



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Confederated Tribes of Colville
Confederated Tribes of Coos, Lower
Umpqua, and Siuslaw Indians
Confederated Tribes of Grand Ronde
Confederated Tribes of Siletz
Confederated Tribes of Umatilla
Confederated Tribes of Warm Springs
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Klallam Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Upper Skagit Tribe
Yakama Nation

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RESOLUTION # 18-03-09

**WASHINGTON STATE MEDICAID TRANSFORMATION
DEMONSTRATION DELIVERY SYSTEM REFORM INCENTIVE PAYMENT
FUNDING TO SUPPORT AREA COMMUNITY HEALTH AIDE PROGRAM
CERTIFICATION BOARD**

WHEREAS, the Northwest Portland Area Indian Health Board {hereinafter "NPAIHB" or "Board" was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act {P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington ("member tribes"); and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USC §450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member tribes; and

WHEREAS, AI/ANs have very limited access to health care services and are disproportionately affected by oral and behavioral health disparities and these disparities are directly attributed to the lack of health professionals in Indian communities, which has caused a serious access issue and backlog of many health services for AI/AN people; and

WHEREAS, many of our member tribes have great difficulty and face significant challenges in recruiting health professionals to have in their communities that results in further challenges in ensuring continuity and comprehensive healthcare for AI/AN people; and

WHEREAS, the Alaska Community Health Aide Program (CHAP) has been in existence since 1964 as a program of the Indian Health Service (IHS); and

WHEREAS, the federally authorized Alaska Community Health Aide Program Certification Board (CHAPCB) was established and charged with formalizing the process for maintaining the Community Health Aide/ Practitioner training and practice standards and procedures; and

WHEREAS, CHAP has been an effective method for diminishing the health disparities of Alaska Natives by promoting access to health services for Alaska Natives residing in rural and remote communities; and

WHEREAS, CHAP grows providers from within Tribal communities who provide patient-centered quality care that comes from providers that understand the history, culture, and language of their patients; and

WHEREAS, CHAP provides routine, preventative, and emergent health care through Community Health Aides (CHA/Ps), Behavioral Health Aides (BHA/Ps), and Dental Health Aide Providers (DHA/Ts); and

WHEREAS, CHAP workers provide continuity of care in communities that face recruitment and retention challenges; and

WHEREAS, the IHS issued a Dear Tribal Leader Letter on January 4, 2017 to announce that the IHS will begin the process of developing a formal policy and implementation plan to create a national CHAP under the provisions outlined in the Indian Health Care Improvement Act as amended at 25 U.S.C. § 1616(d) and the CHAP Tribal Advisory Group has been convened; and

WHEREAS, Portland Area tribes have made significant progress establishing DHAT programs with several more students currently being trained as DHATs in Alaska and conducting a feasibility study to establish a BHA program, among other activities; and

WHEREAS, our member tribes would benefit from expansion of the CHAP to the Portland Area; and

WHEREAS, on January 9, 2017, the Centers for Medicare & Medicaid Services (CMS) approved Washington State's request for a section 1115(a) Medicaid Transformation Project No. 11-W-00304/0 (Transformation); and

WHEREAS, part of this Transformation is a Delivery System Reform Incentive Payment (DSRIP) program, through which the Washington Health Care Authority will make performance-based funding available to federally recognized tribes, urban Indian Health Programs (UIHPs), tribal organizations and other Indian Health Care Providers; and

WHEREAS, Washington Tribes support the development of an Area CHAP Certification Board (ACCB) and agreed to the allocation of Transformation DSRIP funding in the amount of \$555,000 for the development of an ACCB by unanimous voice vote at the AIHC February 8, 2018 meeting;

WHEREAS, additional funding may be provided to NPAIHB through December 31, 2018 for the ACCB.

THEREFORE, BE IT RESOLVED, that NPAIHB accepts the Washington Health Care Authority Transformation DSRIP funding in the amount of \$555,000+ to fund the planning, development and implementation of an ACCB in the Portland Area (the contract will end December 31, 2021).

CERTIFICATION

NO. 18-03-09

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 23 for, 0 against, 0 abstain on April 19, 2018.

Andrew C. Joseph Jr.

Chairman

April 19, 2018
Date

Gregory J. Abraham
Secretary