



Coordinated Care Organization Guidance Document for Tribal Liaison Position

Introduction

As a new requirement in CCO 2.0 and included in HB 2267, each Coordinated Care Organization (CCO) will work with the Tribal Advisory Council (TAC) and will employ a dedicated Tribal Liaison. The TAC representatives should be involved in the selection of the liaison. The TAC will be made up of one representative from each of Oregon's nine tribes and one from the Urban Indian Health Program. It is important to be in contact with these representatives when creating and selecting your tribal liaison positions. The TAC will serve as a channel of communication between the CCO's and the Tribal Health Programs and the Urban Indian Health Program regarding the health of tribal communities. They should have regular communication with the liaison. The TAC's first meeting will be held in January 2020. There is a hope to have Tribal Liaisons in positions no later than the end of March 2020.

It is important to understand that the CCO Service Area may overlap with more than one Tribes Service Delivery Area and that these local tribes should be engaged in the selection process of the Tribal Liaison if they choose. (see attached list)

The Tribal Liaison position will serve to:

- Facilitate a resolution of any issues that arise between the coordinated care organization and a provider of Indian health services within the area served by the coordinated care organization
- Participate in the community health assessment and the development of the health improvement plan
- Communicate regularly with the Tribal Advisory Council; and
- Be available for training by the office within the authority that is responsible for tribal affairs, any federally recognized tribe in Oregon and the urban Indian health program that is located within the area served by the coordinated care organization and operated by an urban Indian organization pursuant to 25 U.S.C. 165.

The CCO in coordination with the Tribal Liaison shall engage community members and health care providers in improving the health of the community and addressing regional, tribal, cultural, socioeconomic and racial disparities in health care that exist among the coordinated care organization's members and in the coordinated care organization's community. The CCO along with the Tribal Liaison will support best practices for culturally appropriate care and service delivery to reduce barriers, reduce health disparities and improve the health and well-being of American Indians and Alaska Natives (AI/AN) CCO members.

The goal of the Tribal Liaison position within the CCO is to aide in eliminating health and human service disparities within the American Indian/Alaska Native CCO population; ensuring

that access to critical health and human services is maximized; making accommodations in CCO programs when possible to account for the unique nature of Indian health programs and ensuring that the Tribes/Urban Indian Health Program are consulted/conferred to ensure meaningful and timely input as required under Federal and State law when health and human service policies have an impact on AI/AN and the Tribes and Urban Indian Health Program.

Background

The State of Oregon and the Oregon Health Authority share the goal to establish clear policies and requirements to further the government-to-government relationship between the State and the nine federally recognized Tribes of Oregon as well as strengthen the relationship with the Urban Indian Health Program.

The United States Government has a unique legal relationship with American Indian tribal governments as set forth in the Constitution of the United States, numerous treaties, statutes, Federal court decisions and Executive Orders. This relationship is derived from the political and legal relationship that Indian Tribes have with the federal government and is not based upon race.

OHA is accountable to the people of Oregon. OHA acknowledges this unique government to government relationship, the statutory and regulatory framework for states to work with Tribes and recognizes the right of Indian tribes to self-determination and self-governance.

- Tribes and tribal governments are sovereign nations with inherent authority over their internal affairs; have a government-to-government relationship with the federal government, state governments, and other sovereigns; and have the responsibility to ensure the health and well-being of their tribal citizens, among various other governmental responsibilities
- Tribal governments operate businesses, are employers, and are health care providers, through administration of clinics and other health programs, which includes public health
- Tribal members are beneficiaries of services provided by the Indian Health Services (IHS), tribal health programs operating under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, and by urban Indian health programs operating under Title V of the Indian Health Care Improvement Act
- Tribal members are also eligible to enroll in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Health Insurance Marketplace, and other health and human services programs in the state.

Next Steps

OHA Tribal Affairs will be working with each CCO and Tribal Liaison to support this work with the Oregon Tribes and Urban Indian Health Program. We look forward to building this relationship and improving health for all Oregonians. If you have questions about developing your Tribal Liaison Position, please contact Michael Stickler, Tribal Affairs Health Policy Analyst, michael.d.stickler@dhsoha.state.or.us