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| BEHAVIORAL PROGRAM & COUNSELING SERVICES | SECTION NAME: ELIGIBLE SERVICES |
| DEPARTMENT: FACILITY-WIDE | SUB SECTION: ORGANIZATIONAL |
| APPROVED BY: Tracy Charles-Smith President of DOT Lake Village Council | SECTION: NUMBER: 03.ELG.01 |
| | POLICY STATUS: APPROVED |
| | EFFECTIVE: 01/19/2021 |
| | REVISED: N/A |

Subject: "Teejuh's" Patient's Eligibility Program

INTRODUCTION:

In 2018, DOT Lake Village Council obtained a Federal "Grant," aligned to 40002(b)(2) of the Violence Against Women's Act, as amended (42 U.S.C. 1395(b)(2)). By award, the U.S. Department of Justice, and through the Office of Violence Against Women (OVW), gave life to "Teejuh," behavioral health program.

PURPOSE:

The purpose of this policy and procedure is to implement a uniform, and culturally appropriate approach to welcoming, and providing services, to "ALL," Native Americans and Alaska Natives throughout the "Upper Tanana Region," of Alaska.

SCOPE:

The scope's rationale was designed to meet a directive laid-out by DOT Lake Village Council, which targeted services for "ALL," Native Americans, and Alaska Native. The blueprint for "Teejuh's," Behavioral Health Program, is not connected or linked to Indian Health Service, or Tanana Chiefs Conference (Fairbanks, Alaska), for patient program eligibility.

Foresight for their directive was to embrace a wide range philosophy, by structuring its program under the guidelines of eligibility requirements, as defined by Federal regulations published in Code of Federal Regulations (CFR), at Title 42, Section 136.21 through 136.25, and Indian Health Services, Part 2, Chapter 3, "Contract Health Services" dated January 5, 1998.

In January 2014, Congress amended, approved the Consolidated Appropriation Act of 2014, which renamed Contract Health Services, to Purchased/Referred Care (PRC) program. Therefore, all policies and practices for "patient eligibility," will be executed, under this course of action.

POLICY:

"Teejuh," Behavioral Health Services will assist qualified women and children who are victims of domestic violence, including emotional, economic, sexual, and physical abuse. Our agency will provide counseling, emotional support, and a diversified continuum of services, which focuses on safety, empowerment, and self-sufficiency.

PROCEDURE:

"Teejuh," Behavioral Health Services will require authorizations, by referral for all treatment, and services. The referral/authorization form will serve as the initial authorization; therefore allowing to proceed under the CMS regulations, which provides "medical necessity," as a point of reference. The following types of referrals may be used for "Teejuh," Behavioral Health Services;

- By: Court order/referral,
- By: Police referral,

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- By: Hospital referral,
- By: Medical Provider referral,
- By: Social Worker referral,

The target population for "Teejuh," will include the following individuals, who fall into one or more of the following categories:

- ❖ Is of Indian and/or Alaska Native descent as evidenced by one or more of the factors:
Meaning an individual must be of Indian descent and belong to the Indian community which may be verified by tribal descendancy or census number. An individual must be a member, enrolled or otherwise, or an Indian or Alaska Native Tribe or Group under Federal supervision;
Any other reasonable factor indicative of Indian descent; or Placement Requirements
 - Is an Indian of Canadian or Mexican origin recognized by any Indian tribe or group as a member of an Indian community served by the Indian Health/Tribal program;
 - Is a non-Indian woman pregnant with an eligible Indian's child for the duration of her pregnancy through postpartum (42 CFR 136.12(a));
 - A non-Indian under 19 who are the natural, adopted, step-child, legal ward, or orphan of an eligible Indian (section 813(a)(1) of IHCIA);
 - A non-Indian spouse of eligible Indians, if such spouses are made eligible through tribal resolution (section 813(a)(2) of IHCIA);
 - Indian and/or Alaska Native descent-student who's on travel, classified as full-time attendance of boarding school, college, vocational, technical, and academic education (42 CFR 136.23(c));
 - Indian and/or Alaska Native descent, which have "close social and economical ties," with the tribes/villages region, temporarily on travel, due to employment, such as seasonal or migratory workers employment, etc. (42 CFR 136.23(a)(2)(ii));
 - Children placed in foster care by court order (section 813(a)(1) of IHCIA).

DEFINITIONS:

IHCIA: The Indian Health Care Improvement Act (IHCIA), the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives, was made permanent when President Obama signed the bill on March 23, 2010, as part of the Patient Protection and Affordable Care Act.

PRC: Purchased/Referred Care (PRC) was renamed for Contract Health Services program under the Consolidated Appropriation Act of 2014.

CMS: Centers for Medicare & Medicaid Services.

Medical Necessity: The United States legal doctrine, related to activities that may be justified as reasonable, necessary, and/or appropriate, based on evidence-based clinical standards of care.

REFERENCES:

CFR Title 42, Section 136.21 through 136.25

42 U.S.C. 1395(b)(2)

Section 813(a)(1) of IHCIA

Section 813(a)(2) of IHCIA

42 CFR 136.12(a)

42 CFR 136.23(c)

42 CFR 136.23(a)(2)(ii)

Tribal Resolution: No-2020-1214