



All Tribes Webinar – Traditional Health Care Practices & Section 1115 Demonstrations

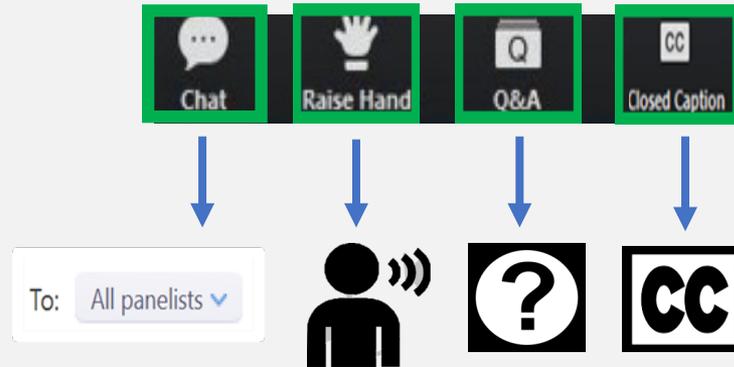
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Enjoy the session!





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Traditional Health Care Practices & Section 1115 Demonstrations

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Traditional Health Care Practices



- Wide use of traditional health care practices across Tribal Nations and over generations
- Administration goal: to recognize and support Indigenous Knowledge and improve access to health services
- American Indians and Alaskan Natives (AI/AN) experience significantly worse health disparities and culturally competent care could aid in addressing disparities

Section 1115 Demonstration Approvals



- CMS recently approved four traditional health care practices demonstration amendments: Arizona, California, New Mexico, and Oregon
- CMS's review and approval of these demonstrations was informed by a framework that CMS developed to streamline and expedite review and approval of states' requests to cover traditional health care practices.

Traditional Health Care Practices- Section 1115 Demonstration Approvals

- Eligible Beneficiaries
- Federal Medical Assistance Percentage
- Traditional Health Care Practices
- Providers/Practitioners
- Implementation Expenditures
- Evaluation
- Post Approval

Eligible Beneficiaries



- Eligible beneficiaries include any Medicaid beneficiary able to receive services delivered by or through IHS facilities, Tribal facilities, or (if included) urban Indian organization (UIO) facilities.
 - This includes non-AI/AN beneficiaries able to receive services delivered by or through these facilities.
 - At state option, can also include separate Children's Health Insurance Program (CHIP) beneficiaries able to receive services delivered by or through these facilities.
- CMS will also consider state proposals to apply additional beneficiary qualifying criteria, or to phase in populations over the life of the demonstration (California approval is an example).

Federal Medical Assistance Percentage



- States will receive 100 percent federal medical assistance percentage (FMAP) for expenditures for practices received through IHS or Tribal facilities by Medicaid beneficiaries who are AI/AN.
- States will receive the otherwise applicable state service match for expenditures for practices when:
 - Services are delivered to Medicaid beneficiaries by UIO facilities;
 - Services are delivered by or through qualifying facilities to CHIP beneficiaries; and
 - Services are delivered by or through qualifying facilities to Medicaid beneficiaries who are non-AI/AN.

- Traditional health care practices that are delivered by or through IHS facilities, Tribal facilities, or UIO facilities are covered under these approvals.

Providers/Practitioners



- Providers and practitioners of these services must be employed by or contracted with the IHS facility, Tribal facility, or UIO facility.
- Each qualifying facility is responsible for determining that each provider and practitioner
 - 1) is qualified to provide traditional health care practices to the qualifying facility's patients; and
 - 2) has the necessary experience and appropriate training.
- The qualifying facility also is expected to:
 - 1) Establish its methods for determining whether its employees or contractors are qualified to provide traditional health care practices;
 - 2) Bill Medicaid or CHIP for traditional health care practices furnished only by employees or contractors who are qualified to provide them; and
 - 3) Provide documentation to the state about these activities upon request. The state must make any documentation it receives from qualifying facilities about these activities and determinations available to CMS upon request.

Implementation Funding



- CMS will consider approving administrative implementation funding to states to support provider implementation of traditional health care practices. Although practices may already be offered, facilities are not currently paid for the practices by Medicaid or CHIP, so may not have any coding, tracking, or payment systems in place.
- Implementation funding can aid in staff training and recruitment, as well as outreach, education, and community engagement.

- CMS is working with states to create a process to monitor and evaluate the approved demonstration components.
- Evaluations are expected to assess beneficiary awareness and understanding of traditional health care practices; access to, cost of, and utilization of traditional health care practices; quality and experience of care; and physical and behavioral health outcomes.

Post Approval

- Each state, in consultation with Tribes, is working on a timeline and plan for implementation.
- Each state must attest that it is 1) providing adequate access to secular alternatives; 2) for any condition addressed through covered traditional health care practices, ensuring beneficiaries have a genuine, independent choice to use other Medicaid- or CHIP-covered services; and 3) ensuring traditional health care practices may not be used to reduce, discourage, or jeopardize a beneficiary's access to services or settings already covered. Federal financial participation (FFP) is tied to state submission of this attestation.
- Each state must notify beneficiaries of their rights to file grievances, complaints, and appeals related to this attestation and take any needed actions or monitoring, consistent with federal laws and regulations regarding grievances, complaints, and appeals.

Current Framework Flexibilities



- CMS's expedited framework allows for certain state-specific variations:
 - Inclusion of UIO facilities;
 - Inclusion of CHIP beneficiaries;
 - Inclusion of administrative implementation expenditures;
 - CMS will also consider state proposals to apply additional beneficiary qualifying criteria or to phase in populations over the life of the demonstration.
- Other state-specific variations would follow CMS's usual, non-expedited review and approval process.

State Approvals



	Arizona	California	New Mexico	Oregon
Qualifying Criteria	All Medicaid beneficiaries able to receive services through IHS or Tribal facilities	Initially: All Medicaid and CHIP beneficiaries able to receive services through IHS, Tribal, or UIO facilities with a substance-use disorder enrolled in the Drug Medi-Cal Organized Delivery System (DMC-ODS) Later: All Medicaid and CHIP beneficiaries able to receive services through IHS, Tribal and UIO facilities	All Medicaid beneficiaries able to receive services through IHS, Tribal, or UIO facilities	All Medicaid and CHIP beneficiaries able to receive services through IHS, Tribal, or UIO facilities
Participating Facilities	Only IHS and Tribal	IHS, Tribal and UIOs (initially will be only those facilities in DMC-ODS managed care network)	IHS, Tribal, and UIOs	IHS, Tribal, and UIOs
Provider Qualifications	Employed/ contracted with a qualifying facility, including UIOs that are contracted with an IHS or Tribal facility	Employed/ contracted with a qualifying facility, including UIOs that are contracted with an IHS or Tribal facility and (initially) qualifying facility meets DMC-ODS managed care provider requirements	Employed/ contracted with a qualifying facility, including UIOs that are contracted with an IHS or Tribal facility	Employed/ contracted with a qualifying facility, including UIOs that are contracted with an IHS or Tribal facility
Implementation Expenditures	No	No	Yes: \$1,250,000 over 4 years	Yes: \$4,350,000 over 3 years
CHIP	No	Yes (see first row)	No (Medicaid Expansion CHIP only in NM)	Yes

Questions & Feedback

- [CMS Approval Press Release](#)
- [Dear Tribal Leader Letter](#)
- [Arizona AHCCCS Demonstration](#)
- [California Cal-AIM Demonstration](#)
- [New Mexico Turquoise Care Demonstration](#)
- [Oregon OHP Demonstration](#)

- A copy of materials for this call, will be posted on the CMS AI/AN spotlight page
<https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/spotlight>



Questions?



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