

# **REDDING RANCHERIA TRIBAL GOVERNMENT POLICIES**

## **Chapter TP 9-300**

### **Wellness Promotion and Disease Prevention Services**



**February 15, 2022**

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#### SECTION 1: PURPOSE

To provide a robust program of wellness promotion, health education and disease prevention services to all registered patients, so that patients are better are well supported in wellness and fitness activities, informed about health, disease, and injuries. To motivate and support patients and families to take more responsibility for their wellness and health care by increasing awareness of healthy practices and potential health risks.

The Tribe has determined that enhanced wellness and preventive services will better address the health needs of Tribal members and other beneficiaries receiving services under the Tribe's Compact. This is also consistent with Section 4108 of the Affordable Care Act, which encourages States to provide incentives to Medicaid beneficiaries of all ages who participate in prevention programs and demonstrate changes in health risk and outcomes, including the adoption of healthy behaviors.

#### SECTION 2: BACKGROUND AND INTENT (Reserved)

#### SECTION 3: DEFINITIONS (Reserved)

#### SECTION 4: DELEGATED AUTHORITY (Reserved)

#### SECTION 5: AUTHORIZED PROGRAMS AND SERVICES

- (a) Prevention and education is an ongoing responsibility within each direct service program. Examples of these ongoing activities are: immunizations, annual physicals, family planning, smoking cessation, dental exams, pharmacy consultations, etc.
- (b) The Tribe may offer wellness programs including but not limited to: exercise; weight training; dance, yoga, swimming, rock climbing, recreational/sporting activities, hiking, and similar classes or activities that promote healthy lifestyles; programs designed to promote healthy eating; community based fitness programs; physical and occupational therapy; programs designed to promote healthy habits and activities; and programs designed to discourage unhealthy activities or habits, such as smoking, alcohol and unhealthy foods. This program is focused on development of healthy communities, including the promotion of culturally appropriate holistic wellness to eliminate the causes of suicide, and recreational based therapeutic programs, such as group interaction skills, team building skills and exercise activities. This program also provides cultural enrichment and fitness programs; character and leadership activities; health education and

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evaluation of health career opportunities; and health and life skills building programs through a variety of activities for youth and adults.

- (c) A comprehensive program of diabetes education and intensive diabetic counseling to clients of all ages diagnosed with diabetes, and clients with impaired glucose intolerance. Counseling may be provided individually and in group sessions, and may include behavioral health modification and lifestyle enhancement, education, case management, clinical tracking, and coordination with primary care providers to apply a team approach to diabetes care.
- (d) Dietetic services including but not limited to: assessing and evaluating the nutritional needs of patients; outpatient nutritional assessments and therapies; nutrition education; dietary interventions; meals at Tribal health facilities and clinic sites.
- (e) Community health services which may include without limitation: community health representatives and public health nursing services or programs designed to provide health care, health promotion, and disease prevention services. Such services may include by way of example: Tribal community-oriented primary health care services; health care advocacy; culturally competent outreach designed to provide health education and reduce hospital readmissions; well child care; senior nutrition; well elder clinics and home visits; prenatal and postpartum home visits; communicable disease investigations; discharge planning and follow-up services as needed; and home health care and appropriate referral services.

#### SECTION 6: PRIORITIES, ELIGIBILITY AND PAYMENT FOR SERVICES

(a) Priorities

Priorities for services will be determined annually based upon health status and available health resources.

(b) Eligibility and Payment for Services

All registered patients who have access to direct clinical services, together with Tribal employees will be provided wellness promotion and disease prevention services. The program will provide for the incremental cost of providing services to persons who are not eligible for direct care services from collections or from resources other than ISDEA resources.

SECTION 7: OPERATIONAL APPROACH

- (a) All Center staff will be familiar with the health care needs of the service population. New programs will be evaluated by the HPMT prior to implementation.
- (b) All staff shall be oriented and aware of their educational responsibilities. Health education will be documented in the medical record.
- (c) Each special health promotion or prevention program will include a description of services, objectives, outcome measures and a budget which will include an estimate of the percentage of staffing resources involved.
- (d) The health promotion and prevention programs must be designed to elevate awareness, increase patients' knowledge and motivate individuals, families and communities to lead healthier lives.
- (e) A coordinator will be assigned primary responsibility for each special health promotion/prevention activity.
- (f) Grants to enhance the health promotion effort will be pursued, but there is no assurance that grant funded programs will be continued when outside funding expires.

SECTION 8: ACCOUNTABILITY

- (a) Budget

Each special wellness promotion/prevention program will be managed within the resources identified in the budget.

- (b) Billing for Services

Any collections directly attributable to the wellness promotion activities will be identified and may be utilized to augment health promotion/prevention services.

- (c) Program Objectives and Productivity Measures

Each special wellness promotion/prevention program will include a description of services, objectives, and a summary of costs and staff resources.

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Legislative History:

Originally Adopted by Tribal Council Resolution #04-08-97-G, dated April 8, 1997.

Amended by Tribal Council Resolution #036-06-01-04, dated June 1, 2004.

Amended by Tribal Council Resolution #022-04-12-07, dated April 12, 2007.

Amended by Tribal Council Resolution #028-06-12-12, dated June 12, 2012.

Amended by Tribal Council Resolution #019-02-15-22, dated February 15, 2022.