

State of Utah

Section 1115 Demonstration Amendment

Native American Health Amendments

Section I. Program Description

During the 2024 General Session of the Utah State Legislature, Senate Bill 181 “Native American Health Amendments” was passed and signed into law. This legislation directs the Utah Department of Health and Human Services (DHHS), Division of Integrated Healthcare (DIH), to seek 1115 Demonstration approval from the Centers for Medicare and Medicaid Services (CMS), to reimburse for traditional healing services provided by a traditional healing provider in an eligible facility to Medicaid enrollees who are members of an American Indian or Alaskan Native (AI/AN) tribe.

Background

The World Health Organization defines traditional healing as the sum of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and the prevention, diagnosis, improvement or treatment of physical and mental illness¹. Traditional healing embodies a holistic approach and considers health as the sum of a person’s physical, spiritual, emotional and intellectual well-being². Traditional healing services are a fundamental element of AI/AN health that helps individuals achieve wellness and healing for a specific physical or mental ailment or affliction and restores emotional balance. Traditional healing services have been a part of the AI/AN traditions of the eight tribal nations that reside in the state of Utah.

The Indian Health Care Improvement Act (U.S.Code Title 25 Chapter 18) contains several sections noting the acceptance and respect for these services and specifically incorporating them into various preventative service categories, including behavioral health services and treatment. In addition, federal officials have called for Medicaid to improve its ability to provide culturally competent services to AI/AN beneficiaries and many Tribes have incorporated traditional healing services into their health care delivery. While Congress granted the Indian Health Service the ability to bill Medicaid, traditional healing services are

¹ World Health Organization. *Traditional Medicine*. <https://www.who.int/news-room/questions-and-answers/item/traditional-medicine>. Published August 2023. Accessed August 28, 2024.

² Li R. Indigenous identity and traditional medicine: Pharmacy at the crossroads. *Can Pharm J (Ott)*. 2017 Aug 10;150(5):279-281. doi: 10.1177/1715163517725020. PMID: 28894496; PMCID: PMC5582679.

not currently a Medicaid covered service³. The incorporation of a Medicaid traditional healing services benefit will further enhance delivery of culturally appropriate AI/AN health care.

Goals and Objectives

The primary objective of the Native American Health Amendment is to provide culturally appropriate options for AI/AN members to maintain and sustain health and wellness through traditional healing services made available at, in, or as part of services offered by facilities and clinics that provide or arrange traditional healing services. By providing these services in a complimentary fashion with physician-led healthcare teams, members can achieve wellness and healing for a specific physical or mental ailment or affliction, and restore emotional balance and one's relationship to the environment, and aid care coordination.

Specific goals include:

- Provide culturally appropriate options for AI/AN members to maintain and sustain health and wellness through traditional healing services.
- Provide an integrated service delivery by combining Western medicine with traditional healing services.
- Incorporate traditional healing services into various preventative service categories including behavioral health services and treatment.

Operation and Proposed Timeline

The Demonstration will operate statewide. The State intends to implement the proposed benefit within 90 days of approval. The State requests to operate the Demonstration through the end of the current approval period, which is June 30, 2027.

Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the State will develop a plan for evaluating the hypotheses indicated below. These hypotheses will be analyzed for the overall demonstration population as well as key subpopulations (e.g., by sex, age, race and ethnicity, primary language, disability status, and geography). The State will identify validated performance measures that adequately assess the impact of the Demonstration on these populations. The State will submit the evaluation plan to CMS for approval.

The State will conduct ongoing monitoring of this demonstration and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

³ American Medical Association. *Report on the Council on Medical Services*. <https://www.ama-assn.org/system/files/a24-cms03.pdf>. Published 2024. Accessed August 21, 2024.

The following hypotheses will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Participants will report having greater control of their health and report greater confidence in maintaining their health.	Health satisfaction survey	Survey	The independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.

Section II. Demonstration Eligibility

Individuals eligible under this demonstration must be Medicaid eligible individuals who are members of an AI/AN tribe.

Projected Enrollment

The projected enrollment for individuals in this demonstration population is 3,300.

Section III. Demonstration Benefits and Cost Sharing Requirements

Eligible individuals will receive culturally appropriate healing methods for physical, mental, and emotional healing. Traditional healing services must be included in the member’s care plan in order to be deemed medically necessary.

AI/AN individuals enrolled in the Demonstration are subject to cost sharing exemptions of section 5006 of the American Recovery Reinvestment Act of 2009, and are not required to pay premiums or cost sharing for services received through the Indian health care system.

Section IV. Delivery System

Services for Demonstration individuals will be reimbursed through fee for service. Traditional healing services must be part of a comprehensive plan of health care that includes specific individualized goals. The covered traditional services, limitations, and exclusions shall be described by a Qualified Entity (working with each tribe they primarily serve) seeking to participate in this program. A Qualified Entity means any of the following:

- an Indian Health Service facility;

- a tribal health program designated under the Indian Self-Determination and Education assistance Act, Pub. L. No. 93-638;
- an Urban Indian organization as defined in 25 U.S.C. Sect. 1603; or
- a facility operated by a person that contracts with an Urban Indian organization.

It is recognized that the training and qualifications of traditional healing providers may vary widely depending on the tribe. For this reason, the array of services provided by traditional healers shall be in accordance with an individual tribe’s established and accepted traditional healing services as identified by the Qualifying Entity. A facility or clinic governing body may serve as the Qualifying Entity or the tribe(s) served by the facility may choose to designate another governing body as its Qualifying Entity to define what constitutes as a traditional healing service. In addition, the Qualifying Entity will be responsible for identifying the type of practitioner, including educational or cultural requirements traditional healing providers must possess.

Section V. Implementation and Enrollment in Demonstration

Eligible individuals will be enrolled in the Demonstration as of the implementation date of this amendment. The state intends to implement the coverage as soon as possible after approval.

Section VI. Demonstration Financing and Budget Neutrality

Refer to Budget Neutrality- Attachment 1 for the state’s historical and projected expenditures for the requested period of the Demonstration.

Below is the projected enrollment for eligible adults in this demonstration and expenditures for each remaining demonstration year.

	DY22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)
Enrollment	3300	3300	3300	3300
Expenditures	\$7,664,300	\$7,664,300	\$7,664,300	\$7,664,300

Section VII. Proposed Waiver and Expenditure Authority

The State requests the following proposed waivers and expenditure authority to operate the Demonstration.

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(B) of the Social Security Act and 42 CFR 440.240 (comparability)	To the extent necessary to enable the State to reimburse for traditional healthing services for AI/AN members provided in, at, or as part of services offered by facilities and clinics operated by the Indian Health Service, a tribe or tribal organization, or an Urban Indian health program.
Expenditure authority for services not covered under Section 1905 of the Social Security Act	To the extent necessary to enable the State to claim FFP for the cost of traditional healing services provided in, at, or as a part of services offered by facilities and clinics operated by the Indian Health Service, a tribe or tribal organization, or an Urban Indian health program and receive 100 percent FMAP.

Expenditure Authority

The State is seeking waiver authority to reimburse traditional healing services provided in, at, or as part of services offered by Qualified Entities. The State is seeking to claim FFP for these services when provided by Qualified Entities at the 100 percent Federal Medical Assistance Percentage (FMAP) pursuant to Sections 1903(a)(1) and 1905(b) of the Act. When delivered by an Indian Health Service facility or a tribal health program, reimbursement will be equivalent to the All-Inclusive Rate. Otherwise, it will be a rate developed using a prospective payment system (PPS).

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice Process

Public notice of the State’s request for this demonstration amendment, and notice of public hearing will be advertised in the newspaper of widest circulation and sent to an electronic mailing list. In addition, the abbreviated public notice will be posted to the State’s Medicaid website at <https://medicaid.utah.gov/1115-waiver>.

Two public hearings to take public comment on this request will be held. The first public hearing will be held on October 17, 2024, from 2:00 to 4:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing will be held on October 21, 2024, from 4:00 to 5:00 pm. Both public hearings will be held via video and teleconferencing.

Public Comment

The public comment period will be held October 9, 2024, through November 9, 2024. The original dates for the public comment period were October 9, 2024 through November 8, 2024. Due to technical difficulties, the 30 day public comment period has been extended through November 9, 2024.

Tribal Consultation

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the DHHS Intergovernmental Policy 01.19 Formal DHHS [Tribal Consultation and Urban Indian Organization Conferment Process Policy](#), the state ensures that a meaningful consultation process occurs in a timely manner on program decisions or policy impacting Indian Tribes and the Urban Indian Organization (UIO) in the State of Utah. DIH has notified the DHHS Tribal Health Liaison of the waiver amendment. As a result of this notification, DIH will begin to engage in the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on September 13, 2024 to present this demonstration amendment.

Tribal Consultation & Conferment Policy Process

In the event that a grant, project, policy, waiver renewal or amendment is requested, the Office of AI/AN Health Affairs is contacted. If the request is within the 90 days of submission, the Office's AI/AN Health Liaison will provide an opportunity for presentation to the Utah Indian Health Advisory Board (UIHAB) Tribal and UIO representatives. The Liaison will request an executive summary of the materials to be included in the distribution of the meeting agenda and materials to the UIHAB representatives and Tribal leadership. The information is disseminated to the UIHAB representatives and leadership at least 10 days prior to the meeting for review. During the UIHAB meeting, presenters will address any questions or concerns raised by the representatives. If the UIHAB representatives provide resolutions to or are in agreement with the changes, they will make a motion to pass or support by a majority. If additional Consultation is required, the UIHAB will inform the presenters of that need at that time. If a Tribal or UIO representative would like to have the presentation provided to their leadership, they can also make a formal request at that time. The Office of AI/AN Health Affairs will coordinate with the presenter and the UIHAB representatives or the Tribe or UIO to schedule an additional Consultation or Conferment meeting on the issue(s) or concern(s) raised.

Section IX. Demonstration Administration

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Budget Neutrality

<u>Waiver Year</u>	<u>DY21</u>	<u>DY22</u>	<u>DY23</u>	<u>DY24</u>	<u>DY25</u>
With Waiver	0	0	\$7,664,300	\$7,664,300	\$7,664,300
Without Waiver	0	0	\$7,664,300	\$7,664,300	\$7,664,300