
DRAFT- COMMUNITY HEALTH AIDE PROGRAM POLICY

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1. INTRODUCTION

- A. Purpose. To implement, outline, and define a National Community Health Aide Program (CHAP) consistent with the structure of the Alaska CHAP with regard to community based provider selection, culturally tailored care and curriculum, competency based education, and the inclusion of health aides as part of a team of healthcare providers focused on providing effective, efficient, and patient centered care.
- B. Scope. This policy applies to the National CHAP and covers those programs operating outside of Alaska. It is not applicable to the Alaska CHAP or its standards and procedures or to Urban Indian Organizations because they are not authorized by law to implement CHAPs.¹
- C. Background. The CHAP was established under the Snyder Act to address significant unmet needs during an epidemic in Alaska. Over the years, it expanded to systematically train community health aides and practitioners, and maintain a system of certifying community health aides that have completed training and are competent to provide health care, health promotion and disease prevention services in rural Alaska. In 1992, Congress made CHAP a permanent program in Alaska and, in 2010, it expressly permitted the IHS to develop a national CHAP to promote the achievement of the health status objectives in the Indian Health Care Improvement Act (IHCIA). These objectives are broad in scope and address virtually every aspect of health care, including access, delivery, and status. Specialized training in medical, dental and behavioral health care and certification furthers those objectives by creating opportunities for health aides to focus their training and practice on particular health issues and delivery strategies. In 2016, the Indian Health Service (IHS) consulted with Tribes and Tribal Organizations on expanding the CHAP, and in 2018,

¹ The CHAP TAG did not feel it was necessary for IHS to list that the National CHAP was not applicable to Urban Indian Organizations and should only reference the IHCIA as the authority since they feel that certification is separate from the employing organization. IHS kept this language to assist IHS staff in clarifying that the National CHAP applies to Tribes and Tribal Organizations outside of Alaska, but not to Urban Indian Organizations.

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formed the CHAP Tribal Advisory Group (CHAP TAG) to begin expanding the CHAP outside the State of Alaska.

D. Authorities.²

1. Snyder Act, 25 U.S.C. § 13
2. Transfer Act, 42 U.S.C. § 2001
3. Indian Health Care Improvement Act, 25 U.S.C. § 1616l(d)
4. Indian Self Determination and Education Assistance Act, 25 U.S.C. §§ 5301 *et seq.*
5. Indian Health Service Tribal Consultation Policy, Circular No 2006-01
6. U.S. Department of Health and Human Services Tribal Consultation Policy

E. Policy. It is the policy of the IHS that:

1. All CHAP providers certified by the Alaska Community Health Aide Program Certification Board (Alaska CHAPCB) who wish to provide services in a program outside of Alaska and any CHAP provider certified by a federal CHAP Area Certification Board (ACB) but wants to provide services in another area must submit a copy of their certification to the receiving ACB for review and approval prior to being certified in that Area.³

² The CHAP TAG recommended to IHS to also include the entire Indian Health Care Improvement Act and the Public Health Service Act, 42 U.S.C. § 254a to provide a more complete picture of the authority and potential flexibility available to those charged with implementing this program. IHS included the primary authorities that implement the national CHAP.

³ The CHAP TAG requested to IHS to include tribally approved CHAP certification or licensure by a governmental authority. CHAP TAG basis for this recommendation is that federal policy recognizes the legitimacy of tribal programs and this recognition should also be included in this policy. IHS should defer not to the state in this policy and the policy should uphold the sovereignty of each Tribal Nation and IHS's trust responsibility with respect to the ISDEAA. IHS did not agree with the CHAP TAG's recommendation to include non-federal licensing or certification entities because this would constitute an expansion of the CHAP program beyond what is authorized in the IH CIA. The IH CIA requires federal certification, as evidenced from the Alaska Area CHAP. The IH CIA did not authorize a national CHAP with expanded authority beyond what is permitted in the Alaska Area.

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2. Tribes outside of Alaska may carry out a CHAP, including those that include dental health aide therapists (DHAT) service, by amending their Indian Self Determination and Education Assistance (ISDEAA) Title I and Title V agreements.
3. If Tribes or Tribal Organizations outside of Alaska include a CHAP as a program, service, function, or activity (PSFA) in their ISDEAA contract or compact, the individuals working under their CHAP must be certified by the Alaska CHAPCB or other federal ACB.
4. Nothing in this policy shall restrict the ability of the Service, an Indian tribe, or a tribal organization to participate in any program or to provide any service authorized by any other federal law.
5. At the time of drafting of this policy, IHS has not received additional funding and is not providing funding for the expansion of the CHAP outside of Alaska; however, Tribes and Tribal Organizations may propose to redesign or re-budget a PSFA in their ISDEAA agreement subject to any other applicable requirements to include this program. At the time of drafting of this policy, there is no IHS funding associated with the CHAP at the Headquarters, Area, or service unit level.
6. DHATs shall practice only in states that authorize the use of DHAT services if a Tribe or Tribal Organization seeks to include a CHAP as a PSFA in Title I and Title V ISDEAA contract or compact. DHATs must meet the federal training requirements for certification.⁴
7. DHATs and Community Health Aides (CHAs) will be authorized to provide services in IHS operated health programs once the Office of Personnel

⁴ The CHAP TAG recommended that IHS not include this statement as they work with Congress to change the IHCIA for this requirement. The CHAP TAG also recommended that, if the IHS feels it is critically important to address this issue in the circular despite the likely delay in providing federal funding for the program, to notify its own officials as they review a Tribe's proposal to include CHAP in their ISDEAA contract or compact of the existing requirements, IHS draft the provision more narrowly to more closely reflect the limitations implicit in this section. The CHAP TAG believes it unlikely that Congress intended with this provision to extend regulatory authority to states not already covered by Public Law No. 83-280. The IHS did not change this language since it is federal legal requirement, not a state requirement. It is critically important to notify IHS officials as they review a Tribe's proposal to include CHAP in their ISDEAA contract or compact that the DHATs must be in a state that authorizes their use before it may be included in the ISDEAA contract or compact.

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Management series and classification of position descriptions are approved. This requirement does not apply to ISDEAA Title I and Title V Tribes.

8. IHS operated health programs will not fill any vacancy for a licensed dentist with a DHAT. ISDEAA Title I and Title V Tribes are not subject to this restriction.
9. Behavioral Health Aides (BHAs) may be utilized in IHS operated health care programs using existing Office of Personnel Management (OPM) approved position description for mental health specialists (OPM Series 0181 Psychology Technician and/or GS 0186 Social Service Aid) or other approved positions that may be established.
10. Expansion of CHAP will comply with the IHCIA and not reduce funding amounts of the Alaska CHAP.
11. The NCB is a federal board comprised of tribal and federal representatives.
12. The ACBs are federal boards and their membership must include at least one federal representative appointed by the respective IHS Area Director.
13. In the absence of an ACB, an IHS Area Director must consult with Area Tribes and will seek consensus of a majority of Area tribes or Tribal organizations to enter into a relationship with another IHS Area that has an ACB or with the Alaska CHAPCB for the purposes of certifying its CHAP providers. In the absence of consensus, IHS Area Directors will reserve the right to make the final decision.⁵
14. While ACBs are federal boards and comprise the NCB, an IHS Area Director may partner with Tribes or Tribal Organizations to carry out the support for the operation and maintenance of the ACB.

2. DEFINITIONS This section provides background on the terms used in this policy. This section does not provide policy direction and should be used as a reference point for language in the policy.

⁵ The CHAP TAG recommended that IHS seek consensus and approval of Tribes in the area before partnering with another area to form a regional ACB. IHS reserves the right to make the decision on how to best meet the needs of the area when consensus is not met.

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- A. Academic Review Committees (ARC). Specialized body of practitioners representing the behavioral, primary, oral health, and other relevant fields that reports and makes recommendations to the Area Certification Boards (ACB) regarding the training standards for all CHAP provider types.
- B. Area. Refers to one of the twelve (12) IHS service Areas: Alaska, Albuquerque, Bemidji, Billings, California, Great Plains, Nashville, Navajo, Oklahoma City, Phoenix, Portland, and Tucson.
- C. Certification Boards.
1. CHAP National Certification Board (NCB). The NCB is a federal board chaired by the IHS Chief Medical Officer (CMO) or his or her delegate and will be comprised of Federal and Tribal representatives from each ACB. Functions of the NCB and board composition are addressed in the charter and procedures.
 2. CHAP Area Certification Boards (ACBs). The ACBs are federal boards and their membership must include at least one federal representative appointed by the respective IHS Area Director. The ACB establishes board composition in its charters and develops the procedures of each respective board to certify individuals as their respective provider types.
- D. Community Health Aide Program (CHAP). The program provides for the education and training of Tribal community health providers who work as part of a team with other health professionals to provide health care, health promotion, and disease prevention services. CHAP includes three provider types listed below:
1. Behavioral Health Aide. Refers to a behavioral health aide I, II, III, and practitioner except when a level is specified. The specific roles and responsibilities of each level, will be defined in the National CHAP Standards and Procedures and other applicable ACB requirements.
 2. Community Health Aide. Refers to community health aide I, II, III, IV, and Practitioner, except when a level is specified. The specific roles and responsibilities of each level, will be specified in the National CHAP Standards and Procedures and other applicable ACB requirements.

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3. Dental Health Aide. Refers to a primary dental health aide level I-II, expanded function dental health aide level I-II, dental health aide hygienist, and DHAT except when the level is specified. The specific roles and responsibilities will be specified in National CHAP Standards and Procedures and other applicable ACB requirements.

E. Standards and Procedures.

1. National CHAP Standards and Procedures. Adopted in part from the Alaska CHAPCB Standards and Procedures to outline the minimum program standards for all CHAP provider types operating outside of Alaska. The National CHAP Standards and Procedures include, but are not limited to, the minimum training, training equivalency, supervision, and scope of practice requirements.
2. Area Standards and Procedures. At a minimum, the Area Standards and Procedures include the National CHAP Standards and Procedures and may have additional supplemental requirements above and beyond the national standards that are specific to the cultural considerations of the region, community specific needs, as well as the health care delivery system.⁶

3. RESPONSIBILITIES

- A. IHS CMO. Chairs the NCB. Consults with the CHAP Tribal Advisory Group to request initial membership for the NCB. Accepts nominations of tribal representatives to serve on the NCB. Appoints members of the NCB. NCB members shall not represent the interest of any professional association and will be comprised of representatives from across IHS Areas. The IHS CMO will make a good faith effort to ensure that the membership of the Board reflects the diversity of the geographic areas served, and includes tribal practitioners and tribal administrators with relevant expertise.
- B. IHS Area Directors. Consults with Area Tribes to appoint members of the ACB and to the NCB. Provides ACB members with direction to establish board composition in its charters and to develop the procedures of each respective board. Certifies CHAP

⁶ The CHAP TAG recommended to the IHS that ACBs should be allowed to adopt standards and procedures that vary from the national standards and procedures. IHS agrees that ACBs may adopt standards and procedures above and beyond the minimum requirements of the national standards and procedures but may not alter below those requirements. The CHAP TAG further recommended that the skill and qualification levels would be addressed in a CHAP's scope of practice. IHS agrees that the scope of practice should be tailored to the individual CHAP only if the minimum training standards have been met by all CHAPs as addressed in the national CHAP and as is the process in the Alaska CHAP.

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providers based on recommendations from ACBs. Approves and signs individual certification documents for CHAP providers. Appoints a federal representative to serve on the ACB.

- C. Federal ACB Representative. Appointed by an IHS Area Director. Provides recommendations to the IHS Area Director based on discussions of the ACB on individuals who have met the CHAP training standards and should be certified to practice.
- D. NCB. Establishes National CHAP Certification Standards and approves the national CHAP minimum training standards for all CHAP provider types for the ACBs to utilize to ensure consistency across IHS areas.
1. Specifies baseline requirements and scope of practice for all CHAP provider types, including community health aides and practitioners, dental health aides (including primary dental health aides, expanded functions dental health aides, dental health aide hygienists, and dental health aide therapists), and behavioral health aides and practitioners.
 2. Conducts review of CHAP operations to ensure consistency across all IHS Areas every three years.
 3. Convenes ACBs periodically to review National CHAP Standards and Procedures.
 4. Determines what will constitute equivalent training of providers as authorized in the IHCA.
 5. Maintains annual records of ACB actions regarding certification of CHAP providers. The IHS will maintain a database and make it accessible to tribal contractors and compactors to encourage them to extend reciprocity in appropriate circumstances.
- E. Area and/or Regional Certification Boards (ACBs).
1. Maintains records of certifications of individuals certified by the Alaska or other ACB who work in the area or areas under the jurisdiction of that ACB and maintains a record of all CHAP providers certified, denied, recertified, revoked,

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and approved after appeal who work in the area or areas under the jurisdiction of that ACB.

2. Creates procedures that detail terms, chairmanship, quorum, meetings, duties, and transition functions.
3. Ensures National CHAP Standards and Procedures established by the NCB, as well as any additional requirements set forth by the ACB for its applicable provider type, are met before certifying individuals for all CHAP provider types identified in 2.D.
4. Certifies CHAP providers. Certification is approved and executed when an IHS Area Director or their federal designee's signature is included on the certification document. Once completed a copy of the certification is sent to the NCB.
5. Adopts Area specific curriculum, consistent with the National CHAP Standards and Procedures established by the NCB, as needed, to ensure Area specific needs are met.
6. Ensures the National CHAP Standards and Procedures and the respective Area curriculum are culturally tailored and accessible to Area Tribal members.
7. Ensures the portability of health aide certification across Areas.
8. Certifies the Area curriculum for each CHAP provider type on at least a three (3) year recurring cycle.
9. ACB members shall not represent the interests of any professional organizations.

F. Academic Review Committees (ARC).

1. Conducts an independent review of the curriculum to ensure its alignment with the current health needs of American Indians and Alaska Natives.
2. Develops recommendations to the NCB through the ACB on curriculum.
3. ARC members shall not represent the interests of any professional organizations.

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4. EFFECTIVE DATE

This Circular becomes effective on the date of signature and will be superseded by the permanent policy once approved by the IHS Director.