

Summary of Centers for Medicare and Medicaid Services
All Tribes Conference Call on the Implementation of the
Affordable Care Act
November 19, 2010

The Centers for Medicare and Medicaid Services (CMS) conducted the third in a series of biweekly teleconferences to explore issues related to the impact of health care reform on Indian Country. The third teleconference, held on November 19, 2010, discussed issues related to home and community-based care. Kitty Marx, the Director of the Tribal Affairs Group (TAG), opened the call with a brief introduction of the topics for the teleconference:

- § 2405, Aging and Disability Resource Centers (ARDC);
- § 2403 of the Affordable Care Act (ACA), “Money Follows the Person Rebalancing Demonstration”;
- § 10202, Balancing Incentives;
- § 2402a Oversight & Administration of Home and Community-Based Services (HCBS);
- § 2402b (1915[j]) HCBS State Plan Services: Removal of Barriers, the State Option to provide home and community based services to individual as eligible for services under a waiver;
- § 2401, Community First Choice Option; and
- § 2703, Health Homes, ACA, which brings up a new State Plan authority for a health home for individuals with chronic conditions.

This call highlighted the fact that there many provisions of the ACA promote home and community based services. Nearly all of the provisions are optional for the States, and tribes will need to work closely with the State counterparts. The expectation is that many States will take advantage of the new options to expand community based and home services because of the “enhanced” federal medical percentage(s) that vary by program. Additionally, the expectation is that many more tribally operated programs would have access to funds made available from program expansions.

All of the ACA provisions support the deinstitutionalization of services and promote patient directed care. In addition, the Secretary of HHS and the Department as well as states will have new options for flexibility in determining the scope of programs and the determination of who is eligible. The overall thrust of all of the initiatives is to make more eligible for more community and home based services under more provider types.

Participants asked how much direction CMS plans to give to states to make all options available to tribes. The answer to several questions that were deferred pending further review; these questions included: Whether or not the OMB Rate would be available for HCBS services, and whether HHS or CMS letters were going out to States to promote widespread adoption of the programs? Some participants were concerned that since the legislation does not require that Tribal programs be funded or supported that without some written direction from CMS some States might not support tribally-operated HCBS programs. One Tribal leader suggested that greater outreach to tribal leaders

was needed in the preparation of guidance for § 2401 to make the new collaboration with SAMSHA, CMS and IHS most effective.

The All Tribes calls are held on a bi-weekly basis on Fridays from 1:00 to 2:00 PM (ET). The call-number (1-888-450-4823) and passcode (750568) will be used in all the calls. Calls have been scheduled for the remaining months of 2010 with a new schedule of calls anticipated in January 2011.