

Meeting Notes

Wyoming Department of Health Tribal Leadership Advisory Council

Central Wyoming College - Professional - Technical Center Room 106
Riverton, Wyoming
Tuesday, March 27, 2018

Northern Arapaho: Glen Fowler/Wind River Family & Community Healthcare Center, Richard Brannan/Wind River Family & Community Healthcare Center, Carole Justice/Wind River Family and Community Healthcare Center, Luke Stringham/Wind River Family, Chad Krezeloh/Wind River Family, Brian Oland/Wind River Family, Grant Christensen/Wind River Family, Kimberly Donohue/Wind River Family, Jesse Morse Brady/Wind River Family, Vivian Swallow/Wind River Family, Desirea Minick/Wind River Family, Peggy Putnam/Wind River Family, Hollie Childers/Wind River Family, Helen Hanway/Wind River Family, Roland Hart/Wind River Family, Corina Teves/Wind River Family, Steven Blankenship/Wind River Family, Kim Clementson/Wind River Family, Sunny Goggles/White Buffalo Recovery, Matt Whitehurst/Wind River Family, Susan Kreager/Northern Arapaho Diabetes

Eastern Shoshone: Karen Snyder/ Council Member, David Meyers/Eastern Shoshone Tribal Health, Laurie Ellis/Eastern Shoshone Tribal Health

Indian Health Services (IHS): Amy Clarke/IHS

Others: Representative Lloyd Larsen, Jennifer White/Optum, Morris McGaugh/Optum, Niki McManis/Public Knowledge, Whitney Agopian/Public Knowledge

DOH Staff Present: Lindsey Schilling (by phone), Sheree Nall/DHCF, Amy Guimond/DHCF, Guy Beaudoin/vital Statistics, Ashley Busacker/PHD. Alexia Harrist/PHD

Welcome and Introduction Amy Guimond opened the meeting and an opening blessing was shared by Richard Brannan. Introductions were made around the table. Review of the agenda and the minutes from the previous meeting were discussed.

Medicaid Updates

Bulletins sent out

Medicaid Record Keeping, Retention and Access Requirements – A bulletin was sent out that was an important policy reminder. This bulletin included the retention of records, documentation requirements, availability of records, refusal to produce or maintain records and audits. (This document was in the folder)

Attention Behavioral Health Providers - This bulletin was sent out to remind Behavioral Health Providers of guidelines regarding requirements for treatment plans, documentation of progress notes, clinical assessments, and staff and code requirements.

Public Notices

Asset Verification System - This amendment will show that Wyoming has implemented the Asset Verification System for Aged, Blind or Disabled programs that meet the federal requirements which will be effective January 1, 2018.

Chapter 15 – Ambulances The Chapter 15 amended rule has added sections to outline coverage of Community Emergency Medical Services, which is medical care provided by licensed EMTs and paramedics within the scope of their practice that does not involve an ambulance transport. The amendment also updates the incorporation by reference section and the rule’s formatting to comply with current requirements.

CME Waiver - The amendment is necessary to adjust the agreed upon rate and reimbursement paid by the WDH to the CME contractor and the fee for service payments made to direct service providers.

HCBS Transition Plan and Provider Rates - . In March 2014, the Centers for Medicare and Medicaid Services (CMS) passed new rules for provider setting requirements for Medicaid Home and Community-Based Services (HCBS). The new rule requires all states to evaluate their provider’s settings where services are provided, and transition those settings to meet the new federal rules over eight (8) years. This affects all provider controlled, owned, or operated settings in which individuals receive HCBS through the Acquired Brain Injury, Comprehensive, Supports, or Community Choices waiver programs. This plan was first posted for public input October 18, 2014 and has been revised at the request of CMS.

Pursuant to Wyoming Statute §42-4-120 (g), the Division is required to rebase provider rates “at least once every four (4) years but not more than once in any two (2) year period.” During the 2018 Budget Session of the 64th Wyoming State Legislature, the Division was directed to implement the provider payment rates identified in the aforementioned Navigant Report. The Wyoming State Legislature appropriated a biennial budget increase of \$20 million dollars to implement the rates proposed in the SFY2019 Provider Rate Study.

1115 Tribal Waiver

Wyoming Medicaid received notice from CMS the current application for the waiver not was not approved as is. Tribal workgroup meetings will reconvene. UPDATE: The Tribal workgroup convened and sent some questions to the Center for Medicare and Medicaid.

The questions sent to CMS were:

1) The state of Arizona submitted and received CMS approval for an 1115 Waiver covering Oct. 1, 2011 - Sept. 30, 2016. Attachment K of the approved waiver application outlines a Tribal claiming protocol for IHS and 638 Facility-based Uncompensated Care Payments [that qualified for 100 percent FMAP](#). Is the approach taken by the state of Arizona, in regard to the processes outlined in Attachment K, still an approach approvable by CMS under a 100% FFP waiver application?

and -

2) In reviewing CMS' response letter to the Wyoming 1115 Waiver application, CMS indicated that an uncompensated care pool approval would be considered acceptable under the state's traditional FFP match rates. Can CMS please confirm that if the State were to revise the FFP request within the waiver to reflect the State's current 50/50 match rate, that CMS would approve the existing application?

Additionally, can CMS please confirm that a Tribal government is a qualifying entity to provide the state's portion of the funding agreement?

Other Division Updates

Aging Division – Lisa Osvold - The Aging Division has several federal programs that assist older adults with various needs to include care giving, transportation, meals and other supportive services; however, currently only the Northern Arapaho Black Coal Senior Center participates in one of the programs (the C1/C2 meal program.) The federal grant applications will be going out in May. If the Northern Arapaho or Eastern Shoshone Senior Centers or other providers are interested in knowing more about any of the Title III programs give the Aging Division a call at 307-777-7995. Please ask for Lisa Osvold or Dirk Dijkstal.

Vital Statistics – Guy Beaudoin – have two new death registrars for the Northern Arapaho and Eastern Shoshone. Guy Beaudoin is still trying to get a hold of them to get them access to the system. The tribal court also merged and so all marriages, divorces, etc will come from there. Amy will need to send an update to Guy regarding the physicians and practitioners from the different facilities for the system.

Public Health Division – Ashley Busaker and Alexia Harrist
Presentation provided to meeting members

Overview

- Explanation of commonly used public health data - Question about whether the fetal weight should be added and gestational period. We can look at other states and see what they are doing and standardize to match them as much as possible. Public Health Division is working on Title 35. Our statute has some outdated language and will need to be changed such as using the words fetal death instead of stillborn. Representative Larsen inquired whether they are drafting Title 35. Title 35 is not currently being drafted for changes. He wanted to recommend that PHD remember to look at this when Title 35 is reviewed.
- There is a form on the vital statistics website which allows a person to request data regarding areas. <https://health.wyo.gov/admin/vitalstatistics/reports/>
- Rocky Mountain Tribal Epidemiology Center (RMTEC) agreement – there was previously a data sharing agreement with Rocky Mountain Tribal Epidemiology Center which expired in 2016. This agreement covered vital records data only. A meeting was held with (RMTEC) held on 3/8/48 was held to discuss a new MOU and to discuss data sharing. Data elements requested for the community health profiles, may be interested in obtaining vital data, BRFSS and PRAMS. MOU includes quarterly meetings, collaborative projects. Are there individuals who would like to be involved? Please feel free to contact me, Ashley Busacker, or the contacts listed for each data set with questions, feedback, or for more information. My contact information is below, and Ashley can be reached at ashley.busacker@wyo.gov or 307-777-6936.
- State Health Assessment – A state health assessment report results from a collaborative, systematic process to collect, analyze, interpret and use data to inform and mobilize communities, develop priorities, gather resources, and plan actions to improve the public's health. Results used to inform the State Health Improvement Plan.
 - There are 4 primary components that comprise the state health assessment:
 - Data from existing data systems; community input; resources and asset mapping; public health system capacity assessment
 - If you would like to be involved you can:

- Be a member of the steering committee
- Participate in the Public Health System Capacity Summit in April
- Being kept informed of the progress we make on the SHA
- Reviewing the SHA and providing input into written assessment
- Being involved with future state health improvement planning

Strategic Planning Session

- Reviewed previous goals
- Brainstormed new goals to address the question – “What issues or goals should the advisory council undertake this year that affect the delivery of health care in Native Americans in Wyoming?”
- New goals included:
 - Reimbursement for Services provided – can we review what Medicaid pays for and see if there are other services that facilities are not getting paid.
 - Encounter for Medicaid/Medicare dual eligibility
 - Rebuild Public Nurse Department

Kudos – a lot of the things that were going to be accomplished with the 1115 Tribal Waiver have been accomplished and the services to the community have been increased and the care has increased. WDH is always looking for people to be on committees so everyone has a voice, attendees were invited to be part of committees and will be included in the emails moving forward.