

## Services for Tribal Members

Policy #	Policy Recommendations	Required Change/ Recommended Action	Due Date	FY18 Progress Report	Progress Clarification
2.c.1.	The State of Michigan should <u>acknowledge that a government to government relationship exists between the 12 federally recognized tribes and the State of Michigan</u> . This relationship is critical to creating a Medicaid system that is responsive to the needs and concerns of Tribal citizens and Tribal governments.	1) MDHHS will continue ongoing efforts to improve relationships with the Tribes and also clarify requirements for other system stakeholders (e.g. MHPs, PIHPs, CMHSPs, etc.) to engage the Tribes in service delivery discussions; 2) MDHHS will clarify how/when formal tribal consultation and input is required and articulate this, in writing, with other system stakeholders (MHPs, PIHPs, CMHSPs, etc.)	Ongoing  7.2018	Complete and Ongoing  Partially complete Rvsd 1.2019	MDHHS has clarified the progress report to indicate that consultation occurs (1) between states and the tribes and (2) between the federal government and the tribes. MDHHS has continued to engage Tribal citizens and Tribal health organizations through several different forums. Further, MDHHS had ongoing with discussions with the CMHSPs and PIHPs when to appropriately engage the Tribes. MDHHS has established a requirement for CMHSPs to identify a Tribal liaison for addressing referral and billing issues for services for Tribal citizens.
2.c.2	MDHHS should <u>design and operate Michigan's Medicaid system with the needs of Tribal citizens in mind and with recognition of Tribal sovereignty and Tribal self-determination</u> .	1) MDHHS will evaluate current service utilization by Native Americans;	7.2018	Not Started Rvsd 11.2018	MDHHS has revised the start dates for the previous action steps.
2.c.3	MDHHS should <u>consider the needs of the Native American people</u> who are members of <u>non-federally recognized tribes</u> in Michigan while designing and operating Michigan's Medicaid system.	2) With Michigan tribes, MDHHS will assess gaps in services to Native Americans (including non-federally recognized tribal members, persons not directly associated with a tribe, and Native Americans living in urban areas);	7.2018 and Ongoing	Not Started Rvsd 1.2019	
2.c.4	MDHHS should consider the <u>special needs of Tribal citizens living in urban areas</u> . The unique status and priorities of urban Indian organizations serving Tribal citizens should be addressed while designing and operating Michigan's Medicaid system.	3) MDHHS will recommend planned improvements to service access for service for Native Americans (the plan should include specific tasks, assigned responsibility and target date for completion).	8.2018	Not Started Rvsd 2.2019	
2.c.8.	MDHHS should design and operate Michigan's Medicaid system relative to the Native American/Indian residents of the state <u>to meet the health care needs of the Tribal members</u> .				
2.c.5	MDHHS and Tribal nations and organizations <u>should work together to identify separate, specific funding for federally-recognized Tribal nations</u> , non-federally recognized tribes and urban Tribal programs for their disbursement and access to ensure equitable access to funds and quality services.	1) MDHHS will continue current funding strategies for federally-recognized Tribal nations service access and treatment; 2) MDHHS will provide updates on current direct funding and planned future funding federally-recognized Tribal nations.	Ongoing  Ongoing	Complete and Ongoing  Complete and Ongoing	The tribal nations have received notifications of funding opportunities and have been awarded funds from various grants through BHDDA.
2.c.6	MDHHS should <u>include the traditional healing techniques</u> and methods that are used by Michigan's Tribal members in the set of clinical approaches that are reimbursed and covered by Medicaid.	1) MDHHS staff will further discuss the recommendation with tribal leadership to further define desired outcomes and specific target treatment interventions; 2) MDHHS will research other states utilization of "traditional healing techniques"; 3) MDHHS will consider to what extent service changes can be made and what will be required to implement use of traditional healing techniques; 4) If there is MDHHS support and likely CMS approval for recommended changes, staff will develop the necessary action plan to implement required changes (including specific tasks, assigned responsibility and target dates for completion).	8.2018  8.2018  8.2018  10.2018	Not Started Rvsd 3.2019  Not Started Rvsd 3.2019  Not Started Rvsd 3.2019  Not Started Rvsd 5.2019	MDHHS has revised the start dates for the previous action steps.

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2.c.7	MDHHS will work with Tribal health organizations and the federal government to identify and pursue the ability of Michigan's <u>Tribal nations to run their own risk-based payer and provider Medicaid systems</u> that are Tribally-owned and operated managed care organizations which are designed to serve Tribal members.	MDHHS will continue current funding strategies for federally-recognized Tribal nations but will also provide updates on funding opportunities for federally-recognized Tribal nations.  CMS approval is required and not expected.	NA	NA	NA
2.c.9.	MDHHS should <u>expand and design the data collection system</u> used in Michigan's Medicaid program to <u>accurately capture the Native American/Indian ethnicity of Tribal members</u> , even when those Tribal members identify themselves as also belonging to other racial and ethnic groups. Accurate data collection is essential for the development of a precise representation of the size and needs of Michigan's Native American/Indian population.	1) MDHHS will evaluate its current eligibility systems, identify gaps in reporting of Tribal status and other critical information, and pursue opportunities to improve data collection;  2) Identify opportunities to improve data collection and support improved access to culturally sensitive treatment);  3) Recommend and plan indicated reporting improvements (including specific tasks, assigned responsibility and target dates of completion).	Complete  2.12.18  3.12.18	Complete  Complete  Complete	