Background

The North Dakota State University Department of Public Health (NDSU DPH) is effectuating North Dakota's Money Follows the Person – Tribal Initiative (MFPTI) under contract with the North Dakota Department of Human Services (NDDHS). NDSU DPH is home to the American Indian Public Health Resource Center (AIPHRC). The AIPHRC is dedicated to partnering with American Indian tribes to improve the delivery of culturally appropriate public health services. NDSU DPH and AIPHRC are working with the four federally recognized tribes who have tribal headquarters located in North Dakota: Mandan, Hidatsa and Arikara Nation (MHA Nation); Spirit Lake Nation; Standing Rock Sioux Tribe; and Turtle Mountain Band of Chippewa Indians. It should be noted that while the Sisseton-Wahpeton Oyate have land and tribal members living in North Dakota, their tribal headquarters are located in South Dakota. Therefore, formal MFPTI efforts will not be pursued with their tribal leadership at this time. However, it is culturally respectful to include these members in the statewide assessment, which is why that information is included in our data document.

On-going tribal engagement has occurred since the launch of MFPTI, and an MFPTI program manager was hired in November 2014. The MFPTI program manager works closely with the AIPHRC to ensure coordination of effort. Additionally, NDSU DPH is taking care to honor sovereignty of each tribal nation throughout the MFPTI process. Initial MFPTI assessments have occurred for each tribal nation and include: disability rates, age demographics, current health service delivery capacity, unique tribal history, unique tribal descriptors, and long term services and supports (LTSS) policies. Currently, none of the tribal nations within North Dakota own or operate a long term care institution.

To date, the Turtle Mountain Band of Chippewa Indians and the MHA Nation have passed tribal resolutions supporting the collaborative work of MFPTI. NDSU DPH anticipates Spirit Lake Nation and Standing Rock Sioux Tribe will pass similar tribal resolutions or sign letters of agreement in the months ahead. Throughout the project period, the MFPTI program manager will work with each participating MFPTI tribal nation to: 1.) establish the MFPTI program infrastructure needed to support the development phase of MFPTI; 2.) conduct a gap analysis of LTSS; 3.) identify strategies to fill the LTSS gaps; 4.) explore the feasibility of potential strategies to sustain MFPTI; and 5.) transition at least 16 tribal members from long term institutions to their home reservations. This collaborative work will include: determining roles that the tribal nations and state Medicaid agency will fulfill in the design and operations of the MFPTI program; determining geographic areas of the state where the activities will be implemented; identifying program models and a set of services tailored to the tribal nations in North Dakota; and ensuring the models are consistent with the parameters of the memorandum of agreement between CMS and the Indian Health Service.

Core Element 1: Describe How the State and Tribal Nations Will Work Together

The overall goal of North Dakota's MFPTI program is to establish sustainable, culturally appropriate, community-based LTSS that will improve the quality of life for tribal members. (Attachment A) Throughout the remaining project phases, the tribal nations will identify specific goals and respective roles for MFPTI sustainability. Below are the overall objectives and strategies for North Dakota's MFPTI. Please note that during North Dakota's MFPTI tribal engagement meetings, several Northern Plains American Indian cultural-specific strategies were identified and recommended by members of the tribal nations; each of those strategies is respectfully noted below with an asterisk:

Phase I (January 1, 2015 – September 30, 2015) – Concept Paper

Objective 1: By April 30, 2015, conduct initial assessment of tribal population characteristics unique to Turtle Mountain Band of Chippewa Indians; Spirit Lake Nation; Standing Rock Sioux Tribe; and MHA Nation.

Objective 2: By September 30, 2015, secure formal MFPTI commitment from each interested tribal nation, the NDSU DPH and the ND Department of Human Services.

Phase II (October 1, 2015 – June 30, 2016) – Operational Protocol

Objective 3: Infrastructure Development. By June 30, 2016, establish MFPTI program infrastructure needed to support the development phase of MFPTI.

Strategy 3.1*: Identify a tribal council member to serve as the MFPTI liaison.

Strategy 3.2*: Identify, contract with and provide training to a tribal member in each participating tribal nation to serve as MFPTI tribal coordinator.

Strategy 3.3*: Identify and provide culturally appropriate MFPTI training to tribal, county and state MFPTI partners.

Objective 4: LTSS Needs Assessment. By March 31, 2016, conduct gap analysis of LTSS with each participating MFPTI tribal nation.

Strategy 4.1: Develop comprehensive inventory of LTSS currently available to the tribal nations.

Strategy 4.2: Identify gaps between the comprehensive LTSS inventory and LTSS currently being accessed by the tribal nations.

Strategy 4.3*: Identify additional LTSS needed to meet the unique needs of each participating tribal nation.

Strategy 4.4*: Identify tribal affiliations for individuals who have self-identified as being American Indian and are currently living in long term care or intermediate care facilities.

Strategy 4.5*: Identify unique LTSS needs of Medicaid-eligible tribal members who are interested in being discharged to their home communities.

Strategy 4.6: Identify tribal and tribal organizations (T/TOs) capacity-building needs to support LTSS including: information technology, billing systems, provider capacity, physical space and training needs.

Objective 5: Strategic Plan. By June 30, 2016, identify strategies to create access to LTSS on each MFPTI participating tribal nation.

Strategy 5.1: Identify Medicaid statutory program authorities or state plan services (i.e. waivers or state plan amendments) to address the identified tribal needs.

Strategy 5.2: Identify delegated administrative responsibilities that allow T/TOs significant leadership roles in the design and operations of a Medicaid LTSS program for tribal members.

Strategy 5.3: Identify state and tribal roles in Medicaid administration as well as interest and capacity to fulfill those roles over the life of the project and after its conclusion.

Strategy 5.5: Identify which health outcomes, quality and ROI metrics will be evaluated.

Strategy 5.6*: Identify unique T/TO provider education and training needs.

Phase III (July 1, 2016 – June 30, 2017) – Execution of Protocol

Objective 6: Business Plan and Sustainability. By June 30, 2017, develop and submit tribe-specific MFPTI sustainability plans to CMS.

Strategy 6.1: Implement partnership agreements between T/TO and other MFPTI partners which clearly define administrative authority and delegated administrative responsibilities.

Strategy 6.2: Establish IT and billing systems needed to support MFPTI and provide training.

Strategy 6.3: Provide training to ensure provider capacity for delivery of LTSS.

Strategy 6.4: Establish an evaluation system to track health outcomes, quality and ROI metrics, including data shells/spreadsheets and surveys.

Strategy 6.5*: Establish training and workforce development tracks to build provider capacity needed to sustain MFPTI services.

Phase IV (July 1, 2017 – December 31, 2020) – Program Implementation

Objective 7: Client Transition. Between July 1, 2017 and December 31, 2018, transition at least 16 tribal members from long term institutions to their home reservations (approximately four tribal members from each of the participating MFPTI tribal nations).

Objective 8: Program Evaluation. Between January 1, 2019 and December 31, 2020, monitor and evaluate quality of life improvements, clinical outcomes and assess cost savings for people who transition home through MFPTI.

CORE ELEMENT 2 – DESCRIPTION OF THE SCOPE OF TRIBAL INSTITUTIONALIZED POPULATIONS

Currently none of the tribal nations within North Dakota own or operate a long term care institution. Health care delivery capacity among the tribal nations within North Dakota includes:

	MHA Nation	Spirit Lake Sioux Nation	Standing Rock Sioux Tribe	Turtle Mountain Band of Chippewa Indians
Self-determination contract (638) for CHR services	x	x	x	x
Self-determination contract (638) for tribal health clinic	x			
IHS Clinic		x		
IHS Hospital			x	x

There are current opportunities that could be pursued and once established, integrated into the tribal-specific LTSS system to help sustain MFPTI:

- Qualified Service Providers (QSPs). QSPs can provide a variety of services including personal care services, adult day care, respite care, case management and other services; they can bill as an individual QSP or as a QSP agency, depending on their designation.
- Targeted Case Management (TCM). TCM links clients to services and can bill at the all-inclusive rate per encounter.
- Community Health Representatives (CHRs). A 2011 North Dakota Medicaid State Plan Amendment allows CHRs to provide targeted case management to tribal members under the supervision of a licensed health professional (licensed practical nurse, social worker, registered nurse, physical therapist, occupational therapist, registered dietitian or medical doctor) and the CHR program staff are actively in the process of completing the necessary certification requirements within two years.

For MFPTI financial and cultural sustainability, tribal nations could establish tribal home and community based services agencies. This will link current MFPTI-specific opportunities (QSP, TCM and CHRs) with other tribal-specific home and community-based services such as patient navigation, Medicaid or Marketplace enrollment, home visitation programs, oral health screenings, mental health screenings, substance abuse programs and many others.

CORE ELEMENT 3 – TARGET POPULATIONS

American Indians are the largest minority population in North Dakota, comprising approximately 6% of the population (www.census.gov). American Indians suffer from among the worst health disparities in the nation, including high rates of death and disability due to diabetes, cancer, heart disease, addiction, and unintentional injuries (www.HIS.gov). The average age at death in North Dakota for the Caucasian population is 75.7 years, and it is 54.7 years for American Indians (www.ndhealth.gov). Following is a summary of the unique characteristics of each of the four tribal nations whose tribal headquarters are located in North Dakota: MHA Nation, Spirit Lake Nation, Standing Rock Sioux Tribe and Turtle Mountain Band of Chippewa Indians. (Attachment B)

MHA Nation has 14,000 enrolled members, 50% of whom live on the Fort Berthold Indian Reservation. The Fort Berthold Indian Reservation spans one million acres along the Missouri River in west central North Dakota and includes six North Dakota counties: Dunn, McKenzie, McLean, Mercer, Mountrail and Ward. Also, there are six districts within Fort Berthold Indian Reservation: Twin Buttes, Mandaree, Four Bears, New Town, Parshall and White Shield. In 1953, the area was flooded by the Garrison Dam, forcing the American Indian people who lived in the region to relocate and develop new ways of working, living and surviving. Today, the Fort Berthold Indian Reservation is facing many challenges related to Bakken oil drilling activity including increased population, traffic, crime events as well as housing and infrastructure shortages.

The Spirit Lake Sioux Tribe Reservation was established by treaty between the United States Government and the Sisseton Wahpeton Sioux Bands in 1867. The Spirit Lake Sioux Tribe Reservation covers 405 square miles in north central North Dakota and includes four North Dakota counties: Benson, Eddy, Nelson and Ramsey. Currently there are 7,256 enrolled members of Sprit Lake Nation, approximately 60% of whom live on the Spirit Lake Sioux Tribe Reservation.

The Standing Rock Reservation was originally established as part of the Great Sioux Reservation through the Fort Laramie Treaties of 1851 and 1868. It is through the Fort Laramie Treaty of 1868 that many tribal nations in this area agreed to peace in exchange for health care, education, clothing, housing and food for tribal members. Members of Standing Rock Sioux Tribe are members of the Dakota and Lakota Nations. "Dakota" and "Lakota" mean "friends" or "allies." The Standing Rock Reservation spans 2.3 million acres in both North Dakota and South Dakota; tribal headquarters are in North Dakota. There are 15,568 enrolled members of Standing Rock Sioux Tribe, approximately 95% of whom live on the Standing Rock Reservation in both North and South Dakota.

The Turtle Mountain Band of Chippewa Indians has 30,722 enrolled members, 54% of whom live on or adjacent to the Turtle Mountain Indian Reservation near Belcourt, North Dakota. The Turtle Mountain Indian Reservation was established by executive orders of President Chester A. Arthur in 1882 and 1884. The Turtle Mountain Indian Reservation is relatively small in geographic size, measuring just six miles north to south and 12 miles east to west. A majority of tribal trust land lies adjacent to the Turtle Mountain Indian reservation, encompassing approximately 77,000 acres, all of which is located within Rolette County.

Five tribal colleges are located in North Dakota and they will play a key role in workforce development and training needs of MFPTI service providers:

- Cankdeska Cikana Community College (Fort Totten, ND) – 250 enrolled students;
- Nueta Hidatsa Sahnish College (New Town, ND) – 168 enrolled students;
- Sitting Bull College (Fort Yates, ND) – 306 enrolled students;
- Turtle Mountain Community College (Belcourt, ND) – 700 enrolled students; and
- United Tribes Technical College (Bismarck, ND) – 692 enrolled students.

In addition to bringing tribal members home, establishing comprehensive home and community-based services in the tribal nations will help keep tribal members living in their tribal communities. Increased access to LTSS could prevent or delay admission into long term care facilities or other institutions. Following is data that illustrates the aging and disability needs impacting the tribal nations within North Dakota; this data will help inform future LTSS needs:

Disability Rates^ for North Dakota Tribal Areas by Age: 2000 and 2013 (ACS 5 Year Estimates^^)

	2000 (1)				2013 5 Year Estimates (2)		
	5 to 15	16 to 64	65 or Older		17 or Younger	18 to 64	65 or Older
MHA Nation	2.4%	17.5%	53.0%		2.4%	14.6%	56.3%
Spirit Lake Sioux Nation	2.6%	24.2%	48.9%		0.4%	7.8%	43.1%
Standing Rock Sioux Tribe	3.9%	21.4%	51.8%		3.1%	14.3%	46.5%
Turtle Mountain Band of Chippewa (including Trenton)	6.1%	21.1%	53.3%		5.8%	15.8%	51.0%

^Having a disability is defined as having at least one of the following: sensory disability, physical disability, mental disability, self-care disability, or go outside home disability. A detailed analysis of disability and aging data is included in Attachment C.
^^The American Community Survey (ACS) has replaced the Census for small geographic area statistics, explaining the lack of disability data for the 2010 Census.

North Dakota's initial MFPTI assessment shows there are 134 people who identified themselves as being American Indian living in 34 North Dakota long term care facilities. (NDDHS 2015) The initial assessment also found there are seven people who identified themselves as being American Indian living in the Life Skills and Transition Center, which is an intermediate care facility for individuals with intellectual disabilities located in a non-tribal nation urban setting. (NDDHS 2015) Additional assessments and more in-depth conversations with tribal members are needed to help further narrow the target population. The institutional settings under consideration include nursing facilities, hospitals, and intermediate care facilities for individual with an intellectual disability. The populations under consideration include tribal elders, persons with an intellectual disability and persons with a physical disability.

Core Element 4 – Signed Partnership Commitments

North Dakota MFPTI partners recognize that the original MFPTI guidance requested states to include signed letters of agreement from tribal nations who were interested in working on MFPTI. However, during North Dakota's tribal engagement meetings, an incredible outcome emerged: two of the tribal nations determined they wanted to pass tribal resolutions supporting MFPTI. Tribal resolutions are the highest laws in Indian Country and are equivalent to a law passed by Congress and signed by the president of the United States. North Dakota's MFPTI team is extremely humbled to have two tribal nations prioritize MFPTI at this level. Attached is the tribal resolution supporting MFPTI collaboration that was passed by the Turtle Mountain Band of Chippewa Indians Tribal Council. (Attachment D) MHA Nation also passed a tribal resolution supporting MFPTI and NDSU DPH is awaiting a hard copy of the resolution. NDSU DPH will forward a copy of the resolution to CMS when it is received. NDSU DPH MFPTI staff will work with tribal leadership from the Turtle Mountain Band of Chippewa Indians and MHA Nation to transition into MFPTI Phase II activities. Additionally, NDSU DPH MFPTI staff will coordinate any data collection and/or analysis specific to Turtle Mountain Band of Chippewa Indians with the Turtle Mountain Tribal Nations Research Group. NDSU MFPTI staff will continue engaging with leaders of Spirit Lake Nation and Standing Rock Sioux Tribe to secure tribal resolutions or letters of agreement for MFPTI at such times deemed best by their tribal leaders.