oct. 20, 2015 Annual Tribal Consultation Meeting	Strategies (Conditions that favor success.)	Objective (What does success look like?)	Activities (What do we need to do?)	Resources Needed (What do we need to get this done?)	Progress Update (Status of objectives)
<p><u>Need for more behavioral health and substance abuse services in tribal communities.</u></p> <p>Discussion highlighted the following concerns:</p> <ul style="list-style-type: none"> • Barriers for outpatient behavioral health services; • A need for more providers to serve both adults and children; • A high rate of suicide and/or depression among tribal citizens. 	<ul style="list-style-type: none"> • Tribal community leaders to have readily accessible resource information to address behavioral health needs among their tribal citizens. • Indian health care providers to be acutely aware of OHCA policy, which will allow them to maximize SoonerCare reimbursement and thus more effectively address behavioral health needs in their tribal communities. 	<ol style="list-style-type: none"> 1. Increase from 0 to 4 the number of resource links to listed providers to address access to care concerns. 2. Increase from 0 to 1 to develop a proposal of OHCA policy modification to address outpatient behavioral health time restraints. 3. OHCA will update tribal partners on recent training summaries and activities at bi-monthly consultations. 4. OHCA & ODMHSAS will increase from 0 to 1 co-sponsored outpatient behavioral health training and roundtable discussions. 	<p>1A. ODMHSAS Liaison will send out a link/copy of the current resource guide</p> <p>1B. OHCA to update a resource guide within the next 3 months of contracted behavioral health and substance abuse providers.</p> <p>2A. OHCA to convene a workgroup to review policy related to the 317:30-5-1088 rule for I/T/U behavioral health services.</p> <p>3A. OHCA to disseminate current I/T/U policies and rules that outlines recognized Behavioral Health Provider types.</p>	<p>Oklahoma Health Care Authority</p> <p>Indian Health Services</p> <p>Oklahoma Department of Mental Health & Substance Abuse Services</p>	<ul style="list-style-type: none"> • (2) 2/8/2016 – Workgroup meeting to discuss the 45 minute rule requirement for I/T/U behavioral health services. • (2) 11/1/2016- policy proposal to remove time requirement for ITU outpatient behavioral health; bi-monthly tribal consultation. Pending: OHCA Board, Legislature, and Governor approval. • (1) 2/22/2016– OHCA emailed a link to policy referencing 317:30-5- 1088 I/T/U provider participation requirements that listing recognized behavioral health provider types • (3) Behavioral health update (training and activities) added as bi-monthly consultation standing agenda item • (4) March and June 2016 OHCA co-sponsored ODMHSAS tribal consultation meetings

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<p><u>Increased support for tribal health programs to address access to care for tribal citizens.</u></p> <p>Discussion highlighted the following concerns:</p> <ul style="list-style-type: none"> • Need for increased participation from tribal leaders in health care advocacy; • Concern for uninsured tribal citizen’s health care needs; • Maximize revenue opportunities for tribal healthcare programs; • Traditional healing and culturally competent approaches to wellness. 	<ul style="list-style-type: none"> • Tribal Governments & OHCA continuously communicating and working towards improving health care in tribal communities. • Active support between tribal governments and stakeholders aligned to maximize advocacy efforts. • Maximized tribal representation and communication at OHCA tribal consultations and public meetings. • Tribal citizens to actively engage in tribal culture for improved health outcomes. 	<ol style="list-style-type: none"> 1. Increase from 0 to 1 the number of proposed policy by OHCA to increase federal matching for services provided to AI/AN. 2. Increase from 0 to 1 the proposed policy by OHCA to transition I/T/U Rx reimbursement to the OMB rate. 3. OHCA & IHS to develop a pilot program & evaluate findings for reimbursement of Rx services. 4. Increase from 11 to 13 the average of tribal organizations represented at OHCA tribal consultation meetings. 	<ol style="list-style-type: none"> 1. OHCA to convene a tribal workgroup to implement increased 100% FMAP for services received through an I/T/U. 2. OHCA to initiate the rules promulgation & SPA process to transition I/T/U pharmacy reimbursement to the OMB rate. 3. Tribal Government Relations will follow up with OHCA pharmacy and track the progress of the pilot program. 4. OHCA to assess & evaluate current communication strategies to tribal partners. 	<p>Active participation & open communication between OHCA & tribal partners.</p> <p>Southern Plains Tribal Health Board is available to work with tribal nations.</p> <ul style="list-style-type: none"> • Jenifer LittleSun, SPTHB Executive Director; (405) 652-9200 	<ul style="list-style-type: none"> • (1) Feb. 2016: Centers for Medicare & Medicaid Services (CMS) issued a letter to states outlining the re-definition of 100% fmap for services received through an ITU. (SHO # 16-002) • April-Sept. 2016: OHCA convened a tribal workgroup for increasing 100% fmap; no policy revision needed. • Nov. 2016: CCA addendum template sent to IHS and tribal partners. • Dec. 2016: CCA addendum attestation checkbox added to OHCA online referral page • Jan. 2017: OHCA implemented process for increased fmap from ITU referrals. • (2) Feb.-Sept. 2016: OHCA convened meetings to discuss with tribal partners the transition to pharmacy encounter rate. • Sept. 2016: policy and waiver changes; bi-monthly tribal consultation. • Jan. 2017: OHCA began reimbursing I/T/U pharmacy encounters at the OMB rate. • (4) 2016 average organizations represented went down to 9.44

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<p><u>Lack of resources to meet the growing needs of the tribal elder population.</u></p> <p>Discussion noted the need to address the following health care concerns for Tribal Elders:</p> <ul style="list-style-type: none"> • Helping tribal elders to remain safely at home and in their community; • Additional funding needed for respite care and home modifications; • Increased information and knowledge within the tribal community about OHCA's Tribal Money Follows the Person Program; • Limited options for nursing home care. 	<ul style="list-style-type: none"> • Tribal communities to be aware of and utilize OHCA resources, when caring for elders. 	<p>1. OHCA increase from 0 to 1 to facilitate learning sessions about OHCA's home & community based waiver programs.</p>	<p>1. OHCA to inquire about & communicate information related to the certificate of needs exemptions and/or tribal nursing home programs.</p> <p>2. OHCA to host a learning session for tribal partners about elder care resources.</p>	<p>Tribal participation and feedback.</p> <p>AARP in the state of Oklahoma can assist with advocacy at the local and state level.</p> <ul style="list-style-type: none"> • Mashell Sourjohn, Associate State Director of Community Outreach AARP Oklahoma; (405) 715-4474 msourjohn@aarp.org 	<ul style="list-style-type: none"> • (1) the Long Term Care Certificate of Need Act 63 O.S., Section 1-850 et seq currently does not have exceptions for tribal nursing homes. To learn more about the the law and its provisions please visit the Oklahoma State Department of Health public website. <p>(1) Nov. 2016: OHCA presented at the Cheyenne and Arapaho Tribes Elders Conference; March-Sept. 2016: OHCA visited with two tribes regarding their elder care initiatives.</p>

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<p><u>Centers for Medicare and Medicaid Systems (CMS) approval and OHCA implementation of the IO Sponsors Choice waiver amendment.</u></p> <p>This topic was originally addressed at Ad-Hoc Tribal Consultation on February 4, 2015 to address the high number of uninsured tribal citizens via a 1115 waiver.</p>	<ul style="list-style-type: none"> Continue efforts on a CMS approved IO Sponsor Choice waiver amendment. 	<ol style="list-style-type: none"> Increase from 0 to 1 the creation of a timeline for the implementation of the Insure Oklahoma Sponsor's Choice in 2016 	<ol style="list-style-type: none"> OHCA in collaboration with Oklahoma State Department of Health (OSDH) to convene a workgroup to explore needs and concerns of tribal partners (e.g. health measures, definitions, etc.) For OHCA to transition IO Sponsor Choice plan from conceptual to implementation phase. 	<p>Active participation and open communication between OHCA, Tribal partners, CMS, and OSDH.</p>	<p>This Action Item is a carryover from 2015.</p> <p><u>2015 Activities Include:</u></p> <ul style="list-style-type: none"> IO waiver Tribal workgroup developed, 03/16/15. OHCA, OSDH and tribal workgroup met at Tulsa Indian Health Care Resource Center on 03/16-17/15 to develop draft language for waiver Tribal workgroup attended calls with CMS, OHCA, and OSDH Five Tribes Inter Tribal Council approved a resolution in support of waiver amendment 04/09/15. IO Sponsor Choice waiver amendment submitted on 05/06/15. <p><u>2016 Activities Include:</u></p> <ul style="list-style-type: none"> IO Sponsor Choice waiver amendment officially sent to CMS for approval on 03/04/16.

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