

Status of Implementing Legislation Regarding the Eastern Band of Cherokee Indians

Session Law 2015-241, Section 12C.10.(h)



**Report to
The Joint Legislative Oversight Committee on
Health and Human Services**

By

**North Carolina
Department of Health and Human Services**

April 1, 2016

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Reporting Requirements

North Carolina Session Law (SL) 2014-100 and SL 2015-241 requires the transfer of certain services to the Eastern Band of Cherokee Indians (EBCI), and modifications and enhancements to the Medicaid and Health Choice programs to accomplish the identified goals. SL 2015-241 establishes the quarterly reporting requirement on the status of implementation of Section 12C to begin October 1, 2015 and end when implementation is complete. The NC Department of Health and Human Services (DHHS or Department) in collaboration with the EBCI Public Health and Human Services (PHHS) provides the following report in accordance with SL 2014-100 as amended by SL 2015-241.

Background

SL 2014-100, Section 12C.3 enabled the EBCI Tribe to assume responsibility for certain social services, healthcare benefit programs, ancillary services, including Medicaid administrative and service related functions, and related reimbursements no later than October 1, 2016.

An estimated 15,500 North Carolinians are members of the EBCI Tribal trust lands in Cherokee, Graham, Haywood, Jackson, and Swain counties (Counties). EBCI is a federally recognized Indian tribe under federal law and is asserting its inherent sovereign authority to assume responsibility for certain human services by October 1, 2016.

Implementation Update for child protective services, foster care, adoption, adult protective services, guardianship, low income energy assistance and crisis intervention

Transition meetings continued throughout the quarter (January – March 2016) among PHHS, the County Departments of Social Services (DSS), and the DHHS Office of the Secretary, Division of Medicaid Assistance (DMA), Division of Aging and Adult Services (DAAS), and Division of Social Services (DSS) targeting the transition of the remaining child and adult protective services and guardianship cases remaining in the Counties and the management of new referrals. Due to the larger than projected caseloads, additional staff are being recruited, hired and trained for the PHHS Family Safety Program.

Cherokee Indian Hospital Authority (CIHA) Analenisgi (Recovery and Behavioral Health Services Center) and Family Safety implemented the Integrated Family Support Team. This team is a combination of behavioral health staff and child/adult protective services staff working together to support families through integrated, comprehensive services utilizing a single family plan.

Effective February 8, 2016, PHHS began processing applications for Low Income Home and Energy Assistance Program (LIHEAP) and Crisis Intervention Services (CIS). As of February 28, thirty-four (34) Tribal members received CIS and fifteen (15) members received LIHEAP. EBCI and the five (5) County DSS developed procedures to prevent duplication of applications between the entities.

CIHA Analenisgi, the Cherokee Central Schools (CCS), and the DMA completed collaborative planning for a new service, Intensive Behavioral Health Integrated into a CCS middle-school classroom. A team of mental health professionals and educational staff will provide joint intervention and training during the educational day. Effective February 29, 2016, this new service helps middle school youth who struggle, because of a variety of factors, to find success in the regular school setting. Families with middle school children enrolled in the service no longer need to travel to remote school districts to obtain specialized services.

CIHA continues making significant progress toward the development of the Cherokee Residential Supports Men's Home. The necessary conditional use permit is secured in order to begin renovation of the facility with completion expected summer 2016. This program will provide residential support for men who need a safe place to live free from drugs and alcohol, while they develop life skills needed to live successfully in the Cherokee community. The program comprises outpatient services at Analenisgi while case management works with employment specialists to find and maintain meaningful work.

Planning and site development continue for the Substance Use Residential Treatment Program in the Snowbird community. The target date for opening of the new program is February 2017.

Work continues with DHHS to develop an agreement outlining the transfer of funding as required by SL 2015-241 and to ensure compliance with the Interstate Compact on the Placement of Children (ICPC), child protective services and adult services.

The DMA Deputy Secretary and select staff traveled to the Qualla Boundary February 16-17, 2016 to meet with PHHS and CIHA staff to solicit input on the development of the Medicaid 1115 Waiver; other Medicaid related issues, and policies; and State Plan Amendments (SPAs) as required by SL 2014-100, Section 12C.3(a)-(e) and subsequent versions. Prior to the discussion of the pending Medicaid issues, PHHS staff gave presentations on the mission, vision, and values of EBCI PHHS, followed by in-depth discussions on the EBCI Tribal Health Assessment, Tribal Health Improvement Plan, population health, and prevailing health disparities within Indian Country. The re-organization of social service functions within EBCI addresses the health disparities of the Cherokee community and focuses on promoting safe, stable, and nurturing families. The success of the new system is dependent upon a partnership between PHHS and the medical home, CIHA, shifting from traditional siloed care to an integrated, holistic approach. This system's design provides a multi-system team that supports the family.

Following the visit with EBCI PHHS, the team toured the new Cherokee Indian Hospital. The CIHA's approach to care is founded on a commitment to greater patient and family involvement each step of the healthcare continuum. A focus on prevention, management of chronic disease, appropriate use of specialty care, and medication formulary control are priorities in this system. CIHA is a Level 3 Certified Patient Centered Medical Home and provides services to the majority of Tribal members. The organization is a truly integrated model. Patients are empaneled to a team of providers that includes a case manager, physician, behavioral health specialist, nutritionist and pharmacist who are co-located to provide care.

Analyzing population health, adapting services that embrace the culture of the EBCI Tribe, realigning financial incentives, and addressing social determinants of health must be viewed in the gestalt rather than in isolated, fragmented solutions in order to address the health and well-being of the Cherokee people.

Understanding Indian self-determination and the EBCI's vision for addressing the health of the Cherokee people is important to developing 1115 waivers, enhancing eligibility to Medicaid, and increasing access to Medicaid covered services. Both DHHS and EBCI benefit from the well-timed and expeditious pursuit of approval for Medicaid and Health Choice eligibility determination, SPAs, and other waivers.

Implementation Update for NC Medicaid, NC Health Choice and SNAP

Due to funding constraints at DHHS for both personnel and Information Technology (IT) support, it was not possible to implement EBCI administration of these programs by October 1, 2015. The State budget approved on September 18, 2015 provides funding for contracting a project manager and two business analysts for the EBCI Medicaid-Supplemental Nutritional Assistance Program (SNAP) Project (project) to commence gathering business requirements.

In March 2015 the Department, PHHS, and the Counties collaborated to develop a project plan, IT timeline, and project cost for a Tribal administered, state supervised model. Early challenges include specification of requirements, identification of DHHS systems impacted, and determination of costs. Additional challenges include complex IT system configurations and integrating EBCI with the current structure of 100 counties. Ongoing work sessions continue with technical staff and business owners to explore and understand regulations, data flow and data linkages. The project plan, as reported to the Joint Legislative Oversight Committee on Health and Human Services in January 2016, supports an ambitious 15-month implementation IT timeline.

Executive leadership from DHHS and the Tribe continue to hold status calls to discuss successes and challenges, and to negotiate funding streams that will ensure a successful transition for service transfers from the County DSS to the EBCI. The EBCI hosts monthly meetings with county DSS workers to work through transition challenges. Jackson and Swain Counties have agreed to provide eligibility workers on-site at the Tribal trust lands offices five days per week until amended by agreement between the counties and the EBCI or until implementation is complete as required in SL 2015-241, Section 12C.10.(e2).

The NC Families Accessing Services through Technology (NC FAST) annual Advance Planning Document Update (APDU) submitted August 31, 2015 received official approval by the U.S. Department of Agriculture on October 5, 2015 and the Administration for Children & Families (ACF)/Centers for Medicare & Medicaid Services (CMS) on December 16, 2015. NCTracks work efforts are supported through a customer service request (CSR) submitted to the application support vendor.

The project was entered in Touchdown, the State's new Project Portfolio Management System, as required for Department of Information Technology oversight and tracking, with a project start date of December 16, 2015 as required by SL 2015-241 Section 12C.10(f). Project status was approved

by DHHS to transition in Touchdown from the business concept stage to the initiation stage along with a corresponding refinement in project scope, schedule and cost.

The project charter, the foundation of the project plan, is developed and approved. Project governance structure is developed and in effect comprising the EBCI Project Business Steering Committee (BSC) addressing PHHS-DHHS business matters and the EBCI Project Executive Steering committee (ESC) providing direction affecting project implementation. Collaboration between the Department and EBCI is evident by co-chairing these committees with executives from DHHS and PHHS. Meetings include official voting quorums and recur monthly with the first conducted January 22, 2016. Transparency within the project is accomplished through a public SharePoint accessible by DHHS and PHHS comprising project documentation (e.g., risk register, issue log, status reports, technical presentations and design). NC FAST fulfilled a third of the project's staffing requirements.

DHHS conducted a technical kickoff meeting on January 29, 2016 establishing project-wide technical foundations, priorities for functional design, and standardization of requirements analysis. The majority of functional design is complete as efforts continue to transition to detailed functional design. A petition to the Social Security Administration (SSA) pends approval for permitting re-disclosure of Social Security data and information to the EBCI. The Tribe elects to replace the functionality of Maximus, the data-collection system for reporting reimbursable costs used by the NC counties, with a manual interface to DHHS on a quarterly basis. EBCI's AlloCap system will support this manual cost allocation process.

The project continues to investigate ramifications to project scope of the February 26, 2016 CMS SHO #16-002 rule change in payment policy affecting federal funding for services received by Medicaid-eligible individuals, who are American Indians and Alaska Natives (AI/AN) through facilities of Indian Health Service (IHS) or referred to non-Tribal providers at a rate of 100 percent Federal Medical Assistance Percentage (FMAP).


DHHS and PHHS anticipate additional discussion, planning or implementation of the above over the next six to 12 months. In addition, DHHS and the PHHS plan collaboration and work sessions in the upcoming quarter to discuss Tribal interfaces with Medicaid Transformation, ways to embrace and support the identified health disparities for the Cherokee, and approaches for the Tribe to assist the region in access to quality healthcare.

The Department remains fully committed to assisting the EBCI to ensure a smooth transition of Medicaid and SNAP services.

Attachment A: Timeline of Implementation Phases

Attachment B: DHHS Systems and Interfaces Impacted

Attachment C: EBCI Project Timeline

<div>  DHHS EBCI Medicaid-SNAP Project </div>														
Timeline of Project Implementation														
Jan '16 Mo. 1	Feb '16 Mo. 2	Mar '16 Mo. 3	Apr '16 Mo. 4	May '16 Mo. 5	Jun '16 Mo. 6	Jul '16 Mo. 7	Aug '16 Mo. 8	Sep '16 Mo. 9	Oct '16 Mo. 10	Nov '16 Mo. 11	Dec '16 Mo. 12	Jan '17 Mo. 13	Feb '17 Mo. 14	Mar '17 Mo. 15
IT Functional Design														
		IT Detailed Design												
				IT Development										
				IT Test Planning										
							IT Test Execution							
												IT Interface Testing		
														Training

Assumptions:

- All approvals (SSA, CMS, USDA, and NC Agency agreements) and funding are in place prior to start;
- NC FAST is the driving force for design and implementation and requires 15 months from the start date;
- Timeline based on requirements identified and documented by business analysts assigned to this effort;
- Interface testing with all systems can be conducted in the remaining 3 months based on each downstream application timeline (schedule contingency +3 months);
- Estimates provided based on DHHS IT staff only; additional effort required by business staff to support efforts not shown;
- EBCI utilizes the state systems for Food Nutrition Assistance Program (SNAP) and Medicaid and their current rules as they exist in NC FAST;
- SNAP and Medicaid (includes Health Choice) are the only programs in scope at this time for EBCI;
- Maximus application listed is a county vendor supported system (interface for electronic reimbursement process) and is out of scope in this schedule analysis; EBCI needs to determine solution for reporting to the state;
- Both CMS and USDA will approve the EBCI data sharing request; and,
- Project close-out phase unknown and not indicated (schedule contingency +3 months).



