



American Indian Health Commission for Washington State

**Meeting Minutes
September 10, 2004
Burke Museum (Seattle, WA)**

Welcome

AIHC Secretary Whitney Jones (Squaxin Island Tribe) opened the meeting at 10:15.

Invocation

Rose Purser (Port Gamble S'Klallam Tribe) performed the invocation.

Roll Call

Following introductions, Whitney Jones conducted the roll call. A quorum was established, with permission from delegates to keep the roll call open due to a closure of I-5.

Review of Minutes

A motion to approve the July 9 minutes (*Handout 1*) was made by AIHC Treasurer Rod Smith (Puyallup Tribe), with a second by Dennis Jones (Spokane Tribe). The motion was approved.

Review Agenda

The NPAIHB update was removed from the agenda (*Handout 2*) because the speaker was unable to attend.

Medicaid Administrative Match Proposed Changes

Shulamit Decktor, NPAIHB consultant, provided an update on the proposed changes to the MAM program. A second meeting between was held on August 27, with eight tribes present. The meeting was spirited and had good participation from tribal representatives. The state representatives were Roger Gantz, Deb Sosa, Bill McCandless, and Marguerite Horn.

The major concerns are the month-long time study and the 3% administrative fee. It didn't look like tribes were going to get anywhere because of WA's adverse audit findings on the school-based MAM program. The state's desire to correct things meant that tribes were getting lumped in with the schools, even though tribes are not schools and it doesn't behoove the state to treat tribes that way. Shulamit would advise tribes not to contract for MAM if there is a month-long time study per quarter.

When the state saw that the tribes were serious, the sense of the meeting changed because they realized how impossible this would be. At that point, something got through to the state and they started listening to the tribes. They pledged to look more thoroughly into the concerns and to become better acquainted with tribes. Deb Sosa was helpful and supportive, but several of the others had never heard of the Centennial Accord and the DSHS Administrative Policy 7.01.

There has been considerable back and forth with Shulamit and the state on clarifying the issues since the meeting.

The state agreed with Shulamit's proposal to draft a new contract, which is what has been done in other states. Ed Fox is willing to pay for the work through the NPAIHB. She is leaving town for three weeks in

a week and a half, and is in the process of drafting the document. She'd like direction about how to proceed. She can send it to Becky for tribal comment by October 12, or she can draft it, send it to the state and get feedback from tribes at the same time. It is important to note that all tribal contracts terminate at the end of the year, but the state is going to ask for a one-quarter extension of existing contracts. This does mean that contracts for tribes that want to come into MAM will be delayed somewhat.

Dale Nachreiner (Lummi Nation) said that it is hard to know what CMS is going to say so it will be difficult to draft some things. He said that extending things can be a tactic to delay negotiations.

Rod Smith said that Shulamit's idea to submit to the draft to the state and tribes at the same time is excellent because he has confidence in her ability to draft it.

Jim Sherrill (Cowlitz Tribe) said that the county health officer told him that the contracts will be extended for a quarter and that there will be random moment time sampling instead of the one-month time study. Shulamit said that she doesn't think the random sample will work at the tribal level because it is e-mail driven and will only work in cases where people check their e-mails.

Rod Smith said that some of his staff advised him that a one-month per quarter sample might result in an increased ability to collect. He cautioned that it is hard to get the people who do the actual documentation to keep track of their time under the current schedule.

Shulamit will finish the draft this week, and it will be provided to the state and tribes at the same time. Becky Johnston (AIHC) will send it to tribes and will gather responses for an October 12 comment deadline.

AIHC Chair Marilyn Scott said that the sooner the draft gets out, the better because of the upcoming schedule of tribal leader events.

Ernie Kimball (CMS) said that there is a lack of orientation and education within CMS about how tribal MAM has evolved. He gets concerned calls from all over the country. He had offered to talk to NPAIHB and to set up an appointment to meet with federal auditors. The federal auditors really don't understand about how the process works. He would be happy to help with documenting the program. Becky Johnston said that this issue came up during the August 27 meeting, and tribes should work with Ernie to develop an educational effort for CMS staff.

Marilyn Scott said that part of the history of tribal MAM is the payor of last resort policy. Tribal health programs were looking at ways to help patients get the care they needed through VA, Medicare, Medicaid, etc. Tribes didn't have the staff to do this, and MAM was a resource to tap into. Many federal staff are not familiar with the process, and anything Ernie can do to help would be good. She said that Shulamit's materials have been very helpful.

Jim Sherrill said that he was impressed by the lack of training provided to staff people at DSHS regarding the Centennial Accord and Administrative Policy 7.01. This is the year to revise the 7.01 Policy, and tribes should work on making sure that there are training provisions for headquarters staff. Marilyn Scott said that she has been pushing this with Secretary Braddock and GOIA. Some of the dilemma is that there is a charge to attend the training. She was hoping that there would be training available without costs. At a minimum, headquarters staff should all receive training. IPAC leadership met with Cabinet level people to reinforce the importance of training, and she got the sense that they were supportive.

Dale Nachreiner said that there are tens of thousands of state employees, so at least the policy writers, if not the technocrats, should receive training.

Shulamit said that the general tribal-DSHS contract with tribes expires in August 2005. Tribes might want to push for a requirement that state staff who engage in negotiations with tribes have knowledge of tribal-state relations.

Rod Smith said that AIHC can provide training at no cost. Becky Johnston outlined some of the trainings and briefings that AIHC has provided to state employees.

Maria Guardipee (DOH Tribal Liaison and Multi-Cultural Coordinator) said that tribal leaders should think about bringing this issue up at the Centennial Accord meeting on December 9 and raising it at the Health Summit. GOIA staff is meeting with agency tribal liaisons next week to discuss transition team documents. Marilyn Scott said that Secretary Braddock is on the transition team.

Medicaid Encounter Rate for Non-Natives

Colleen Cawston, IPSS Director, provided an update on the recent consultation meeting on Medicaid encounter rate issues (*Handout 3A*). She said that Secretary Braddock made several commitments were made and he is working with his management team to come up with a response letter to the tribes.

Two workgroups – billing instructions and mental health/RSN – will be formed. Colleen is still looking for a meeting room in Olympia that will work for a meeting that will need to be scheduled around ATNI and other events. She is looking at two weeks from now. Meeting information will go out early next week. The meetings will not be one-shot meetings, so she is looking at a second set of meetings in late October. She received the letter from AIHC and will make sure that AIHC is included.

Secretary Braddock is working to develop a financial package for the budget request to cover the DASA encounter rate. DSHS needs to work in partnership with tribes in going to the Legislature. One of Colleen's biggest challenges is deciding who within tribes should get the information beyond tribal chairs and IPAC delegates.

Marilyn Scott said that AIHC sent the letter to Secretary Braddock because AIHC delegates sometimes are different than IPAC delegates. We need to get wider distribution through AIHC. The encounter rate will be included in the Health Summit. Becky Johnston said that a draft position paper on the issue has been developed for the Summit. Marilyn also mentioned that the Centennial Accord meeting in December will be good timing.

Colleen also made an announcement about the October IPAC meeting and juvenile justice conference (*Handout 3B*).

Tribal Tobacco Program Update

Nichole Hildebrant and Stephanie Craig, NPAIHB WA Tribal Tobacco Prevention Project, provided a summary report of its work (*Handout 4A*) that was a result of the needs survey they did. NPAIHB has a one-year contract with DOH that goes through July. The media campaign focuses on getting smokers to take it outside and on preventing youth initiation. The policy book will expand on the first NPAIHB tobacco policy book that was written in 1995. Over 100 people throughout the country are working on it, including all of the WA tribal tobacco coordinators and the CDC. They hope it will be done in December, and it will be sent to tribal leaders for review before distribution. Funding for the tribal programs was one of the biggest issues in the needs assessment.

David Harrelson, DOH Tobacco Program Tribal Contracts Manager, provided an update on the DOH tobacco program. For the last three years, contractors got funding increases because of the tobacco tax hike. Because some of the counties couldn't spend all of their funds, some were held back for competitive grants for special projects of up to \$75,000. One of those was for Snohomish County to work with Tulalip and another was for Clallam County to work with tribes. The three-year funding has been completed.

There is \$700,000 in FY 2006 that will be allocated. DOH has getting input from stakeholders and one recommendation is to increase the minimum level of funding for small tribes from \$12,000 - \$16,000 to \$20,000 - \$25,000. Another is to give COLA increases to all contractors. The two proposals don't have to be mutually exclusive. These recommendations are going to regional meetings with contractors. He's done outreach to tribes to encourage them all to go. There seems to be strong support for increasing funding for smaller tribes. The decision will be made in December.

Bill Riley (Jamestown S'Klallam Tribe) asked whether competitive funds will be available again. Dave said that they wouldn't be it is a big administrative burden and it is hard for smaller entities to write competitive grant applications. Currently, 26 of the 29 tribes are under contract – Hoh, Cowlitz, Muckleshoot didn't apply. Jim Sherrill said that Cowlitz will be signing a contract soon. Dave said that DOH followed AIHC's wish that funds would be available if a tribe didn't apply the previous year. All tribes got everything in on time and got contracts executed.

Dave also said that part of his job is to work on disparities (*Handout 4B*). The Tulalip and Snohomish relationship is a success story of cross-cultural challenges and eventual partnerships. There will be presentations on this partnership at the upcoming Joint Conference on Health and at a national CDC conference. He said that there are more tribal representatives on the Tobacco Advisory Committee (Yakama and Tulalip). The Tobacco Program is reviewing its current clearinghouse materials and Lummi will be helping to improve their cultural appropriateness. Dave is hosting a meeting with Community and Family Health Division staff on tribal-state issues and will invite Becky to do an orientation briefing for people who are new to AI/AN issues.

Marilyn Scott said that the Health Summit agenda should have time for success stories. She thanked Dave, Nichole, and Stephanie for their good work.

Medical Assistance Administration Update

Deb Sosa, MAA Tribal Program Manager, provided an update on a number of Medicaid issues (*Handout 5*).

Deb has been working with OFM regarding the financial impact of the encounter rate on the state. MAA is finding differences in how tribes bill, probably because of turnover, which shows that MAA needs to be more proactive on this issue. The Billing Instructions Workgroup will help, as will an upcoming MAA tribal website. Her hope that that it will increase AI/AN billings. The billing instructions workgroup will include all Medicaid programs. She is trying to work with IPAC, but AIHC members are more knowledgeable about Medicaid on a day-to-day level. Bill Riley asked if the encounter rate cost issue is limited to the consultation issues. Deb said that it applies to all because of the projected budget that MAA has to send to CMS. Bill said that it is all federal dollars for DASA. Deb said that there was capitation for non-Natives because of the limited match dollars, so the question is whether there would be growth. Bill raised a concern that this could open up a bigger box of issues than what was covered at the consultation. He said that the billing instruction priorities should be medical, dental, mental health, and chemical dependency. Deb said that there are other tribes that want to go in other directions. Marilyn Scott said that the workgroup will determine priorities. She doesn't want to open can of worms, but the feds also are starting to scrutinize things.

Deb proposed a workshop on EPSDT for tribes as a way to increase billings under that program.

Assistant Secretary Porter has asked her to do health disparities strategic plan for January 1. She thinks that the first step will be the report of the uniform benefits workgroup.

On the Medicaid Integration Project, MAA is trying to develop structure and systems in Snohomish County in case it gets expanded statewide. A tribal advisory group was created to allow the state to

hear what the tribal AI/AN issues could be before they are actually issues. MAA has developed some AI/AN exemption forms that are very similar to Healthy Options.

On Medicaid premiums, people starting calling the Healthy Options number and self-declaring as AI/AN even though they aren't, especially at Yakama. Because Yakama can't see non-Natives, they had to refer more than 100 people out. MAA wants input on how to deal with this issue. CMS has been scrutinizing PCCM and Healthy Options and is requesting some changes that will impact tribes. CMS has a possible audit issue involving verification of AI/AN status. Some states have done data matching with IHS and some have CSOs do verification of tribal affiliation. Kim Zillyett (Shoalwater Bay Tribe) asked whether AI/AN means enrolled versus descendant. Deb thinks birth certificate copies or a letter from the tribe should be acceptable. Dale Nachreiner said that the list of CHS eligible patients is auditable annually. Verne Boerner said that NPAIHB has a tribal linkage study for classification that MAA may want to consider this. Dale said that this is still a limited population but that it is pretty close. Lummi shared its database to get Healthy Options carveouts. Marilyn Scott said that tribes have done a lot of work on what needs to be documented that that tribes need to reinforce to the feds that they should come to tribal programs not to the state for information, because chances are tribes already are collecting the information for something else.

Deb said that she's researching the MAM responses back to CMS.

Deb said that she did a formal presentation to MAA executive leadership regarding the lack of a MAA 7.01 policy and that they agreed to a form a workgroup on this.

DSHS Tribal Elders Conference

Trudy Marcellay, DSHS-IPSS, and Aaron Van Valkenburg, DSHS-ADSA, did a presentation asking for AIHC assistance with an upcoming tribal elders conference, both financially and with planning. The conference would include kinship care issues. Trudy said that Ed Fox said that NPAIHB could support the WA conference if the focus was on health issues. They have raised about \$5,000 so far.

Verne Boerner said that NPAIHB held an elders conference a few years ago, which was supported by a grant and which was well-attended. This gave a model for applying for funds in the future. DSHS might want to apply for those funds in the future. Dale Nachreiner recommended that they check with IHS, particularly with Bruce Fink. Rod Smith said that, as AIHC Treasurer, he knows that AIHC's funding is extremely specific in terms of function and charter and that AIHC is not in the position of contributing right now and that this would be treading on thin ice.

Marilyn Scott said that AIHC could help with planning and preparation. There is funding within the IHS-PAO elders initiative for education. Trudy said that they would like to include some of things that clinic directors see. Marilyn said that tribes needs to get more involved in home and community services. She encouraged Trudy and Aaron to contact ct tribes directly for sponsorships. Trudy asked for planning committee volunteers and said that the committee would meet by conference call.

First Steps Program

Becky Peters and Keri Acker-Peltier, DOH First Maternal and Infant Health Program, gave a presentation on the First Steps program (*Handouts 6A and B*). Keri was asked to join the First Steps team as a consultant. Tribes didn't have good responses from existing consultants because of the lack of knowledge about tribes. She started meeting with tribal First Steps programs to see what the barriers were and what types of services are provided. Tribes are providing great services but there are barriers because the program is asking tribes to fit into the model of agencies where services are provided to large numbers of people. There are too many hoops and it's not worth the time, which meant that tribes provided services and didn't bill for them. Reimbursement rates recently have gone up under FFS and the program is currently looking at including First Steps as part of the encounter rate-covered services. Home visits are included in First Steps, so that's a challenge from the encounter rate perspective.

Dale Nachreiner asked if there could be a combination of encounter rate and FFS.

Maria Guardipee said that there was some confusion because the program is split between DSHS and DOH. DOH wants advice on how to help tribes take advantage of the program.

Becky Peters said that the Puyallup Tribal Health Authority is not an approved provider because they don't want to deal with billing, but they are considered partners. Other tribes might want to look at doing this. Rod Smith said that there is a significant problem with pregnant women with tobacco/substance/alcohol use issues, which leads to a new generation of future high-cost health care children.

Keri said that there are a lot of state programs going on but there haven't been tribal-specific trainings. She'll work on resources and technical visits this year. Maternal Support Services are usually part of a person's job not their full-time work, so this needs to be respected. Marilyn Scott said that CHR and home visits sometimes have the biggest impact.

Healthiest State in the Nation Campaign

Piper Thornburgh, Director of Leader Engagement for the WA Health Foundation, described the new Healthiest State in the Nation campaign (*Handout 7*). Because AIHC is an original participating organization, she provided AIHC delegates with pins. She will work with Becky Johnston to publicize what tribes are doing and to create models. TV ads will run beginning the 18th. It will be a two-year program. She offered to publicize tribal events, and Becky urged tribes to take advantage of the Foundation's media relations expertise.

Tribal Leader Health Summit

Becky passed out registration forms, the draft agenda, and draft position papers (*Handouts 8A – 8F*). She will be mailing these to tribal leaders. Marilyn Scott got a call from Yakama asking about having direct service tribe discussion at Summit and she said that this may come about as a request for separate position paper. Rod Smith suggested that AIHC contact Spokane about this. Marilyn thinks something came up at the direct service tribes national meeting.

Next Meeting

The next meeting is the Tribal Leader Health Summit. The next regular AIHC meeting will be held Friday, January 7. Becky Johnston will check to see if the Burke Room is available.

Adjourn

The meeting adjourned at 3:00.