



## CHAPTER 2 – ACCOUNTABLE COMMUNITIES OF HEALTH

### Section 4: What Are the Tribal Implications of ACHs?

Federal and state law require the State of Washington to consult with tribes and urban Indian health programs (UIHPs) regarding Medicaid matters that will directly impact tribes and/or UIHPs.<sup>1</sup> The creation of Accountable Communities of Health (ACHs) is a key component of the State's Medicaid Transformation Waiver. The American Indian Health Commission and the Washington State Health Care Authority have conducted numerous meetings, workshops, and roundtables to gather valuable input from tribal and urban Indian health program (UIHP) participants regarding how ACH activities will impact Indian country. Below is a summary of tribal and UIHP feedback over the last twelve months.

#### Potential Positive Outcomes of ACH Activities

1. Increased coordination of services and collaboration between regional resources to improve health care for American Indian/Alaska Natives (AI/AN) patients who receive all or some services outside their Indian health care provider (IHCP);
2. ACH Transformation projects may address many of the chronic health illnesses that AI/AN face;
3. Potential for increased tribal influence in regional health systems; and
4. Opportunity to improve access to crisis services and higher level mental health services for AI/AN.

#### Tribal/UIHP Concerns Regarding the Formation of ACHs

1. How will ACHs and the regional partnerships created affect Tribes whose health systems operate within a federal framework?
2. ACHs may create undue hardship to tribal governments and IHCPs by consuming additional time from already limited resources to ensure changes made at the local level do not negatively impact tribes and their people.
3. Without engaging tribes/UIHPs at the appropriate level and time, ACHs may take actions that negatively impact tribal and UIHP services.
4. Tribes may be considered merely stakeholders and not recognized as sovereign governments.
5. Will the formation of ACHs undermine the government-to-government relationship between Tribes and the State? The shifting of certain State responsibilities to ACHs could weaken the government-to-government relationship between the Tribes and the State.
6. ACHs require education on the Indian health care delivery system to effectively engage with Tribes and UIHPs.
7. The limited AI/AN data currently available to ACHs is inadequate to accurately assess the needs of the AI/AN population. How will ACHs include AI/AN and Tribes in the data they use to prioritize investments for local outcomes?
8. If ACH Regional Health Improvement Plans and transformation projects are developed and implemented without the proper engagement of Tribes and UIHPs, they will not effectively produce improved health outcomes for AI/AN. In fact, they could produce costly unintended consequences.

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<sup>1</sup> See RCW 43-476; Social Security Act, Section 1902(a)(73); and Washington Medicaid State Plan Amendment #11-25.