Meeting Notes

Tribal Leadership Advisory Meeting
November 28, 2018
Webinar

Northern Arapaho: Richard Brannan/Wind River Family & Community Healthcare Center, Carole Justice/Wind River Family and Community Healthcare Center, Brian Oland/Wind River Family, Grant Christensen/Wind River Family, Desirea Minick/Wind River Family, Helen Hanway/Wind River Family, Roland Hart/Wind River Family, Corina Teves/Wind River Family, Kim Clementson/Wind River Family, Sunny Goggles/White Buffalo Recovery, Susan Kreager/Northern Arapaho Diabetes

Eastern Shoshone: David Meyers/Eastern Shoshone Tribal Health, Becky Bercer

Indian Health Services (IHS): Glenda (Cindy) Washakie

Others: Morris McGaugh/WyHealth, Jamie Vosberg/WYHealth

DOH Staff Present: Amy Guimond/DHCF, Carol Day, Administrator BH, Dirk Dijkstal/Aging, Jan Stall/DHCF, Lee Grossman, Administrator DD, Lindsey Schilling (by phone), Stephanie Pyle, Senior Administrator, Teri Green, Senior Administrator Medicaid

Welcome and Introduction: Amy Guimond opened the meeting. Introductions were made around the table and over the phone. Review of the agenda and the minutes from the previous meeting were discussed. Notes were approved.

Public Health Division
Stephanie Pyle, Senior Administrator

- State Health Assessment – Community engagements sessions were held.
- State Health Assessment will be going out for public comment soon.
- Would invite all to take the opportunity to review the document and give us your feedback to make it as comprehensive as possible.
- Key findings related to a number of different areas such as health behaviors, tobacco use, alcohol use, accessibility issues, as well as social and economic issues, mental health, premature death, causes of death, and health equity.
- After public comment the document will be finalized and a State Health Improvement Plan will be developed to address identified issues. Please reach out to Stephanie Pyle or Amy to determine if you would like to be more engaged
- Carole J – Will this plan then impact the Medicaid State Plan as far as priorities on what is covered and what is not? Stephanie – we are looking for this plan to be comprehensive which all programs can use including Medicaid to inform the decisions, programs and initiatives they are making. Medicaid has been very involved.

Aging Division
Dirk Dijkstal, Community Living Section Manager
Increase awareness of what services senior centers can provide. Aging Division contracts with a majority of the senior centers in the state. Focus on a state funded program called Wyoming Home Services (WyHS). A client must be 18 years of age or older and through an ongoing evaluation, at risk of premature institutionalization.

WyHS program providers may choose the following services to serve in their county: (*currently no provider offers these services)

1. Care Coordination
2. Personal Care
3. Homemaking
4. Respite Care
5. Chore
6. Personal Emergency Response System
7. Adult Day Care *
8. Hospice *
9. Home Modification
10. Medication Set-up

Under the Older American’s Act, we provide the following Grants and Services:

**Title III B Supportive Services:**

1. Health Services- Providers may choose to provide any of the following types of services:
   - Health education
   - Health Exercise
   - Disease prevention,
   - Health promotion (including mental health
2. Socialization services
3. Support Services- (This includes but is not limited to information referral, education, forms assistance, material aide, volunteer, and outreach)
4. Transportation Services- These are services to facilitate access to supportive services or nutrition services.

**Title III C Nutrition Services**- This program offers both congregate meal services and home-delivered meals. Congregate services are available to anyone over the age of 60. Home delivered meals are reserved for those who are geographically isolated or homebound.

**Title III E National Family Caregiver Support Program**- The caregiver program is unique in that its focus is to support the caregiver, not the care-receiver. The program offers the following services to caregivers:

1. Respite care- temporary breaks from responsibilities
2. Support groups
3. Information and assistance
4. Counseling,
5. Supplemental services
Wyoming Home Services (WyHS)- Unlike the programs listed above the Wyoming Home Services Program services more than just 60 and over. In order to be eligible to receive services under WyHS an individual must be at least 18 years of age and at risk of premature institutionalization.

WyHS program providers may choose the following services to serve in their county: (*Currently no provider offers these services)

11. Care Coordination
12. Personal Care
13. Homemaking
14. Respite Care
15. Chore
16. Personal Emergency Response System
17. Adult Day Care *
18. Hospice *
19. Home Modification
20. Medication Set-up

Provider Orders for Life Sustaining Treatment (POLST)

What is POLST?
The Provider Orders for Life Sustaining Treatment (POLST) form gives seriously ill patients more control over their end-of-life care, including medical treatment, extraordinary measures (such as a ventilator or feeding tube) and cardiopulmonary resuscitation (CPR).

A POLST order helps ensure that medical care provided in the emergency department and out-of-hospital settings is consistent with the patient’s desires. For example, a Wyoming POLST order marked with “Do Not Resuscitate” tells emergency medical technicians, first responders and other emergency healthcare staff members not to attempt cardiopulmonary resuscitation on the person for whom the order is issued if that person suffers cardiac or respiratory arrest.

POLST Bracelets
POLST bracelets can be an-easy-to-see POLST notice for healthcare providers. Sticky J Medical ID is the Wyoming Department of Health’s authorized source for POLST bracelets in Wyoming. The Wyoming surgical stainless steel POLST bracelet is available for $27.90 by mail order from Sticky J Medical ID. An order form can be downloaded here. Bracelets can also be ordered online at https://www.stickyj.com/category/dnr-jewelry-bracelets, the Sticky J Medical ID website. Please note a completed POLST form is needed for bracelet orders.

Statute and Rules
POLST Statute: Click here
POLST Rules: Click here

For More Information
For more information about the POLST program, please contact the POLST program manager, Heather Welch at 307-777-7988 or toll-free: 800-442-2766.

Dr. Christensen – previously there was a program for Senior Dental Program – the program was unfunded and to date there is no appropriation for this. Teri indicated they had received several questions from legislatures interested in the status of what may be available regarding the amount of budget cuts that were incurred to the dental program. That would lead her to believe there is some consideration or at least study for dental services for adults. At this point that is all we know.

Carole J had a question about the PACE program. It is her understanding this is only in a few locations. Is there any thought that this program will expand into other areas? Tyler D is a Medicare/Medicaid managed care program. He has not heard of any interest from any facilities in this area becoming PACE providers. Tyler indicated that it is possible. The PACE program is a partnership between Medicaid, Medicare and a private third party that would become a managed care organization to provide the PACE services. It is a three way contract. The legislation has to write an authorization for the PACE program. So far we have only had one facility interested and wanting to provide PACE services in Laramie County. We have heard other communities interested but have not had any facilities step up to become the managed care organization to provide those services. If you are interested in PACE, please contact Tyler at 777-2485. The requirements to become a PACE provider are pretty intense.

**Behavioral Health Division**

Carol Day, Mental Health and Substance Abuse Services Administrator  
Lee Grossman, Developmental Disabilities Section Administrator

- Sent out application for court supervised treatment program on October 26th. Really encourage the facilities to apply so those services can be reinstated. If you have any questions, please contact Nicole or Aleesia on the BHD staff. Applications are due in the BHD office by February 1, 2019.
- State Opioid Response Grant was awarded to BHD. The purpose of the grant is to expand treatment and infrastructure related to providing substance abuse services. In particular MATS services (Medication Assisted Treatment Services) to adults with opioid substance abuse disorder. One of the conditions of the grant is to conduct a needs assessment for Tribes. BHD issued an RFP and currently issued the contract to Germane Solutions, a company out of Ohio that has substantial experience working with Tribes nationwide. Their report is due back to BHD in June 2019. This report will be used to work with the Tribes to implement a plan to address the identified needs in year two of the grant. The Tribes may be hearing from them by individual surveys or focus groups. Rick B asked if there were funding opportunities from the grant for the Tribes. Those transitioning from incarceration to the community with substance abuse issues. Carol indicated all of the treatment money is obligated to treatment facilities at this time. The best chance for funding opportunities will be after the needs assessment is completed and based on the findings.
The guiding document for the Intellectual Disabilities waiver is required to go through a waiver renewal every 5 years. That is something that was recently submitted to CMS in September. The summary and the full document is on the Division website for viewing. This information has been shared with the group previously. BHD also completed community engagement in Riverton and received lots of feedback. Once the application has been submitted the process with CMS can take up to 6 months. The new waiver application will go into effect on April 1, 2019.

Division of Healthcare Financing

Public Notices

**Wyoming Inpatient Hospital Reimbursement** – Public notice was given that beginning February 1, 2019, the Wyoming Department of Health intends to make changes to the Wyoming Medicaid State Plan for inpatient hospital reimbursement. It will updated from level of care to an all patient refined diagnosis grouping or DRG methodology.

**Medicaid Eligibility Quality Control** – Wyoming Department of Health gave notice that updated the requirements related to Medicaid Eligibility Quality Control. Just an update to align with current regulations and standards to ensure quality measures with in the determination of Medicaid Eligibility.

**Amendment to Targeted Case Management for Children with Serious Emotional Disturbance State Plan** – the amendment was necessary to a just the agreed upon payment methodology and reimbursement paid by WDH to the Care Management Entity contractor to add additional payment for reimbursement of Medicaid enrolled CME provider training and support expenses not included in the current capitated rate. Preparing for a waiver renewal soon. If anyone is interested in being on calls or participating in waiver or procurement renewal, please contact Lindsey or Amy.

**Wyoming Volunteer Health Services** – public notice was given that a rule will be established to implement a volunteer health services program under Wyoming Statute that allows the Department to execute contracts with health care providers and medical facilities to deliver volunteer health care services to low income persons and the Wyoming Governmental claims act shall apply to those providers and facilities. This rule establishes requirements for providers to participate in the program.

**Pharmaceutical Services Chapter 10** – public notice was given to amend Chapter 10 of the Medicaid rules. This update to the rule updates the State’s reimbursement methodology for pharmacy providers and client copay responsibilities to align with the approved State Plan Amendment. Additionally this amendment specifies the composition and duties of the Pharmacy and Therapeutics Committee.

**Medicaid Benefit Recovery Chapter 35** - This rule mandates the Department of Health administer a third party liability program and an estate recovery program. This rule is being amended to reduce the length of the rule, remove redundancies with Wyoming Statutes, utilize plain language, remove definitions in Chapter 1, and no longer reference definitions that are not included in the substantive portion of the rule. Further this rule clarifies some definitions, as used for estate recovery processes, and also proposes to promulgate changes to be compliant with the provisions of Wyoming Statutes for
birthing costs pursuant to its statutory authority in Wyoming Statute 42-4-122 and House Enrolled Act 59 (Medicaid Fairness Act), passed by the Legislature in the 2018 budget session.

**1115 Tribal Waiver**

**July 24, 2018** – call with CMS to discuss our waiver and questions that we had regarding matching funds and how the state’s share could be paid by the tribal facilities

**November 6th** – followed up with an email to CMS about the 1115 Tribal Waiver and question about deleted services or adding services only to tribal facilities. CMS indicated the questions are still under review.

**MISC**

- Currently have a contract with Wind River Cares regarding providing eligibility staff to process Medicaid applications. A contract is in the works for IHS to coordinate with Medicaid to also provide those services.  
- Question about youth in foster care and the process. Jan S explained the process for foster care youth is a one page application that can be sent in by fax. The turnaround to get a child on Medicaid is a couple of days at the most. Amy G indicated we have tried to provide training to the Tribal DFS and no one showed up. Medicaid is willing to do a webinar or other training to get this process moving more efficiently. A court order is required for the child to be put on Medicaid. If a youth ages out from foster care they can apply to the eligibility workers at Wind River Cares or the Customer Service Center. They have to be in foster care on their 18th birthday. If a child was in state only funded foster care (Institutional foster care or those who cannot verify citizenship) they are not eligible for Medicaid after the age of 18. Wyoming does not have an IVE guardianship program. Need to set up a meeting between Medicaid, DFS and facilities to see if a quicker process all around can be completed. Would like a sheet to verify the different programs and if a child is eligible for Medicaid. Possibly a training to discuss different scenarios.
- Starting in February of 2019, the facilities will need to bill dental claims on a dental claim form. Dental claims are currently being billed as an outpatient claim.

**Indian Health Services**

- No update from IHS

**Northern Arapaho Tribe**

**Wind River Cares (Wind River Family and Community Health Care**

- Corina Teves is the new clinic operations officer.
• Wind River Cares received funding to get a machine to make dentures, crowns, etc. They also received funding for a mobile dental clinic with x-rays. A heater will have to be put in the mobile clinic since it came from Texas.
• Rick asked if it would be beneficial if they had a physician on duty in case the hospital called and they could document a referral. CMS approved a triage line as a referral. We will schedule a meeting offline to discuss this issue.
• Received a USDA Distant Learning Telehealth grant. First one that has come into the state of Wyoming in a few years. There will be telehealth equipment for behavioral health, primary health and diabetes program.

White Buffalo Recovery Center
• CARF accredited
• Working to purchase a 25 bed double modular to provide treatment services, currently have an 8 bed facility (which is full).
• Partnering with Eastern Shoshone Tribe to apply for the tribal court wellness funding.
• Invested in neurofeedback machine.
• Opening a building in Ethete to provide services.
• Partnering with University of South Dakota to provide education to providers. Will have one person graduate who will be getting their master’s degree at the end of the year and can apply for their license to provide substance abuse services. Two individuals will start the bachelor’s program in the fall.
• Working with Tribal health to move things towards community health which is helping to streamline all the paperwork.
• Partnering with the TANF program to complete their drug testing. If they fail their drug test they do not get pushed off TANF but have to get an assessment to start services. One staff person is designated for TANF clients.

NA Tribal Health
• Diabetes program is always busy.
• THR program is trying to work on the long term health care waiver.
• Not up to Medicaid billing but hope to get it up and going in about 6 months.

Eastern Shoshone Tribe

Morning Star
• Starting and moving more towards the Eden Alternative Program for nursing homes. Currently two individuals became certified instructors for the program. Continue to remodel the building. Lots of activities

Eastern Shoshone Tribal Health
• Hired an RN about a month ago. Raina Masterson
• Hired Becky Bercier to help with the Medicaid coding, billing and grants
- Hired temporary position for breast and cervical cancer program Ricki Harris
- Hired CNA to provide medical transportation which they will start billing (still waiting on enrollment to process through Medicaid)
- Hiring someone in geriatric aging chronic care will do a one year pilot project with UW to assess the elderly
- Able to hire a team for the Diabetes Education program for summer classes
- Partnered up with Crossfit to provide a community health assessment and other services
- Starting to working with clients on telehealth

**WYHealth and Data Info**

*Indian Health Services:*
- 8/28/18 – Provider Education, EPSDT, HEDIS, Choice Rewards, PCMH, WySUP, Telehealth
- 9/27/18 – Community Outreach planning committee for Sharing the Journey Diabetes be Dam’ed Dam’ed walk, Choice Rewards
- 10/9/18 – Provider Outreach, Provider Education, EPSDT, Choice Rewards, WYSUP
- 10/15/18 – Community Outreach planning committee for Sharing the Journey Diabetes be Dam’ed Dam’ed walk, Choice Rewards
- 11/3/18 – Assisted with the Sharing the Journey Diabetes be Dam’ed walk
- 11/15/18 – Provider Education, Optum Health Education/CME’s

The Choice Rewards Diabetes letter has been approved and has been sent out to the WySUP clientele.

*Eastern Shoshone Tribal Health*
- 8/15/18 – Present for the Tribal Leaders Advisory Group meeting
- 9/24/18 – Provider Outreach email Youth Empowerment Conference held at Wind River Casino
- 10/10/18 – Attended the Community Health Assessment Stakeholders meeting
- 10/23/18 – Provider Outreach for Telehealth Zoom meeting
- 10/25/18 – Provider Outreach Zoom Webex Telehealth planning meeting
- 11/3/18 – Assisted with the Sharing the Journey Diabetes be Dam’ed walk
- 11/13/18 – Provider Education Telehealth
- 11/15/18 – Provider Education, Optum Health Education/CME’s

*Wind River Family and Community Health*
- 8/28/18 – Provider Outreach, Provider Education, EPSDT, WYhealth.net, Choice Rewards, WySUP (Ethete Clinic)
- 9/12/18 – Provider Outreach, Provider Education, went over Provider Score Card EPSDT, Family Health App, Medicaid Client Handbook, Discharge Planning, PCMH, THR/CCD Viewer, Telehealth, WYhealth.net, WySUP.
- 9/18/18 – Provider Education, Telehealth
- 9/20/18 – Provider Score Card emailed a copy and Telehealth information
- 10/17/18 – Provider Outreach emailed to schedule a follow up visit
- 11/15/18 – Provider Outreach, Optum Health Education/CME’s
11/27/18 - Provider Outreach emailed to schedule a follow up visit

*Northern Arapahoe Tribal Health*
11/15/18 - Provider Outreach, Optum Health Education/CME’s

Thank you facilities for working with WYHealth. Really appreciate the partnerships.

WyHealth is able to pull data from claims. Able to provide Hedis Measures. You can contact either Jamie or Morris if you need this information and they can get it to you.

**Strategic Planning Discussion**

Reviewed the services document provided in packet. See attached.

No additional questions were asked about services provided at the clinic.

Peer support is currently not covered at the medical clinics.

**Topics for next meeting**

- Waiver update