



# THE NATIVE PROJECT

## Tribal Assister/Patient Navigator Program

Toni Jo Allen, (Colville) Patient Assister/Care Coordinator

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NIHB National Tribal Health Conference



# MISSION STATEMENT

AND SERVICE DELIVERY PHILOSOPHY

EST. 1989

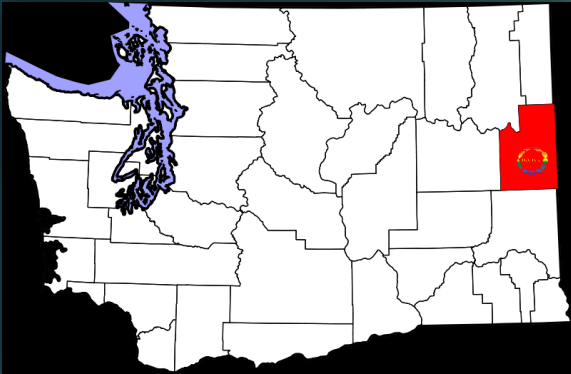
## Our mission

is to provide quality services that promote wellness and balance of mind, body, and spirit for individuals, staff, families, and communities. We offer "Sacred Hospitality" to all people seeking services at The NATIVE Project.

## ≡ SACRED HOSPITALITY FOR ALL ≡

Sacred Hospitality is an intentionally created practice where our compassion meets the needs of our patients, staff, and community; where they are welcomed, cherished, and respected as human beings; where stories are shared and valued; and where healing of the body, mind, and spirit can happen.

# The Communities We Serve



## Nearby Tribal Reservations:

- Spokane Tribe
- Colville Tribe
- Kalispel Tribe
- Coeur d' Alene Tribe
- Nez Perce Tribe

## Spokane County Population (2010 U.S. Census):

- 609,017
- Includes 14,286 American Indian/Alaska Natives (we know this was a serious undercount)

**State of Washington: 70% of Native people live in King, Pierce and Spokane Counties; 30% on reservations. The NATIVE Project Clinic serves people from over 300 tribes in North America and many other ethnicities.**



# Services Offered at NP:

- Medical
- Dental
- Licensed Behavioral Health Services (Mental Health and SUD)
- Diabetes Prevention/Treatment
- Children and Youth Services
- Patient Care Coordination
- Pharmacy
- Cultural Programs and Activities
- On site DSHS Worker
- Patient Navigator/Tribal Assister

# Where to Start?

- ▶ In 2010 the Affordable Care Act was passed with the Indian Health Care Improvement Act embedded in this legislation.
- ▶ For the first time, an I/T/U system of American Indian/Alaska Native health care was legislatively reaffirmed for Native people in the US.
- ▶ Urban Natives and Urban clinics were included in a meaningful way and mattered!
- ▶ We needed to bring the number of uninsured Native people up (especially in urban areas), get them coverage, increase access to care and lower our health disparity categories in comparison to other American people.
- ▶ In 2010, fully 30% of all the patients seen at the NATIVE Project clinic were uninsured! Today in 2019, only 3% of our patients are uninsured!

# Get a Plan!



- ▶ In 2013, Washington State implemented a private/public partnership called the Washington State Benefit Exchange.
- ▶ Counties and Tribes could apply for “Outreach Grants” to start getting the word out about Medicaid Expansion and signing people up for coverage. We called WA State expansion Apple Health. Others called it Obamacare. We didn’t care. We needed this benefit for Native people in Urban areas but Urban Organizations were not included as eligible in the first RFP.
- ▶ Our CEO, Toni Lodge, called the WSBE and said why not? Under the ACA, we are partners in the I/T/U system and, as an I.H.S. contractor, we should be able to apply for this grant.
- ▶ After much “negotiation” NATIVE was allowed to apply for the grant, got it, and was allocated \$60,000 to start the process of Medicaid expansion for urban Indian folks in Spokane!

# This is A lot of Foot Work!

- ▶ The 2013 WHBE contract said they would pay contractors:
  - ❖ \$30,000 for outreach and enrollments for 100-300 people
  - ❖ \$60,000 for outreach and enrollments for 301-799 people
  - ❖ \$100,000 for more than 800 enrollment
- We started doing outreach and went to powwows, hockey games (it is Spokane), clinic events for kids and families like Wellness, Veteran's events, downtown, the mall, anywhere something was happening. That first year, we counted (with my little clicker) outreach to 3,085 people! I talked to every one of them about signing up for Apple Health or a Qualified Health Plan (QHP) from one of the plans in WA.
- At the end of our grant period, we had signed up 1,200 people. And no, we did not get more than \$60,000 but.....

# The Governor's Staff Picks Us!

Because of our mad outreach activities, NATIVE Project Clinic was the place in 2013 where the WHBE kicked off the Washington HealthPlan Finder—the on-line signup for Apple Health and QHPs!

Pictured: Gov. Jay Inslee, Imena James, Dylan Dressler, Joe Dressler, Elizabeth Johnston, Toni Lodge



# And then....

- ▶ We were awarded a HRSA 330 Community Health Clinic Expansion Grant a month after the Governor's visit!
- ▶ HRSA, as a CHC funder, recognized early on the importance of signing people up for coverage. We received a significant Outreach and Enrollment Grant as part of our Expansion Grant and have been in the embedded Expansion business ever since. That is who pays my salary.
- ▶ Both the I.H.S. and HRSA funding have been substantially enhanced with the increase in our number of Medicaid patients. These Outreach and Enrollment initiatives have been a good investment of staff, money and resources. Especially for our patients!

# GOOD FOUNDATIONS:



## AMERICAN INDIAN HEALTH COMMISSION (AIHC)

- **Created** in 1994 by Tribal Leaders
- **Mission:** *Improve the health of American Indians and Alaska Natives (AI/AN) through tribal-state collaboration on health policies and programs that will help decrease disparities*
- **Constituents:** The Commission works with and on behalf of the 29 federally-recognized tribes and 2 Urban Indian Health programs in Washington State.
- **Commission Membership:** Tribal Boards and Councils appoint delegates by Council resolution to represent their tribe or organization
- **Benefits:** We are a partner member of the AIHC and as such, are a member of the Tribal Accountable Community of Health and receive funding to support Medicaid Expansion
- **Local:** We also are partners with the Spokane County Better Health Together ACH and are funded to do Medicaid Expansion work in the Spokane Community.

# GOOD PARTNERS:

The AIHC Commission provides many health policy-related services under contracts with:

- Washington State Department of Health
- Washington State Health Care Authority
- Washington Health Benefit Exchange
- Office of the Insurance Commissioner



WASHINGTON STATE HEALTH CARE AUTHORITY (HCA) TRIBAL AFFAIRS HAS KNOWLEDGABLE STAFF TO GIVE US TECHNICAL ASSISTANCE, SUPPORT, HOLD HANDS AND ADVOCACY. Jessie Dean is the lead and has a staff of eight dedicated professionals to help us. We would not be able to do the work in Medicaid Transformation and Enrollments without the support of this team.

The staff provides support and communication with tribes and tribal-related organizations for American Indian/Alaska Native (AI/AN) health care. Areas we consult with are: billing issues, enrollment, ProviderOne, Waivers, FQHC status, IHS regs, advocacy, Tribal ACH and more.

# Medicaid and NATIVE Project

## Fortunately...

- 9 years prior to Washington State's MTD projects, IHS had already prepared, planned and implemented an evidence-based initiative call Patient Centered Care Model (PCMH).
- NATIVE Project participated in the Indian Health Service's (IHS) Improving Patient Care (IPC) initiative from 2008-2013
- The NATIVE Project reached all 5 goals in the IHS IPC project and was able to attain National Committee for Quality Assurance (NCQA) Patient Centered Care Medical Home (PCMH) certification in 2017

# Medicaid Transformation Prep

## NATIVE Project Created:

A new “Open Access” schedule that rotated all SUD/BH therapists in tandem with the Medical Provider’s schedule so that there were “Same Day” medical/behavioral health appointments available everyday of the week.

“Pod People” NATIVE Project removed office cubicles in each of the Provider’s offices. Instead, staff now live in “pods” that consist of a medical provider, medical assistant, nurse, care coordinator and behaviorist.

The “Pod Practice” is to create a seating arrangement that minimizes clinical errors, improves communication with all ancillary team members and creates a space for clinical integrated morning “huddles.”

# Medicaid in WA

## Medicaid transformation in WA

On January 9, 2017, CMS approved WA State's request for a section 1115 Medicaid demonstration titled, "Medicaid Transformation Project" or MTD. Washington State became eligible for \$58 million in incentives to reach the goals of:

- Improving the healthcare delivery system that addressed **local health priorities**
- Deliver high-quality, effective care that **treats the whole person**
- Create sustainable linkages between clinical and community-based services
- Medicaid Transformation activities are funded through the Accountable Communities of Health (ACH) boards either through the counties or the AIHC for tribal communities. We do Transformation work with both kinds of ACHs. Tribal Assisters and/or Patient Navigators are the Firekeepers that keep the flame of this initiative alive! This is how we do it.....

# Importance of Assister

The importance of a Tribal Assister/Navigator in Washington State:

- With out the partnerships between the tribal and Urban programs and State agencies, many would have given up through the difficulties of enrollment'
- Nearly 50,000 AI/AN in Washington State are enrolled in Medicaid or QHP coverage through the Healthplanfinder;
- Many non-native family members have been helped by Tribal Assisters;
- 16 Tribes are participating in Tribal Premium Sponsorship

# Tribal Assister Project

Needed to be trusted members of the community, have cultural competency

Needed to understand Tribal income, what is exempt; what is not exempt from reporting

Tribal Assisters

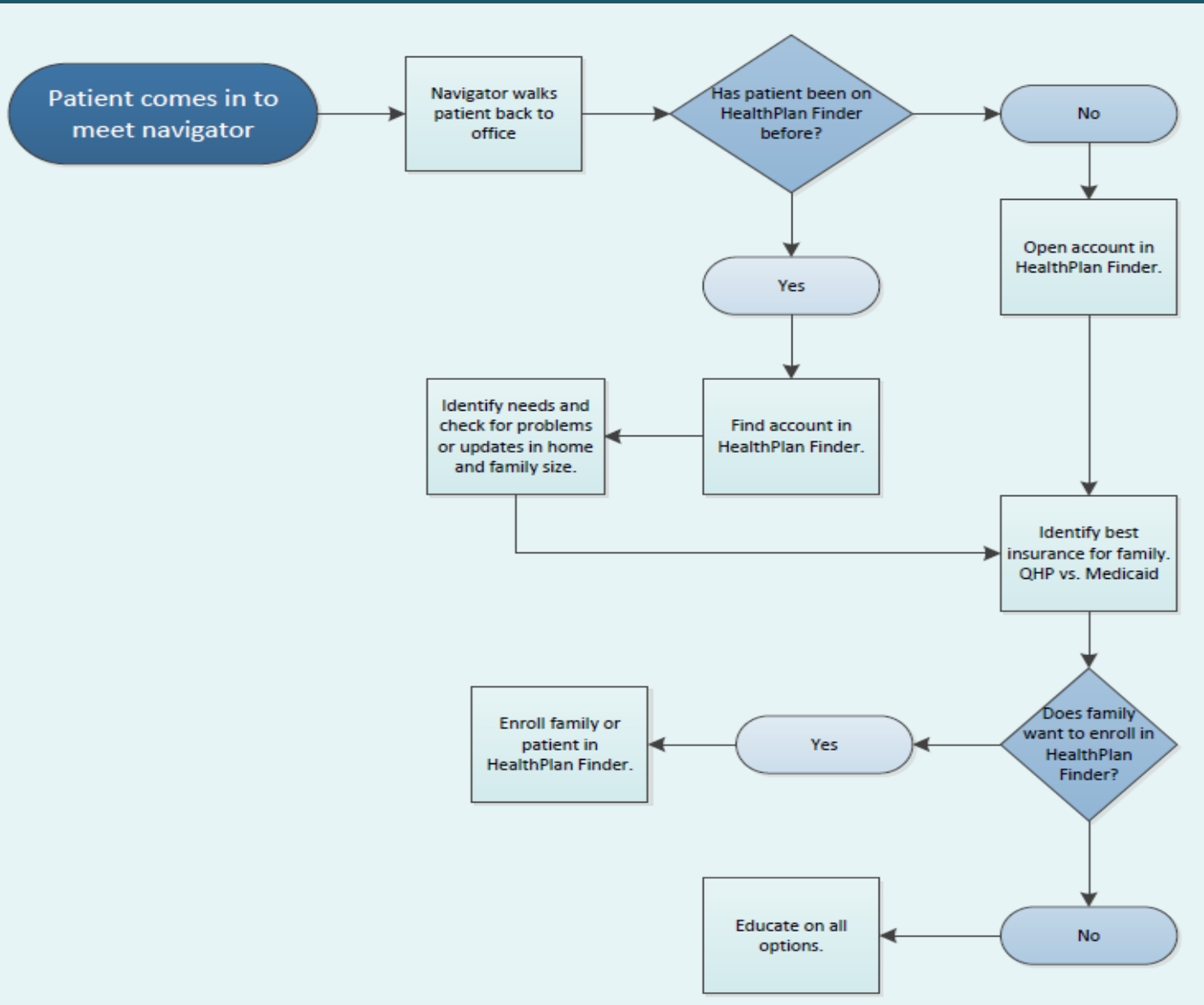
Needed to have an understanding of Tribal enrollment

Needed to understand how QHP/Medicaid coverage works with I.H.S. benefits

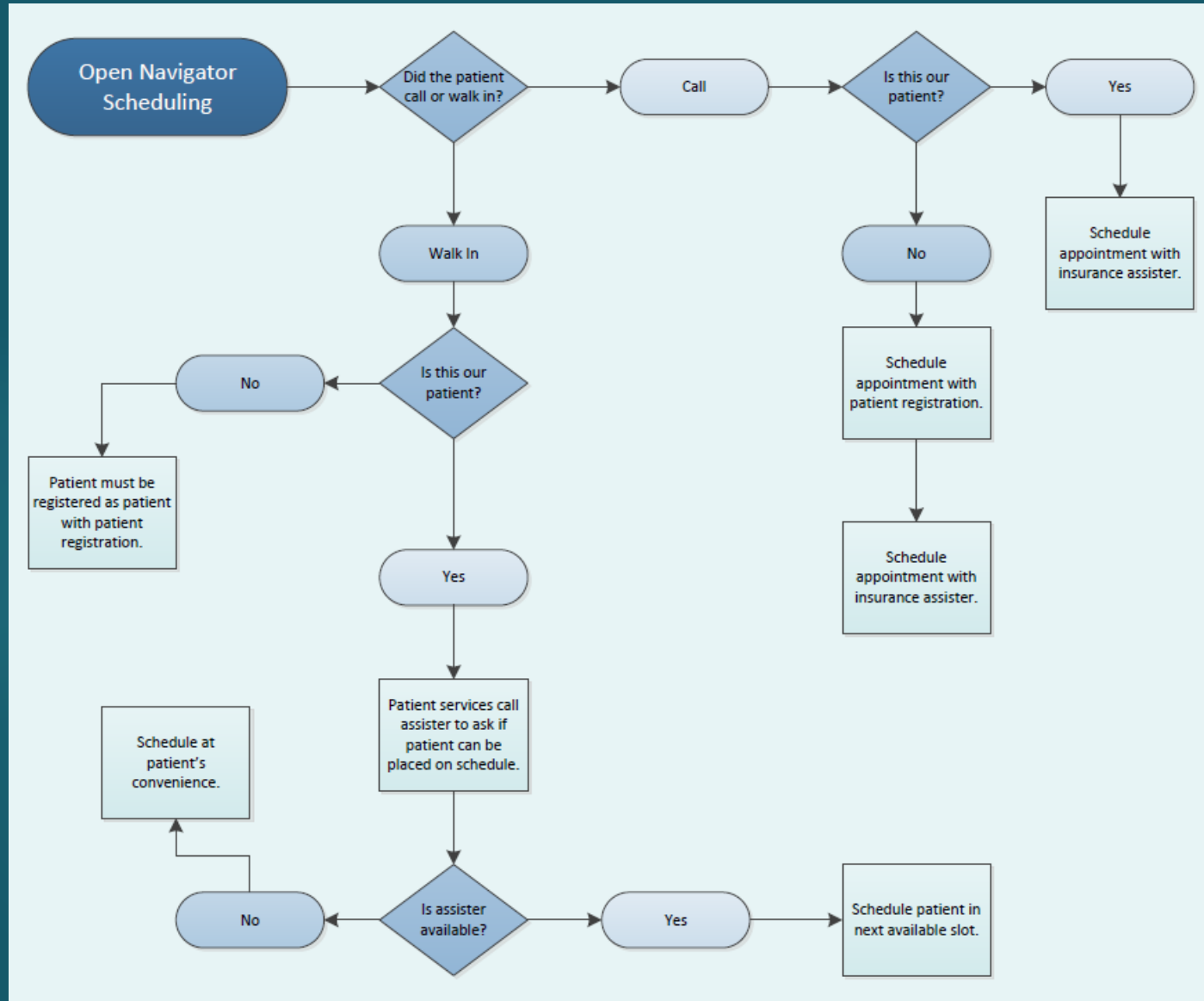
# Benefits of Tribal Assister:

- Healthcare is a treaty right, AI/ANs did not understand why they should enroll in QHPs
- Easier for Tribal/Urban Staff to relate the savings to CHS/PRC programs
- Verification of Tribal enrollment cumbersome
- WABHE created a process for Tribal Assisters to manually verify tribal enrollment
- Per capita income confusing
- Tribal staff understand per capita income, taxable or non-taxable
- “Mixed marriages” are figured out

# Navigator Appointment Workflow map



# Navigator Scheduling Workflow map





**Toni Jo Allen** works as a Patient Assister/Care Coordinator at The NATIVE Project, an urban Indian Health Title V and HRSA 330 FQHC health facility. NATIVE offers medical, dental, pharmacy, licensed behavioral health services, prevention programs and care coordination at their facility. NATIVE's philosophy is a patient centered care model that embraces a concept of "Sacred Hospitality" that combines action, education, culture, and spirituality on the road to healing and wellness. Toni is an enrolled member of the Colville Confederated Tribes (Okanagan and San Poil Bands) of Washington State and resides in Spokane, Washington.

[tjallen@nativeproject.org](mailto:tjallen@nativeproject.org)

[www.nativeproject.org](http://www.nativeproject.org)

509-483-7535

Thank you for letting me share our wonderful experience with you!

Questions???