



Tribal Health Improvement Program

Readiness Review

[Provider Name]

Tier 1

State or Territory	Montana
Contact Name	Elizabeth Wisner-Kinsey
Contact email address	Elizabeth.Wisner-Kinsey@mt.gov
Statutory Managed Care Authority	42 CFR 438
Corresponding SPA	MT-24-0002
Reason for readiness review	Per federal regulations at 42 CFR 438.66(d)(ii), states are required to conduct readiness reviews of a PCCM entity when the specific PCCM entity has not previously contracted with the State.
Readiness review start date (at least 3 months prior to the effective date per 42 CFR 438.66(d)(2)(i))	
On-site review date(s) per 42 CFR 438.66(d)(3)	
Readiness review Completion date	
Implementation date	
Date readiness review submitted to CMS	
Program name	Tribal Health Improvement Program



Definitions

For the purposes of this document, the following definitions have been provided as defined in the Task Order:

Care Coordinator means a Registered Nurse (RN), Licensed Practical Nurse (LPN), Social Worker, Health Educator or Paraprofessional who specializes in and provides care coordination services in T-HIP. Care Coordinators work under the direct supervision of a T-HIP Medical Director who is employed by or under contract with the Tribe.

T-HIP Medical Director is either a Doctor of Medicine (M.D.), Doctor of Osteopathic Medicine (D.O.) or an Advance Practice Registered Nurse employed by or under contract with the Tribe.

T-HIP Provider means a health program operated by a federally recognized tribe, who meets the requirements of Section 4(B), has a 638 agreement with Indian Health Service (through compact or contract) that contains a scope of service for the Tribal Health Improvement Program, and a signed Task Order with the State.

Tier 1 is the core base building block for the Tribal Health Improvement Program. In order to participate, a Tribe must implement Tier 1 and serve the top 10% of eligible members identified by the Department as high-cost or high-risk. Tier 1 services must be supervised by a T-HIP Medical Director.

Administrative Staffing and Resources			Tribe Response, if applicable
Is the Tribe Federally recognized?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there proof of a 638 agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the defined service area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
What is the address of the physical location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



Has documentation describing how the Tribe has ensured the physical location will have adequate workspace and accessibility been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<p>The state is responsible for performing a desk review of documentation prior to implementation per 42 CFR 438.66(d)(3). Therefore, has a staffing plan been provided that includes, at a minimum:</p> <ul style="list-style-type: none">• The roles and qualifications of current employees• Job descriptions for hiring• Whether the supervising Medical Director will be hired or contracted, and the anticipated start date (if not yet hired)• The number of members expected to enroll upon implementation• The number of Care Coordinators as defined in the Task Order that have been hired• The anticipated hire date for any additional Care Coordinator(s) the Tribe will hire• A contingency plan if enough staff cannot be hired by the start date• The program's approach to training new staff on program objectives and requirements• A staff training plan to ensure all care coordination staff complete chronic care certification and recertification courses, including target dates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the documentation been provided that describes how the Tribe has ensured appropriate information technology for program implementation i.e. laptops, cell phones, tablets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments or additional information: <hr/>			



PCCMe Responsibilities and Service Delivery			Tribe Response, if applicable
Is the program prepared and able to provide the following services:			
Intensive telephonic case management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Face-to-face case management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Enrollee Wellness Plans? Please provide a template Wellness Plan.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Outreach and Education activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Collecting data monthly and twice yearly for performance measurement of the T-HIP, using the forms and reporting schedule outlined in Task Order Section E requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments or additional information:			

Enrollee and Provider Communications			Tribe Response, if applicable
Has the dedicated T-HIP telephone number provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



Has an example of the program's introductory letter provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has where and how the Tribe made phone numbers and office hours clear and available been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the program have a website for T-HIP? If so, please provide a hyperlink.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the program have social media for T-HIP? If so, please provide a hyperlink.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will Care Coordinators meet with enrollee's face-to-face once a quarter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will Care Coordinators educate members on how to access the Medicaid Member Guide?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will Care Coordinators create a Wellness Plan that addresses the member's high-risk and/or high-cost health needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will Care Coordinators send a copy of the Wellness plan to the member's Primary Care Provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has documentation of how the program plans to make Primary Care Providers in the service area aware of the new program and establish initial communication regarding members' Wellness Planning been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will Care Coordinators educate members in self-management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the program's plan to develop community partnerships with health care providers and community resources been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Member Services and Outreach			Tribe Response, if applicable
Has the program's process for accurately updating enrollment data, care coordination, and other data been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has how the program will conduct member outreach within the required time frames been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



Has the description of the program's process to locate members from whom mail is returned been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments or additional information:			
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Program Integrity/Compliance			Tribe Response, if applicable
The state is responsible for performing a desk review of documentation prior to implementation per 42 CFR 438.66(d)(3). Have example(s) of member notices and any other planned, routine written communications and materials been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will the program adhere to the maximum caseload of no more than 150 members per Care Coordinator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can the program ensure care coordination staff participate in trainings offered by the Department?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Per 42 CFR 438.3(d)(4), can the T-HIP attest it will not discriminate against individuals eligible to enroll on the basis of race, color, national origin, sex, or disability and will not use any policy or practice that has the effect of discriminating on the basis of race, color, or national origin, sex, or disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Per 42 CFR 438.3(d)(3) can the T-HIP attest it will not, on the basis of health status or need for health care services, discriminate against an individual eligible to participate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



Has the description of how the program is prepared to provide services within the entire service area been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If the program plans to delegate any functions within the Task Order to a subcontractor, have those functions and how the program will oversee the subcontractor been provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments or additional information: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

Program Name: _____
 Completed by (print name): _____
 Title: _____
 Signature: _____
 Date: _____

Tribal Health Director (print name): _____
 Signature: _____
 Date: _____



The Department has reviewed the information submitted on this readiness assessment and finds the requirements for the PCCMe to provide the services of the Tribal Health Improvement Program to be met. Any sections of this readiness review with plans of action to meet the requirements at a future date will be followed up with during the Department's on-site review.

The Department did not review the PCCM entity's ability and capacity related to areas required by regulation that are not within scope of the PCCM entity's contract, including:

- Provider network management
- Quality improvement
- Utilization review
- Financial reporting and monitoring
- Financial solvency
- Claims management

Department Use Only:

Date of Received.
date.

Date: [Click here to enter a date.](#)

Department Approval. [Click here to enter text.](#)
date.

Date: [Click here to enter a date.](#)