



# *American Indian Health Commission for Washington State*

---

## **Meeting Minutes March 4, 2005 Puyallup Tribal Health Authority (Tacoma, WA)**

### **Welcome**

AIHC Vice Chair Cindy Lowe (Jamestown S'Klallam Tribe) opened the meeting at 10:10. Cindy reported that AIHC Chair Marilyn Scott would be arriving late.

### **Invocation**

Willie Jones (Lummi Nation) performed the invocation.

### **Roll Call**

AIHC Treasurer Rod Smith (Puyallup Tribe) conducted roll call. A quorum was present.

### **Review of Minutes**

The September 10, 2004 and January 7, 2005 minutes (*Handouts #1a and b*) were reviewed. Rod Smith made a motion to approve the September 10, 2004 minutes by Rod Smith, seconded by Jim Sherrill (Cowlitz Tribe). Motion approved. A motion to approve the January 7, 2005 minutes was made by Jim Sherrill, seconded by Cecile Greenway (Lower Elwha Klallam Tribe). Motion approved, with Willie Jones abstaining because it is his first meeting.

### **Review Agenda**

Cindy Lowe reviewed the agenda (*Handout #2*). She noted that Ed Fox would not be able to do the NPAIHB update and that Joe Finkbonner would do it in his place.

### **Tribal Leader Position Papers**

AIHC Director Becky Johnston reviewed the tribal leader position papers (*Handouts #3a – e*) developed at the 2004 Tribal Leader Health Summit. Willie Jones asked whether the legislation to create a tribal State Board of Health seat would place tribes below the state in terms of jurisdiction or authority. Becky reviewed the language and stated that it would not. Crystal Tetrick (Seattle Indian Health Board) asked whether the traditional healing paper would be distributed to the state and recommended that it be kept internal. Cecile Greenway made a motion to approve the position papers with corrections, seconded by Rod Smith. Motion approved, with Willie Jones abstaining.

### **CMS Issue Update – Get Talking Points from Ernie**

R.J. Ruff, CMS Region X Administrator, provided an update on CMS issues. CMS is undergoing structural changes, which he thinks are for the better. CMS Director Mark McClellan attended the TTAG meeting in December in response to concerns that CMS leadership hasn't been responsive to tribes. There had been 14 issues on the table for a long time, so Dr. McClellan had CMS staff draft a position paper on some of them and created TTAG subcommittees to handle some of them.

R.J. was involved in the HHS consultation policy revision, and he and Ernie Kimball are the leads on getting CMS to adopt it. Willie Jones said he was on the consultation policy committee and that he'd like to see CMS use it and adapt it.

R.J. has been visiting states in Region X and wants to start visiting tribal clinics. He said that you can't provide quality access to care unless you get out there and feel it, touch it, and see it. He is on the April agenda for the NPAIHB and has been invited to the CRIHB/NPAIHB meeting this summer.

R.J. also attended the last TTAG meeting in February. Dr. McClellan addressed the TTAG and talked about prevention, outreach, and education. CMS is getting ready to do a Part D campaign, and the theme is education and awareness leading to enrollment. R.J. said that CMS needs to make sure the target population understands its options and then enrolls. Ernie is developing a logic model for tribal outreach that will be done on Monday.

He is reviewing the WA MAM issue and Karen O'Conner will be working on it. Ernie said that the request letter from WA is pending. Shulamit Decktor (NPAIHB Consultant) asked if Karen is ready to move forward on MAM. RJ responded that he doesn't want to delay.

Another issue is that CMS is trying to provide clarification on families who have to cross state borders for care in terms of how to reimburse the providers. Ernie said that this issue is with a TTAG subcommittee and involves things like the Youth Regional Treatment Centers.

CMS is going to be involved in the direct service tribes meeting, which will give them the chance to educate CMS staff. The NIHB consumer conference in October also will have an entire CMS day, and R.J. is looking for topics to include.

The next TTAG meeting is in May and the Region X Consultation will be May 25 and 26 either in AK or WA.

CMS is working with IHS on drug benefit implementation. There will be an awareness training in May and a technical training in the fall. Ernie said that Kris Locke is on the TTAG subcommittee developing the toolkit for training.

Willie Jones said that he is happy to see some results from CMS.

Jim Sherrill asked when the Medicare-like rate regulations will be published. Ernie Kimball said that it looks like June, though the TTAG has been pushing to get them issued sooner.

Rod Smith that the primary objective of tribes is to get money out of CMS. CMS and other agencies want to think about Indian people as a minority group, and we need statutory language to correct this. IHS needs to be working with OMB to not offset the budget by assuming increased Medicaid collections when Medicaid cuts are proposed. R.J. said that the regional TTAG representative needs to bring this up to the because he thinks that the language is there but that staff isn't always aware of it.

### **WA State Asthma Plan**

Amy Manchester Harris, DOH Asthma Program Coordinator, gave a presentation on the WA State Asthma Plan (*Handout #4a and b*). There is only one tribal member involved right now and they want more participation. She is working with Joe Law at the NPAIHB. Crystal Tetrick asked if there is a plan to disseminate the draft plan. Amy responded that there is a subcommittee that will be dealing with this. She said that they need to figure out how to pull in additional people after April, and then deal with dissemination in September. Crystal said that provider training would be helpful. Amy responded that Joe Law said the same thing. Sandy Morris (DSHS Early Intervention) stressed the need to coordinate with Head Start/Early Head Start, which Amy said is happening. Rod Smith asked if there is funding involved, and Amy said that there is more of a focus on coordinating activities. She said that they can help to make partnerships to pool resources from places like the tobacco program and the environmental agencies. Rod said that Puyallup could use a part-time asthma case manager. Amy said that action plans at the very least needed to be provided to clients.

### **Medicaid Update**

Deb Sosa, Tribal Program Manager for the Medical Assistance Administration, provided an update on Medicaid issues in Washington State. She reported that the first Take Charge Family Planning tribal contract has been signed. The MAA tribal website will be active in the next few weeks, and it will have provider and client pages.

An Indian program manager has been hired for the MAM program. It is someone from Alaska, and she will get Becky additional information for distribution.

Deb is still working on background for transportation contracts. Lummi has been anxious to move forward. She has been trying to get clarification from CMS regarding whether a state plan is needed. The proposal has to be budget neutral for the state so she is seeing if the state can use 100% FMAP for the contracts. The MAA legal staff has cleared barriers regarding the ability to enter into direct contracts with tribes.

There is a Tribal Medicaid Eligibility Determination Workgroup that came out of IPAC. This is to get tribes to be able to determine Medicaid eligibility and it was established under the directive of Deb Bingaman and Doug Porter. ESA is responsible, but Deb is the project lead. There will be one internal meeting to look at state policies and then there will be a meeting with interested tribes. Marilyn Scott said that it should include Work First contractors, not just tribal TANF contractors, but she's not sure that ESA supports this.

The Billing Workgroup is coming to closure on clarifying current policy. The Workgroup is seeking to redefine Mental Health eligibility. This will go through IPAC. Deb said that IPAC representatives are not necessarily involved with Medicaid and this has become more apparent through the Workgroup process.

Deb said that MAA is trying to implement the 7.01 Policy and that she wants to involve more of MAA in process. The formal process is through IPAC but it is frustrating that IPAC is not familiar with Medicaid and that it is used to working at the regional level. MAA doesn't have regional staff. She wants feedback from AIHC on how to approach this. Jim Sherrill said that coming to AIHC doesn't get it done because developing 7.01 plans is a tribal consultation process. He reported that Region 6 is changing its methodology for meeting with tribes and is meeting with individual tribes. He said that MAA participating in these meetings might be helpful, but that policy development is problematic because it doesn't have a regional structure. Rod Smith said that he doesn't think the process can be restricted to IPAC or AIHC. Cecile Greenway said that the Tribal Leader Health Summit could be an avenue, but its timing doesn't fit in with 7.01 planning. Becky Johnston suggested that MAA do a presentation to the Association of Washington Tribes and a Dear Tribal Leader letter to get direction from tribal leadership. Jim said that it is important to make sure that policy people get government-to-government training. Marilyn Scott said that each department in the state takes direction from the Centennial Accord for doing government-to-government policy and that DSHS is different from DOH. She said that it is frustrating that one DSHS division doesn't have a structure for doing a 7.01 plan and that she understands Deb's frustration.

### **Infant-Toddler Early Intervention**

Sandy Loerch Morris, Program Director of the DSHS Infant-Toddler Early Intervention Program, gave a presentation on her program (*Handouts #5a - c*). She spoke of the need to continue the dialogue with tribes and to collaborate. She currently is working to do more outreach to possible tribal contractors. She would love to see county coordinating councils to do 7.01 plans. There is a vacancy on the state coordinating council and she is looking for a tribal representative to replace the Muckleshoot representative. Program growth is not keeping up with need. The program currently serves AI/ANs at three percent, and she wants to overserve. She'd like tribes to help identify populations to serve. Rod Smith said that tribes consume about five percent of health care resources, so three to five percent seems like a good number. Cecile Greenway said that the birth to age three rates are high for AI/ANs, so the number is probably higher. Rod thanked Sandy for being an advocate for AI/AN children.

### **Governor's Office of Indian Affairs**

Craig Bill, Deputy Director of the Governor's Office of Indian Affairs, introduced himself and gave an issue update (*Handout #6*). He'd like to begin a dialogue on how to elevate AIHC concerns to the Governor and with tribal liaisons in agencies. The Gregoire transition is moving forward. Health care is one priority. There will be an announcement on the DSHS Secretary appointment soon and there will be a GOIA transition by the end of March. Rod Smith asked if there was tribal input on the selection process, and Marilyn Scott said there was. The Governor has taken a strong stance on no new taxes for the budget. The budget leaked to the press last week was a worst-case scenario. Craig wants to know how GOIA and AIHC can work together and partner and be a resource to get to Governor's executive policy office. Ree Sailors and Christina Hulett are the Governor's health staffers. The Governor's office needs input and names for boards and commissions. GOIA talked to the Governor's Policy Office in support of the tribal State Board of Health seat bill. Upcoming GOIA events include a FAS/FAE conference and a Women's Spirit Gathering on violence against women. Crystal Tetrick asked whether the Governor has taken a position on Medicaid reform yet. Craig said that the position is being formulated. Craig said that he's been doing some pre-planning on a GOIA issue forum on health. Cindy Lowe encouraged Craig to have staff attend AIHC meetings, and Craig said that is a good idea that he will bring back to his office. Jim Sherrill said that he's been encouraging state staff to attend government-to-government training and that he's been hearing that it's not held enough and that it is too expensive. Craig said that GOIA is trying to do more than two per month. Marilyn said that she raised the cost issue at the Association of WA Tribes and with GOIA. There has been some discussion about whether tribes would subsidize the cost of training if more were held. Craig said that the GOIA budget is being restored to \$700,000 and to four FTEs from two. Maria Gardipee (DOH Tribal Liaison) said that money could be saved if GOIA charged a lump-sum for doing on-site agency trainings.

### **NPAIHB Update**

Joe Finkbonner, NPAIHB EpiCenter Director, gave an update on NPAIHB activities. The All Tribes meeting and Budget Formulation meeting are next week. The NPAIHB office remodel is almost done and will have more training and meeting space. There will be a NPAIHB open house on April 5 and 6. He's been working with Chris Williams at DOH on emergency preparedness. There are still some tribes that haven't finished their deliverables. They should complete their A-19s as soon as possible or the state will have to reprogram the funds.

### **Next Meeting**

The next AIHC meeting will be held on Friday, May 20, at Puyallup Tribal Health Authority.

### **Other Business**

Marilyn Scott requested that AIHC members consider donating resources. The AIHC grant that funds staff is ending at the end of the fiscal year. She's asked her tribal council to consider providing funds similar to what is provided to NPAIHB for lobbying. They will be voting on it next week. She would like to do a letter to tribes. Cindy Lowe suggested that the letter include different contribution levels and said that Jamestown would support AIHC. Rod Smith said that AIHC should also look at tribal charitable foundations. Becky Johnston provided an update on current fundraising activities. Marilyn said that she will do a presentation to the Association of WA Tribes.

### **Adjourn**

The meeting adjourned at 3:00.