Health Care Reform in Indian Country
Self-Governance Communication & Education
*Self-Governance Tribes Striving Towards Excellence in Health Care*

# Nationalization of the Community Health Aide Program (CHAP) for Tribes and Tribal Organizations in the Lower 48 States

September 27, 2021

**This issue brief from the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC) provides Tribes and Tribal Organizations information regarding the Community Health Aide Program (CHAP) and the ability to incorporate CHAP into Indian Self-Determination and Education Assistance Act (ISDEAA) Agreements. This brief is designed to assist Tribes and Tribal Organization in providing of an overview of CHAP expansion to the 48 contiguous states. The issue brief highlights the current CHAP policy, funding, an overview of CHAP providers, and scope of work.** [1]

## I. Executive Summary and Recommendations

The CHAP is a Tribally-driven multidisciplinary mid-level primary health provider model of community, behavioral, and dental health professionals working alongside state licensed providers at the front line of health care for Tribal communities.[2] The CHAP includes community health aides/practitioners (CHA/Ps), behavioral health aides/practitioners (BHA/Ps), and dental health aides/therapists (DHA/Ts). CHAP nationalization is founded on the Alaska CHAP model, providing approximately 300,000 patient encounters per year. The Alaska CHAP was established under the Snyder Act (25 U.S.C. § 13), the Transfer Act (42 U.S.C. 2001(a)), the Indian Health Care Improvement Act (IHCIA) (25 U.S.C. § 1616(d)), and has expanded to a training and certification system to provide health care in rural Alaska.

The CHAP has evolved since Congress made CHAP a permanent program in Alaska in 1992. In 2010, with the permanent reauthorization of the IHCIA, Congress instructed the IHS to develop a national CHAP to promote every aspect of health care in IHCIA. In 2016, the Indian Health Service (IHS) consulted with Tribes on expanding the program, and in 2018, as a result of that consultation, formed the CHAP Tribal Advisory Group to expand CHAP to the contiguous 48 states.[3] In 2020, the IHS announced the national CHAP policy, which formally created the national CHAP. [4]

CHAP provides an opportunity to expand Tribal Self-Determination and Self-Governance by utilizing Tribal community expertise and knowledge to expand health care services through culturally-based care. CHAP nationalization can be utilized to expand access to care and holds promise as a mechanism to overcome provider recruitment and retention barriers.

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[1] This brief is for informational purposes only and is not intended as legal advice. For questions on this brief, please contact Cyndi Ferguson, ACA Project Lead at cyndif@senseinc.com

[2] Information for this brief was obtained from the Indian Health Service Community Health Aide Program Expansion, the Alaska Community Health Aide Program, the Alaska Native Tribal Health Consortium, and the National Indian Health Board Oral Tribal Health Initiative.

[3] Indian Health Service, Community Health Aide Program Tribal Advisory Group (CHAP TAG).

[4] Acronyms associated with CHAP and this brief can be accessed in Table D on Page 9.

The CHAP model also provides for workforce development to recruit and retain providers from within the community served, growing the workforce at the local Tribal level. An overarching challenge to provide quality and timely health care in Tribal communities is the difficulty in recruiting and retaining qualified health professionals. A 2018 Government Accountability Office (GAO) report highlighted a 25 percent vacancy rate, ranging from 13 to 31 percent across the eight IHS geographic areas where the agency provides direct care to American Indians and Alaska Natives.[5] Barriers include trouble matching local market salaries and not enough housing to meet the demand.[6]

### A. CHAP Policy

IHS Circular No. 20-06 provides Title I Contracting Tribes and Title V Compacting Tribes located outside of the Alaska Area the ability to include CHAP in their ISDEAA Agreements.[7] The Circular provides policy specifically to implement the CHAP for Tribes and Tribal Organizations in the contiguous 48 states consistent with the structure of the Alaska CHAP without affecting the Alaska CHAP program or funding. Further, the Circular requires CHA/Ps, BHA/Ps, and DHA/Ts to be certified by either an Area Certification Board (ACB) in the contiguous 48 states or the Alaska Community Health Aide Program Certification Board (CHAPCB).

### B. CHAP Funding

Prior to FY 2020, Congress had not previously appropriated funding for the expansion of CHAP and the ability to carry out CHAP in the contiguous 48 states. Currently, Tribes and Tribal Organizations may redesign or re-budget Programs, Services, Functions and Activities (PSFAs), or portions thereof, in their ISDEAA Agreement subject to any other applicable requirements to include CHAP. However, because the IHS has not been provided any additional funding for CHAP Services, Tribes and Tribal Organizations rely on third party resources, including Medicare and Medicaid to fund the program. IHS recently announced two new grant opportunities to support the expansion of the national CHAP through infrastructure planning and support seeking to implement CHAP.[8] [9] However, these grant opportunities do not provide funding for the provision of health care services provided by CHAP.

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[5] U.S. Government Accountability Office, Indian Health Service: Agency Faces Ongoing Challenges Filling Provider Vacancies, GAO-18-580, August 15, 2018.

[6] *Id.*

[7] Indian Health Service, Circular No. 20-06 Community Health Aide Program. https://www.ihs.gov/ihm/circulars/2020/community-health-aide-program/

[8] Indian Health Service, *CHAP Funding Opportunities*.

[9] The CHAP Tribal Assessment and Planning (TAP) grant is available to 9 awardees for $520,000 per applicant for a 2 year period. The purpose of the TAP grant is for Tribes and Tribal Organizations to determine the feasibility of implementing a CHAP in their community through assessment and planning. The CHAP Tribal Planning and Implementation (TPI) grant is available for 3 awardees for $1,000,000 each for a 2 year period. The TPI grant is for Tribes and Tribal Organizations who are positioned to begin operating a CHAP or support a growing CHAP.

### C. Recommendations/Tribal Advocacy

Due to CHAP infrastructure funding and resource restraints, there remains a need for further Tribal advocacy to successfully implement and sustain CHAP:

- Request to Congress for extensive funding for CHAP nationalization planning and implementation across the IHS Areas;
- Funding should be dedicated to the CHAP infrastructure at the National, Area, and Tribal levels for training of the health aides;
- Funding increase to Title I and Title V ISDEAA Agreements (including Alaska) to cover the costs of education (including access to health professions scholarships), training, and recruitment and retention of CHAP providers;
- Future funding should be dispersed to Tribes and Tribal Organizations utilizing the existing formula to transfer funds through ISDEAA Agreements;
- Reimbursement by Medicare and Medicaid for services provided by CHA/Ps, BHA/Ps, and DHA/Ts;[10]
- The Department of Health and Human Services (HHS) must recognize CHA/Ps, BHA/Ps, and DHA/Ts as eligible health care providers in order to qualify for HHS program funding; and,
- Request for IHS publication of a detailed report after the 2-year CHAP Tribal Assessment and Planning (TPI) and Tribal Planning and Implementation (TAP) grant period to provide interested Tribes and Tribal Organizations with supplemental information on implementation of CHAP.

## II. CHAP Providers and Scope of Practice Overview

CHAP includes three different health aide provider types which each include a tiered level of practice: CHA/Ps, BHA/Ps, and DHA/Ts. As CHAP providers continue to advance in their training and abilities, they can move up to the next tier within the respective health aide category. Each level can provide the scope of practice for the prior level along with additional practices tied to their certification level and/or demonstrated competencies determined by their supervising physician. Care for patients is based on their training, reference manual, and system procedures within an integrated referral system. A Tribe or Tribal Organization takes into account the unique patient care needs of their community when deciding which types and levels of CHAP providers are necessary to employ in their ISDEAA program.

In the lower 48 states, baseline certification and training requirements for CHA/Ps, BHA/Ps, and DHA/Ts are set by the National Review Board (NRB) and additional requirements can be imposed by Area Certification and/or Regional Certification Boards (ACBs).[11] In addition to the foundational NRB

[10] CHAP services are reimbursable by Medicaid in Alaska.

[11] The Alaska Model is utilized as the baseline certification model for this issue brief. At this time, it is not clear whether the levels and types of CHAP practices and services will be consistent across the IHS Areas.

standards and procedures, ACBs will develop their own standards and procedures tailored to the Tribes and communities in the Area. The Academic Review Committee (ARC) is a specialized body of practitioners that make recommendations to the Area Certification and/or Regional Certification Boards (ACBs) regarding all training requirements and competencies in the standards and procedures.

**The National CHAP Standards and Procedures are still in development. For explanatory purposes, the following overview of the CHA/P, BHA/P, and DHA/T levels and scope of work are based on the Alaska CHAP.**

### A. Community Health Aide/Practitioners (CHA/Ps)

CHA/Ps are resident local mid-level primary care and emergency care providers. In Alaska, CHA/Ps are Alaska Native people who are selected by their communities, attend training, and work in village-built clinics. Like other providers in the care team, a CHA/P is under the supervision of a state licensed clinical provider, such as a physician or physician assistant. CHA/P basic training is focused on didactic class, skills practice, and clinical time seeing patients with guidance of a midlevel provider. Between basic training sessions CHA/Ps return to their villages to see patients and practice the Alaska CHAP Certification Board Standards and Procedures.[12] CHA/Ps use the Alaska Community Health Aide Manual (CHAM)/electronic Community Health Aide Manual (eCHAM) as a guide for every patient encounter to guide the patient history, exam, and determine assessments and follow medical plans.

***TABLE A: Community Health Aide/Practitioners (CHA/Ps)***

| Community Health Certifications | General Scope of Practice |
|---|---|
| **Community Health Aide I (CHA I)** | EMT/ETT certified<br>Physical exams<br>Vital signs<br>Basic specimen collection for labs |
| **Community Health Aide II (CHA II)** | EMT/ETT certified<br>Acute car and physical exams<br>Medication management<br>Wound care |
| **Community Health Aide III (CHA III)** | EMT/ETT certified<br>Reproductive health<br>Adolescent health<br>Newborn care<br>Family planning<br>Prenatal care |
| **Community Health Aide IV (CHA IV)** | EMT/ETT certified<br>Chronic care of major systems<br>Clinical management |

[12] Alaska CHAP Certification Board, *Community Health Aide Program Certification Board Standards and Procedures* (June 3, 2021). https://akchap.org/wp-content/uploads/2020/12/CHAM-CHAP-Overview.pdf

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|---|---|
| | Emergency care |
| **Community Health Aide Practitioner (CHP)** | EMT/ETT certified<br>Team leadership<br>Mentorship and support to all CHA levels |

*Source: Indian Health Service, Deep Dive into the Behavioral, Community, and Dental Health Aides.*

### B. Behavioral Health Aide/Practitioners (BHA/Ps)

BHA/Ps were created to address behavioral health and substance abuse issues, and to promote healthy individuals, families, and communities in rural Alaska where there is limited access to culturally appropriate behavioral health care. BHA/Ps are culturally informed counselors, mental educators and advocates that care for the mind. BHA/Ps are "community members who understand the cultural and historical context of their clients and strive to reduce the stigma associated with seeking help."[13] There are four levels of BHA certification: BHA-I, BHA-II, BHA-III, and Behavioral Health Practitioner.[14] BHA-I and BHA-II levels act as community educators for substance abuse, suicide prevention, domestic violence, accident prevention and health education. While BHA-III and BH Practitioners provide expanded services for more complex behavioral health needs, such as substance use assessments and treatment, crisis stabilization and management. BHA/Ps provide services to individuals, families, elders, youth, and their communities as a whole. Care includes behavioral health prevention, intervention, aftercare and post-intervention services.

The licensed clinical supervisor of BHA/Ps is a licensed behavioral health provider, such as a licensed clinical social worker, psychologist or psychiatrist. BHA/Ps may be utilized in IHS-operated health care programs using existing Office of Personnel Management (OPM)-approved description for mental health specialist (i.e. GS181 Psychology Technician or GS 0186 Social Service Aide).[15]

***TABLE B: Behavioral Health Aide/Practitioners (BHA/Ps)***

| Behavioral Health Certifications | General Scope of Practice |
|---|---|
| **Behavioral Health Aide I (BHA I)** | Screening<br>Initial intake process<br>Case management<br>Community health promotion, education, prevention, & early intervention<br>Advocacy<br>Referral<br>Psychoeducation<br>Individual and group interventions<br>Life skills development |

[13] Alaska Community Health Aide Program, *Behavioral Health Aide Program*.
[14] Xiomara Owens & Sheri Patraw (Alaska Native Tribal Health Consortium), *Alaska's Behavioral Health Aide Program.* https://www.ihs.gov/chap/communityed/bha/
[15] Indian Health Service, *IHS Circular 20-06(4)(I).*

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| **Behavioral Health Aide II (BHA II)** | Substance Use Disorder (SUD) assessment, diagnosis, and treatment<br>Community readiness<br>Individual, group, and family counseling |
| **Behavioral Health Aide III (BHA III)** | Treatment planning and implementation of rehabilitative services for clients with co-occurring disorders<br>Child/youth services<br>Clinical case review<br>Quality assurance case management |
| **Behavioral Health Aide Practitioner (BHP)** | Team leadership<br>Mentor and support for BHA-I, BHA-II, and BHA-III<br>BHA mentoring<br>Child-centered interventions |

*Source: Alaska CHAP, BHA Scope of Practice.*

### C. Dental Health Aide/Therapists (DHA/Ts)

There are four DHA/T provider types, which include Primary Dental Health Aides (PDHA) I and II, the Expanded Function Dental Health Aide (EFDHA) I and II, the Dental Health Aide Hygienist (DHAH) and the Dental Health Aide Therapist (DHAT). DHA/Ts provide preventative, basic restorative care and uncomplicated extractions under the supervision of a state licensed dentist. [16]

Due to statutory restrictions, DHA/Ts are only able to be included in the national CHAP program in states that authorize the use of mid-level dental providers like DHA/Ts.[17] Outside of Alaska, 25 U.S.C. § 1616l(2)(B) provides that dental health aide therapist services shall be excluded from services covered under CHAP nationalization, except where a Tribe that is located in a state that authorizes such services under state law. IHS is not authorized to fill any Federal vacancy for a licensed dentist with a DHAT, however Self-Governance Tribes are not subjected to this restriction.[18]

The National Indian Health Board (NIHB) has developed a resourceful guide to help Tribes and Tribal Organizations understand the lessons learned by Tribes that incorporated DHA/Ts early into their oral health delivery team.[19]

***TABLE C: Dental Health Aide/Therapists (DHA/Ts)***

| Dental Health Certifications | General Scope of Practice |
|---|---|
| **Primary Dental Health Aide I (PDHA I)** | Provide fluoride varnish application<br>Nutritional counseling<br>Oral hygiene instruction |

[16] Alaska Community Health Aide Program, *Dental Health Aide Program.* https://akchap.org/about/#Dental-Health-Aide-Program.
[17] Tribes have the inherent authority to license DHA/Ts under Tribal law regardless of whether the state authorizes such services. However, that subject is beyond the scope of this memorandum.
[18] Indian Health Service, IHS Circular 20-06 (4)(H) ( June 10, 2020).
[19] National Indian Health Board, *Dental Therapy Start Up Guide for Tribal Leaders* (March 25, 2019). https://www.nihb.org/docs/03252019/NIHB%20TOHI%20Guidebook%20WEB.pdf

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| **Primary Dental Health Aide II (PDHA II)** | Applying dental sealants<br>Atraumatic restorative treatment<br>Dental cleanings<br>Dental radiology<br>Dental assisting |
| **Expanded Function Dental Health Aide I (EFDHA I)** | Basic restorative restorations (fillings)<br>Dental cleanings above gum-line |
| **Expanded Function Dental Health Aide II (EFDHA II)** | Advanced dental restorations (fillings) |
| **Dental Health Aide Hygienist (DHAH)** | Local anesthesia for cleaning below the gum-line when a dentist is unable to be physically present.<br>Advanced gum disease treatment when a dentist is unable to be physically present. |
| **Dental Health Aide Therapist (DHAT)**<br>**IHCIA requires state authorization for practice in any Federal or Tribal operated CHAP* | Prevention, operative, urgent care |

*Source: Indian Health Service, Dental Health Aide and Dental Health Aide Therapist 101.*

## III. National and Area CHAP Certification

CHA/Ps, BHA/Ps, and DHA/Ts must be Federally certified, which is similar process to state licensure, and authorized by IHS to provide services. Actively certified CHA/Ps, BHA/Ps, and DHA/Ts can provide services authorized by 25 U.S.C. § 1616 If Tribes or Tribal Organizations outside of Alaska include a CHAP as a PSFA in the ISDEAA Agreement, CHAP providers must be certified either by the Alaska CHAPCB or an ACB. In addition, 25 U.S.C. § 1616 requires that the National CHAP program may only include DHA/Ts in states that authorize such services. Currently, there are fourteen states that have authorized the use of DHA/Ts.[20] Federal Tort Claims Act (FTCA) malpractice insurance coverage should extend to Federally-certified CHAP providers, operating within their scope of practice, who are employed by Tribes or Tribal Organizations, so long as those providers are carrying out the Tribe's or Tribal Organization's ISDEAA contract or compact. [21]

CHA/Ps, BHA/Ps, and DHA/Ts must be certified by an ACB in the 48 contiguous states or the Alaska CHAPCB. The National Certification Board (NCB) will develop the baseline standards and procedures for the ACBs. The NCB is a Federal board with membership that may include both Tribal and Federal representatives.[22] The NCB is charged with publishing the policy in the Indian Health Manual and the national standards and procedures. The IHS Chief Medical Officer chairs the NCB and the NCB is

[20] National Indian Health Board, *Tribal Dental Therapy Legislation in the States.* https://www.nihb.org/oralhealthinitiative/map.php
[21] 28 U.S.C. § §1346(b), 2401(b), 2671-2680.
[22] Indian Health Service, *Circular 20-06 (5)(C).*

comprised of representative from each of the ACBs. The ACBs are also Federal boards with membership that may include at least one Federal representative appointed by the IHS Area Director.[23] The ACB standards and procedures are at minimum the national standards and procedures, but additional trainings for certification can be prescribed within each Area. ACBs will certify the Training Centers, certified individual CHA/Ps, BHA/Ps, and DHA/Ts at each level of training (2-year certificate terms), and approves revisions to the CHAM if those are utilized by that specific Area. In the absence of an ACB, an IHS Area Director in accordance with Tribal consultation policies will consult with Area Tribes and Tribal Organizations before entering into a partnership with another ACB to certify its CHAP providers.[24]

A certified CHAP provider must be an employee of IHS, a Tribe, or a Tribal health program and have completed all required training. The CHAP provider must only practice within the scope of practice granted by the certification board and practice only under the supervision and day-to-day direction of specified individuals employed by or under contract with IHS or a Tribal health program.

## IV. Conclusion

CHAP represents the quality, sustainable, and culturally relevant care Tribes are able to provide to meet the needs of their communities. Action is needed from both Congress and HHS agencies to provide interested Self-Governance Tribes the ability to fully implement and be reimbursed for care provided by CHAP providers. The TSGAC will continue to track CHAP nationalization and implementation. For questions on this brief, please contact Cyndi Ferguson, ACA Project Lead at cyndif@senseinc.com

[23] Indian Health Service, *Circular 20-06 (4)(M).*
[24] Indian Health Service, *Circular 20-06(4)(N).*

***TABLE D: Brief Acronyms***

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| **ACBs** | Area and/or Regional Certification Boards |
| **ARC** | Academic Review Committee |
| **BHA** | Behavioral Health Aide |
| **BHAP** | Behavioral Health Aide Practitioner |
| **CHA** | Community Health Aide |
| **CHAM** | Community Health Aide/Practitioner Manual |
| **CHAP** | Community Health Aide Program |
| **CHA/P** | Community Health Aide/Practitioner |
| **DHA** | Dental Health Aide |
| **DHAH** | Dental Health Aide Hygienist |
| **DHA/T** | Dental Health Aide/Therapist |
| **DHAT** | Dental Health Aide Therapist |
| **EFDHA** | Expanded Function Dental Health Aide |
| **EMT** | Emergency Medical Technician |
| **ETT** | Emergency Trauma Technician |
| **GAO** | Government Accountability Office |
| **HHS** | U.S. Department of Health and Human Services |
| **IHCIA** | Indian Health Care Improvement Act |
| **IHS** | Indian Health Service |
| **ISDEAA** | Indian Self-Determination and Education Assistance Act |
| **NCB** | National Certification Board |
| **NIHB** | National Indian Health Board |
| **OPM** | Office of Personnel Management |
| **PDHA** | Primary Dental Health Aide |
| **PSFA** | Programs, Services, Functions, and Activities |
| **TAP** | Tribal Assessment and Planning Grant |
| **TPI** | Tribal Planning and Implementation Grant |
| **TSGAC** | Tribal Self-Governance Advisory Committee |
| **U.S.C.** | United States Code |