

Services for Tribal Members						
Policy #	Policy Recommendations	Current State	Barriers	Required Change/ Recommended Action	Due Date	Status
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.	MDHHS has already made significant progress with engaging tribal representatives in service delivery discussions. MDHHS Position: MDHHS staff are supportive of continuing to proactively engage tribal representatives in service delivery discussions.		1) MDHHS will continue ongoing efforts to improve relationships with the Tribes and and communicate these requirements in writing to 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	In Process
2.c.2	MDHHS should <u>design and operate Michigan’s Medicaid system with the needs of Tribal citizens</u> in mind and with recognition of Tribal sovereignty and Tribal self- determination.	History: MDHHS has current assessment of need and cultural competence requirements. This needs further clarification including more tribal input to clearly define the vision. This also would benefit from further clarification on the current eligibility policy of Tribal members for services within Michigan's public system.		1) MDHHS will evaluate current service utilization by Native Americans;	7.2018	In Process
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	
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	
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.	MDHHS staff noted that the department has been working on direct contracting for some of the block grant work (MHBG AND SUBG). MDHHS staff noted that the tribes do not have enough individuals to bear risk for service delivery. MDHHS staff also highlighted the barrier that tribes in PIHP provider panel requirements; it was further clarified that tribes typically focus on serving members only and Medicaid requires providers to accept any willing Medicaid individual.		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 for federally-recognized Tribal nations.	Ongoing Ongoing	Ongoing
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.	MDHHS staff noted that Tribal members can already receive Medicaid-covered services but also indicated that the reimbursement codes for traditional healing techniques are not currently authorized or active. It was also noted that some other states had already authorized these services.	Billing requirements for covered services and use of evidence-based practices; Waiver approval	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) Pending departmental support and CMS approval, MDHHS staff will develop the necessary action plan to implement 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	In Process

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 Position: CMS Waiver approval would be required and is highly unlikely due to current contract limitations; insufficient covered lives; lack of capacity and competency to manage care.	CMS approval	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	Not Planned
2.c.9.	MDHHS should <u>expand and design the data collection system</u> used in Michigan’s Medicaid program <u>to 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.	<p>MDHHS staff indicated that the Eligibility Section in MSA would have to be consulted on whether the current eligibility process adequately captures tribal membership status.</p> <p>MDHHS Position: MDHHS staff are supportive of starting a discussion with the Eligibility Section in MSA about whether there are questions in the eligibility determination process that adequately capture the tribal membership status of individuals.</p>	Current data collection is based on self-report	<p>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;</p> <p>2) Identify opportunities to improve data collection and support improved access to culturally sensitive treatment);</p> <p>3) Recommend and plan indicated reporting improvements (including specific tasks, assigned responsibility and target dates of completion).</p>	<p>Complete</p> <p>2.12.18</p> <p>3.12.18</p>	In Process