1 **Long Term Services and Supports in Indian Country:**
**A National Perspective**

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2 **Topics to be covered**

- Introduction to NICOA
- Demographics
- LTSS in Indian Country
- Barriers
- Strategies
- Resources
- Questions?

3 **Creation of NICOA**

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- 1976 – National Tribal Chairmen's Association – Sponsor of First American Indian Conference on Aging
- Wendell Chino, President – late honorable leader of Mescalero Apache Tribe
- Theme: "The Indian Elder: A Forgotten American"
- 1500 Elders from 171 Tribes
- Resolutions - Area Conference Reports
- Funded by AoA - Dr. Arthur S. Flemming Commissioner on Aging with in-kind support by BIA and IHS
- Eloquent – testimonials calling for action
- NICOA created and established in Albuquerque, NM

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**National Indian Council on Aging (NICOA):**

Mission
The mission of NICOA is to advocate for improved comprehensive health, social services, and economic wellbeing for American Indian and Alaska Native Elders.

- Funded in 1976 by Tribal leaders.
- Corporate Office located in Albuquerque, NM.
- 501(c)(3) Nonprofit Corporation
- 13 Board of Directors – representing 12 Regions and one Chairperson from the National Title VI Association

5 **States with the Largest Native Populations: 2010 Census**

6 **The Majority of Native Peoples Live Outside Tribal Areas**

- 78 Percent lived outside of AI/AN areas
- American Indian and Alaska Native Population by place of Residence: 2000

7 **Overview of American Indian/Alaska Native Population**

- The 2010 Census reports that there are 5.2 million AI/ANs alone and in combination.
- AI/ANs are diverse.
- There are 566 federally recognized tribes and 229 of those tribes and villages are located in Alaska.
- There are 68 state recognized tribes

8 **National AI/AN Elder Population**

- Rapidly Aging Population
  - Between 2000 and 2010, the number of AI/AN Elders increased by 40.5%, a growth that is 2.7 times larger than the overall population of older adults.
  - By 2050 estimates, approximately 12% of AI/AN Elders will be 65 or older.

9 **Long Term Services and Supports (LTSS)Definition**

- A broad range of health and social services needed by people who are limited in their ability to perform self care activities due to a physical, cognitive, or mental disability or condition that results in functional impairment and dependence on others for an extended period of time.
- This term includes both facility based care and home and community based care.

10 **LTSS Facility Based Care**

- Examples of facility based care can include: assisted living facilities, nursing homes, board and care homes and community care retirement communities.

11 **LTSS Home and Community Based Services (HCBS)**

- Any services provided which allow an individual to remain in the home or community setting while maintaining the highest level of functioning and independence possible.
- Services could include: home health aides, personal care, case management, private duty nursing, assistive devices, adult day health care, respite care, meal delivery, and rehabilitation.

12 **Office for American Indian, Alaska Natives and Native Hawaiian Programs**

- In 1978, the OAA was amended to include Title VI which established programs for the provision of nutrition and supportive services for Native Americans (American Indians, Alaska Natives and Native Hawaiians) the program has since expanded to include caregiver support services.
- Eligible Tribal organizations receive grants in support of the delivery of home and community-based supportive services for their elders, including nutrition services and support for family and informal caregivers.

13 **The Aging Network Helps provide LTSS to AI/AN Elders**

14 **How Health Care is currently delivered to AI/AN Elders**

- I/T/U is an abbreviation that refers collectively to the three systems that make up the Indian health care system:
  - Indian Health Service (IHS)

  an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives who belong to 566 federally recognized tribes Exit Disclaimer: You Are Leaving www.ihs.gov in 35 states.

15 **Tribally operated health facilities**

- Sometimes known as 638 contracts, these facilities are an example of tribal self governance. The Indian Self-Determination Act (1975), also known as P.L. 93-638, had the goal of transferring all federal programs for tribes out of federal control and into tribal control.

16 **Urban Indian health facilities**

- The Urban Indian Health Programs (UIHP) consist of 34 non-profit 501 (c)(3) programs nationwide. The programs are funded through grants and contracts from the I.H.S., under Title V of the Indian Health Care Improvement Act, PL 94-437, as amended. Approximately 45% of the UIHPs receive Medicaid reimbursement as Federally Qualified Health Centers (FQHC) and others receive fees for service under Medicaid for allowable services, i.e. behavioral services, transportation, etc. Over 28.8 million dollars are generated in other revenue sources. In the Omnibus Reconciliation Act (OBRA) of 1993, Title V, and tribal 638 programs were added to the list of specific programs automatically eligible for FQHC designation. The range of contract and grant funded programs listed below are provided in facilities owned or leased by the Urban organization. The I.H.S. is required by law to conduct an annual program review using various program standards of I.H.S. and to provide technical assistance.
- Range of I.H.S./Urban grant and contract programs include: information, outreach and referral, dental services, comprehensive primary care services, limited primary care services, community health, substance abuse (outpatient and inpatient services), behavioral health services, immunizations, HIV activities, health promotion and disease prevention, and other health programs funded through other state, federal, and local resources, i.e. WIC, Social Services, Medicaid, Maternal Child Health, etc.

  http://www.ihs.gov/Urban/

17 **AI/AN Elders have higher rates of functional disabilities**

- These functional disabilities will increase their need for services
- Disabilities can include physical, cognitive, mental, sensory, emotional, developmental or

some combination

- High incidence of diabetes in AI/AN Elders has led to higher rates for amputation, blindness, end stage renal disease and cardiovascular disease
- AI/AN Elders are living longer with these disabilities
- A major predictor for the need for LTSS for AI/AN Elders are reports of limitations to activities of daily living

18 **AI/AN Elder Barriers to Receiving LTSS**

- Geographic isolation
- Limited financial resources
- Limited capacity of current LTSS programs, waiting lists, lack of staff
- Lack of culturally competent care
- Facilities must meet State Licensure Requirements in order to receive Medicare and Medicaid
- Shortage of administrative support
  - Paperwork requirements can impede access to LTSS
  - Multiple funding sources and reimbursement rates for services differ state by state

19 **How does the new Health Care Law (ACA) and IHCIA Effect LTSS for AI/ANs?**

- In general, the Act recommends a shift away from facility based care to home and community based services
- This process of moving away from facility to HCBS has been termed rebalancing
- Most Elders prefer to live at home and in their communities
- Grants authority to IHS and Tribes to operate long term services and supports, either in facilities or in the clients home
- Improves the reimbursement process and resource sharing with other federal programs
- Addresses provider shortages through revised licensing requirements

20 **Comparison of HCBS and Facility Based Costs**

21 **Strategies to Overcome Barriers to LTSS**

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- Support Tribal self governance of LTSS
  - The current Tribal LTSS programs demonstrate that their success could be replicated with other tribes
- Encourage improved coordination between federal agencies to streamline care
  - For example, between IHS and the Veterans Administration (VA) to increase access to LTSS for veterans. IHS and Administration for Community Living (ACL).
- Examine the various financial incentives available as a result of the ACA and IHCIA

22 **Long Term Care in Indian Country Conference November 2001 – Washington to DC**

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1.The IHS and other Federal Agencies should: • Address the complicated jurisdiction for services across states

Explore centralized licensure, certification, and regulation with Centers for Medicare and Medicaid Services (CMS), including a possible role for IHS in certification and licensure

Coordinate between the IHS and the VA to (1) increase access to long term care services for veterans, (2) increase the purchase of long term care services from Tribal programs, and (3)

clarify the meaning of "Payer of Last Resort" language in the IHCIA

2. Explore with CMS the development of a reimbursement mechanism and rate-setting methodology specific for long term care services and supports provided by federal and Tribal providers.

23 **Successful Tribally Run Facilities in Indian Country**

15 facilities administered by AI/AN Tribes (2013)

- Anna John Nursing Home, Wisconsin
- Archie Hendricks, Sr. Skilled Nursing Center, Arizona
- Blackfeet Care Center, Montana
- Carl T. Curtis Health Education Center, Nebraska
- Choctaw Residential Center, Mississippi
- Colville Tribal Convalescent Center, Washington
- Gila River Indian Care Center, Arizona
- Jourdain/Perpich Extended Care, Minnesota
- Laguna Rainbow Nursing Facility, New Mexico
- Morning Care Center, Wyoming
- Navajoland Nursing Home, Arizona
- Quyanna Care Center, Alaska
- Tsali Care Center, North Carolina
- Utuqqanat Inaat, Alaska
- White River Health Care Center, South Dakota

24 **References**


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- Colello et al. (2012). Long-Term Services and Supports: Overview and Financing. Report #R42345. Congressional Research Service (CRS).
- Colello, K., & Talaga, S. (2011). Home and Community-Based Services Under Medicaid. Report #R41600. Congressional Research Services (CRS).
- Goins, R., Buchwald, M., & Guralnik, J. (2007). Disability Among Older American Indians and Alaska Natives: An Analysis of the 2000 Census Public Use Microdata Sample. The Gerontologist, 47(5), 690-696.
- Hassin, J., & Shah, B. (2010). Center for Medicare & Medicaid Services Literature Review: Statusof Long-Term Care in Indian Country.
- Health Care Reform and Long-Term Care: A Study of Impact on Nursing Homes in Indian Country. (2013). Baltimore, Maryland: CMS.


25 **Resources**

- ACL/AoA
  - http://www.acl.gov/
- CMS Long Term Services and Supports (LTSS) in Indian Country: A Roadmap for Planning
  - https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-Roadmap/Overview.html
- IHS

- Bruce Finke
- Long Term Care in Indian Country: New Opportunities and New Ideas Report of the Conference
  - http://www.npaihb.org/images/resources_docs/weeklymailout/2011/february/week4/Long%20Term%20Care%20in%20Indian%20Country%20Report.pdf

26 **Questions?**

27 **Thank you!**

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