



Bridging Systems

Tribal Care Coordination Within the Medicaid System


CMS ITU Training – May 2026

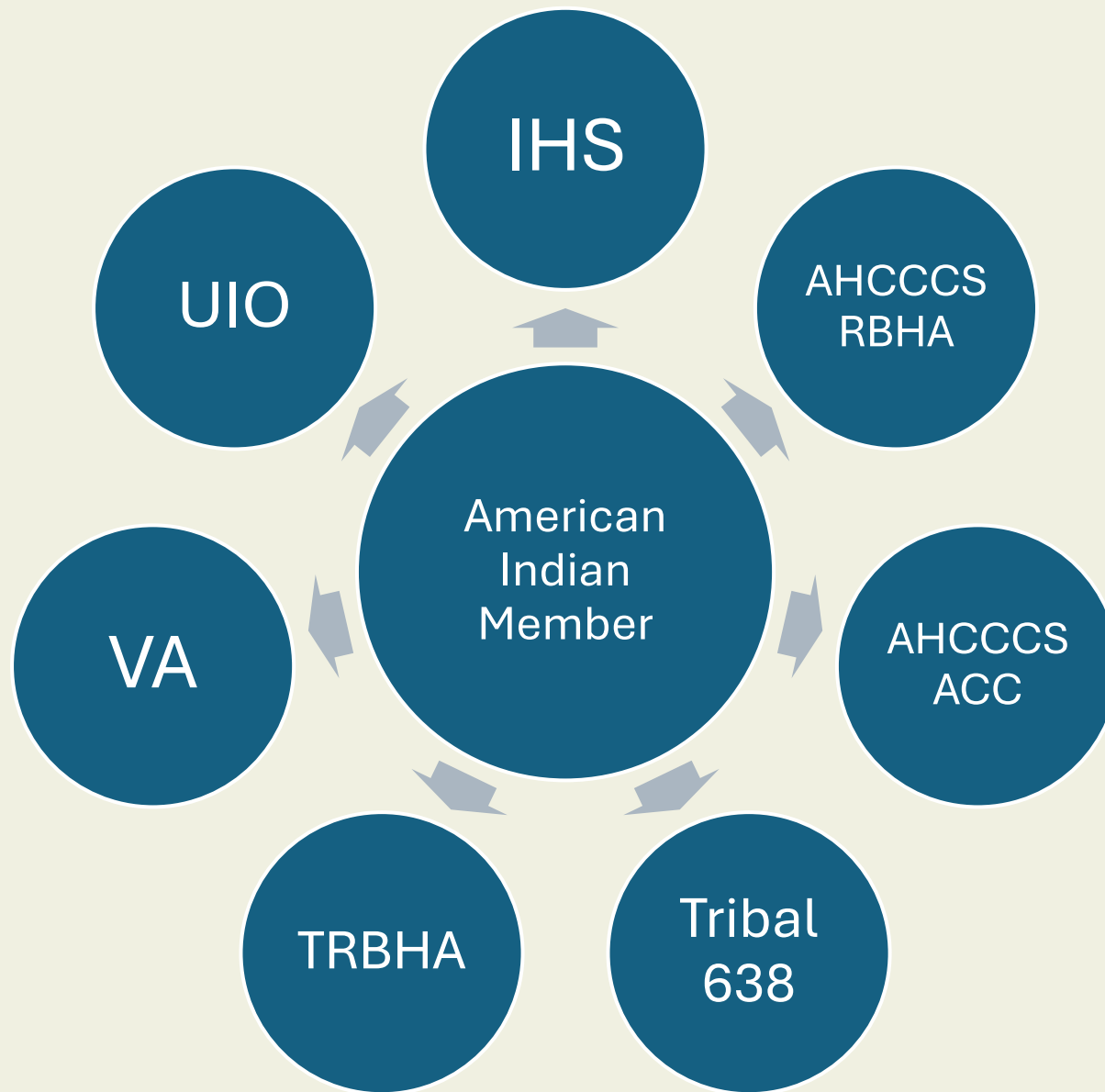
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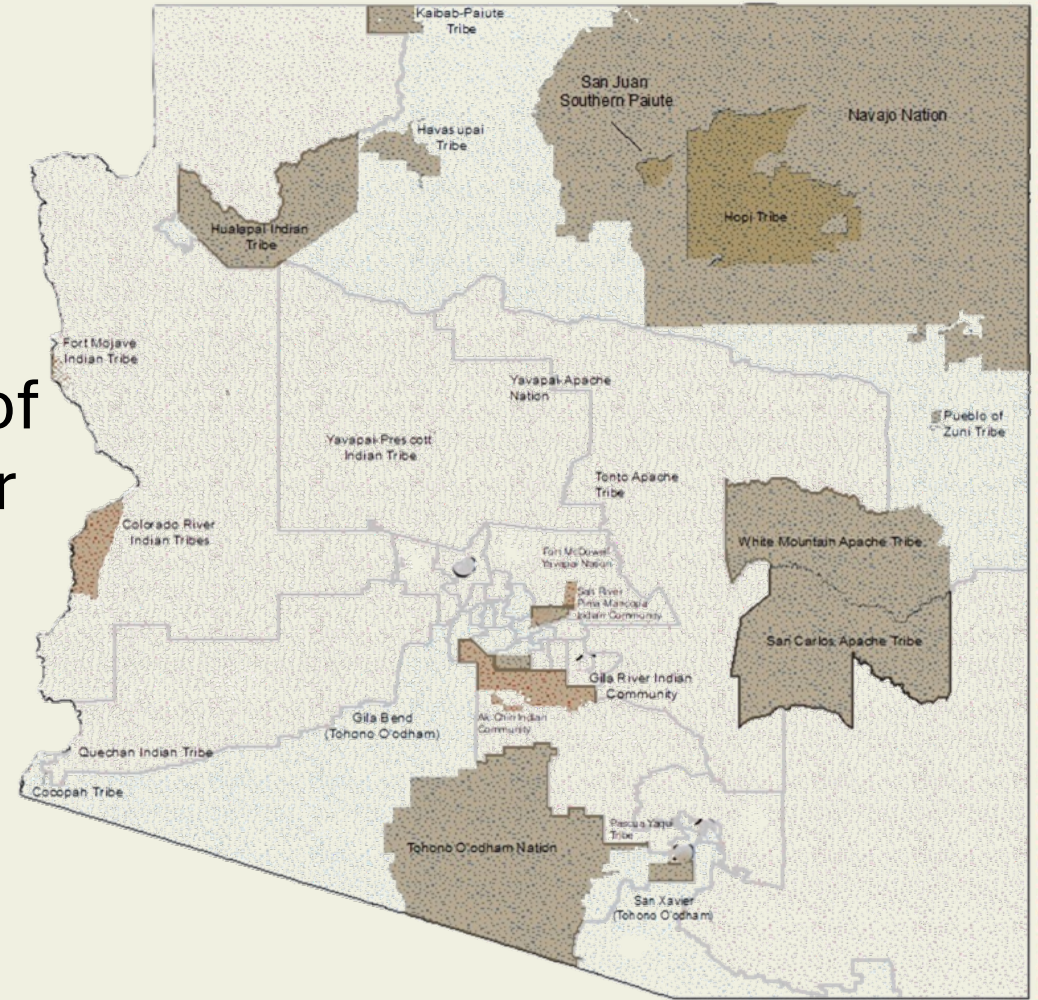
Objective

- Provide an overview of care coordination for Tribal members within Medicaid
 - Highlight the complexities of navigating multiple systems of care
 - Strengthen understanding of partnerships across Tribal, state, and federal systems
 - Promote culturally responsive approaches that center Tribal communities
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Tribal Sovereignty


My recommendation would be ensuring you or your agency honors and respects the sovereignty of all Tribal Nations and their diverse cultures in your respective service areas.






Systems of Care

- Indian Health Services
 - Tribal 638
 - Urban Indian Health Programs
 - Managed Care Organization (Arizona Complete Care)
 - Fee For Service
 - Veterans Affairs
 - Tribal Regional Behavioral Health Authority
- 



Arizona Health Care Cost Containment System (AHCCCS)

Arizona's Medicaid agency that provides free or low-cost health insurance to qualified low-income residents. It operates as a managed care program, covering services like doctor visits, hospital care, prescriptions, and immunizations.

- **Arizona Complete Healthcare - RBHA**
 - **Mercy Care Plan - RBHA**
 - United Healthcare
 - Banner University Family Care
 - Molina Healthcare
 - BCBCAZ Health Choice
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AHCCCS - Fee For Service (FFS)

Payment model where the AHCCCS directly reimburses providers for each specific, medically necessary service rendered to eligible members, rather than using a managed care organization.


It acts as a direct-payer system, often for populations not enrolled in a contracted health plan, with rates updated annually.

- American Indian Health Program (AIHP)
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AHCCCS - Tribal Regional Behavioral Health Authority (TRBHA)


Tribal entity authorized by AHCCCS to manage and coordinate comprehensive mental health and substance abuse services for American Indian/Alaskan Native members in Arizona. Operating under an Intergovernmental Agreement (IGA), TRBHAs provide culturally appropriate behavioral health care for eligible individuals.


- White Mountain Apache Tribe
 - Pascua Yaqui Tribe
 - Navajo Nation
 - Gila River Indian Community
 - Colorado River Indian Tribe
- 



Indian Health System (I/T/U)


This system provides health services to American Indians and Alaska Natives (AI/AN). It ensures access to care through federal, tribally managed, and nonprofit facilities, including specialized services like Medicaid/Medicare billing and veteran care.

- Indian Health Services (IHS)
 - Tribal Health Programs
 - Urban Indian Health Programs
- 



Indian Health Service (IHS)


An agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives.





Tribal 638 (Public Law 93-638)


"Tribal 638" refers to **Public Law 93-638**, the Indian Self-Determination and Education Assistance Act of 1975, which empowers federally recognized tribes to manage federal programs (health, education, roads) directly, fostering sovereignty. These "638 contracts" or "638-ing it" means tribes take over administration and funding from agencies like the Bureau of Indian Affairs (BIA) or Indian Health Service (IHS), replacing federal oversight with tribal self-governance





Urban Indian Organizations


Nonprofit corporate body situated in an urban center governed by a board of directors of whom at least 51 percent are AI/ANs, for establishing and administering an urban Indian health program and related activities as described in Title V of the Indian Health Care Improvement Act.

- A map of I/T/U locations and services
 - [CMS](#)
 - Participating I/T/U facilities for veterans
 - [VA provides a list](#)
- 



U.S. Department of Veteran Affairs

Tribal Veteran Services provide Native American veterans with access to VA benefits—including disability compensation, healthcare, pensions, and home loans—often through specialized, culturally competent partnerships and tribal offices. Services include assistance with VA claims, transportation to medical appointments, and specialized housing support,



Tribal Member Care Coordination


WHERE
DO I
START





How Does Culture Impact Care/Service?

Health is a ***cultural construct*** based on cultural issues and beliefs about the nature of disease/illness and the human body. Therefore, should be considered in the delivery of services.



Cultural Competence and Cultural Humility: What's the Difference?



Cultural Competence

Mastery/Expert

End Point

Rigid

Technical

Hierarchy

Linear

Status quo



Cultural Humility

Learner/student

Fluid

Flexible, dynamic

Personal, authentic

Partnership

Evolving

Pathy to Equity

Four Pillars of Cultural Humility

A lifelong process of critical self-reflection and self critique

Redressing the power imbalances in the patient-provider dynamic

Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations

Advocating and maintaining institutional accountability that parallels the three principles above

Challenges & Barriers



Impact of Colonization



Geography



Federal Policy



Historical & Intergenerational Trauma



Lack of Understanding

Tribal Member Care Coordination

- **Section Overview**

- Understanding the unique landscape of Tribal healthcare systems
- Navigating Medicaid, IHS, Tribal, Urban Indian, and VA systems of care
- Identifying barriers and opportunities in coordinating services

- **Key Focus Areas**

- Building strong cross-system partnerships
- Improving communication and collaboration
- Addressing access, authorization, and billing challenges
- Supporting culturally responsive and community-centered care

- **Guiding Approach**

- Center Tribal member voice, choice, and lived experience
- Practice cultural humility and respect for sovereignty
- Work collaboratively to achieve seamless, coordinated care across systems



Understanding System Complexity

Navigate

Navigate multiple access points: Medicaid (FFS), IHS, Tribal Urban Indian Organizations, VA, etc.

Recognize

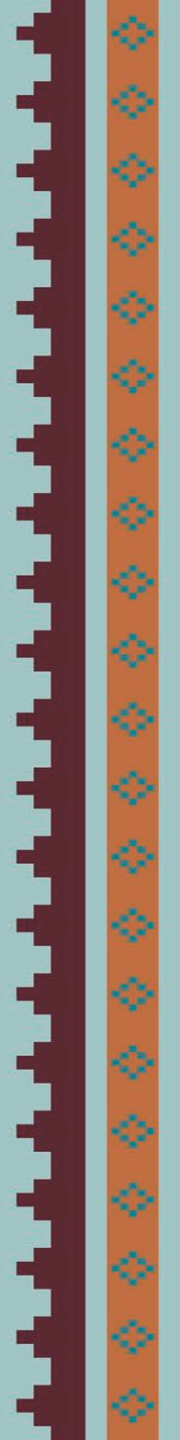
Recognize challenges in accessing care: referrals, transportation, eligibility, and service availability

Understand

Understand billing process, prior authorizations, and coverages



Building Strong Partnerships

- Collaborate with
 - Medicaid DFSM
 - Managed Care Organizations (MCOs)
 - Indian Health Services
 - Urban Indian Organizations
 - Veterans Affairs (VA)
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Effective Communication



Practice clear, respectful, and culturally responsive communication (verbal & written)



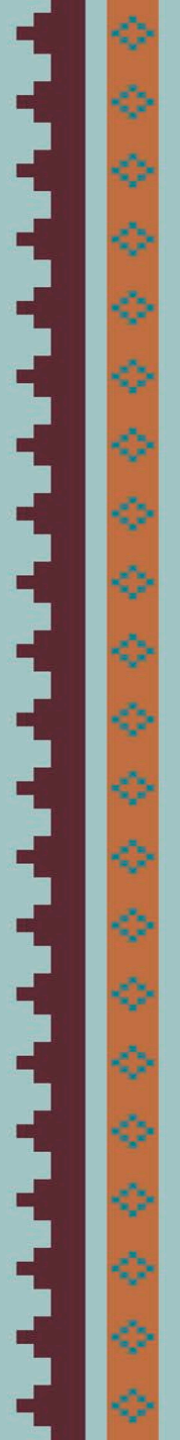
Utilize regular meetings, case reviews, and cross-system coordination to address barriers



Foster trust through relationship building and follow through

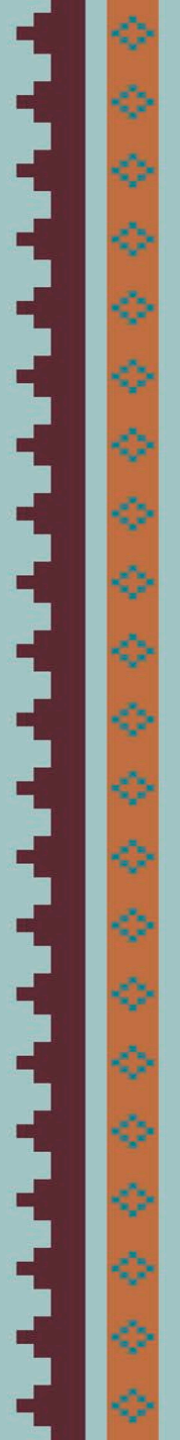


Systems Knowledge & Navigation

- Understand policies, regulations, and program requirements across systems
 - Recognize jurisdictional boundaries (federal, state, tribal) and how they impact care
 - Support ongoing training, education, and awareness building for providers and staff
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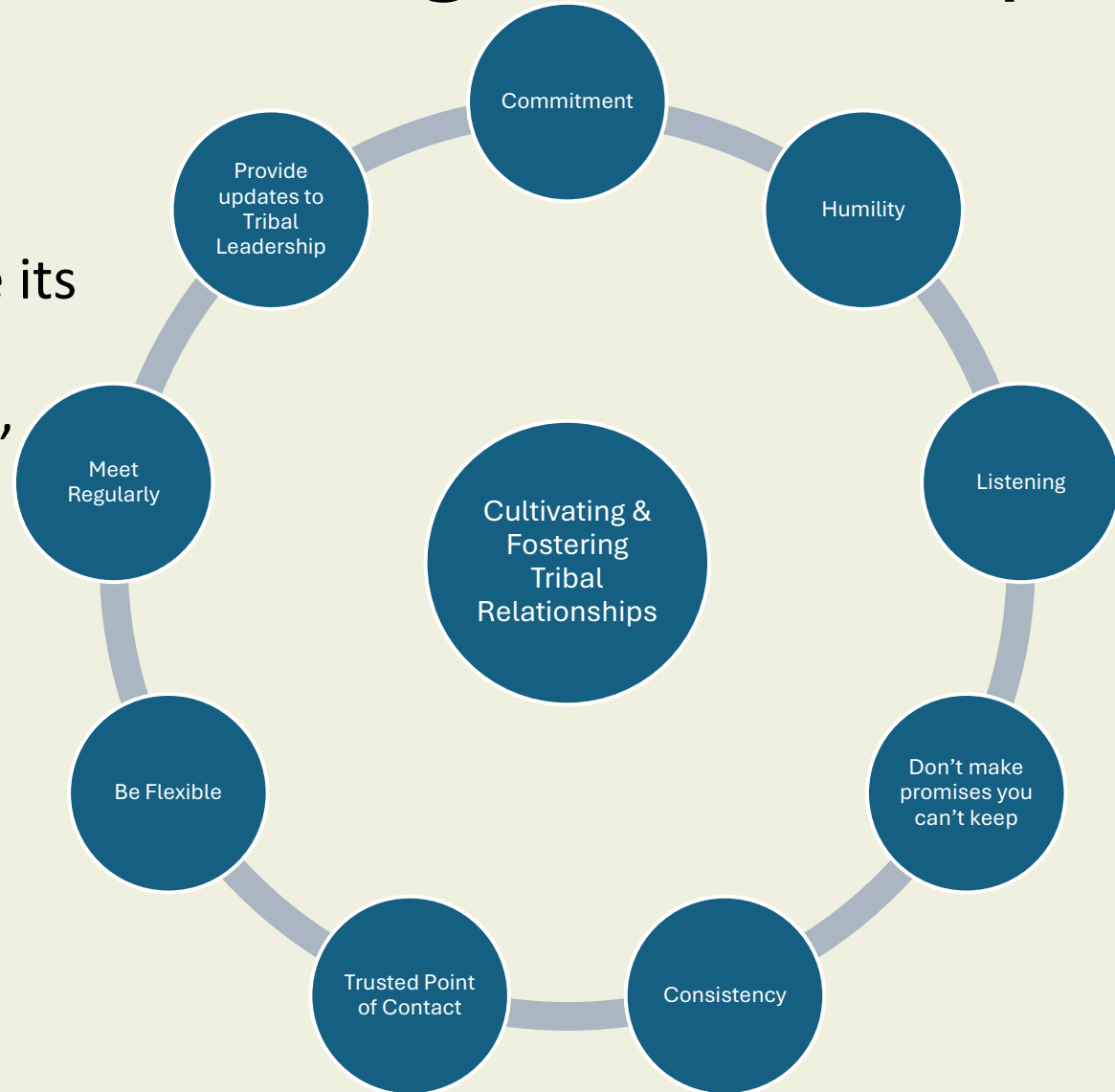


Culturally Grounded Care Coordination

- Honor cultural values, traditions, and community priorities
 - Promote cultural humility in all interactions
 - Center member choice, voice, and holistic well-being
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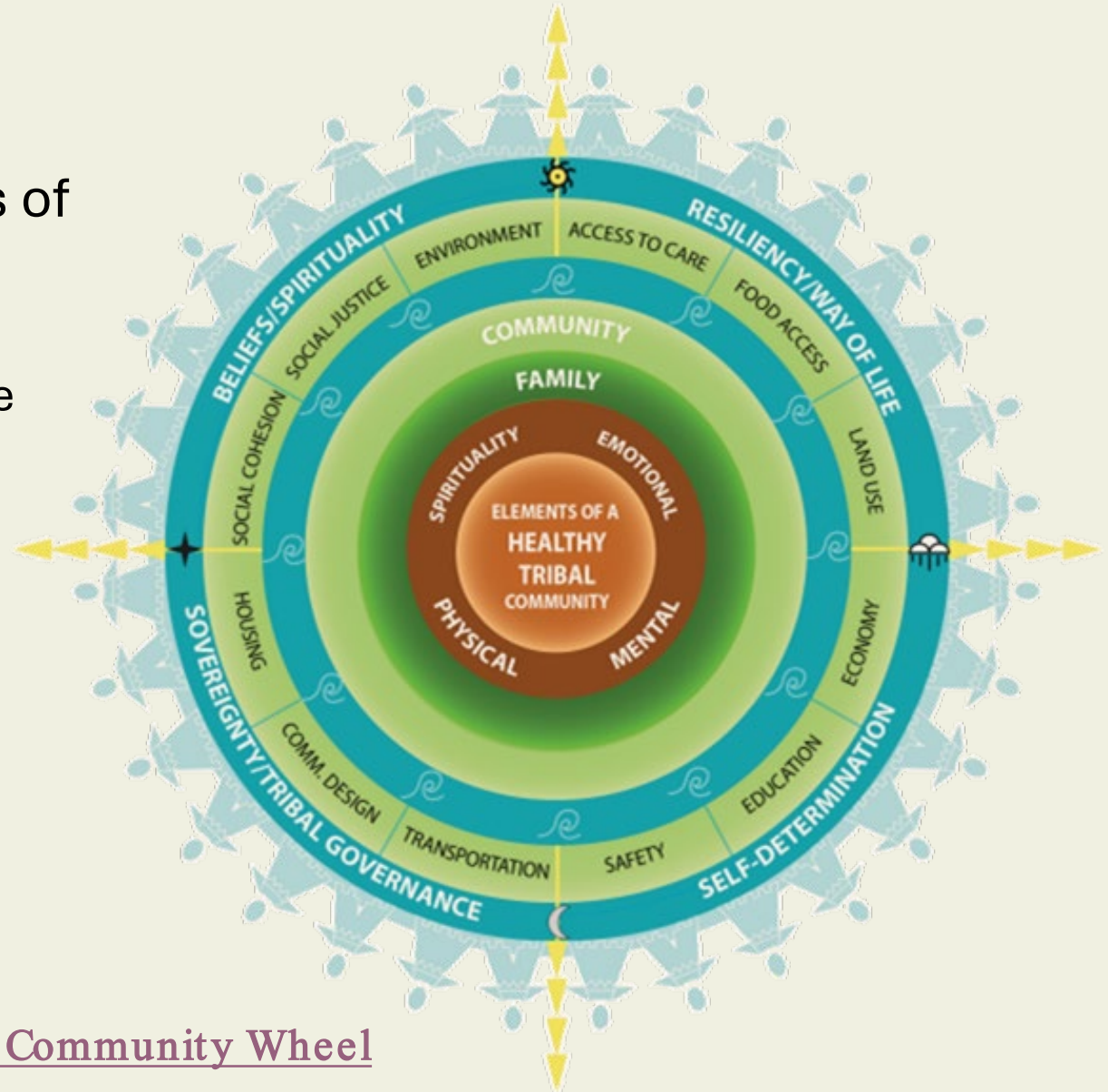
Cultivating & Fostering Relationships

Native American cultures are highly diverse, and each community will have its own set of expectations, beliefs, and practices



Elements of A Healthy Tribal Community

- Four Tribal Principles of Sustaining Health
 - Beliefs & Spirituality
 - Resiliency/Way of life
 - Self Determination
 - Sovereignty/Tribal Governance



Elements of a Healthy Tribal Community Wheel

Asquali



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