

TRIBAL LEADERSHIP ADVISORY COUNCIL MEETING

MEETING MINUTES

November 28, 2017

Present:

Northern Arapaho: Glen Fowler/Wind River Family & Community Healthcare Center, Richard Brannan/Wind River Family & Community Healthcare Center, Carole Justice (phone)

Eastern Shoshone: Tami Reed/ES Morning Star Manor (phone)

Indian Health Services (IHS): Glenda "Cindy" Washakie/HIS-BAO-BO, Larron Dolence (phone)

Others: Michelle Panos/Governor's Office

DOH Staff Present: Carole Day/BHD, Lee Grossman/BHD, Lisa Osvold/Aging Division (phone), Stephanie Pyle/PHD, Ashley Busacker/Maternal and Child Health, Amy Guimond/HCF, Andrew Chapin/HCF, Jan Stall/HCF, Teri Green/HCF, Lindsey Schilling/HCF, Tyler Deines/HCF, Cori Cooper/HCF and Chris Bass/HCF

Welcome and Introductions: Amy Guimond opened the meeting and introductions were made around the table. The minutes from the previous meeting were discussed. Discussion included eligibility for those over 65 and the possibility of obtaining services through the Aging Division. Trainings can be set up to coordinate with case managers and other individuals in the facilities to see what services can be provided through the Aging Division. This can be done by webinar or personal visits to the providers.

Information discussed at the Medicaid meeting held October 3, 2017 was provided, as was information which may be helpful regarding the WISHUP Program.

Minutes were approved as discussed with the addition of a few minor changes.

Department of Health, Public Health Division – Stephanie Pyle/Public Health Division (PHD)

- Changes have been made in leadership in the PHD and those were outlined.
- Working on the State Health Assessment. PHD wants to see what is happening in the state through a review of the data and collecting input from people across the state to see what challenges they are facing.
- Community Engagement sessions were held and structured to have an information conversation to collect feedback. 400 surveys were completed and many people attended in person. They are getting a true look at what is happening around the state to determine a state health improvement plan to work on the issues identified which need improvement. These are both important pieces of accreditation to prove we are using best practices.
- A steering committee has been formed to complete the activities and we would like to hear how people would like to be involved in that. Anyone is welcome to join. Subcommittees have been formed: resource and asset to look at the resources

available, and public health system capacity evaluation – what is in place and already exists and can be tapped into. An email was sent to the group on 1/22/18 which explained the opportunities for feedback and committees. Please contact Feliciano Turner – 307-777-8946 if interested.

- Ashley Bussacker of the State Epidemiologist's office explained the process. They will take the existing data from vital records, health surveys, and surveillance programs, and look at major health issues. This will be combined with community session data. This information will then be compiled into a formal report to sort through and identify what issues will rise to the top from the state health improvement plan. They will try to look through a lens of health equity and look at disparities and identify disparities. Health rankings model will be reviewed to set up data and give counties access to data. The Health Disparity report is currently a separate report, but they hope to include some of that information in the final report.
- Congratulations to the Wind River Service Unit. They have a 78.8% HPV series completion rate which they are very happy with. Region 8 champion.
- Discussed what services are available through the Public Health Nursing offices. Any programs run through PHD are available through those offices.
- Carol J. – The tribes have their own epidemiologist with data which they would need approval to share. Would PHD want access to that data? Stephanie would appreciate that partnership and access to that data. Suggested that data categories be included for all races. Dr. Rowan Clark is the Tribal Epidemiologist.

Department of Health, Aging Division – Lisa Osvold

- Community Living Section – They are contracting with the Wyoming Center on Aging to work with the federal program to help prevent disease, as well as working with Serve Wyoming. The Title 3B program will have the contract with the Wyoming Center on Aging and assist with finding volunteers to deliver the programs they are looking to implement. This partnership should help the smaller rural providers use the funds available. There is an Americore program associated with the Wind River program, and Eldora Whiteman would be the contact for the Tribes.
- Pulse Program – this program was implemented by legislature and replaces the Comfort One program. This is an effort to carry out the patients' wishes as expressed verbally or written, those clients who are frail or elderly, or have a less than one year life expectancy. The previous form used created a lot of challenges. They did an RFP to find a provider to provide a bracelet the patient could purchase making it easier for the patient and the first responder. This is an alternative to the goldenrod colored form currently in place. The bracelet will indicate the wishes of the patient, i.e. DNR. There is no funding attached to the program. The RFP was written so this vendor can provide this service to any individual in the state who meets certain requirements.
- The four year State Plan on Aging has been approved. Please submit ideas or concerns to Lisa regarding the State Plan and how to improve collaborations and foster relationships.
- A training will be set up regarding services the Division could provide, possibly by webinar.

Behavioral Health Division/Developmental Disabilities Division – Carol Day/Lee Grossman

Carol Day

- Court supervised treatment program – The Division has entered into a “tune up” of the program to be sure they meet the national standards. The National Drug Court Institute

was brought in to provide training and assistance around their 10 key components. Workgroups were formed for each of the component and recommendations were made. These have been completed, submitted and staff are putting those together and reviewing them for inconsistencies. These will go to the Court for review before they are instituted.

- This involved an extensive data analysis from the program to review the capabilities of the current system. A lot of issues were identified. Some were in the definitions, some were in the reporting and some in the collection itself. The Division is looking at what is used by the Department of Corrections as this will help with the tracking of the people in the program to more consistently determine outcomes.
- A revision of the rules is being done which is a larger project than first anticipated. The proposed rules will go out for public comment in the next couple of months and input from this group would be very valuable.

Lee Grossman

- Developmental Disabilities administers three waiver agreements with the federal government. These are Medicaid programs so they target people with acquired brain injuries (ABI) and developmental disabilities (DD). There are over 600 providers through the program. Fremont County has 74 providers and there are about 121 tribal members enrolled through the waiver program. 4% of waiver clients are tribal members. There are currently 11 DD case managers currently serving or willing to serve individuals on the reservation. There are 33 DD direct service providers of additional services that are serving or willing to serve those on the reservation. Only 2 of the providers are located on the reservation. DD has one provider support staff that is located in Lander and she is willing to meet and talk with any individuals interested in becoming a provider.
- Rate rebasing for the provider service rates through the program - Working with a consultant to build the appropriate payment rates for the program. As of January, they will have a study to present to the Joint Appropriations Committee (JAC) for their consideration. There are currently no results available.
- Collaboration with the Wyoming Institute on Disabilities through UW – There is work being done on the terms of policy initiatives and feedback from the consumer perspective. Working on trying to engage with focus groups and families on the reservation that may have an intellectual disability to see if the program is serving them well, or if there is a gap on what the program has to offer. This is an initial effort and if anyone from the tribes would like to get associated with that program, we can offer contact information. The University of Wyoming (UW) is managing the program, so we want to partner to better serve individuals on the Wind River Reservation.

Department of Health – Division of Healthcare Financing – Division Staff

- **Point of Sale** – Cori Cooper/Pharmacy – This program is doing well and there has been a total of over 4,000 paid claims. Thanks to Cori for working well with the Tribal pharmacy making this a successful program. This program was rolled out very well. Cori is also working with Brian on policy that needs to be put in place regarding transporting drugs to the Ethete site. It is currently a dispensing site, so those claims are not a problem. If they become standalone pharmacies, they will need to be enrolled as separate pharmacies.
- **State Plan Amendments (SPAs)** – There have been no SPAs released since the last meeting. Richard extended a thank you to thanks to DOH and CMS as it has allowed them to create programs and help far more people through Child and Maternal Health to allow live and healthy births. The access to healthcare has allowed development of a

clinic transportation program through provider referrals for transportation to and from the clinics. This has improved public relations with the patient population and an expansion of services. He notes they are very grateful for the SPA and what it has allowed IHS to do. They have doubled the size of staffing and are looking to expand into obstetrics, among other things. Glen would like to look at SPA's in other states to help the people on the reservation.

- **CHIP Program** - Carol inquired what is being done on the state level regarding CHIP. There are plans in place to shut the program down if it comes to that. Current funding can carry the program through the month of April right now so if there are no changes, the end of the CHIP Program is slated for April 30, 2018. Contacts are being made by the State to CHIP recipients to see if changes have been made in their households to determine if any of them are eligible for Medicaid. We also need to examine if there are other programs these families/children might qualify for through the State.
- **1115 Tribal Uncompensated Care Waiver** – Lindsey had attended a training where the new policies and processes for these waivers was discussed. Contact has made with CME, but there has been no response at this time.
- **General Medicaid Updates** – The lab and radiology are now paying separate encounters. A mass adjustment was made, as was a payment. The encounter revenue codes were supplied with a couple additions. These revenue codes will assist in pulling data when requested. Most of the facilities have completed the back billing to October 1st, so we are moving toward getting all of those done.
- Glen – They are trying to enhance the PHN on the reservation. He would like to discuss this with Stephanie to explore ideas/solutions. Amy can facilitate a meeting and also add it to the strategic plan. Carol - follow up on the maternal and child health focus could also be explored for grant money. Stephanie - there are federal funds received for this program.
- Monthly trainings will start soon. The review of the Tribal Provider Manual is scheduled for December 7. This discussion will include changes wanted, what's helpful, and what would be more helpful. These will be held the first Thursday of each month with topics sent ahead of time. Glen – would like to carve out specific tribal clinics in these manuals and make it more tribal specific. This is being done to include only the information needed by the Tribes.
- Four Walls rule. FAQ's were provided in the packet and the information on this issue was highlighted. CMS' interpretation and guidance was shared. There was discussion regarding IHS not being an FQHC and this interpretation not applying to the Tribes. There was additional discussion regarding what other states (Montana) is doing in this arena, and what may come out of CMS in the future.

Wyoming Lottery Corporation – Robin Renning/Ashley Pexton

- The Wyoming Responsible Gaming Coalition (WRGC) is putting together problem gambling initiatives. Meetings have been held and benchmark research has been conducted regarding problem gambling. A strategic plan has been developed with the help of Warehouse 21 which was presented to the coalition. Campaign materials were shared through a printed slide presentation.
- Gambling disorder – what this means and how to communicate to Wyoming, highlighting the WRGC, who they are, what they do and how they do it. This is a coalition partnership funded by the Wyoming Lottery. Media spots will be played January 18 – April 11, the message being “play smart”.
- Additional research will be conducted after the ad campaign to see if anything has shifted since the first round of research. There will also be a website to provide

resources. Updates can be provided as the initiatives continue. The coalition would also like to keep in contact with the Tribal representatives.

- Richard – there is a lot of focus on alcohol and alcoholism on the reservation, but gambling is very much an issue, as well. The Lottery has trained mental health officials so that people who need the support for gambling addictions can seek it. If anyone is interested in participating in the coalition, they would love to have those people. People can be trained in Fremont County and paid for by the Lottery. Scott Hayes at Fremont County is part of the coalition. More information can be provided as far as how to enroll and who can enroll. It is a new coalition, so it is building and identifying ways to best communicate their message. There is a hotline in place which is also monitored. There is also a link on the Wyoming Department of Health website.
- Robin will send the information on the certification program. Information from Robin. I wanted to thank you for the opportunity to present to the Tribal Advisory Council on the Wyoming Responsible Gaming Coalition - I appreciated all of the feedback we received and interest in learning about it. One follow up was to provide more information on the University of Minnesota Duluth Studies in Gambling Addiction Online Certificate for you to share with the advisory council. As we mentioned, we offer scholarships to Wyoming counselors and mental health providers to take 60 hour online course on treatment of gambling addiction.

The course is not only provided by UMD, but is also approved by the American Psychological Association and a long list of other national and state accrediting bodies. Anyone interested may view the information about the course at www.nati.org/oll . I have also attached a flyer that provides more detail. We will include more information for the Business Council meeting in January. If there are any questions on how to enroll, please feel free to have those interested contact me directly at: (307) 274-4149.

Tribal Updates:

Northern Arapaho Tribe –

- Richard Bannon – apologies for not having more staff from the NAT attending the meeting. He will bring others next meeting. The relationship between the Tribe and the State is something to inspire to.
- Wind River Cares is focusing on children and babies. There is a lot of trauma on the reservation, so they are putting effort and resources there to make the little ones resilient, while working with culture, beliefs and identities. Healthcare, taking care of those who are sick and chronic care of patients. There are currently 8 providers, but 12 are needed. The focus is on prevention which will save money in the future and add to quality of life.
- Issues with IHS. Their second anniversary is coming. Staffing is up and they are operating like a business. The workload is 150% of the previous year. They want to offer healthcare services regardless if they are an IHS beneficiary or not. They are trying very hard to recruit pediatricians. There is a lot more emphasis being put on dental care, as well. They will also be hiring more dieticians to help address childhood obesity.
- Facilities need to be constructed. The Ethete clinic has been a blessing and is the first primary healthcare “facility” in that community. Once the clinics are built, there will be

additional appropriations. These will be in Ethete and Ft. Washakie. If there is only one facility built to be used by both tribes, it will have a solid dividing wall to keep the tribes separate in the same building.

- Glen – where does the data come that is gathered by WyHealth and included in the reports? It is claims data which comes off of codes. It provides client information for high utilizers in order to talk about strategies to assist these people. Carol – can this data be requested as they are a public health authority by the tribe for the tribe? This has certain data that assists them and this would be very helpful in planning, so how could the tribal epidemiologist go about obtaining the information? WyHealth can provide the information they are looking for, and we can set up regular meetings with them. Planning meetings can be used to set parameters for reports and data needed. WyHealth met with WRC in January to go over data they have available and continue to set up meetings moving forward.
- Glen – Medicaid enrollment. One of the goals is to get more people on Medicaid, so the numbers should be increasing. They would like to be at 6,000 by March. Eligibility requirements are the same for everyone. Is there a way to know how successful the program is today as opposed to how it will be in the future, and how to reach more eligible? The new Eligibility Specialist working with tribal eligibility will be able to help enrollment numbers go up. One additional training with Heather may be helpful. The Tribe will want to know how they are doing, what they are doing right and wrong, and how to make the program successful.
- The clinic is seeing a lot of patients from the federal correctional facility in Casper. They are being bused in from facilities and needing dental care. Should there be an agreement regarding those prisoners? DOC is bringing them to them as they know the care is of no charge to the Native American prisoners. This will be discussed at the Select Committee as this is not a Medicaid issue, but an access to medical care issue.

Indian Health Services – Larron

- They are currently recruiting for new CEO as Alan Barlow resigned unexpectedly. There is a 120 day interim CEO in place. They are collaborating with the tribal communities.

Cindy Washakie-

- There was a retirement in October, so they are restructuring the business office and have a new Business Office Coordinator. The medical records are under the care of HIM and not the business office. Patient registration can be done either place. They will be putting the HIM and the business office together at the area level and will have a Director of Revenue over HIM and the business office. They will be advertising for that position soon.
- Wind River Service Unit and a Montana service unit did beta testing. This was for pharmacy billing claims and brought on billing for Wind River. They are still working on pharmacy reconciliation and helping with radiology and the lab.

Eastern Shoshone Tribe–

Laurie Ellis –

- An IHS grant is a priority on chronic illnesses for the home visit program. This is not home health care. This includes workers touching base with clients and seeing if their needs are being met, i.e. electric bills paid, medications paid, resources provided. There are local transports available for clients on this program, but only local client, no out of county or state due to them having a very small staff.

- They are doing preventative health education for the community, as well as disease management on diseases such as diabetes. There is a foot care clinic held once a month; diabetes risk screening in the school; and a program to diminish the risk of diabetes and heart disease. There is also one-on-one counseling available for the younger kids.
- They also provide telehealth for the Ft. Washakie community and bring specialists in that way. They also hope to have providers do follow up appointments by telehealth since the transportation is such an issue.
- There is preventative health counseling going for primary diseases, as well as health counseling with clients with digestive heart failure, COPD, etc. to learn how to better take care of their bodies.

100% FMAP and Car Coordination Agreements

- The State is assisting moving forward with care coordination agreements so 100% FMAP can be received for services provided at non-tribal facilities. They are working with Wind River Cares Facility and with Sage West. Work is also being done with AG's office to get the state owned facilities in a Coordination of Care Agreement between the facilities so if there are tribal clients there, we can get a connection between the two facilities to get 100% FMAP for those clients which are higher cost clients.
- Carol Justice is working on some of this with other hospitals, as well as with some DD facilities so we can get those in place.
- The AG's office has allowed us to enter into an MOU, so we have an approved template that we should be able to use to get other state owned facilities done.

Strategic Planning –

- There are not enough people at the table today to make decisions on the plan, so we can hold further discussions and make decisions at a later time. The top three critical items highlighted were: transportation which will continue, incorporate the TLA Council and the sole source eligibility contract.
- The next tribal advisory group meeting will be held in Riverton, so a facilitator can come to that meeting which may have better attendance and some decisions can be made on the plan.
- Agenda items can also include monitoring progress and the PHN's.
- Richard shared that when he was on the business council, they lost a little girl, partly due to a breakdown with DFS. She suffered from multiple broken bones and the father was sent to prison. He also attended another baby's funeral who was also abused. This is a system's issue. If the child is placed in custody, they need to be assessed physically immediately, then mentally and dentally. He is working to start a child court. He wants to hire social workers through the business council that allows the healthcare providers to ultimately be responsible for the minors. They need to create a system of care, procedures, policies and a system to insure that the needs of the children are protected. He will be asking for help from the State in terms of how to develop this type of system.

Next Meeting – March 27, 2018 at CWC Intertribal Education and Community Center Room 116 in Riverton.

Meeting was adjourned at 2:30 p.m.