

Long-Term Care in Indian Country: New Opportunities and New Ideas

On November 1-2, 2010, Tribal leaders, health administrators and representatives from other American Indian and Alaska Native organizations gathered to discuss long term care issues for Indian Country. This document summarizes major themes that emerged during the conference and suggestions the Indian Health Service and other Federal agencies should consider to promote long-term care services and support programs within Indian Country.

Major Themes of Stakeholder Discussion

- Tribes should have the option of managing all aspects of long-term care provided to Tribal members.
- IHS direct services can and should be a partner in the delivery of care.
- Successful Tribal long-term care programs demonstrate that a business model for long-term care exists in Indian Country.
- It is useful to make a distinction between the funding needed to support development and initiation of programs and the funding needed to support ongoing operations of these programs.
- The IHS and Tribes need to further explore how best to use and enhance the resources available (financial and workforce) at the Tribal and community level to provide long-term services and program support. This might include the following:
 - Sharing of services between health programs (either direct Federal or Tribal) and Tribal long term care programs.
 - Integrating services funded and designed to support individuals with disabilities with those targeting support of elders; and
 - Coordinating services funded by the Administration on Aging (AoA), IHS, and the U.S. Department of Veterans Affairs (VA) will be essential to making the best use of existing resources.

Stakeholder Discussion Regarding Next Steps

The IHS and other Federal Agencies should:

- Address complicated issues of jurisdiction for services across State lines.
- Explore centralized licensure, certification, and regulation with the Centers for Medicare & Medicaid Services (CMS), including a possible role for the IHS in certification and licensure.
- Promote coordination between the IHS and the VA to:
 - increase access to long-term care services for Veterans;
 - increase the purchase of long-term care services from Tribal programs; and
 - clarify the meaning of “Payor of Last Resort” language in the Indian Health Care Improvement and Reauthorization and Extension Act of 2009.
- Explore the development of a long-term care reimbursement mechanism and rate-setting methodology with CMS for services and supports provided by Federal and Tribal providers.
- Clarify the following issues that arise when long-term care services are provided in funding agreements:
 - Federal Tort Claims Act (FTCA) coverage;
 - Reimbursement rates for Federal and Tribal long-term care providers; and
 - Model draft language for Tribes interested in including long-term care services in funding agreements.
- Identify training and workforce development needs.
- Identify training needs for both Tribal and IHS staff providing long-term care and hospice services.
- Develop training opportunities for IHS and Tribal staff delivering long-term care and hospice services.
- Address the huge need for training for family caregivers.

- Create consistency between IHS (direct Federal) positions that may provide long-term care or hospice services and the staff certification requirements for CMS or State-certified long-term care services. This will facilitate licensure, certification, and reimbursement for services provided by IHS and Tribal programs.
- Determine funding needs-
 - Funding for feasibility or demonstration projects; and
 - Funding for the development and initiation of programs.
- Explore technical assistance needs.
- Create shared learning opportunities for Tribal and IHS long term care programs.
- Provide or facilitate State-specific training and technical assistance, especially for small and frontier rural Tribes, to allow for planning and program development based on State requirements.
- Identify Health Information Technology (HIT) requirements for IHS and Tribal long-term care programs and integrate these requirements into the IHS HIT development cycle.
- Open discussions with Tribes to explore the value and feasibility of sharing services and underutilized facility space for long-term care programs.
- Create or facilitate opportunities for education and training about hospice and palliative care, including basic, plain language education materials about what these services include, why they are part of the continuum of care, and creative ways that some IHS and Tribal programs are successfully providing this care.
- Provide access to best practices and guides for long-term care facility design with construction and operational cost estimates.
- Develop partnerships and collaborations to address housing modifications needed to support elders and persons with disabilities so that they can remain in their homes.