



American Indian Health Commission for Washington State

“Improving Indian Health through Tribal-State Collaboration”

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April 13, 2012

Duals Project Team
P.O. Box 45600
Olympia, Washington 98504-45600

Dear Duals Project Team:

On behalf of the American Indian Health Commission (AIHC), I want to extend a note of appreciation for your extensive effort in developing Washington’s “*Pathways to Health*” proposal for Medicare and Medicaid dual eligibles.

This letter is to provide feedback and recommendations for the proposal in accordance with the March 12th Invitation for Public Comment process. Our comments focus on several American Indian/Alaska Native (AI/AN) specific aspects of the proposal and not the overall design of the three strategies.

As we understand, Strategy 2 (*Full integration capitated financial model purchased through health plan*) and Strategy 3 (*Modernized and consolidated service delivery with shared outcomes and aligned financial incentives*) will require dual eligible beneficiaries to receive their medical and behavioral health care through managed care organizations. As required under Section 1932(a)(2)(C) of the Social Security Act and Washington’s Medicaid program’s long-standing managed care policy, we are requesting that the proposal be revised to specifically exempt AI/AN dual eligibles from mandatory enrollment in managed care organizations to receive their care. Consistent with existing policy, AI/AN dual eligibles would be able to voluntarily enroll in the managed care delivery system. As discussed below, tribal and urban Indian health programs are best able to provide culturally-appropriate services to our tribal elders and persons with disabilities. This is best achieved through direct government-to-government contracts with the Department of Social and Health Services (DSHS) and Health Care Authority (HCA).

AIHC is committed to work with DSHS and HCA to design a tribal centric health home model consistent with the “*Pathways to Health*” Strategy 1 (*Managed Fee for Service—Health Homes for High Cost/High Risk Duals*) and with the Medicaid Section 2703 health home model. While we strong support the goals of the federal health home model, we recommend that DSHS and HCA be flexible with the “*Health Home Requirement*” specified in Exhibit K in order accommodate the unique needs of AI/AN people and the constraints that exist in our rural communities. We do not have specific changes to offer at this time. We believe that any needed changes in the requirements can be adopted in our health home development process.

The “*Pathways to Health*” proposal includes a “Duals Engagement Stakeholder Framework” document that references a forum for engagement with Tribes. To assist with this effort, the AIHC’s Policy Committee would like to meet with the Duals Project Team to receive a detailed presentation on the final “*Pathways to Health*” proposal this is submitted to the Department of Health and Human Services (HHS). This presentation can serve as a vehicle to begin discussions on a tribal centric health homes project that would include all AI/AN Medicaid eligibles, including dual eligible beneficiaries.

We look forward to working with the Duals Project Team on both the health home and “*Pathways to Health*” initiatives. If you have any questions about our recommendations, please contact either Sheryl Lowe, AIHC Executive Director at 360-775-5736 or slowe@aihc-wa.com; or myself at (360) 854-7039 or marilyns@upperskagit.com.

Sincerely,



Marilyn Scott, Chair
American Indian Health Commission

Enclosures

cc:

AIHC Members
Sheryl Lowe
Doug Porter
Robin Arnold-Williams
MaryAnne Lindeblad
Debra Sosa
Colleen Cawston