



**U.S. Department of Veterans Affairs  
and  
Indian Health Service  
Memorandum of Understanding  
Annual Report  
Fiscal Year 2021**

Prepared by:

U.S. Department of Veterans Affairs  
Veterans Health Administration  
Office of Rural Health

U.S. Department of Health and Human Services  
Indian Health Service

U.S. Department of Veterans Affairs  
Office of Tribal Government Relations

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## EXECUTIVE SUMMARY

On October 1, 2010, the United States (U.S.) Department of Veterans Affairs (VA) and the Indian Health Service (IHS), through the U.S. Department of Health and Human Services (HHS), signed a Memorandum of Understanding (MOU) “to improve the health status of American Indian and Alaska Native (AI/AN) Veterans” authorized by the Indian Health Care Improvement Act (25 U.S.C. §§ 1645, 1647; 38 U.S.C. §§ 523(a), 6301-6307, 8153).

The intent of the MOU is to advance collaboration, coordination, and resource-sharing between VA and the IHS to ensure equitable access to care and services to AI/AN Veterans. In fiscal year (FY) 2021, the VA Veterans Health Administration (VHA) and VHA-IHS MOU leadership team revised and updated the 2010 MOU to account for progress made to date under the new Administration’s priorities. The VHA and the IHS have undertaken Tribal Consultation to seek tribal input on proposed revisions and hosted joint listening sessions. The VHA and the IHS continue to respond to the Government Accountability Office inquiries, and both agencies have committed to ensuring that programs initiated under the updated MOU will incorporate robust metrics for analyzing progress and results.

This report describes key outcomes of current MOU objectives, as well as several VA-IHS inter-Departmental activities that are not specified in the current MOU. For example, on December 5, 2012, the VHA and the IHS entered into an agreement for reimbursement for direct health care services (Reimbursement Agreement) to facilitate reimbursements from VA to the IHS and Tribal Health Program (THPs) facilities for certain health care services provided to VHA-enrolled AI/AN Veterans who are eligible to receive services at the IHS or THP facilities. In September 2020, the VHA and the IHS amended the Reimbursement Agreement to clarify existing provisions and to extend the term until June 30, 2024.

### National Leadership

- Thomas F. Klobucar, Ph.D., Executive Director, VHA Office of Rural Health (ORH)
- P. Benjamin Smith, MBA, Deputy Director for Intergovernmental Affairs, IHS
- Stephanie E. Birdwell, MSW, Director, VA Office of Tribal Government Relations
- Elizabeth Brill, MD, MBA, FACOG, Deputy Chief Medical Officer, Veterans Health Administration

The VHA-IHS MOU leadership team met quarterly to oversee administration of the MOU, evaluate outcomes, and plan future inter-Departmental initiatives.

### Impacts of Coronavirus (COVID-19) Pandemic

The COVID-19 pandemic impacted the work of both the VHA and the IHS during FY 2021. Data variations in this annual report may reflect the effects of COVID-19 and shifting of each agency’s priorities.

## FY 2021 VA-IHS MOU Partnership Accomplishments

- The workgroups completed multiple MOU-related goals, which are now a routine part of each Department's operations. As a result, accomplishments during FY 2021 included the following:
  - \$25.54 million reimbursed to the IHS and THPs by VA for care of more than 7,000 enrolled AI/AN Veterans;
  - 1,090,530 prescriptions processed through the VA Consolidated Mail Outpatient Pharmacy (CMOP) program for IHS Veteran patients enrolled in VA care;
  - 436 in-person and online training sessions shared between agencies; and
  - 75 housing placements of AI/AN Veterans through the Tribal U.S. Department of Housing and Urban Development-VA Supportive Housing (Tribal HUD-VASH) program.
  
- Inter-agency collaboration at the local level created access to programs that resulted in:
  - 26 tribal communities receiving transportation support for Veterans through the Highly Rural Transportation Grant program;
  - 5 Tribal Consultations, 6 letters to tribal leaders, and 30 training sessions with tribal communities pertaining to AI/AN Veteran issues; and
  - 16 tribal communities receiving care through VA telehealth services in Montana, Wyoming, and Oklahoma.

The VA-IHS MOU leadership team met quarterly to review MOU objectives, update the MOU document, and create a more comprehensive, flexible agreement that will serve both agencies well into the future.

## PERFORMANCE METRICS

Section 102(b) of the Veterans Access, Choice, and Accountability Act of 2014 requires the establishment of VA and the IHS MOU performance metrics to monitor progress. The table below captures 14 performance metrics developed by VA and the IHS and their FY 2021 outcomes.

Metric	Activity
1. Number of VA-enrolled Veterans served by the IHS and THPs through VA-IHS and VA-THP reimbursement agreements.	7,161
2. Total disbursed dollar amount through the VA-IHS and VA-THP reimbursement agreements.	\$25,544,600
3. Total prescriptions filled through the VA CMOP program for direct AI/AN Veteran care.	1,090,530
4. Completion of annual metrics review.	Completed FY 2021
5. Total number of instances where VA and the IHS or THP share space, equipment, services, and/or personnel to provide health care for AI/AN Veterans.	17
6. Quality measures tracked specifically for enrolled Veterans served by the IHS through the VA-IHS reimbursement agreement.	Data not available
7. Completion of annual metrics review.	Completed FY 2021
8a. Number of shared VA-IHS training sessions and webinars.	436
8b. Number of training attendees.	Data not available
9. Number of meetings between VA ORH and IHS leaders to coordinate MOU implementation activities.	25
10. Completion of annual metrics review.	Completed FY 2021
11. Total reimbursement for suicide prevention, tobacco cessation, and diabetes management services.	\$2,811,597.73
12. Completion of annual metrics review.	Completed FY 2021
13. Number of Tribal Consultations, tribal leader letters, and training sessions with tribal communities pertaining to AI/AN Veteran issues.	Tribal Consultation: (5) tribal leader letters: (6) training sessions with tribal communities: (30)
14. Completion of annual metrics review.	Completed FY 2021

**Source:** Internal VA and IHS reports

## ACCOMPLISHMENTS

To support the MOU's goal to "improve the health status" of AI/AN Veterans, the VHA-IHS MOU leadership team focused on strategies to increase the number of care sites, bring care closer to home, reduce barriers to care (e.g., travel, geography, time, transportation), and train health care professionals. All activities were coordinated with tribal communities. Note that some activities listed below began in MOU workgroups, but are now a routine part of each Department's operations. Similarly, some inter-agency collaborations began in the field, independent of the MOU.

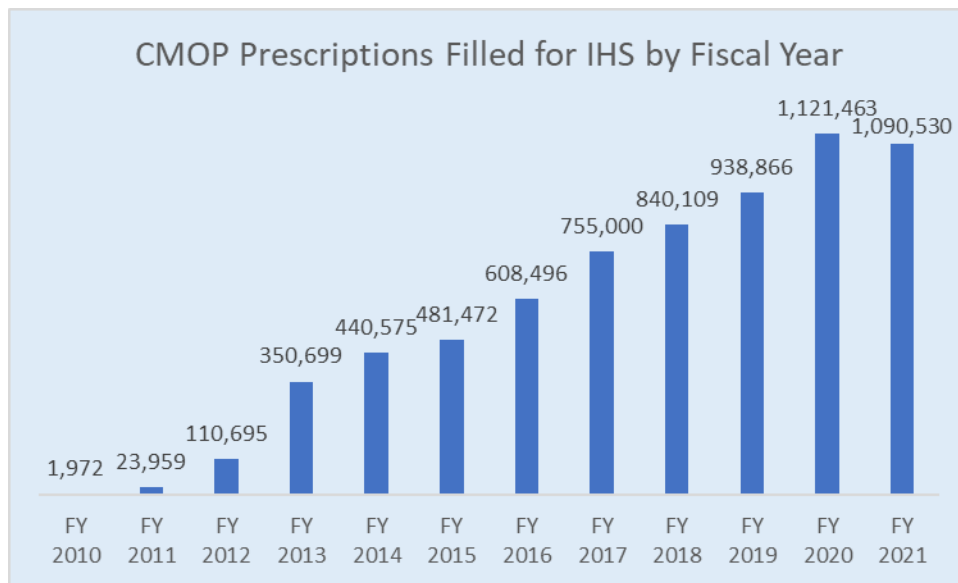
### Access to Care

- In 2012, VA and the IHS entered into the *VA-IHS Reimbursement Agreement for Direct Health Care Services* that facilitates VA payment to the IHS for health care delivered to VA-enrolled AI/AN Veterans at 74 IHS facilities without prior authorization. In September 2020, agency leaders signed amendment four to the agreement, which clarified the definition of the term "direct care services" to include services provided through telehealth; clarified language in the quality section of the agreement relating to certification and accreditation requirements; extended the terms of agreement an additional 2 years beyond the existing term until June 30, 2024; and added a new section for reimbursement for care or services provided by the IHS through a contract established by the IHS (i.e., the IHS Purchased/Referred Care program) for health care services provided outside of an agency facility during the COVID-19 emergency period that met certain conditions. In addition, VA has 116 separate reimbursement agreements with THPs. The VA Office of Community Care administers these agreements and is responsible for their execution.
- Since inception in FY 2012, the VA-IHS and VA-THP reimbursement agreements provided \$148.93 million to the IHS and THPs for health care for 13,927 VA-enrolled AI/AN Veterans. In FY 2021 alone, VA paid the IHS and THPs \$25.54 million for health care for more than 7,000 uniquely enrolled AI/AN Veterans.
- VA delivered care through nine tribal telemental health clinics at the Montana VA Health Care System: Wind River, Wyoming; Crow, Montana; Northern Cheyenne, Montana; Flathead, Montana; Blackfeet, Montana; Fort Belknap, Montana; Pawnee, Oklahoma; Fort Peck, Montana; and Rocky Boy, Montana. The program serves 16 tribal communities.

### Access to Medication

- One of the most successful collaborations between VA and the IHS is the VA CMOP program for VA-enrolled AI/AN Veterans served at IHS clinics. On December 12, 2016, VA and the IHS entered into an inter-agency agreement that extended the CMOP program to THPs that meet necessary requirements. The CMOP mails prescriptions to Veteran homes, which can significantly reduce or eliminate travel to and from rural or remote

communities to obtain medication. In FY 2021, the CMOP processed 1,090,530 prescriptions. Since inception in FY 2010, the CMOP has processed more than 6.76 million prescriptions for VA-IHS patients.



**Source:** Internal VA data

### **Workforce Training**

- VA and the IHS coordinated on training and recruitment efforts whenever possible. In FY 2021, VA and the IHS shared 436 training programs, including online and in-person sessions focused on suicide prevention, substance abuse disorder, opioid and Naloxone training, geriatric and extended care, post-traumatic stress disorder, and more.
- The Rural Interdisciplinary Team Training (RITT) Program, part of the VA Geriatric Scholars Program, trains providers to address the unique needs of the geriatric Veteran population. This well-established program is included in both VA's and the IHS's response to the National Plan to Address Alzheimer's Disease. Due to COVID-19, VA was unable to provide any RITT training sessions at IHS and THP clinics during this fiscal year.

### **Access to Transportation**

- The VA Highly Rural Transportation Grants (HRTG) provide funds to Veteran Service Organizations and state Veterans service agencies to transport Veterans who reside in highly rural areas to VA medical appointments. In FY 2021, HRTG grantees served 26 tribal communities in Montana, Alaska, New Mexico, Nevada, North Dakota, South Dakota, Washington, Wyoming, and California.

## Housing Assistance

- VA and the IHS recognize the impact that housing, or the lack thereof, has on Veterans' health. To address this social determinant of health, the Tribal HUD-VASH program provides rental assistance for homeless AI/AN Veterans or AI/AN Veterans at risk of homelessness.
- In FY 2021, the Tribal HUD-VASH program continued to house and provide case management and supportive services to AI/AN Veterans who were homeless or at risk of homelessness. In addition to maintaining the existing grant awards with 26 tribes and Tribally Designated Housing Entities (TDHEs), Tribal HUD-VASH expanded in FY 2021 with additional grants awarded by HUD's Office of Native American Programs. These awards were announced on September 22, 2021, and expanded program capacity to ultimately serve up to 585 AI/AN Veteran households across 28 tribal partners. Three of the expansion grantees were existing Tribal HUD-VASH partners (Tlingit and Haida, with the Alaska VA HCS; Muscogee [Creek], with the Eastern Oklahoma VA HCS; and Lumbee in North Carolina, with Fayetteville VAMC) and two were new tribes (Fort Hall Reservation with Salt Lake City VA HC and Apsaalooke [Crow], with Montana VA HCS).
- In total, the Tribal HUD-VASH program served 474 AI/AN Veterans over the course of the fiscal year, with 80 new unique placements in permanent housing. At the end of FY 2021, six tribes were utilizing 100% of their grant awards, three tribes were utilizing 95% of their grant awards, one tribe was utilizing 85% of their grant awards, and three were utilizing 80% of their grant awards. The remaining 13 tribes were utilizing 75% or less of their grant awards, with housing stock the most significant barrier to full utilization. Additionally, many tribes and TDHEs continued to be impacted by the COVID-19 pandemic during FY 2021, resulting in tribal, TDHE, and community closures, which created barriers to serving new Veteran households.

## Tribal Consultations

- VA and the IHS are committed to providing quality health care, consistent with statutory authorities and the government-to-government relationship with each Indian tribe. Both agencies strive to engage in regular and meaningful Tribal Consultation and collaboration with tribal Nations to serve AI/AN Veterans more effectively. To gather tribal input and promote VA programs and resources, the VA Office of Tribal Government Relations (OTGR) conducted five Tribal Consultations, sent six tribal leader letters, and led 30 training sessions in FY 2021. There were no Tribal Stand Downs in FY 2021 due to the COVID-19 pandemic.
- Tribal Consultations in FY 2021 focused on a variety of topics, including the updated VHA-IHS MOU, co-payment prohibitions for AI/AN Veterans, the Presidential Memorandum on Tribal Consultation, VA's State Veterans Home Construction Grant and Per Diem programs, and pharmacy reimbursement rates.

- The Veterans Benefits Administration and the VA OTGR conducted a Presumptive Campaign Claims Clinic initiative, taking claims at seven events in seven different tribal communities, serving a total of 252 Veterans.

### **Program Work for Rural AI/AN Veterans**

In FY 2021, the VHA continued to prioritize program work that addresses the unique health care needs of AI/AN Veterans, including:

- **Rural Native American Women Veterans' Use of VHA Under The MISSION Act:** This research project is led by a team of experts in rural health, AI/AN populations, women's health, and VA community care. The team is examining rural AI/AN women Veterans' unique health care needs, behaviors, and preferences to better understand how this population engages with VHA care in comparison to other rural women Veteran populations. Their findings will inform policies that improve rural AI/AN women Veterans' health care access and improve their health outcomes.
- **Rural Native Veteran Health Care Navigator Program:** The Rural Native Veteran Health Care Navigator Program was developed to improve health outcomes of rural Native Veterans. Under the program, Health Care Patient Navigators will help rural AI/AN Veteran patients overcome barriers to health care access by engaging in patient health care navigation with VA, the VHA, the IHS, federally recognized tribes, local communities, and other state and federal agencies. Navigators will also serve as an educational resource to help these patients better understand the health care system. In FY 2021, the program team conducted environmental scans soliciting input from federal and tribal partners, rural AI/AN Veterans and their communities, and reviewed best practices in Health Care Navigation to support the development of an initial program model.
- **Increasing Access to Mental Health Services for Rural Native Veterans Through VA Video Connect (VVC):** A core project team comprised of VA ORH staff with expertise in VVC implementation is engaging local VA Medical Center (VAMC) stakeholders to provide training, education, and ongoing evaluation for the delivery of culturally centered telemental health treatments to Rural AI/AN Veterans from their sites. The team's work expanded in FY 2021 to additional VAMC partner sites, bringing the partner site total to seven. The implementation and mentorship model was further refined through this process.
- **Suicide Prevention Toolbox for Rural Native Veterans:** This project partners with a team from the National Center for Posttraumatic Stress Disorder with expertise in the development of mobile mental health applications for Veterans to develop a mobile health toolbox that supports AI/AN Veterans healing from trauma and addresses mental health issues, including suicide prevention. In FY 2021, the team explored content adaptation of existing mental health apps and websites, including input from providers



and rural AI/AN Veterans. The goal is to develop a mobile app that can be disseminated to rural AI/AN Veterans and the general public through an existing VA mobile app, with design and testing in FYs 2021-2022, and development and production in FY 2023.

- **Tribal-VHA Partnerships in Suicide Prevention:** This project partners with the VA Office of Mental Health and Suicide Prevention to support the VA suicide prevention teams' outreach and assistance efforts to rural AI/AN Veterans who need suicide prevention care and services. Through mentorship, material adaptation, and a community of learning, it builds upon the strong VA system of evidence-based practices to include culturally appropriate approaches of local tribal efforts in suicide prevention. In FY 2021, project team specialists partnered with VA suicide prevention teams at three VA facilities to facilitate engagement with AI/AN communities. Joint activities yielded local adaptations and pilot testing of key VA suicide prevention materials, as well as delivery of more than 1,200 care packages to Veterans.

## **FUTURE COLLABORATIONS**

The VHA-IHS MOU partnership continues to deliver tangible outcomes that increase access to care for AI/AN Veterans. In FY 2021, the VHA and the IHS finalized a new, updated MOU, with goals and objectives that reflect the evolving health care and health information technology landscape. This newly updated MOU allows both agencies to proceed with operational planning work and engage key stakeholders across the VA and the IHS to develop a program and research project portfolio that achieves its mutual goals and objectives.

Once finalized, this operational plan will be used by the newly established VHA Native Affairs Office, which was announced as a new office in early FY 2022 to coordinate issues related to AI/AN Veterans' health, including oversight and management of the VHA-IHS MOU. Budget resource allocation and staff recruitment are currently underway, with the goal to have the office staffed by March 2022.