

CMS ITU Training

Montana Medicaid Programs and Tribal Relations

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DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Introductions

Casey Peck

Indian Health Service, Tribal 638, Urban Indian Organizations
Section Supervisor

Health Resources Division, DPHHS

Heidi DeRoche, *(Blackfeet)*

Tribal Relations Manager
Director's Office, DPHHS



Agenda

- Montana Medicaid Programs
 - Organization
 - Services
 - Communication
- Tribal Relations
 - Role & Purpose
 - Activities & Impact
 - Engagement



Montana Medicaid Programs

Casey Peck, I/T/U Section Supervisor



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Organization

Montana Medicaid services are housed within the Department of Public Health and Human Services.

- The Health Resources Division is one of 3 divisions under the Medicaid and Health Services Practice.
- Most Medicaid benefits are overseen by the Health Resources Division.
- The other divisions are Senior and Long-Term Care and Behavioral Health and Developmental Disabilities.



Organization

The I/T/U Section:

- Maintains the I/T/U specific SPA pages.
- This Section works with the:
 - 8 Tribal Governments
 - 2 Compacted Tribes
 - 5 Urban Indian Organizations
 - Billings, Butte, Great Falls, Helena, and Missoula
 - 5 IHS Service Units
 - 3 Hospitals, 6 clinics, and 1 Urgent Care



Services

Montana Medicaid Benefit package includes coverage for (but not limited to):

- Primary Care Services
- Hospital Services
- Dental Services
- Optometry Services
- Nursing Home Services
 - 2 tribally operated nursing homes
- Dialysis Clinic Services
 - 1 tribally operated



Services

- Transportation
- Pharmacy

Montana Medicaid does not have a daily limit on the number of services that can be billed.

Montana Medicaid does not pay for equine therapy, nurses, or community health representative services.

New services we are currently working on are CHAP, Tribal Residential Treatment Services, and Traditional Healing Services.



Communication

Montana Medicaid has a centralized website: medicaidprovider.mt.gov contains information regarding:

- Provider enrollment
- Provider specific pages that contain manuals, provider notices, and fee schedules.
- A Monthly newsletter – Claim Jumper

One of the ways in which the I/T/U Section maintains contact with the providers we work with is through trainings:

- For the IHS and Tribal providers we conduct monthly Medicaid trainings.
 - The PowerPoints from these trainings are posted out on the provider website.
- For the UIO providers there is a quarterly Medicaid training.



Communication

Bi-yearly the division produces Medicaid Revenue Reports for the I/T/U providers. These reports allow for a visual reference of:

- The reimbursed services for the provider;
- Missed opportunities and future services to plan for;
- The breakdown of services between the Traditional Medicaid and Medicaid Expansion populations.

The I/T/U Section aims to conduct annual in-person visits with each I/T/U provider.



Tribal Relations

Heidi DeRoche, Tribal Relations Manager



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Role and Purpose



Tribal Relations Manager & Office of American Indian Health

- Advance government-to-government relationships
- Coordinate tribal engagement across DPHHS divisions
- Integrate tribal priorities into public health, human services, and health services
- Increase understandings of tribal governments, systems, and approaches
- Provide strategic and technical support to Tribes, Urban Indian Organizations (UIOs), and Indian Health Service

Impact Metric – Establish consistent executive-level engagement and direct tribal touchpoints that improve coordination across multiple DPHHS divisions & partner agencies.



Key Activities & Impact



Leadership & Government Relations

- Executive and Division leadership engagement
- Weekly Director briefings
- In-person meetings with Tribal Government, UIOs, and Indian Health Services
- Cross-agency coordination (DLI, DOC, OPI, Governor's Office)

Program & Systems Integration

- Across all practice areas
- Assess support and resources provided to tribes & UIOs
- Identify priority areas – Ex: RHTP, Tribal Consultation, Foster Care

Impact Metric – Aligned tribal priorities across practices and services, reducing duplication and increasing responsiveness to tribal needs.



Current Activities & Impact



- Ongoing Tribal technical assistance across divisions (14)
- Strengthen internal & external coordination and communications
- Advance OAIH reorganization
- Tribal leadership engagement including Tribal Governments, UIOs, Indian Health Service, and Montana American Indian Caucus

Impact Metric – Position DPHHS to deliver more consistent, accountable, and culturally responsive services to Tribal communities and populations.



Tribal Leadership

Tribal Leadership Bodies

- Tribal Governments (8)
- Urban Indian Organizations
- Indian Health Service
- Montana American Indian Caucus (MAIC)
- State – Tribal Relations Committee (STRC)

Tribal Partners

- Governor's Indian Affairs Director
- State Agencies Tribal Liaison
- External Tribal Partners – Ex: Tribal legal advisors, consultants, etc.



Tribal Consultation

Formal Consultation

- Medicaid requires a formal consultation process
- Montana Code Annotated 2-15-142 establishes guiding principles to consider for developing consultation policies; there are currently no requirements for state agencies to develop or implement tribal consultation policies.
- Guiding Principles:
 - a commitment to cooperation and collaboration;
 - mutual understanding and respect;
 - regular and early communication;
 - a process of accountability for addressing issues; and
 - preservation of the tribal-state relationship.
- TRM and OAIH are currently working on recommendations for a tribal consultation framework that consists of pre, during, and post consultation processes.



Tribal Consultation

Informal Consultation

- Early and consistent communication
- One-on-one engagements
- In-person convenings
- Participation in tribal events, meetings, etc.
- Technical assistance
- Information sharing



Questions

