

TRIBAL LEADERSHIP ADVISORY COUNCIL MEETING

MEETING MINUTES

August 15, 2018

Present:

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

Eastern Shoshone: David Meyers/Eastern Shoshone Tribal Health (phone)

Indian Health Services (IHS): C.J. Anderson, Tanya Wolfford (phone), Dr. Garth Reber (phone), Bonnie McKay (phone)

Others: Jamie Vosberg/WyHealth, Morris McGaugh/WyHealth

DOH Staff Present: Janet Jares/BHD, Shawna Pena/Rural Health and Frontier Health Unit Manager, Dirk Dijkstal/Aging Division, Guy Beaudoin/Vital Statistics, Amy Guimond/HCF, Jan Stall/HCF, and Chris Bass/HCF

Welcome and Introductions: Amy Guimond opened the meeting and introductions were made around the table. Minutes from the previous meeting were approved with changes noted.

Department of Health, Public Health Division – Shawna Pena, Rural and Frontier Health Unit Manager

- The Wyoming Injury and Prevention Program received an ACL grant allowing for an increase in the use of tai chi for falls and the aging population. The chronic disease self-management programs supported through the Chronic Disease Prevention Program and funded by the ACL grant are all Self-Management Resource Center (SMRC) programs (<https://www.selfmanagementresource.com/programs/>). The SMRC programs that we will be expanding availability and sustainability of in Wyoming include the Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), and Chronic Pain Self-Management Program (CPSMP). Currently, all SMRC programs throughout Wyoming are free to participants. Currently, the only SMRC program available in Fremont County is the CDSMP. We aim to have DSMP available in Fremont County by July, 2020 and CPSMP by July, 2021. It is likely that these programs may be available there sooner.
*Note that there are other Diabetes Self-Management Education (DSME) programs available in Fremont County. The American Diabetes Association (ADA) and the American Association for Diabetes Educators (AADE) are two organizations which also license DSME programs. These programs are structured differently than the SMRC DSMP, but are equally effective. The grant funding we receive from ACL is not for ADA or AADE DSME programming. ADA and AADE DSME programs can be found at: <https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program>. All SMRC programs within Wyoming are licensed through the University of Wyoming

(UW) and are branded under the name "Healthy U" (http://www.uwyo.edu/wycoa/educational_and_training_opportunities/healthy_u.html). Healthy U programs are taught by peer leaders who are trained and supervised by UW, and the programs are therefore not offered out of any specific organization in Fremont County. Peer leaders will often coordinate with the local senior center, library, or community center to provide the programs in their locations. Anyone interested in attending a Healthy U workshop may contact Dominick Duhamel at dduhamel@uwyo.edu to inquire about any upcoming CDSMP workshops in Fremont County. As part of our ACL funding, we are working with UW on developing a centralized website for all Healthy U programming and will eventually have workshop dates and locations available online.

Another resource for diabetes education is DEEP - the Diabetes Education Empowerment Program. This program is meant to supplement a DSME or DSMP curriculum, but is also a great resource on its own. In WY, DEEP is coordinated through Mountain Pacific Quality Health Foundation. I know there are DEEP facilitators in/around Fremont County, although I'm not sure of their current level of activity. You can find more information on DEEP at <http://mpghf.com/QIO/quality-improvement-initiatives/diabetes/> or contact Brandi Wahlen at bwahlen@mpghf.org.

- Chronic and Disease prevention grant – self management education for aging populations. This includes chronic disease education, chronic disease self-management and diabetes self-management.
- The conference for EMS and trauma program staff will be held on August 22nd.
- This year's annual meeting will be held in Cheyenne in October.
- There is a new grant available for crisis response funding in regard to the opioid epidemic. We have requested over \$1,000,000.
- The State health assessment is in progress.

Department of Health, Aging Division – Dirk Dijkstal, Community Living Section Manager

- They are going through the state fiscal year granting cycle and working on the federal year granting cycle. The Older Americans' Act programs and Aging Division's purpose is to provide safety and care for the older aging population. This is to help increase self-sufficiency, health and safety, and prevent premature institutionalization.
- Title 3B support services provide socialization and health of older adults. Transportation is included in this.
- Title 3C-1 and 2 – Meals on Wheels – This is geared towards anyone at risk of institutionalization. These are for those 60 years and over.
- Disease prevention program – Title 3D – evidence based programs. We have partnered with the Wyoming Center on Aging and self-management program. We plan to have this program available state wide.
- 3E – National Family Care Program – caring for clients 60 years of age or older. This program provides respite care and support groups for those caregivers caring for Alzheimer's/dementia patients.
- This program helps adults 18 and over who are caregivers for a loved one 60 years of age and older who are at risk of premature institutionalization. This provides homemaker services, personal emergency response services, hospice care and others.
- The Aging conference is scheduled for October 2-4 in Laramie. The theme this year is "Engage at Every Age". This conference is held once every 3 years and is open to anyone.
- Richard – they have a number of elderly patients that are homebound and have home health care, but they have not been set up to maximize collections. They are operating on IHS funding. There is a disconnect in resources on the reservation for tribal members,

and they would like to develop a home health program. Dirk – The Northern Arapaho do provide meals. Fremont home services provides service under the WISE program for the reservation and Dirk can get the call information for Richard. Amy – we do have a long term care program which is a waiver service, but is not paid at the all-inclusive rate. These are services which haven't been tapped into. Resources will need to be built out in the reservation area. We need to chart the different programs, what the differences are between them and the Division that administers.

Behavioral Health Division/Developmental Disabilities Division – Janet Jaris - Mental Health and Substance Abuse Services Administrator

- The Eastern Shoshone Recovery Program – has provided PATH services for two years. It will begin September 1st through grant funding. This provides services to people with serious mental illness, and assists those with Mental Illness and Substance Abuse disorder to obtain housing and stay housed. It will engage people who are homeless, help them become housed and then help them get the resources to stay housed. The program will provide outreach using state general funds. We will be assisting those on the reservation. Barriers include the lack of affordable housing, but the priority is housing first.
- SHORAP will stay open. This is short term community housing and case management for those homeless people having substance abuse issues. This is to assist their recovery and transition into permanent housing with work or disability benefits.
- The State opiate grant will expand the Wyoming treatment capacity and provide infrastructure for those with an opioid addiction. We will issue an RFP to compile a comprehensive needs assessment on the reservation.
- We Help is working with Recover Wyoming providing training and infrastructure support for peer specialists. These are trained people who have been through the experiences of those they support. There will be an annual meeting in Lander at the end of September and a peer specialist training the first full week of October in Laramie. It is a five day training and there is some funding to help offset the cost. Recover Wyoming does the training and the Behavioral Health Division does the certification. Requirements were discussed.
- Proposed new rules will be coming out and may be reviewed by the Tribes when available to see if they help serve those on the reservation.

Department of Health – Division of Healthcare Financing – Division Staff Eligibility Update –

- The new eligibility specialists on the reservation are averaging 65 applications a month. There is a small backlog due to the sports physicals, but they will work through that quickly. We are seeing very good work. Amy is working with IHS to start a new contract with them to do this, as well.
- Reports are being kept and reviewed to figure out why people are falling off Medicaid.

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

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.

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.

Recovery Audit Contractor – Wyoming is submitting a State Plan Amendment requesting the following exceptions: reduction of the minimum requirement from 1 full time to no less than .1 full time Medical Director during the contract period, increase of the contractor contingency fee from 12.5% to no more than 17.5 % and increase the maximum lookback period to no more than 6 years.

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

1115 Tribal Waiver

Wyoming Medicaid received notice from CMS the current application for the waiver not was not approved submitted. A couple of workgroup meetings convened and a couple of questions were sent to CMS but was later cut back to one.

The questions sent to CMS were:

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?

One cut

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?

CMS scheduled a meeting and it was held on July 24th. During that meeting, CMS asked questions regarding standard funding. They indicated they would review our responses and get back to the state with some technical assistance. We have not heard from them to date.

Additional information:

A bulletin was sent out on June 1st, letting providers know that the Wyoming State Auditor's Office shut down the WOLFS system on July 27th through August 6th to conduct an upgrade. During that time no payments from Wyoming Medicaid were made. Wyoming Medicaid is unable to issue payments outside of the Wolfs system.

Provided group with some data on Emergency Room Visits and EPSDT

Emergency Room visits

There were 2,371 emergency room visits last year. Most of them occurred at Sagewest healthcare.

The next chart shows the top ten reasons individuals went to the emergency room. The number one reason is upper respiratory infection but abdominal pain was the highest cost diagnosis.

The third chart shows what additional services were provided by diagnosis. The last chart of the ER visits shows how many times members have been to the Emergency room.

Reviewed EPSDT charts. Discussion about coding and program being used at the facilities.

Vital Statistics – Guy Beaudoin, Deputy Registrar

- There have recently been three suicides in Fremont County. The agency wants to work with Tribal Enrollment so the death certificates can be confirmed as members of the tribe to improve statistics.
- We are working on the number of days it takes to get death certificates signed. Those coming out of Wind River Cares is right now at 14 days. There have been four deaths in the facilities having a primary manager for the care, so 14 days is pretty good to complete the certificate. It is important to get it signed quickly and to get the contributing causes on the certificate. It is also important to list all contributors to the death, i.e. diabetes which may contribute to the death. That helps support the programs when that data is collected. Medical history needs to be reported accurately.
- Fort Washakie Health Center – There have been two recent deaths and the signature on the death certificate is at 17 days. No diabetes has been mentioned in these deaths.

- Wind River Oncology – There have been 25 deaths and only 3 days to get the certificates. Timeliness is very important. These death certificates did list diabetes as supporting causes to death in some of these cases.
- We have received almost all divorces with the Tribal Court. This has now been sorted out and these records are very important for getting the right people the right services if they are entitled.

Tribal Updates:

Indian Health Services – CJ

- Working on eligibility and getting documents reviewed. Hiring will be a bit of a hold up as HR is backed up, but optimistic this can be implemented soon.
- Coordination with WyHealth is very positive. Getting updates on possible technologies that can help the patients, i.e. telehealth, Medacube, THR.
- Winding down the coordination with Change Healthcare and fixing some of the pharmacy billing issues. We have worked closely and extensively since the system is somewhat antiquated. Things will get easier going forward as the drug file has been improved.
- Staffing – All HR issues go through Billings and they are short staffed, so it is a bit slow getting staff in place. There have only been two personnel hired this year so it is a bit frustrating.
- Bonnie – The revenue department will be transitioning. The Health Management position has been selected, so this will return to full time soon. Efforts are focused on patient registration and cleaning up the data. We are rolling out patient registration training which we hope to offer every 12 weeks as turnover is a problem.

Northern Arapaho Tribe –

- Richard - Being a 638 facility is a blessing. The focus is three pronged: 1115 waiver is disability diversion. Preventive healthcare is the top priority. The Maternal/Child Health Program has field workers that go out and work with pregnant women. They will get privileges at the hospital for the physician to be on the call schedule. There are a significant number of premature births and these are very expensive babies due to premature births. The behavioral health focus continues to be expanded as it is one of the most significant needs on the reservation. Due to the lack of adequate facilities, we have rented a modular unit which the administrative people will move into and the behavioral health specialists will have space. We continue to grow the transportation piece which is the biggest barrier to healthcare. The Riverton clinic will complete construction on December 31st for the pediatric care center. We are adding three dental professionals and have applied for funding to provide many more dental services. A CDC grant has been received which will allow the integration of the elders within the care model. There will also be a quick care for after hours and weekend care. If we are serving non-IHS beneficiaries, it will need to be determined if they can be billed at the all-inclusive rate and then the State can be reimbursed for fee for service. We have a dental mobile clinic with two chairs and panoramic dental x-ray, and we plan to park it behind the Arapaho clinic and house the orthodontist to work with children. When we get the Riverton clinic running, we will use as the school based program. This will be a major initiative for other mobile clinics. We are also working on using telehealth for more complex cases.
- Glen – The State/tribal relations have been very beneficial. In the next year as we grow, there will be additional issues. One may be an additional waiver as we beef up dental services. The second may be if the hospital leaves the Riverton area, we need to understand how to open the doors to serving non-Indians, i.e. billing at the all-inclusive

rate vs. fee for service. Third, use the BHAT program as other types of providers are entered into the system, and grow the youth in developing them to become health professionals. We need to integrate them into the system to provide for the Indian community. What has been accomplished in the last two years has been wonderful and is more reflective of other states. We want to see the public health nurses come back as the separation between them and IHS has hurt the elders.

Next Meeting – Late November, early December

Topics

- Reimbursement for Services that are provided at the facilities (facilities will provide lists of services they provide and the group will go over what is billable to Medicaid)
- Review Strategic Plan to see what goals should be moved up.

Meeting was adjourned at 2:30 p.m.