



Montana Medicaid Tribal Consultation Minutes

Date: October 25-26, 2023

Facilitator: Department of Public Health & Human Services (DPHHS)

Agenda Items and Minutes

Overview of Tribal Health Improvement Program (T-HIP)

- **Overview and Background of T-HIP**
 - The Department discussed how T-HIP was developed and clarified that CMS instructed the State to submit T-HIP in the 1915(b) waiver for Medicaid-eligible services.
 - Little Shell asked the State to review 42 CFR 438.14.
- **Reinterpretation to Primary Care Case Management Entity (PCCMe) Program**
 - Tribes requested a thorough explanation of the reinterpretation.
 - The Department provided an overview, emphasizing the shift to the Primary Care Case Management Entity (PCCMe) Program.
 - The Department shared a handout detailing the 10 defining attributes from 42 CFR 438.
 - Tribes inquired about formal communications with CMS and the State.
 - The Department mentioned the spreadsheet of criteria that CMS gave to the Department; Medicaid Director said the spreadsheet would be reviewed and look at sharing applicable information.
 - Tribes questioned CMS's definition of preventive services.
 - The Department clarified certain preventive services are covered under existing plans or waivers.
 - At this time, traditional services are not an allowable Medicaid service, but the Department is watching other states that have submitted 1115 waivers for traditional services. The Tribes requested that the State look at submitting an 1115 waiver for traditional services. The Department stated it would continue to watch the other states but at this time cannot commit.



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T-HIP (continued)

- **CMS Questions, Concerns, and Direction**
 - Tribes sought clarity on CMS concerns.
 - The Department shared CMS concerns, including ensuring Medicaid-eligible services that are currently reimbursable under the 1905(a) state plan need to be reimbursed under that authority and not under a PCCMe authority. The Department discussed the Diabetes Prevention Program as an example.
- **Proposed Program Redesign**
 - The Department proposed changes, moving authority from Waiver to SPA, and discussed advantages/disadvantages.
 - The Department discussed attribution criteria and the proposed three-tiered care coordination model.
 - Tribes requested the creation of a sub-committee to be part of the redesign and development of criteria for moving between tiers, reporting timelines, and staffing requirements.
 - Tribes inquired about renegotiating PMPM rates and a T-HIP Inflation factor.
 - Tribes requested a Fed/State/Tribal consultation.
 - Tribes raised concerns about reporting requirements; the Department reiterated that it has been working with the current T-HIPs to update the reporting measures to better reflect the work being done.
- **Attribution Criteria and Little Shell Tribe**
 - Tribes expressed concerns about attribution criteria and Little Shell Tribe challenges.
 - The Department engaged in a discussion on criteria and challenges related to Little Shell Tribe participation.
 - Tribes supported decoupling T-HIP from Passport to Health.
 - Tribes commented on disease data and requested more information on social determinants of health.



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T-HIP (continued)

- **Timeline, SPA Submission, CMS Review & Approval**
 - Tribes sought detailed information on the timeline.
 - The Department provided specifics, planning to submit a 1932(a) SPA in January 2024.
 - Tribes discussed proposed SPA timeline, requested changing terminology from care plan to wellness plan, and caseload requirements.

Recap of T-HIP Discussion and Final Thoughts

- Tribes emphasized CMS hearing directly from Tribes.
- Tribes inquired about other states with similar programs; the Department indicated no other states currently have a program exactly like T-HIP.
- Tribes commented on the impact of T-HIP on community health.
- Little Shell Tribe noted challenges due to the lack of a reservation.
- The Department distributed questions and requested written comments by November 30, 2023.

Request for Specific Data

- Tribes requested data and the formation of a subcommittee for T-HIP redesign.
- The Department discussed the need for specificity in the data being requested, forming a subcommittee, and requiring a tribal council letter for representation.



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PCCMe Programs

- Information was presented about managed care programs and changes.
- The Department provided details on consolidating programs into one comprehensive program.
- Tribes inquired about how these changes would impact their current participation. The Department handed out information regarding the Tribes, IHS, and Urbans current participation in each managed care program.
- The Department did state that it was seeking clarification from CMS for any possible duplication between THIP and the managed care redesign.

Medicaid Eligibility/Redetermination

- Tribes sought detailed reasons for Medicaid case closures.
- The Department discussed reasons, including failure to respond and ineligibility.
- Tribes raised concerns about disenrollment statistics and communication.
- The Department discussed communication efforts and disenrollment statistics.

Miscellaneous Topics – Tribal Requests and Concerns

- Tribes stated the original scope of T-HIP work was approved and urged the Department to defend it to CMS.
- Tribes emphasized the need for a team to engage with CMS and the State.
- Tribes commented on T-HIP extending the providers' reach to Medicaid members.
- The Department addressed concerns, reiterated commitments, and provided questions for written comments.



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Miscellaneous Topics – Tribal Requests and Concerns (continued)

- **Responses**
 - The Department acknowledged the tribal request for continued regular consultation, data access, and involvement in T-HIP measurements.
 - Department confirmed that written comments could be submitted and to work with a Tribal sub-committee if the Department received designation of appointees from the Tribal Councils.

Closing Comments and Wrap Up

- Update of tribal transportation options, tribal residential treatment rate development, and the need for increased residential treatment beds from last consultation was provided.
 - Medicaid Director agreed to maintaining current Tier 2 payments for a transition period (ex: 30-90 days) for Tribes to attest to new requirements.
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