

# National Indian Health Board



March 16, 2012

Submit via [consultation@ihs.gov](mailto:consultation@ihs.gov)

Yvette Roubideaux, M.D., M.P.H.  
Director  
Indian Health Service  
801 Thompson Ave., Suite 440  
Rockville, MD 20852

Re: NIHB Comments on IHCIA Long Term Care provisions.

Dear Dr. Roubideaux,

As Chairperson of the National Indian Health Board (NIHB)<sup>1</sup>, I am submitting comments in response to your letter dated January 6, 2012 initiating a formal tribal consultation on implementing the long-term care provisions included in the Indian Health Care Improvement Reauthorization and Extension Act of 2009 (IHCIA). The NIHB appreciates the efforts of the Indian Health Service (IHS) to engage with Tribes on these provisions.

The authority for IHS, Tribes and Tribal organizations to offer and be funded for long-term care services offers great promise for meeting the needs of Indian Country. It is consistent with our culture to have our elders at home in our communities for their entire lives. Our elders hold prominent positions within Tribal communities. They are our counselors, historians, teachers, and leaders. It is the community responsibility to take care of their needs. The reauthorized IHCIA provides express authority for IHS and Tribes to operate hospice, long-term care and assisted living programs and to supply health services in homes and community-based settings. Not only are such approaches effective at improving an individual's health status, these are demonstrably more efficient and cost-effective ways of delivering care to individual beneficiaries.

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<sup>1</sup> Established 40 years ago, NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives. NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service ("IHS") Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act ("ISDEAA"), or continue to also rely on IHS for delivery of some, or even most, of their health care, NIHB is their advocate.

We support the recommendations identified in the report of the *Long Term Care in Indian Country Conference*. We would like to highlight some of those suggestions and provide additional recommendations below.

**Change or enhance the terminology.** Many individuals believe that long-term care is just for the elderly, but accidents and illnesses can happen at any age, and young people may require long term services too. There is a need to create opportunities for education and training about hospice and palliative care, including basic, plain language education about what they are, why they are part of the continuum of care. Like others in this field, the Long Term Care standing subcommittee of the Tribal Technical Advisory Group to CMS, is working with an expanded definition to include Long Term Support Services (LTSS). We are excited to see this enhanced LTC terminology and concept being used at the upcoming *IHS 2012 American Indian and Alaska Native Long Term Services and Support Conference* to be held on March 21-22, 2012 in Denver, CO.

**Identify LTC and LTSS activities across I/T/U programs.** As the report notes, many Tribes have experience in providing LTC/LTSS and we support that such Tribal communities retain control, leadership and ownership of such programs. We recommend that IHS create a comprehensive list and include examples of best practice programs from many tribes. In addition, provide a guide for long-term care facility design with construction and operational cost estimates. This information can be a starting place for the collaboration between those Tribes already having programs in place and other Tribes interested in learning more about LTSS.

**Identify current resources for Tribes to develop and expand LTSS.** Similarly, we request that IHS, with its partners of Center for Medicare and Medicaid Services (CMS) and Administration on Aging (AoA), develop a list of resources available to Tribes to provide LTC/LTSS. The conference and webinars have been very helpful. A list of resources of available funding and technical assistance for the development and continuation of the LTSS would be another available resource.

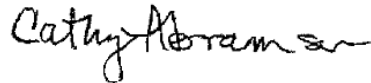
**Need to support and coordinate the efforts between IHS and the VA to increase access to long-term care service for veterans.** Collaboration is beginning to take place in Indian country, but the avenues have not been formalized, and tribes working with the VA are not sure of the final products that will be developed to facilitate the collaborative use of resources and services. Removal of the barriers would further enhance supportive services for veterans who are a growing population that are often in need of LTC and LTSS.

**Identify the need for programs to provide LTC and LTSS for young and middle aged adults.** Increased focus on care of the youth and middle-aged tribal members suffering from disabling conditions that may require long-term care or supports and services. Many of our veterans are returning home with such conditions as well as the general population of tribal members who may suffer from chronic health conditions or conditions brought on by any number of events such as trauma or mental health problems.



Thank you in advance for consideration of these recommendations as we jointly work to advance the health status of American Indian and Alaska Native individuals and communities across the United States.

Sincerely,



Cathy Abramson, Chairperson  
National Indian Health Board

Cc: Valerie Davidson, Chair, Tribal Technical Advisory Group to CMS  
Kitty Marx, Director, CMS Tribal Affairs Group  
H. Sally Smith, Chair, NIHB Medicare, Medicaid and Health Reform Policy Committee (MMPC)  
Stacy Bohlen, Executive Director, NIHB  
Jennifer Cooper, Legislative Director, NIHB

