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November 17, 2015

Kitty Marx  
Director  
CMCS Division of Tribal Affairs  
Washington, DC 20202-6100  
Submitted via email: [TribalAffairs@cms.hhs.gov](mailto:TribalAffairs@cms.hhs.gov)

RE: Comments on the 2015 "Medicaid Services Received Through an Indian Health Service/Tribal Facility"

Dear Director Marx:

As President and CEO of Cook Inlet Tribal Council (CITC), an Alaska Native tribal organization which serves as the primary education and workforce development center for Native people in Anchorage, Alaska, I am privileged to offer the following comments with regard to 2015 proposed policy changes to the Federal Medical Assistance Percentage for services received through an Indian Health Service/Tribal Facility. CITC fully supports the proposed changes.

CITC has been designated its tribal authority through Cook Inlet Region Inc., organized through the Alaska Native Claims Settlement Act and recognized under Section 4(b) of the Indian Self-Determination and Education Assistance Act (PL 93-638, 25 U.S.C. 450b). CITC builds human capacity by partnering with individual Alaska Native people to establish and achieve both educational and employment goals that result in lasting, positive change for our people, their families, and their communities.

Alaska Native tribes and tribal organizations recognized under the Indian Education and Self-Determination Act (PL 93-638) partner to serve Alaska Native people throughout the state. At both the local, tribal level, and regionally, tribes and tribal organizations fulfill the functions of economic development, social services, medical services, and housing for Alaska Native people. It is critical for everyone to have a voice in the decisions that affect what programs are offered and how they will be administered to our people. Alaska offers a prime example of how ownership and control of resources promotes self-determination for Alaska Native people, and the complex interweaving of tribes and tribal organizations, as recognized by PL 93-638, is an essential component of that self-determination. Therefore, **CITC is in full support of this proposal, which only increases the capacity to improve outcomes for Alaska Native and American Indian people in Alaska require active involvement of, and resources for, the Alaska Native organizations of the area.**

## *Demographics and Expanding Service Population*

Both directly and indirectly, CITC's programs serve the Cook Inlet Region with an Alaska Native/American Indian population of more than 50,000, or roughly 40% of the total Native American population in Alaska. In Anchorage alone, the Native population is more than 35,000. Directly or indirectly, CITC's programs have statewide impact. Our primary area of health provision occurs through our broad continuum of substance abuse treatment, which ranges from medical and social detox, through outpatient services and screening and assessment. These are critical services for Alaska Native people, because of the disproportional impact of substance abuse in the population.

One of the greatest challenges facing Alaska Native people is the disparity in serious drug involvement for Alaska Native people, although actual consumption of alcohol as compared to non-Native people is essentially the same. Alaska Native people experience 18.3% current use of illicit drugs, and 64.8% lifetime illicit drug and non-medical prescription use, over-representation in the justice system, and high rates of suicide. Alaska Native alcohol abuse is also disproportionately high, although, as mentioned above, actual consumption is similar to non-Native populations. This leads to the important conclusion that other forces must be at work, such as childhood trauma, sexual abuse/assault, and violence.

As a result, the proposed policy changes will have an important and much-needed positive impact in increasing resources into the provision of treatment:

- Travel as a tribal service: Travel is important in all tribal and rural communities, but particularly so in Alaska where health care is often a flight away and requires great expense to ensure adequate treatment.
- Referrals for Alaska Natives and American Indians from a tribal health facility to a non-tribal facility: Similarly, specialty care is often not available through our tribal health care system, and this proposed change will greatly enhance treatment options for all Alaska Native and American Indians.
- Exceptions to the IMD Medicaid exclusion for substance abuse treatment programs: CITC operates a 36 bed facility that combines detox and residential treatment. CITC fully supports the State's request for a Section 1115 waiver. The opportunity to bill for this treatment, especially in the context of offering a co-occurring program, would greatly enhance funding and sustainability for those programs. The current IMD exclusion reflects dated and irrelevant concerns about the treatment of mental illness that no longer reflects current practice and is unnecessary in the behavioral health context.

*Conclusion:*

The needs of our Native community grow every day due to the current economy and the persistent disparity in the incidence of substance abuse. On behalf of Cook Inlet Tribal Council and the community we serve, I urge the ONDCP to ensure that Tribes and Tribal organizations implement approaches to substance abuse in the Native community. We know what needs to be done, and we have proven strategies that require your support. CITC supports the above listed Priorities because they are in alignment with the work we are doing at many levels, and urges inclusion of trauma-informed practice.

Thank you for your consideration of our issues. I look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads "Gloria O'Neill". The signature is written in a cursive style with a long horizontal line extending to the left.

Gloria O'Neill  
President/CEO