

**TSGAC
Community Health
Aide Program
(CHAP)**

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g Tribal Nations: Transforming Vision

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CHAP - TODAY'S TOPICS

Background

Implementation

Education (referencing to NPAIHB as an example)

Update

Hot Topics/Challenges

Budget



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CHAP - BACKGROUND

- The Community Health Aide Program (CHAP) is a multidisciplinary system of mid-level behavioral, community, and dental health professionals working collaboratively with licensed providers to offer patients increased access to quality care in rural Alaskan areas. In 2016, The Indian Health Service (IHS) consulted with Tribes on expanding the program, and in 2018, formed the CHAP Tribal Advisory Group (CHAP TAG) to expand CHAP to the lower 48 states
- PURPOSE: To establish the organization and administration of the National Community Health Aide (CHAP) Program.
- SCOPE: The policy implements the statutory requirements of the Indian Health Care Improvement Act (IHCIA) that apply to CHAPs operated by the Indian Health Service (IHS) or by Indian Self-Determination and Education Assistance Act (ISDEAA) contractors in the contiguous 48 states outside of Alaska.
- This policy does not apply to Urban Indian Organizations (UIOs) because UIOs are not legally authorized to implement a CHAP.

CHAP - BACKGROUND cont....



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- The CHAP was developed in Alaska in the 1960s in response to health concerns in remote rural Alaska Native communities, including the tuberculosis epidemic.
- Formally recognized in 1968, the Alaska CHAP was codified in 1992 in the IHClA. Since then, the Alaska CHAP has evolved to provide primary and emergent medical care, dental care, and behavioral healthcare services.
- In 2010, Congress authorized the IHS to nationalize the CHAP to advance the health status objectives in the IHClA.



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CHAP - Background cont...

- **AUTHORITY:** The IHClA, as amended, provides authority for the nationalization of the CHAP as well as program requirements and federal responsibilities related thereto; Indian Health Care Improvement Act, 25 U.S.C. § 1616l. Authorized but not Appropriated or insufficient to sustain.
- **DISCIPLINES:** Subject to the authority established herein, the CHAP shall consist of three health aide disciplines, including community health aides, dental health aides, and behavioral health aides.

ADVISORY WORKGROUPS NWPAIHB

dəxʷxayəbus (dahf-hi-ya-buus; Lashootseed meaning “place of smiles”) also known as **“Washington Dental Therapy Education Program” is formed**

Tribal Community Health Aide Provider (TCHAP) Advisory Workgroup is formed to develop what a Community Health Aide/Practitioner role will look like

2016

2017

2018

2019

2020

2021

2022

2023

2024

CHAP Advisory Workgroup formed with the mission to support the development of the PACCB in accordance with NPAIHB Resolution and IHS Circular policy

Behavioral Health Aide (BHA) Advisory Workgroup is formed to inform and support the strategic direction and development of a Behavioral Health Aide Program in the Portland Area

Dental Health Aide (DHA) Advisory Workgroup is formed to contribute guidance, oversight, and SME in the development of the DHA program

WHY CHAP?



CHAP is building a new tribal health system that integrates into an existing health system.

CHAP can be a viable solution to providing long-term sustainability for providers who:

- are culturally knowledgeable & homegrown
- are rooted within their community
- deliver community-based care
- will promote cultural safety in wraparound services
- capability of retaining employees

WHY CHAP?



The implementation of CHAP:

- **is Self Governance** in healthcare
- **reaches remote areas** otherwise ignored
- **reduces travel** for routine and preventative care
- **strengthens communities** by improving healthcare access
- **enhances clinic efficiency**
- **offers employment** opportunities and **education pathways**
- **addresses social determinants** of health
- **removes structural barriers** to education and care

What are the components of CHAP? (a summary)

- **Community outreach and engagement**
 - Tribal leadership
 - Tribal Health Programs
 - Advocacy (federal, state, tribal)
- **Student and Supervising provider support**
 - Support for students through the education program
 - Support for providers as they integrate a new provider type into their health programs
- **Regulatory Infrastructure**
 - Federal/State advocacy
 - Working with states on integration of CHAP providers into Medicaid programs
 - CHAP TAG
 - Certification Boards
 - Standards and Procedures
 - Academic Review Committees
 - Administrative Support
- **Clinic Implementation Support**
 - Support for tribal administrators as they integrate the program into their health organizations
- **Education Programs**
 - Development and ongoing support of education programs
 - Curriculum Development
 - Health Aide Manuals
 - Partnerships with education institutions
- **Providers**
 - Community Health Aides
 - Dental Health Aides
 - Behavioral Health Aides
 - Community Health Representative Programs as gateways to CHAP careers
- **Implementation Funding**
 - Grants, grant administration
- **Long-term Program Sustainability**
 - Federal/State Advocacy for funding
 - State Medicaid Program Collaboration
 - State Medicaid Billing Infrastructure
- **Area Office Collaboration**

Education - Community Health Aide/Practitioner Pathway

Community Health Representative	CHA Foundations	Community Health Aide	Community Health Practitioner
<p><i>CHR Core</i></p> <ul style="list-style-type: none"> · 40 hrs online coursework · 12 hrs live zoom/skills <p>Total: 52 hours/8 weeks</p>	<p><i>CHA Foundations</i></p> <ul style="list-style-type: none"> · Anatomy & Physiology · Medical Math · Language of Medicine <p>Total: 80 Hours/10 weeks</p>	<p><i>Community Health Aide 101</i></p> <ul style="list-style-type: none"> · 186 hrs online coursework · 30 hrs onsite skills · 24 hrs clinical hrs <p>Total: 240 Hours/12 weeks</p>	<p><i>Community Health Practitioner 201</i></p> <ul style="list-style-type: none"> · 80 hrs online coursework · 40 hrs onsite skills · 120 hrs clinical <p>Total: 240 Hours/12 Weeks</p>
<p><i>CHR Advanced</i></p> <ul style="list-style-type: none"> · 34 hrs online coursework · 18 hrs live zoom/skills <p>Total: 52 Hours/6 weeks</p>	<ul style="list-style-type: none"> · THO <p><i>Electronic Health Record</i></p> <ul style="list-style-type: none"> · THO will provide 	<p><i>Community Health Aide 102</i></p> <ul style="list-style-type: none"> · 112 hrs of online coursework · 56 hrs onsite skills · 72 hrs clinical <p>Total: 240 Hours/12 Weeks</p>	<p><i>Community Health Practitioner 202</i></p> <ul style="list-style-type: none"> · 72 hrs online coursework · 48 hrs onsite skills · 120 hrs clinical <p>Total 240 Hours/12 Weeks</p>
		<p><i>CHA Internship</i></p> <ul style="list-style-type: none"> · 200 clinical hours/5 Weeks 	<p><i>CHP Internship</i></p> <ul style="list-style-type: none"> · 200 Hours clinical/5 Weeks <p><i>CHP Preceptorship</i></p> <ul style="list-style-type: none"> · 60 Hours (combined assessment, skills & clinicals)/2 Weeks <p><i>Final Testing</i></p> <ul style="list-style-type: none"> · 5 Hours
<p>TOTAL: 104 Hours</p>	<p>TOTAL: 80 Hours</p>	<p>TOTAL: 680 Hours</p>	<p>TOTAL: 780 Hours</p>

How to become a CHA/P?



Dental Health Aide Program (DHA/P)

Dental Health Aides (DHAs) are **primary dental providers** that focus on prevention and basic oral health procedures.

There are four categories of dental health aides, all of which work under the direct, indirect, or general supervision of a licensed dentist.

DHAs focus on prevention in clinic and through outreach and can provide procedures such as fluoride treatments, dental assistant functions, and coronal prophylaxis

Behavioral Health Aide Program (BHA/P)

Behavioral Health Aides (BHAs) are counselors, health educators, and advocates. They help address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco misuse.

They also provide trauma-informed approaches to mental and spiritual health care such as depression and anxiety resources, suicide prevention, grief support, and self-care tools.

Community Health Aide Program (CHA/P)

Community Health Aides (CHAs) are **certified primary and emergency care clinicians** who have close cultural ties and connections to the communities they serve.

CHAs practice under the supervision of a licensed clinical provider, such as a physician or advanced practice provider. Examples of CHA duties includes **physical exams, taking vital signs, medication management and family planning.**

NW PORTLAND CERTIFICATION PROCESS

there are resources and groups
that oversee each step of the
certification process



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IMPLEMENTATION - EXPANDING NATION-WIDE



As of now, CHAP exists in Alaska and the Pacific Northwest.

There is support from the federal government to expand further across the United States. \$5m
for the lower 48

As we expand CHAP, we are guided by maintaining these principles:

- **A strong partnership** between CHAP and the federal government
- **A Tribally-led program** with a minimal IHS footprint
- IHS Area Director has a seat on the board, but the **work is done by the tribes**

IMPLEMENTATION EXPANDING NATION-WIDE



The IHS announced two grant programs to support the expansion of the national Community Health Aide Program (CHAP) through infrastructure and planning support to Tribes and Tribal Organizations seeking to implement CHAP.

CHAP Tribal Assessment and Planning Grant Program (TAP)
CHAP Tribal Planning and Implementation Grant Program (TPI)



CHAP Grant Program

- The CHAP Tribal Assessment and Planning (TAP) grant aims to support the assessment and planning of Tribes and Tribal Organizations (T/TO) in determining the feasibility
- CHAP Tribal Planning and Implementation Grant Program
 - The CHAP TPI grant The CHAP Tribal Planning and Implementation (TPI) grant program aims to support the planning and implementation for Tribes and Tribal Organizations (T/TO) positioned to begin operating a CHAP or support a growing CHAP in the contiguous 48 states.



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CHAP Tribal Assessment and Planning Grant Program

The CHAP TAP

- TAP grant aims to support the assessment and planning of Tribes and Tribal Organizations (T/TO) in determining the feasibility/Assess whether the T/TO can integrate CHAP into the Tribal health system, including the health care workforce
- Identify systemic barriers that prohibit the complete integration of CHAP into an existing health care system. The barriers should be related to:
 - Clinical infrastructure
 - Workforce barriers
 - Certification of providers
 - Training of providers
 - Inclusion of culture in the services provided by a CHAP provider



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CHAP Tribal Assessment and Planning Grant Program

2021 \$ 7.7 M

Name of Applicant	City	ST	Total Award Amount
Wichita and Affiliated Tribes	Anadarko	OK	\$669,000
Indian Health Council, Inc.	Valley Center	CA	\$669,000
California Rural Indian Health Board, Inc.	Roseville	CA	\$669,000
Three Affiliated Tribes	New Town	ND	\$669,000
Southern Plains Tribal Health Board Foundation	Oklahoma City	OK	\$669,000
Navajo Nation, Division of Behavioral and Mental Health Services	Window Rock	AZ	\$669,000
Kickapoo Tribal Health Center	McLoud	OK	\$669,000



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CHAP Tribal Implementation and Planning Grant Program

2021 \$ 2 M

CHAP Tribal Planning and Implementation Grant

Name of Applicant	City	ST	Total Award Amount
Northwest Portland Area Indian Health Board	Portland	OR	\$1,000,000
Fort Belknap Indian Community	Harlem	MT	\$1,000,000
Lummi Nation	Bellingham	WA	\$1,000,000

IHS designed the CHAP Tribal Assessment and Planning and Tribal Planning and Implementation grant programs from feedback received during formal tribal consultation and stakeholder engagement across the Indian health system on the use of Fiscal Year 2020 funding to support expansion.

CHAP Updates

- CHAP TAG met 11/4-11/8
- National CHAP policy was presented
- IHS HQ CHAP team - Director left and undergoing re-org
- \$5 million dollar budget
- No word on new round of grants
- No monies for the Area



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CHAP Updates

- National CHAP Board
 - Chair - IHS CMO
 - Vice-Chair - Member from Tribally operated program
 - Members - Representative from 12 IHS Areas
 - Nominated by Area Director
 - May be from a Federally or Tribally operated program
- *Board Membership - will include one representative in each of the disciplines



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CHAP - Updates



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- CHAPTAG Met November 5, 2024
- And the tribal caucus working session on Wednesday, November 6, 2024.
- We were able to update the IHS Circular 20-06 to IHS Circular 24-16, it is definitely an improvement and reflective of the work and learning of the past 6 years. (This is after the IHS Director hit the reset button to start this 24-16 policy.
- HQ has this on the fast track .
- CHAPTAG - recommends 24-16 should be presented for tribal consultation and we have concerns about losing the opportunity to inform and consult with tribes nationally about this important work

CHAP - Hot Topics with Recommendations



The Community Health Aide Program is not simply a program, it is a health system and unlike smaller, less potentially impactful programs, this health system transformation must have tribal consultation.

The CHAP TAG recommends that all official elements created by IHS Circular 24-16 go through tribal consultation.

IHS Circular 24-16

The IHS Circular 24-16 creates many elements of the national CHAP including the National CHAP Board, the National Standards and Procedures, and the National CHAP Board Charter.

CHAPTAG RECOMMENDATIONS



- The CHAP TAG Recommends that no official action happens (for example, no documents such as the National Standards and Procedures or National CHAP Board Charter be finalized) until the board is in place and the Tribal voice can be incorporated into these foundational documents prior to consultation on them.

CHAPTAG REQUEST



- With the goal of transparency and shared responsibility, IHS Staff need to provide two things to the CHAP TAG:
- A Gantt chart with the implementation timeline which shows what IHS is proposing, who is going to lead that work so that the TAG and IHS Staff can ensure alignment in expectations and priorities.
- A process maps for the “mentorship model” so that Areas wishing to access that mentorship know what to expect, who will provide mentorship and at what stage, and expected timelines and decision makers for different steps within the mentorship process

CHAPTAG - The National CHAP Board

- Once established the National CHAP Board should provide written documentation on how they will support a Tribe or Tribal organization that comes to the board looking for technical support and the authorities around training, education, clinical, and board operations.
- The CHAP TAG supports national oversight of Area Certification Board Processes - However, that it is the responsibility of those Area Certification Boards to approve programs, not the National CHAP Board. Currently these lines are blurred.
- The CHAPTAG wants to clear that ACBs are clear of the responsibilities to approve education programs and certify providers.
- The CHAP TAG remains committed to tribal self-determination and to ensuring open and free conversation and feedback to ensure that unintended consequences, cumbersome processes, barriers, and gate keeping are kept at a minimum as we all work toward the shared goal of safe and effective CHAP Education programs and providers



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National CHAP Board Charter



- The chap tag request. That the draft national chap Board, charter and other governing documents go through a national tribal consultation process to ensure. Ryan from Tribes Nationally provide an opportunity for tribal leaders to weigh in on these important documents and to keep tribal leaders informed. Of the forward progress towards a national chap. Program.

National Standards And Procedures



- The CHAPTAG further recommends. Tribal consultation on the national standards and procedures. In the interim. The Alaska. SOP's. Have served well and are appreciative. However, the final draft. Of SOP's should go out for tribal consultation..



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CHAP Funding: FY 23

CHAP BUDGET

FY 23: EXPIRED SEPT. 2024

FUNDS AVAILABLE
\$3,660,608.13

FUNDS TO BE OBLIGATED
\$3,650,000.00

FUNDS REMAINING
\$10,608.13

Item	FY Category	Amount
Area Certification Board (AK)	FY23	\$1,000,000.00
eManuals (eCHAM/BHAM; AK)	FY23	\$1,000,000.00
Health Aide Training (AK)	FY23	\$775,000.00
National S&P (AK)	FY23	\$400,000.00
Certification of Portland Providers (AK)	FY23	\$100,000.00
Curriculum (AK)	FY23	\$375,000.00
Evaluation	FY 23	
Total		\$3,650,000.00

- FY 2023 Funds

- \$3.6M transferred to Alaska consulted with Certification Board and System on allocation

CHAP FUNDING FY 24



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CHAP BUDGET FY 24: EXPIRES SEPT. 2025

**FUNDS AVAILABLE: FY24 (\$5M)
 +FY25 (\$540K)**
 \$5,540,000.00

FUNDS TO BE OBLIGATED
 \$5,340,000.00

FUNDS REMAINING
 \$200,000.00

Item	FY Category	Amount
HQ Infrastructure	FY24	\$1,500,000.00
NOFO (Cohort 2: 2023-2025)	FY24	\$3,300,000.00
NOFO (Cohort 2: 2023-2025; Funds from FY25)	FY25	\$540,000.00
Evaluation	FY24	
Total		\$5,340,000.00

FY 25 CHAP Budget Plan: \$5,000,000



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PROJECTED FUNDS
\$5,000,000.00

FUNDS TO BE OBLIGATED
\$4,265,000.00

FUNDS REMAINING
\$735,000.00

Item	FY Category	Amount
NOFO (Cohort 2: 2023-2025; Funds used with FY24)	FY25	\$540,000.00
HQ Infrastructure	FY25	\$1,500,000.00
LMS Platform (eManuals)	FY25	\$500,000.00
National S & P (for Portland)	FY25	\$250,000.00
Travel (for 5 HQ Staff)	FY25	\$15,000.00
Area Certification Board (for Portland)	FY25	\$650,000.00
Certification of Billings & Out of Area Providers (Funds sent to Portland)	FY25	\$300,000.00
CHAP Board/Health Aide Training	FY25	\$10,000.00
Evaluation	FY25	\$500,000.00
Total		\$4,265,000.00

•FY 2025 Funds:

- Received FY 2025 budget on October 9th
- 1 grantee was funded for the second-year award period utilizing FY 2025 funds.



CHAPTAG Budget Recommendations



The CHAP TAG requests a broad budget report on the \$1.5 million allocated to headquarters, that is more than one third of the existing funding for CHAP Nationalization. The CHAP TAG has always supported funding being reserved at headquarters in the spirit of partnership, however, originally that budget was less than \$1 million. We are all tightening our belts and would like to work with IHS staff to have a budget reflective of the multiple competing priorities related to National CHAP implementation. The CHAP TAG also understands from the meeting that there are \$735,000 in unallocated funds.

The CHAP TAG would like to recommend the following budget:

The CHAPTAG Recommends the following:



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FY 24/5 grants	\$ 540,000
IHS HQ Budget	\$ 1,000,000
Area Level CHAP Grants	\$ 1,560,000
E-Learning (eHAM) Platform	\$ 500,000
National Standards and Procedures	\$ 200,000
Area Certification Board (Portland)	\$ 600,000
Other Area Certification (Portland)	\$ 200,000
Evaluation	\$ 400,000
Total	\$ 5,000,000



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CHAPTAG Recommended Budget Changes

- The IHS HQ budget was reduced and the line items of "Travel" and "National Board Development" were folded into the IHS HQ budget.
- CHAP TAG receiving a budget as requested above from IHS would help justify any necessary increases in this line item
- All line items were reduced except eHAM platform.
- The \$735,000 unallocated funds were combined with savings from all the other line items to make available just over \$1.5 million for another year of grant funding for existing grantees to support maintaining staff at the Tribal level.

Challenges to Implementation

Earlier Challenges ;

- SORN - System of Record - FRN process
- Form - Reviews, Privacy, OGC, OMB,
- Federal Inherent Functions - FAIRS ACT
- Certification Process
- Policy
- Self Determination - PSFA
- Primarily - Insufficient Budget
- Budget Formulation



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Taxonomy for Health Aides



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- The current taxonomy for health aides is inadequate. Currently, Health Aides of all disciplines (with the exception of Dental Health Aide Therapists) utilize the Community Health Representative taxonomy for Medicaid billing. Medicaid and third party billing will be essential for the success of CHAP Providers of all disciplines employed by the I/T/U system of care.
- The CHAP TAG requests that IHS Staff include in their work plan the development of a complete list of taxonomy codes for CHAP providers of all disciplines to utilize to help facilitate Medicaid and third party reimbursement for services provided by all disciplines of CHAP providers.



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