

Meeting notes

Tribal Leadership Advisory Meeting May 15, 2019

Eastern Shoshone Facility and Tribe: David Meyers/Eastern Shoshone Tribal Health, Becky Bercer/Eastern Shoshone Tribal Health, Irene Lujan/Eastern Shoshone Tribal Health, Rayna Masterson/Eastern Shoshone Tribal Health, Morning Ray Ferris/Eastern Shoshone Tribal Health, Kellie Webb/Eastern Shoshone Tribal Recovery

Indian Health Services (IHS): Jolynn Davis/IHS

Northern Arapaho Facility and Tribe: Richard Brannan/Wind River Family & Community Healthcare Center, Carole Justice/Wind River Cares (Phone), Catherine LaCroix/Wind River Cares, Lisa Yawakia/Wind River Cares, Helen Shakespeare/Wind River Cares, Kerrie Minick/Wind River Cares, Peggy Putnam/Wind River Cares, Brian Oland/Wind River Cares, Hollie Childers/Wind River Cares, Grant Christensen/Wind River Cares, Chad Krezeloh/Wind River Cares, Corina Teves/Wind River Cares, Jeani Fletcher/Wind River Cares, Michaela Sisneros/Wind River Cares, Desirea Minick/Wind River Cares, Kim Edsitty/Wind River Cares, Sunny Goggles/White Buffalo Recovery, Evelyn Jimenez/White Buffalo Recovery, Kim Clementson/Wind River Cares, Debra Ackerman/Wind River Cares

Others: Erin Johnson/Governor's Office, Morris McGaugh/WyHealth, Jamie Vosberg/WYHealth, Janis K Bradley/Guest, Mick Pryor/Guest

WDH Staff Present: Amy Guimond/DHCF, Sara Rogers/DHCF, Lindsey Schilling/DHCF (phone), Jan Stall/DHCF, Carol Day/Administrator BHD (Phone), Lee Grossman, Administrator DD (Phone), Stephanie Pyle, Senior Administrator (Phone), Guy Beaudoin/Deputy Registrar Vital Statistics, Alexia Harrist/State Epidemiologist PHD, Ashley Busacker/Senior Epidemiology Advisor, Stefan Johansson/Administrator Director's Office, Franz Fuchs/Policy Analyst Director's Office

Public Health

Accreditation – State Health

Assessment – Available on website <https://health.wyo.gov/publichealth/sha/>

State Health Improvement Plan Membership is open for Steering Committee

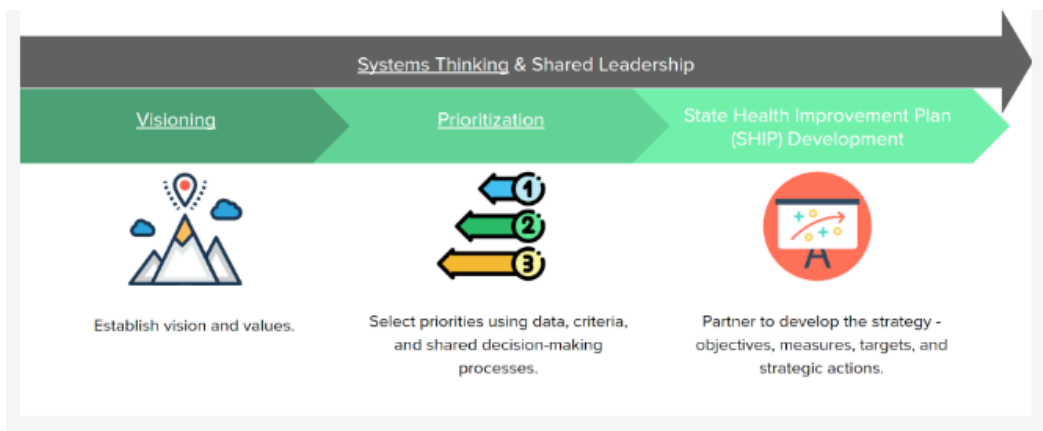
Steering Committee

The steering committee represents a variety of sectors and agencies in Wyoming. The purpose of the steering committee is to provide leadership and guidance for the state health assessment (SHA) and state health improvement planning (SHIP) efforts.

Members:

- participate in regular meetings;
- support process and product decision-making;
- provide their unique perspective on health issues, data, and resources; and
- demonstrate a shared commitment to assessing and improving health in Wyoming.

If you have questions or comments about this process, please contact Feliciano Turner, Performance Improvement Manager, by phone at 307-777-8946 or by email at feliciano.turner@wyo.gov.



Community Engagement - Problems, Barriers, Strengths, and Solutions

The Division visited 10 counties (11 communities) to learn more about how Wyomingites perceive current health problems, barriers to health, what their communities do well, and potential solutions. The image below shows the overall results.

You can see that access was, by far, the most cited issue across each area. When it comes to health problems and barriers, communities noted: access to and affordability of care and insurance, access to mental health, and geography as concerns. However, Wyomingites also recognized access as something their communities do well. This meant that they saw existing, accessible resources or attempts in their communities to improve accessibility. Additionally, Wyoming residents found access to recreation as something their communities do well. Similarly, where there are concerns about access, addressing access issues were the most commonly cited potential solutions.

In addition to access, communities noted mental health, obesity, and diabetes as concerning health conditions, while drug and alcohol use were cited as concerning health behaviors. Wyomingites also cited public funding (or lack thereof) as a barrier to health.

Notably, communities cited public health and partnerships among some of the things communities do well and where additional solutions might be found.

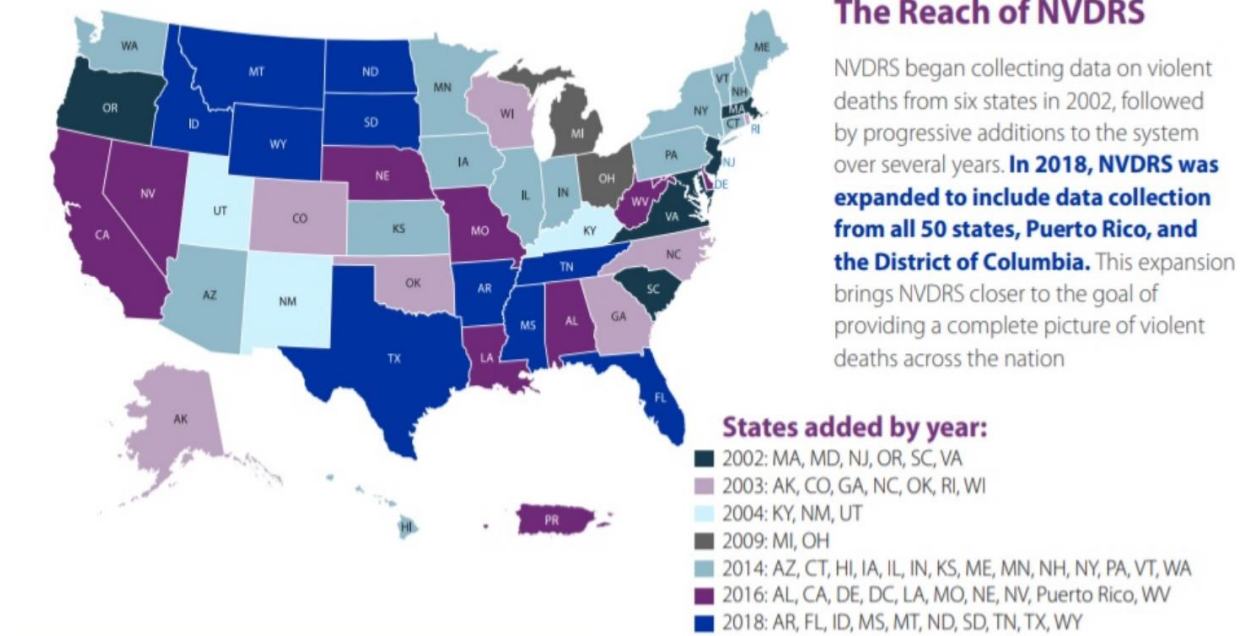
Alexia Harrist and Ashley Busaker - New program-Wyoming System

Wyoming Violent Death Reporting Program/National Violent Death Reporting System

- Violence is a leading cause of death
- Many who experience violence are at risk for long-term physical, psychological and emotional consequences
- Violent deaths: homicides, suicides, deaths by legal intervention, unintentional firearm injury deaths, terrorism-related deaths, and deaths of undetermined intent.
- Comprehensive look at circumstances surrounding violent deaths
- Data sources: Death Certificates, Coroner/Medical Examiners, Law Enforcement, Toxicology, Forensic Analysis
- Trained abstractors enter information into the system

How can the data be used?

- Provide information about violent deaths in Wyoming: Magnitude, Trends, Contributing factors
- Inform violence prevention efforts
- Evaluate the impact of prevention programs and strategies
- Should be able to pull data by race or county



**Behavioral Health Division
Developmental Disabilities Division
Shirley Pratt**

A team of individuals went through the rules to suggest changes on language, wording, references, etc.

Summary of Changes

Medicaid Chapters 44, 45, and 46

Overall

- Language has been cleaned up in all three chapters. Wording may have been changed or moved, but in most cases the intent or interpretation of the rule has not been altered.
- Where appropriate, reference to specific service names has been updated or removed to align with the Comprehensive and Supports Waiver agreements, effective April 1, 2019.
- The word “facility” has been changed to “service setting”, to reflect non-institutional environments.

Chapter 44 - Environmental Modifications and Specialized Equipment for Medicaid Home and Community-Based Waiver Services

- Section 9 and 10, relating to self-directed goods and services, have been removed.

Chapter 45 - DD Waiver Provider Standards, Certification, and Sanctions

- Section 4 - Rights of Participants Receiving Services
 - A participant’s right to dignity and respect, and to receive services in a setting that is physically accessible to them, cannot be restricted. These rights will be moved so they are not included as part of a list of rights that can be restricted.
 - A participant’s right to be free from physical, mechanical, or chemical restraints can only be limited under certain circumstances. This provision will be updated to require letters from a licensed medical and behavioral professional that detail the medical or psychological contraindications that may be associated with restraint.
- Section 6 - Standards for all providers
 - Providers who offer services that require a license, certification, registration, or other credential is required to hold that credential in accordance with applicable

state laws. Proposed rule will require the provider to notify the Division within ten (10) business days if that credential is revoked.

- Section 10 - Individualized Plan of Care
 - Proposed rule states that the case manager shall provide notice of the plan of care meeting at least twenty (20) calendar days prior to the meeting.
- Section 13 - Home and Community Based Standards for Waiver Services
 - Providers are currently required to obtain an inspection of service settings by an outside entity at least every thirty-six (36) months. This provision will be updated to require an inspection by an outside entity every twenty-four (24) months.
 - Emergency plans will be required for the following:
 - Power *and other utility* failures
Summary of Changes - Medicaid Chapters 44 - 46 1
May 7, 2019
 - Provider incapacity
 - Staffing shortages due to other emergency situations
 - Providers are prohibited from using video monitors in participant bedrooms or bathrooms. Other forms of remote monitoring or support may be used where appropriate. The rule will be updated to state that consent of participants who share living quarters and may be affected by the remote monitoring or support must provide consent of the monitoring prior to implementation.
- Section 14 - Background Check Requirements
 - Proposed rule states that, at the discretion of the provider organization or employer of record, an individual provider staff may provide services on a provisional basis following the submission of the background screening, as long as disqualifying crimes or relevant criminal records are not disclosed on the application, until individual provider staff are cleared through successful background screenings.
 - Rule will be updated to state that any individual required to receive a background screening under Section 14 will be required to undergo subsequent background screenings every five (5) years. If a person fails to pass a subsequent background screening, they cannot supervise, provide, or bill for waiver services
 - Monthly Office of Inspector General Exclusion Database screenings will be required for any person with an ownership or control interest or who is an agent or managing employee of a provider.
- Section 15 - Provider Training Standards
 - Current rule states that appropriate personnel must complete required training within one month of an employee's hire or provider certification date. Rule has been updated to require training to occur prior to providing services.
- Section 17 - Positive Behavior Supports
 - Rule currently requires the positive behavior support plan (PBSP) to be reviewed any time a restraint is performed, with the understanding that, if a restraint is performed, the PBSP has failed. Many providers call law enforcement in a behavioral emergency rather than performing a restraint. However, if law enforcement is called due to a behavioral emergency, it is presumed that the PBSP failed in this situation as well. Rule will be updated to require the provider to review the PBSP if law enforcement is called due to a behavioral emergency.
- Section 18 - Restraint Standards
 - If an injury occurs as a result of a restraint, providers will be required to conduct staff retraining within five (5) business days of the restraint.
- Section 25 - Additional Standards for Providers that Require National Accreditation
 - This Section will be updated to state that providers who are certified in the

following services must obtain and maintain national accreditation, through either CARF International or the Council on Quality Leadership (CQL), *if the income for the services listed below collectively equals or exceeds \$150,000* .

- Adult Day Services
- Case Management
- Community Living Services
- Community Support Services
- Companion
- Supported Employment

○ Rule will be revised to remove the threshold of being listed on the IPC of three (3) or more individuals.

○ A provision will be added to clarify that the provider has eighteen (18) months from the time they meet the accreditation criteria to obtain accreditation.

Chapter 46 - Medicaid Supports and Comprehensive Waivers

- Section 5 - Assessment and Eligibility
 - In order to comply with federal regulation and the Comprehensive and Supports Waivers, the Division began using the LT-101 functional assessment for participants with acquired brain injuries on April 1, 2019. The LT-101 assessment, which is presently used in Wyoming to establish nursing facility level of care, replaces the LT-104 assessment for this population. Emergency Wyoming Medicaid Chapter 46 was approved on April 30, 2019. This emergency rule aligns state and federal regulations specific to the LT-101 level of care assessment for individuals with an ABI.
 - Division policy requires neuropsychological evaluations to be performed every five (5) years. This requirement will be added to rule.
- Section 10 - Self-Directed Service Delivery
 - Rule will be revised to state that a provider who has had their certification revoked under Chapter 45 of the Department of Health's Medicaid Rules cannot provide self-directed services.
- Section 13 - Extraordinary Care Committee (ECC)
 - This section will be updated to state that the plan of care team must come to a consensus that an ECC request is necessary, and that other support options have been explored.
 - ECC requests that do not meet the criteria outlined in rule will be denied. This provision will be added to rule.
 - If the participant or plan of care team declines additional requests made by the ECC, the ECC request will be denied. This provision will be added to rule.

Community Engagement sessions will be held around the state to get feedback from the community and stakeholders. Once they get that information, they will review the information and make any changes as necessary. They will then go out for formal public comment in July.

Emergency rules were put into place for people with an acquired brain injuries.

ABI Waiver Renewal

Changes:

- Assessment that is being used for ABI to determine the level of care was the incorrect assessment. A change had to be made and the assessment that is used for nursing home placement is now being used. This had to be changed in the rule. This had to be changed to get the waivers approved by CMS.

- An initial review of ABI clients currently being served might lose services.
 - If ABI clients are found ineligible they have one year of services as they transition off the waiver. At this point no one who has gone through the new assessment process has been found ineligible.
 - Clients may be eligible for services on the Community Choices Waiver

Behavioral Health Division

Mental Health and Substance Abuse

Carol Day

State Opioid Response Grant – Federal grant to expand infrastructure and treatment option for particularly to assist adults with an opioid abuse disorder. The next step was to conduct needs assessment. An RFP was completed and Germaine Solutions to complete the needs assessment. They have been actively working on needs assessment have met with both Tribes and tribal facilities. By end of May will have a draft report & will be reviewed send it for review to tribal health leaders including the Business Councils for final review and approval

Carol Day wanted feedback on how Germaine Solutions worked with the facilities.

Kellie (Eastern Shoshone Tribal Health Recovery) and David Myers (Eastern Shoshone Tribal Health) – mostly interview style. They came to a two day workshop. Very friendly. Whether they will get the information needed will be seen as they did not have data questions. Also asked about the Substance Abuse state opioid grant

Sunny Goggles – (White Buffalo Recovery) – Met with staff at the White Buffalo and Wind River Cares. It was interview style and did not get any data. White Buffalo also discussed not having the program to keep any data. Expressed this as a need. The contractor was friendly

Carol – data will be obtained by IHS and department

Need- System to put information intend to use to build strategies on reservations.

Sunny Goggles –Will this mean that funding may be available for services, prevention services? What kind of strategies are you looking at? Who would be providing these services? Would it be those treatment centers on the reservations or bring individuals on the reservation?

Carol – we will wait to see what the assessment indicates but the grant is for treatment services. Would like to work closely with the facilities on the reservation not to bring in new individuals.

Particular medication management work with existing providers.

Department of Health

Franz Fuchs – Legislative updates

New Medicaid Services

- HB0043 - Addition of Midwife services to assist with delivering babies- To receive reimbursement for services provided to Medicaid clients, licensed midwives will be required to enroll with Medicaid. Reimbursement rates will be established according to the current physician fee schedule and will not be subject to cost sharing requirements. These individuals who are certified through the board of midwifery and what their scope of practice is designated as such. Services are pretty strict in their scope of practice.
- Expanding scope of practice for Physical Therapists – more diagnostic services being added.
- HB0001- Exploring the potential for clubhouse psychosocial rehab services. A study will be conducted and reporting back to legislature on cost.

Internal Government Efficiencies

- HB0001 - Complete a study and state plan amendment to complete school based services. This is not expanding services but really moving money around. This is a cost savings, efficiency project. Special Education services provided in the school which are currently paid by all state general funds can bill through Medicaid and receive a 50/50 state general funds and federal funds.
- SF0057 - Public Records bill that makes the Department more responsive more accountable to public records requests Designates a Public Record person and gives entity 30 days to produce records

Public Health

- SF0046 - Opioid Prescription Limits bill – Restricts opioid supply to a 7 day supply over a 7 day period for Opioid naive clients.
- SF0047 - Controlled Substance Education Act – continuing education training for prescribing providers.

Others

- VA Skilled Nursing Facility bill – choice made is Buffalo, a study will be performed for architect design and how it will be integrated into the current campus. This would be open to any Veteran regardless of disability status. To receive a per diem that would then be drawn down and federal funds used. The VA Skilled Nursing Facility is not anticipated to open until 2022 or 2023.
- Hospital Cost Study
- Hospital Viability Study – this relates to occurrences in the area but doesn't actually name the facility or location. The Department understands that the group in Riverton has already procured a feasibility study. Department of Health is planning to complete a study internally. Have procured databases which will assist with the Department determining services that are being provided and what is lacking. This is the most comprehensive database out there.
- HB0001 - Air Ambulance Bill – Slides on this were presented at meeting

Amy Guimond

Updates

Billing Training was provided May 14th on submitting Dental Claims. There were many in attendance. Other questions were asked about billing

Public Notices

January 17, 2019 - Utilization/Quality Control

Public notice is hereby given that the Wyoming Department of Health intends to submit a State Plan Amendment (SPA) to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. This amendment will update section 4.14a – Utilization/Quality Control - to reflect Wyoming Medicaid's current methods for compliance with referenced CFR.

January 17, 2019 Utilization/Quality Control

Public notice is hereby given that the Wyoming Department of Health intends to submit a State Plan Amendment (SPA) to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. This amendment will update section 4.15 – Inspection of Care in Intermediate Care Facilities for the Intellectually Disabled, Facilities Providing Inpatient Psychiatric Services for Individuals Under 21, and Mental Hospitals - to reflect Wyoming Medicaid's current methods for compliance with referenced CFR.

January 25, 2019 - Public notice is hereby given that the Wyoming Department of Health intends to submit a State Plan Amendment (SPA) to the United State Department of Health and Human Services, Centers for Medicare and Medicaid Services.

January 25, 2019 Changes to State Residency definition. The amendment to the State Plan is to clarify the definition of temporary absence under Section 8 – MAGI State Residency, effective January 1, 2019. The amendment will change the definition of temporary absence to:

When a client leaves the state with the intent to return to Wyoming within three months, or when one of the following conditions are met:

Client is in another state to get prescribed medical treatment not available in Wyoming and they intend to return to Wyoming once the medical treatment is complete.

Temporary absence is due to the illness of the client, parent, spouse, sibling or child.

A child in the custody of the State is placed in an out-of-state facility, unless the child is covered by the other state.

Client's employer requires them to work out of state.

February 6, 2019 – Presumptive Eligibility The amendment to the State Plan is to add a new qualified entity who could enroll with Wyoming Medicaid to process Presumptive Eligibility applications. The amendment will allow women's resource centers to assist with processing Presumptive Eligibility applications.

February 21, 2019 – Wyoming Inpatient Hospital Reimbursement The Wyoming Department of Health will be updating the inpatient hospital Medicaid payment methodology from level of care (LOC) to an All Patient Refined Diagnosis-Related Grouping (APR-DRG) methodology.

APR DRGs allow both providers and payers to categorize complex patient claims data into more than 1,200 unique groups for analysis and payment. WDH will use the APR DRG methodology to classify cases and to determine a prospective rate. This methodology will improve allocation of funds based on patient acuity. Similar to LOC payments, DRG payments will be made on a per discharge basis, with the continuing goal of encouraging the management of costs and efficiency.

March 5, 2019 – Addition of Licensed Midwives - Public and Tribal notice is hereby given that effective July 1, 2019 and pursuant to Enrolled Act No. 27 of the 2019 General Session, the Wyoming Department of Health, Division of Healthcare Financing (Medicaid) will enroll and reimburse for the services of midwives as licensed pursuant to the Midwives Licensure Act (W.S. 33-46-101 through W.S. 33-46-108).

To receive reimbursement for services provided to Medicaid clients, licensed midwives will be required to enroll with Medicaid. Reimbursement rates will be established according to the current physician fee schedule and will not be subject to cost sharing requirements.

March 5, 2019 – Provider Screening and Enrollment Public and Tribal notice is hereby given that effective January 1, 2019, the Wyoming Department of Health, Division of Healthcare Financing (Medicaid) will amend Section 4.46, Provider Screening & Enrollment to reflect Wyoming Medicaid's full compliance with the regulations as specified. There will be no change in how Wyoming Medicaid is currently accepting, processing or activating existing or new provider enrollment applications. The proposed amendment is an administrative state plan update to remove any outstanding reference to required system changes. The system changes have been fully implemented, and Wyoming Medicaid is compliant with all the requirements set forth.

March 25, 2019 – Recovery Audit Contractor Exemption - **Recovery Audit Contractor (RAC)**: Under

Section 1902(a)(42)(B)(i) of the Social Security Act, States and Territories are required to establish programs to contract with one or more Medicaid RACs. Wyoming Medicaid is requesting an exemption to this requirement. The State of Wyoming currently has a robust Program Integrity Unit, with many of the capabilities of a RAC already built into its functions. The utilization of a RAC is not cost effective for either the State or the Contractors that have previously assisted the State. The State of Wyoming is requesting an exemption to the requirement to maintain an RAC.

May 2, 2019 - Public Notice is hereby given that the Wyoming Department of Health intends to submit a State Plan Amendment (SPA) to the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services formally updating Medicaid's current tribal consultation process. The Amendment to be submitted will include a changes to language regarding notification of State Plan Amendments and the frequency of Tribal Leadership Advisory Council Meetings.

The State Plan Amendment changes language regarding tribal consultation from "all State Plan Amendments" to "State Plan Amendments likely to have a direct effect on Indians, Indian Health Programs or Urban Organizations". It also changes language regarding the frequency of Tribal Leadership Advisory Council meetings from "on a quarterly basis" to "up to four (4) times a year.

Carole Justice response:

Comment regarding public notice- taking out word "all" suggested language – continue to except for technical language. Update for 1115 Tribal Waiver – received email response from CMS the questions submitted by Medicaid which indicated they were still in consideration.

IHS – No updates from IHS

Northern Arapaho Tribe

Vivian Swallow –

Northern Arapaho Tribal Health

- Growing own food – grant w/UW – green house at schools, Susan Kreagan is receiving training to train master growers to learn how to can and preserve foods.
- Diabetes have begun billing for services. Diabetes has begun filling diabetes led classes filling – 3 attended healthy you – can train 6 weeks class of train.
- Tribal Health – Hired Community Health Education/Home Health Nurse – Community screenings, home visits,

White Buffalo –

- Serving 2018-180 clients a month – first quarter of 2019 - jumped to 270 a month not sure why that has occurred.
- Have a new Administrative Manager – Evelyn Jimenez, the previous Administrative Manager took advantage of the Tuition Reimbursement Program and got her masters in addiction counseling. More effective to grow our own providers.
- Outpatient groups – Intensive Outpatient Groups – both groups are full,
- Adolescent services - transportation is provided to youth from long distances to attend, trying to look at different locations and videoconferencing with the amount of providers that they have
- Sober Living Apartments – modular – Hope to have this open July 1, 2019, those in sober living have to have completed a treatment program, they will be required to pay rent but it will be at a

reduced rate and they will still have to take part in peer support programming. WB integrates a lot of culture and traditions in the programs.

Wind River Cares –

- Surviving financially which allows us to expand services.
- Emancipation care – systems in place – Hope by August will have 3 functioning pharmacist clinics. And 3 functioning clinics Arapaho, Ethete and Riverton.
- Mobile Health Clinics – dental mobile clinic that is driving out to put on braces and pediatric dentistry,
- Trying to sign MOU w/school district AI population exceeds 3,000. May lease space for behavioral health.
- Purchased old DFS building for administrative staff.
- 12th St. – 20 exam rooms, 2 procedure rooms, will be offering after hour times – open for until 12 at night.
- 12th street has started seeing clients. Have had a soft opening. Grand opening will be in June. Will be moving pediatrician in next week. Start to see more kids. Have a huge transportation department that still can't meet all the needs of the clients and 3,000 children. Right now they are not going to be opening to non-beneficiaries.
- Will be sending out mobile health clinic in fall to take address any dental needs along well child and mental health services.
- Prevention through intervention building - which will handle our trauma care– forensic interviews, sexual assault, domestic violence, trauma interviews have grants that be very dependent on data.
- Horse therapy

Major focus is prevention

- Rebuild –Child Mental Health Program – 80 in home visiting program
- Screening for Post-Partum
- Recruiting for OBGYN, Physicians and nurses
- Magellan – working with them to get trained.

Eastern Shoshone Tribe

Eastern Shoshone Tribal Health

- Working on grant for Telehealth Programs Community Health Assessment. Working with UW on that.
- Starting to bill for Medicaid services provided at the clinic
- Working on eyeglass program. Working on eyeglass program – working with NA to get training to get third party billing – trying to work w/Dr. Whiteplume for VSP.
- Letter of Intent to 638 the IHS facility working on proposal for that. Working with Rick and Steven Landsberry. This would not be taking the clinic over but working with them on different items.
- Trying to get suicide prevention grant back.

Clinton Glick - Emergency Preparedness

- Concern about transporting dialysis patients. Issue if working with Fort Washakie School to use as shelter no generators put in. Put in for Homeland Security Grant.

- Dialysis Center takes care of all of Fremont County. Trying to get more personal protective equipment. If something happened they would be over heads. Trying to provide training & awareness to others.
- Lots of deaths on the reservation. See it more.
- Don't have a lot for kids to do. Nothing to look forward too. Work on helping people start working forward.
- Diabetes
- Eyeglass program – if you go to so many classes you get \$150 towards glasses.
- Horse Culture Program – How to take care.
- Diabetes Education at senior center
- Regenerated –yoga, CrossFit
- Goal of gym is entry level to be used by everyone.
 - Rock climbing
 - Will be purchasing 8 mountain bikes for use. Will train adolescents to use.
 - Fun Runs
 - Getting diabetes education before and after school

Raina –

- Work on HPV immunization, also working w/Morning Star doing assessments
- Aging Chronic Disease – CNA – identify early for Alzheimer's, talk to caregivers, education, go into home to do case management evening class. Has dementia certificate out of University of WY.

Eastern Shoshone Recovery Center - Kellie Webb – down a clinicianlost LCSW – down to Kellie and two part-time paraprofessionals

- New building is for all family program.
- Have a meth coordinator – a lot of prevention.
- Awarded the Path grant for homeless find permanent housing.
- Opioid grant alternative pain management, prevention, case management
- Solutions for health are within ourselves and our resources.

WyHealth – Provided an update

Franz Fuchs- Provided an overview of the 1115 Air Ambulance Waiver Concept. Slides were provided in packet.

Next Meeting

Go through State Health Assessment preliminary