



**Operational Plan
Pursuant to the
Memorandum of Understanding
Between the
United States Department of Veterans Affairs
Veterans Health Administration
and
United States Department of Health and Human Services
Indian Health Service**

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DRAFT for Purposes of Consultation

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BACKGROUND

American Indians and Alaska Natives (AI/AN) have served in the military at a higher rate than members of other racial groups at various points in history, yet AI/AN Veterans are more likely than other Veterans to lack health insurance or have a service-connected disability. Once separated from the military, some AI/AN Veterans are eligible to receive health care services from both the Department of Veterans Affairs (VA) and the Indian Health Service (IHS), an agency within the Department of Health and Human Services (HHS). VA and IHS each operate their own health care facilities. In addition, AI/AN Veterans may also receive care at a Tribal Health Program¹ (THP) or an Urban Indian Organization (UIO).²

In 2010, VA and IHS refreshed the 2003 MOU. The intent of the 2010 MOU was to provide opportunities 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 October 2021, VA Veterans Health Administration (VHA) and IHS signed an MOU to further their respective missions, priorities, and goals. The purpose of this MOU is to establish a framework for coordination and partnering to leverage and share resources and investments in support of each organization's mutual goals. Accordingly, VHA and IHS recognize the value of tribal and UIO input regarding the policies, programs, and services that affect AI/AN Veterans. Although the 2021 MOU may serve as an agreement between two Federal agencies, both agencies commit to engaging in communication, collaboration, Tribal Consultation, and Urban Confer consistent with their respective policies, applicable statutes, regulations, and Executive Order(s).

In December 2021, the VHA/IHS MOU leadership team initiated efforts to draft an Operational Plan to guide the development of tactics to attain the mutual goals and objectives outlined in the 2021 MOU and restated here:

Mutual Goals: *To the maximum extent permitted by law, available resources, and funding, VHA and IHS will coordinate and partner to leverage and share the resources and investments in support of the following four goals:*

1. ***Access*** – *Increase access and improve quality of health care and services for the benefit of eligible AI/AN Veteran patients, regardless of where they live, served by VHA and IHS. Effectively leverage the strengths of VHA and IHS at the national, regional, and local levels to support the delivery of timely and optimal clinical care.*
2. ***Patients*** – *Facilitate enrollment and seamless navigation for eligible AI/AN Veterans in VHA and IHS health care systems.*
3. ***Information Technology*** – *Facilitate the integration of electronic health records and other Health Information Technology systems that affect the health care of AI/AN Veterans.*
4. ***Resource Sharing*** – *VHA and IHS will improve access for their patient populations through resource sharing, including technology, providers, training, human resources, services, facilities, communication, and reimbursement, etc.*

¹ The term "tribal health program" means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the IHS through, or provided for in, a contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5301 et seq.) 25 U.S.C. § 1603(25).

² The term "Urban Indian Organization" means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 25 U.S.C. § 1653(a). 25 U.S.C. § 1603(29).

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Mutual Objectives: *To achieve the MOU's four goals, VHA and IHS agree to actively collaborate and coordinate on the mutual goals listed above, and the objectives that come from these goals:*

1. Access

- a. *Build on the successes of the 2010 MOU, through performance monitoring of the implementation of the MOU through joint VHA and IHS quarterly meetings to discuss and monitor MOU metrics.*
- b. *Develop, coordinate, and expand new ways to connect facilities operated by VHA, IHS, Tribal Health Programs (THPs), and Urban Indian Organizations (UIOs).*

2. Patients

- a. *Improve care coordination processes between facilities operated by VA, IHS, THPs, and UIOs, as authorized by law.*
- b. *Develop, coordinate, and expand evidence-based training programs for patient navigation specialists from VA, IHS, THP, and UIO programs to assist AI/AN Veterans in navigating VA, IHS, THP, and UIO care systems.*
- c. *Improve and expand utilization of the VHA consolidated mail outpatient pharmacy by IHS and THP care providers, including options to extend access to UIOs and non-Resource and Patient Management System electronic health record (EHR) sites.*

3. Information Technology

- a. *Closely monitor the development of new Health Information Technology systems and advocate for full interoperability of VA, IHS, THP, and UIO EHR systems to the fullest extent allowable.*
- b. *Develop robust Health Information Exchange systems among VHA, IHS, THP, and UIO care systems where they currently do not exist.*
- c. *Monitor and continue to advocate for increased use of telehealth systems to connect VA, IHS, THP, and UIO care facilities to provide patient care closer to home for AI/AN Veterans, including mental and behavioral health care services.*
- d. *Monitor and continue to advocate for increased access to broadband services in rural and remote locations where AI/AN Veterans reside.*

4. Resource Sharing

- a. *Promote collaboration to share services and health care providers between VA, IHS, and THP care facilities, and UIOs, to the fullest extent allowable by law.*
- b. *Evaluate new options to reimburse all services provided to AI/AN Veterans at IHS and THP facilities, and UIOs, to the fullest extent allowable by law.*
- c. *Expand telehealth programs that connect VHA, IHS, THP, and UIO care facilities to facilitate virtual provider-sharing arrangements.*
- d. *Develop and expand collective resources and learning options, including, but not limited to, training, research and development, collaboration, communications, Tribal Consultation, Urban Confer, etc. For example, ex officio participation in HHS and VA advisory committees (e.g., HHS National Advisory Committee on Rural Health and Human Services, VA Veterans Rural Health Advisory Committee, IHS Direct Service Tribes Advisory Committee, IHS Tribal Self-Governance Advisory Committee, etc.).*

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The contents of this document provide a draft operational plan prepared by the VHA-IHS MOU leadership team for review by representatives of Tribes, Tribal Organizations, UIOs, and general public for their input and commentary prior to approval and subsequent implementation.

This draft plan includes an overview of a proposed organizational structure (see below) to oversee the implementation of tactics aimed at attaining the goals and objectives stated above as well as descriptions of each project and initiative. Please note the plan is a “living” document that will go through annual revision and updates based on stakeholder input and feedback. The language used in the MOU is inclusive of UIOs and Indian Health System where appropriate.

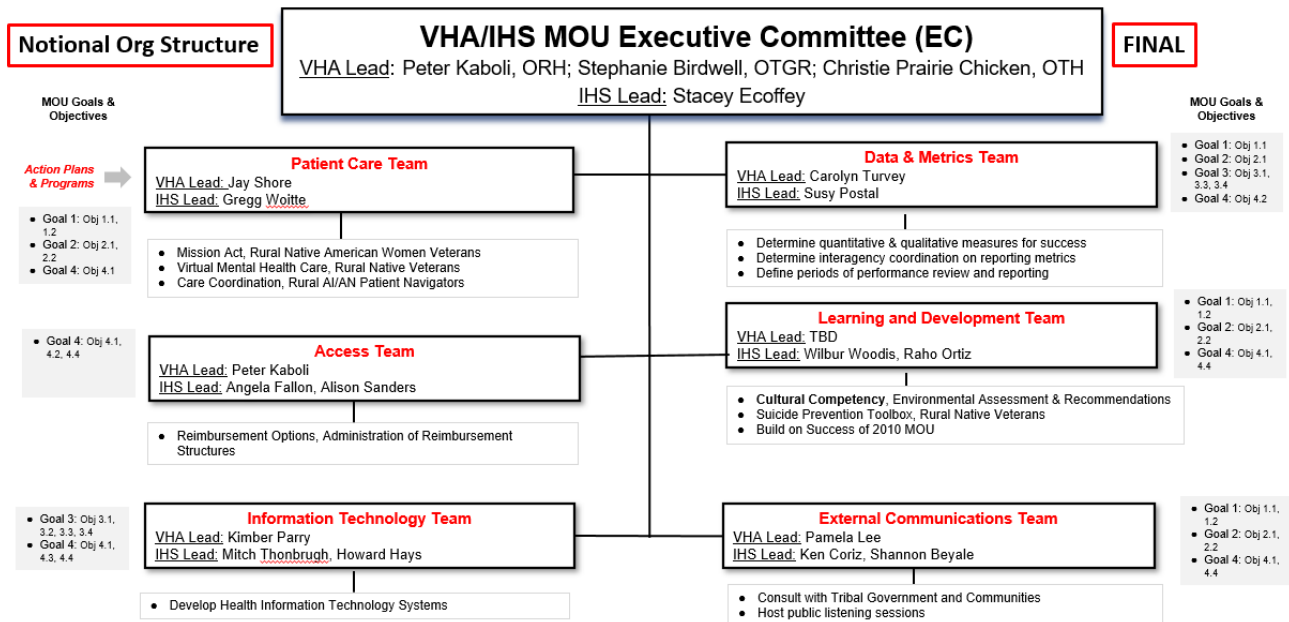
An **Appendix** (see page 15) is added to provide information on the recommended projects and initiatives that are under development or being planned to support the MOU.

At this time, Tribal Consultations and Urban Confer session are already in progress. Comments received to date, where applicable and actionable, are included in this revised version of the MOU. Additional public listening sessions in urban/rural areas (and diverse geographical locations) may be incorporated in the future to ensure all AI/AN Veterans can offer comments and feedback.

PLAN OVERVIEW

As shown in **Figure 1**, the VHA/IHS MOU leadership team recommends establishing an organizational structure led by a VHA/IHS Executive Committee (EC) that oversees seven teams comprised of both VHA and IHS representatives responsible for implementing the tasks in support the 2021 MOU goals and objectives. These teams include: Ad Hoc Operations, Patient Care, Information Technology, Access, Data Metrics, Learning and Development, and External Communications,

Figure 1: Draft Final MOU Organizational Structure



An additional ad hoc team is included in the organizational structure for consideration of future unforeseen needs to support the efforts of the EC. VHA & IHS shall staff the workgroup teams with subject matter experts from both agencies. Each workgroup team shall be directed by the EC to review

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their roles and responsibilities as outlined in this document and meet on a regular basis to make progress towards workgroup goals. Subsequently, each workgroup will be responsible for setting internal deadlines and timelines to identify targets to track and report progress for the work to be performed under the MOU. Leadership from VHA and IHS will continue to connect with subject matter experts in Indian country, (e.g., Tribal Consultation, Urban Confer, Direct Service Tribes National Meeting, Alaska Federal of Natives Convention, etc.), engage stakeholders, and incorporate feedback into the Operational Plan on an annual basis.

Figure 2 offers an overview of current projects and initiatives the VHA-IHS MOU leadership team recommends implementing to attain the MOU goals and objectives. As shown below, several projects and initiatives address multiple MOU goals and objectives. This is intentional as the scope of work for efforts currently in process or proposed have broad potential application to improve the health status of AI/AN Veterans. This approach also leverages current resources and initiatives within VHA and IHS to generate process efficiencies and cost savings.

PROJECT NAME / INITIATIVE	PROJECT DESCRIPTION	Goal 1 ACCESS		Goal 2 PATIENTS		Goal 3 INFORMATION TECH				Goal 4 RESOURCE SHARING			
		Obj 1.1	Obj 1.2	Obj 2.1	Obj 2.2	Obj 3.1	Obj 3.2	Obj 3.3	Obj 3.4	Obj 4.1	Obj 4.2	Obj 4.3	Obj 4.4
1. Rural Native Veteran Health Care Navigator Program (RNV-HCNP) Development	Increase RNV access to healthcare and Veteran-associated resources		X	X							X		
2. Rural Native American Women Veterans' use of VHA under the MISSION Act	Build on FQHC pilot project to screen Veteran status and identify resources to address care needs	X	X	X				X		X		X	
3. Expansion of VVC to Deliver Occupational Therapy to Rural Veterans	Examine implementation of OT services via VVC to enable increased access to specialty care by rural Veterans	X				X		X				X	
4. Implementation of Virtual Mental Health Care for Rural Native Veterans	Increase access to and quality of VA Mental Health care for Rural Native Veterans through virtual modalities	X				X		X					
5. Tribal-VHA Partnerships in Suicide Prevention	Advance suicide prevention for rural Native Veterans	X	X										
6. Consolidated Mail Out Pharmacy (CMOP) Services	Reduce or eliminate travel to and from rural or remote communities to obtain medication	X	X										
7. Tribal HUD-VASH Program	Provide rental assistance for homeless AI/AN Veterans or AI/AN Veterans at risk of homelessness	X	X							X			
8. Veterans Transportation Service: Highly Rural Transportation Grant Program	Transport AI/AN Veterans who reside in highly rural areas to VA medical appointments	X								X			
9. American Broadband Initiative (ABI)	Advocate for increased broadband access in rural areas to serve AI/AN Veterans								X				
10. VA-IHS Reimbursement Agreement for Direct Health Care Services	Facilitate reimbursements from VA to IHS and THP for health care services provided to eligible AI/AN										X		
11. Support for VA's Advisory Committees	Facilitate information- and resource sharing among Advisory Committee members												X

PROJECTS AND INITIATIVES

This section includes details of the recommended projects and initiatives, segmented by the four goal categories (Access, Patients, Information Technology, Resource Sharing) as defined in the 2021 MOU. Each category restates the applicable MOU goals followed by each objective that aligns with that goal. The recommended projects and initiatives (or tactics) follow each respective objective, to include proposed actions by the organizational team(s) responsible for implementing each tactic.

1. ACCESS

1.0 Goals

The mutual goals stated in the 2021 MOU that apply to this category include:

- Increase access and improve quality of health care and services for the benefit of eligible AI/AN Veteran patients, *regardless of where they live*, served by VHA and IHS
- Effectively leverage the strengths of VHA and IHS at the national, regional, and local levels to support the delivery of timely and optimal clinical care

1.1 Objective: Define Metrics

This objective seeks to define 2022 performance metrics for measuring the success of the 2021 MOU and identify dates and times for the team to meet quarterly.

Recommended strategies and tactics in response to **Objective 1.1** include:

- The MOU Executive Committee will take the lead in scheduling a date and time that all teams listed in the organizational structure (see page 4) can convene and create an agenda for discussing and defining performance metrics to measure the MOU's success
- The Data & Metrics Team will contribute to the discussion by identifying targets to track and report on progress of this objective on a quarterly basis
- The Data & Metrics Team will identify all metrics in the plan as outcome measures (not process improvement measures). The Data & Metrics Team will subsequently incorporate specific metrics and build out roles of mutual objectives in both the Information Technology and Resource Sharing goals discussed below.

1.2 Objective: Connect Facilities

Recommended strategies and tactics in response to **Objective 1.2** include:

- The Rural Native Veteran Health Care Navigator Program (RNV-HCNP) is designed to facilitate and coordinate AI/AN Veterans' access to care and services. In this program, the Patient Care Team and Data & Metrics Team will:
 - a. Perform environmental scan (literature reviews, interviews, discussions, etc.) to understand Rural AI/AN Veterans and key partners' perspectives along with applicable models of health care navigation
 - b. Create initial Navigator Program model, set up infrastructure needed to support the program, develop pilot model, plan and establish partnerships, and prepare pilot for implementation with 4-7 local VA medical centers (VAMCs)
 - c. Pilot program models and work to refine, replicate, expand, and evaluate the RNV-HCNP for wider dissemination (note: the Rosebud Sioux Tribe Veterans Affairs Program has participated in planning and feasibility discussions for the Navigator Program and would like to act as a pilot site for implementing navigators)

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- d. Integrate navigation program organizationally into Veterans Integrated Services Network (VISN) and VHA facility infrastructure in strategic ways that facilitate sustainability and maximize care access for Rural AI/AN Veterans
- e. Develop educational resources to help patients better understand the health care system
- f. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under Rural Native American Women Veterans’ use of VHA, the Patient Care Team and Data & Metrics Team will:
 - a. Review analysis of use data
 - b. Work with subject matter experts to provide information related to AI/AN women Veterans health and health care utilization, and report to the VHA-IHS MOU Executive Committee Workgroup
- As part of efforts performed under the Expansion of VA Video Connect (VVC) to Deliver Occupational Therapy to Rural Veterans Program, the Patient Care Team and Data & Metrics Team will:
 - a. Expand best practices for engaging Rural AI/AN Veterans, with VA Virtual Mental Health Technology through implementation facilitation
 - b. Further develop processes for adapting VA Virtual Mental Health Technology for Rural AI/AN Veterans, *regardless of where they live*
 - c. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the Implementation of Virtual Mental Health Care for Native Veterans Program, the Learning & Development Team will:
 - a. Hold two meetings at VA sites (or virtually, depending on pandemic conditions) with VA Suicide Prevention Teams (SPTs) and Tribal and UIO partners to facilitate bi-directional learning and adaptation of identified suicide prevention tools
 - b. Apply the methodology of local adaptation and implementation of signs, ask, validate, encourage, and expedite (S.A.V.E.) training in two Tribal and Urban Indian communities with a target of delivering training to at least 10% of tribal communities
 - c. Finalize an implementation guide, including partnership building, timelines, and use of adapted educational tool and materials
 - d. Develop a project plan for the next phase, outlining key components, timelines, and evaluation metrics for wider dissemination of the project in partnership with VA’s Office of Mental Health and Suicide Prevention (OMHSP)
 - e. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the Consolidated Mail Out Pharmacy (CMOP) Services Program, the Patient Care Team and Data & Metrics Team will:
 - a. Assess areas for improvement, provide recommendations, and implement changes where possible
 - b. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the Tribal Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program, the Patient Care Team and Data & Metrics Team will:
 - a. Assess areas for improvement, provide recommendations, and implement changes where possible (to include assessing the HUD-VASH program more broadly to confirm it is serving Native Veterans regardless of where they live)
 - b. Identify targets to track and report on progress to ensure proper implementation

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- As part of efforts performed under the Veterans Transportation Service: Highly Rural Transportation Grant Program, the Patient Care Team and Data & Metrics Team will:
 - a. Assess areas for improvement, provide recommendations, and implement changes where possible
 - b. Identify targets to track and report on progress to ensure proper implementation

1.3 Objective: Increase AI/AN Veteran Use of Benefits and Services

Recommended strategies and tactics in response to **Objective 1.3** include:

- **As part of this effort, the Patient Care Team will:**
 - a. **Seek ways to increase access to benefits and services offered by VA for all AI/AN Veterans**

1.4 Objective: Develop Plan at Local Level

Recommended strategies and tactics in response to **Objective 1.4** include:

- **As part of the effort to begin planning for implementation of the MOU at individual VHA and IHS facilities, the Ad Hoc Team will:**
 - a. **Explore the feasibility of additional staffing at priority VHA and IHS facilities in support of Native Veterans**

2. PATIENTS

2.0 Goal

The mutual goal stated in the 2021 MOU that applies to this category includes:

- Facilitate enrollment and seamless navigation for eligible AI/AN Veterans in VHA and IHS health care systems

2.1 Objective: Improve Care Coordination and Suicide Prevention Efforts

This objective seeks to improve care coordination processes between facilities operated by VA, IHS, THPs, and UIOs, as authorized by law and expand efforts to prevent AI/AN Veteran suicide.

Recommended strategies and tactics in response to **Objective 2.1** include:

- As part of efforts performed under the Rural Native Veteran Health Care Navigator Program (RNV-HCNP) Development, the Patient Care Team and Data & Metrics Team will:
 - a. Please see actions listed on page 6, under the 1st bullet in Section 1.2
- As part of efforts performed under the Rural Native American Women Veterans' use of VHA under the MISSION Act, the Patient Care Team and Data & Metrics Team will:
 - a. Please see actions listed on page 7, under the 1st bullet in Section 1.2
- As part of efforts performed under the Tribal-VHA Partnerships in Suicide Prevention Program, the Learning & Development Team and Data & Metrics Team will:
 - a. Hold two meetings at VA sites (or virtually, depending on pandemic conditions) with VA SPTs and Tribal and UIO partners to facilitate bi-directional learning and adaptation of identified suicide prevention tools
 - b. Apply the methodology of local adaptation and implementation of S.A.V.E. training in two Tribal and Urban Indian communities

- c. Finalize an implementation guide, including partnership building, timelines, and use of adapted educational tool and materials
- d. Develop a project plan for the next phase, outlining key components, timelines, and evaluation metrics for wider dissemination of the project in partnership with OMHSP
- e. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the CMOP Services Program, the Patient Care Team and Data & Metrics Team will:
 - a. Please see actions listed on page 7 under the 1st bullet in Section 1.2
- As part of efforts performed under the Tribal HUD-VASH Program, the Patient Care Team and Data & Metrics Team will:
 - a. Assess areas for improvement, provide recommendations, and implement changes where possible
 - b. Identify targets to track and report on progress to ensure proper implementation

2.2 Objective: Develop, Coordinate, Expand Training Programs

This objective seeks to develop, coordinate, and expand evidence-based training programs for patient navigation specialists from VA, IHS, THP, and UIO programs to assist AI/AN Veterans in navigating VA, IHS, THP, and UIO care systems.

Recommended strategies and tactics in response to **Objective 2.2** include:

- As part of efforts performed under the RNV-HCNP Development Program, the Patient Care Team and Data & Metrics Team will:
 - a. Please see actions listed on page 6, under the 1st bullet in Section 1.2
- As part of efforts performed under the Rural Native American Women Veterans' use of VHA under the MISSION Act, the Patient Care Team and Data & Metrics Team will:
 - a. Please see actions listed on page 7, under the 1st bullet in Section 1.2

3. INFORMATION TECHNOLOGY

3.0 Goal

The mutual goal stated in the 2021 MOU that applies to this category includes:

- Facilitate the integration of electronic health records (EHRs) and other Health Information Technology systems that affect the health care of AI/AN Veterans

3.1 Objective: Monitor Development of Health Information Technology Systems

This objective seeks to closely monitor the development of new Health Information Technology systems and advocate for full interoperability of VA, IHS, THP, and UIO electronic health record systems to the fullest extent allowable.

Recommended strategies and tactics in response to **Objective 3.1** include:

- As part of efforts performed under the Expansion of VVC to Deliver Occupational Therapy to Rural Veterans initiative, the Patient Care Team and Data & Metrics Team will:
 - a. Monitor integration of implementing best practices for engaging Rural AI/AN Veterans, with VA Virtual Mental Health Technology

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- b. Further codify the implementation facilitation model including developing processes for adapting VA Virtual Mental Health Technology for Rural AI/AN Veterans
- c. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the Implementation of Virtual Mental Health Care for Rural Native Veterans initiative, the Learning & Development Team and Data & Metrics Team will:
 - a. Design, review/test, and revise toolbox to create an interactive phone-based module for posttraumatic healing and suicide prevention that can be added to an existing VA mobile app
 - b. Engage rural Native Veterans, throughout the development process to center project around Native Veterans and their values and ensure the module is acceptable and stimulates use
 - c. Engage stakeholders (providers, program offices, Federal agencies) in conceptualizing products and reviewing content
 - d. Identify targets to track and report on progress to ensure proper implementation

3.2 Objective: Develop Health Information Exchange Systems

This objective seeks to develop robust Health Information Exchange systems among VHA, IHS, THP, and UIO care systems where they currently do not exist.

Recommended strategies and tactics in response to **Objective 3.2** include:

- Efforts to address this objective are being discussed by the Executive Committee for future inclusion in the draft operational plan

3.3 Objective: Advocate for Use of Telehealth Systems

This objective seeks to monitor and continue to advocate for increased use of telehealth systems to connect VA, IHS, THP, and UIO care facilities to provide patient care closer to home for AI/AN Veterans, including mental and behavioral health care services.

Recommended strategies and tactics in response to **Objective 3.3** include:

- As part of efforts performed under the Rural Native American Women Veterans' use of VHA under the MISSION Act, the Patient Care Team and Data & Metrics Team will:
 - a. Discuss with subject matter experts whether making telehealth training for evidence-based cognitive behavioral therapy available to participating Federally Qualified Health Centers to build Veteran-centric medical care within community settings is a priority
 - b. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the Expansion of VVC to Deliver Occupational Therapy to Rural Veterans initiative, the Patient Care Team and Data & Metrics Team will:
 - a. Monitor and advocate for integration of implementing best practices for engaging Rural AI/AN Veterans with VA Virtual Mental Health Technology
 - b. Further codify the implementation facilitation model including developing processes for adapting VA Virtual Mental Health Technology for Rural AI/AN Veterans
 - c. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the Implementation of Virtual Mental Health Care for Rural AI/AN Veterans initiative, the Learning & Development Team and Data & Metrics Team will:
 - a. Design, review/test, and revise to create an interactive phone-based module for posttraumatic healing and suicide prevention

- b. Engage Rural AI/AN Veterans throughout the development process to center project around Native Veterans and their values and ensure the module is acceptable and stimulates use
- c. Engage stakeholders (providers, program offices, Federal agencies) in conceptualizing products and reviewing content
- d. Identify targets to track and report on progress to ensure proper implementation

3.4 Objective: Advocate for Increased Broadband Services

This objective seeks to monitor and continue to advocate for increased access to broadband services in rural and remote locations where AI/AN Veterans reside.

Recommended strategies and tactics in response to **Objective 3.4** include:

- As part of efforts performed under the American Broadband Initiative (ABI) initiative, the Patient Care Team and Data & Metrics Team will:
 - a. Collaborate with other ABI Federal partners to assess areas for improvement, provide recommendations, and implement changes where possible
 - a. Identify targets to track and report on progress to ensure proper implementation

4. RESOURCE SHARING

4.0 Goal

The mutual goal stated in the 2021 MOU that applies to this category includes:

- VHA and IHS will improve access for their patient populations through resource sharing, including technology, providers, training, human resources, services, facilities, communication, and reimbursement, etc.

4.1 Objective: Promote Collaboration to Shared Services

This objective seeks to promote collaboration to share services and health care providers between VA, IHS, THP care facilities, and UIOs, to the fullest extent allowable by law.

Recommended strategies and tactics in response to **Objective 4.1** include:

- As part of efforts performed under the RNV-HCNP Development Program, the Patient Care Team and Data & Metrics Team will:
 - a. Engage stakeholders in ideation sessions to brainstorm ideas on promoting collaboration to share services and health care providers
 - b. Draft proposed list of recommendations to improve collaboration and sharing providers and disseminate among key stakeholders for organizational consensus, buy-in, and approval for implementation
 - c. Implement pilot program and benchmark progress over 6-month timeframe
 - d. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the Rural Native American Women Veterans' use of VHA under the MISSION Act, the Patient Care Team and Data & Metrics Team will:
 - a. Review analysis of use data
 - b. Work with subject matter experts to provide information related to AI/AN women Veterans health and health care utilization, and report to the VHA/IHS MOU Executive Committee Workgroup

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- As part of efforts performed under the Tribal HUD-VASH Program, the Patient Care Team and Data & Metrics Team will:
 - a. Assess areas for improvement, provide recommendations, and implement changes where possible
 - b. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the CMOP Services Program, the Patient Care Team and Data & Metrics Team will:
 - a. Assess areas for improvement, provide recommendations, and implement changes where possible
 - b. Identify targets to track and report on progress to ensure proper implementation
- As part of efforts performed under the Veterans Transportation Service: Highly Rural Transportation Program, the Patient Care Team and Data & Metrics Team will:
 - a. Assess areas for improvement, provide recommendations, and implement changes where possible
 - b. Identify targets to track and report on progress to ensure proper implementation

4.2 Objective: Evaluate Options to Expand Reimbursed Services

This objective seeks to consider options to expand the scope of reimbursements for services provided to AI/AN Veterans at IHS, THP facilities, and UIO facilities.

Recommended strategies and tactics in response to **Objective 4.2** include:

- As part of efforts performed under the current VA-IHS Reimbursement Agreement for Direct Health Care Services and work to expand the current agreement for all services and costs authorized by the IHCA at (25 U.S.C. §1645 (c)), e.g., Purchased/Referred Care, travel costs, etc., the Access Team and Data & Metrics Team will:
 - a. Assess areas for improvement, provide recommendations, and implement changes where possible
 - b. Monitor Tribal Consultation and Urban Confer activities on implementation and updates to the VHA-IHS, VHA-THP, and VHA-UIO Reimbursement Agreement programs.
 - c. Identify targets to track and report on progress to ensure proper implementation
- Identify opportunities to improve participation by THPs and UIOs in the VHA-THP and VHA-UIO Reimbursement Agreement programs, respectively

4.3 Objective: Expand Telehealth Programs

This objective seeks to expand telehealth programs that connect VHA, IHS, THP, and UIO care facilities to facilitate virtual provider-sharing arrangements.

Recommended strategies and tactics in response to **Objective 4.3** include:

- As part of efforts performed under the Rural Native American Women Veterans' use of VHA under the MISSION Act, the Patient Care Team and Data & Metrics Team will:
 - a. Discuss with subject matter experts whether making telehealth training for evidence-based cognitive behavioral therapy available to participating Federally Qualified Health Centers and UIOs to build Veteran centric medical care within community settings is a priority
- As part of efforts performed under the Expansion of VVC to Deliver Occupational Therapy to Rural Veterans initiative, the Patient Care Team and Data & Metrics Team will:

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- a. Expand best practices for engaging Rural AI/AN Veterans with VA Virtual Mental Health Technology through implementation facilitation
- b. Further codify the implementation facilitation model including developing processes for adapting VA Virtual Mental Health Technology for Rural AI/AN Veterans
- c. Identify targets to track and report on progress to ensure proper implementation

4.4 Objective: Develop and Expand Resource and Learning Options

This objective seeks to develop and expand collective resources and learning options, including, but not limited to, training, research and development, collaboration, communications, Tribal Consultation, Urban Confer, etc. For example, ex officio participation in HHS and VA advisory committees (e.g., HHS National Advisory Committee on Rural Health and Human Services, VA Veterans Rural Health Advisory Committee, IHS Direct Service Tribes Advisory Committee, IHS Tribal Self-Governance Advisory Committee, etc.).

Recommended strategies and tactics in response to **Objective 4.4** include:

- As part of efforts to continue to support VA's Tribal Advisory Committee through information- and resource-sharing on topics related to AI/AN Veteran health, the Learning & Development Team will:
 - a. Assess areas for improvement, provide recommendations, and implement changes where possible to improve communications within the HHS and VA with Tribes, UIOs, other stakeholders, and with the general public
 - b. Identify targets to track and report progress to ensure proper implementation
 - c. Perform environmental scan (literature reviews, interviews, discussions, etc.) to identify information and resources on topics related to AI/AN Veteran health, etc.
- As part of efforts to continue to support VA's Tribal Advisory Committee through information- and resource-sharing on topics related to AI/AN Veteran health, the Learning & Development Team will:
 - a. Efforts to address this objective are being discussed by the Executive Committee for future inclusion in the draft operational plan
- As part of efforts to continue to support VA's Veterans Rural Health Advisory Committee through information- and resource-sharing on topics related to AI/AN Veteran health, the Learning & Development Team will:
 - a. Efforts to address this objective are being discussed by the Executive Committee for future inclusion in the draft operational plan
- As part of efforts to continue to support HHS National Advisory Committee on Rural Health and Human Services through information- and resource-sharing on topics related to AI/AN Veteran health, the Learning & Development Team will:
 - a. Efforts to address this objective are being discussed by the Executive Committee for future inclusion in the draft operational plan
- As part of efforts to continue to support IHS Direct Service Tribes Advisory Committee through information- and resource-sharing on topics related to AI/AN Veteran health, the Learning & Development Team will:
 - a. Efforts to address this objective are being discussed by the Executive Committee for future inclusion in the draft operational plan
- As part of efforts to continue to support IHS Tribal Self-Governance Advisory Committee through information- and resource-sharing on topics related to AI/AN Veteran health, the Learning & Development Team will:

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- a. Efforts to address this objective are being discussed by the Executive Committee for future inclusion in the draft operational plan

APPENDIX: PROJECTS AND INITIATIVES

Included below are brief descriptions of 10 projects/initiatives identified in the 2022 Draft Operational Plan. They are included to provide additional background related to the recommended tactics stated in the document.

1. Rural Native Veteran Health Care Navigator Program (RNV-HCNP) Development

This project will develop a state-of-the-art Rural American Indian and Alaska Native (AI/AN) Veteran Health Care Navigator Program to increase Rural AI/AN Veteran access to healthcare and Veteran-associated resources.

2. Rural Native American Women Veterans' use of VHA

This research project, conducted by the VHA Office of Rural Health, examines rural AI/AN women Veterans' healthcare needs, preferences, and use in comparison to urban AI/AN women Veterans and women Veterans of other races in order to guide policy, determine resource allocation, and ensure equitable care delivery.

3. Expansion of VA Video Connect (VVC) to Deliver Occupational Therapy to Rural Veterans

The purpose of this project is to continue to examine implementation of Occupational Therapy services via VVC to enable increased access to specialty care by rural Veterans.

4. Implementation of Virtual Mental Health Care for Rural Native Veterans

This project seeks to increase access to and quality of VA Mental Health care for Rural Native Veterans through virtual modalities.

5. Tribal-VHA Partnerships in Suicide Prevention

In partnership with Tribal communities, the overall goal of this project is to advance suicide prevention for rural Native Veterans (a group at high-risk of suicide) through tailored programs and bi-directional learning that help prevent Native Veteran suicide.

6. Consolidated Mail Outpatient Pharmacy (CMOP) Services

This service streamlines the pharmacy process by creating a centralized and automated mail outpatient pharmacy. This process enables Veterans' prescriptions to be automatically dispensed, processed, and mailed to the Veteran at their home.

7. Tribal Housing and Urban Development-VA Shared Housing (HUD-VASH) Program

This program, a partnership between the U.S. Department of Housing and Urban Development and the U.S. Department of Veteran Affairs, provides rental assistance and other supportive services to Rural Native Veterans who are experiencing or at risk of experiencing homelessness.

8. Veterans Transportation Service: Highly Rural Transportation Grant Program

This program provides grants to Veterans Service Organizations and local government agencies so they can provide transportation services to Veterans living in highly rural areas for travel to VA or VA-authorized healthcare facilities.

9. American Broadband Initiative (ABI)

The purpose of this project is to identify and remove barriers to broadband access in rural areas, and to further strengthen and expand overall broadband infrastructure capacity.

10. VA-IHS Reimbursement Agreement for Direct Health Care Services

Since 2012, the Department of Veteran Affairs (VA) has administered the Indian Health Services/Tribal Health Program (IHS/THP) Reimbursement Agreement Program (RAP). Reimbursement agreements between the VA and IHS, and those between the VA and THPs, provide a means for IHS and THP health facilities to receive reimbursement from the VA for direct care services provided to eligible American Indian/Alaska Native (AI/AN) Veterans. In early 2022, the program expanded to also allow Urban Indian Organizations (UIO) to enter into reimbursement agreements with the VA. The program allows for eligible American Indian/Alaska Native Veterans to receive Direct Care services at a participating IHS, THP, or UIO facility without preauthorization or copayment from VA. At the time of publication of this document, VA was in process of expanding to include Purchased Referred Care (PRC), pursuant to PL 116-311, which amended language in section 405(c) of the *Indian Health Care Improvement Act*, 25 U.S.C. 1645.

The VA-IHS Reimbursement Agreement is intended to facilitate reimbursement by the VA to the IHS for certain health care services, specifically Direct Care Services, as defined by the agreement, provided by the IHS to eligible AI/AN Veterans by IHS operated health care facilities and programs.