

TRIBAL LEADERSHIP ADVISORY COUNCIL

November 18, 2022

9:00 am to 11:00 am

WELCOME AND INTRODUCTIONS: Introduction of Department, Tribal, and IHS Officials.

REVIEW OF LAST MEETING NOTES: Motion to approve heard.

PUBLIC HEALTH DIVISION – Alexia Harris, State Epidemiologist and Public Health Sciences Section Chief:

- Good morning again everyone. Thank you for the opportunity to provide some updates from the Public Health Division. I will start with COVID. As you all know, we have been fairly steady in terms of numbers of cases. We have not seen a spike this fall like we have seen in the past two previous models, but of course we are well aware as we move into the winter season that is certainly always a possibility. Boosters do remain available for anyone and are recommended for anyone age five and up at this time.
- The big change that we let you know about last week is that, unfortunately, Curative has let us know that they plan to stop all testing services nationwide as of December 28. We have a meeting with them later today to talk more about the details and whether there is a possibility that the time can get extended. They have just said that it is no longer profitable for them to be doing that testing and so are moving on to other ventures at this time, so we will be looking over the next few weeks to determine how we can replace those services. They provide the community testing service, as you all know, in both Riverton and Lander. They also provide some testing kits that can be sent to their laboratory, as well as testing for some facilities, so it was an unfortunate surprise. The timeframe is rather short, but we will work as hard as we can to come up with solutions over the next couple weeks to make sure that we don't see any gaps in those services that we don't want to see.
- In terms of the BinaxNOW antigen tests, we have a very good supply of those for both healthcare providers as well as community settings like schools, so please feel free to order as many as you need at this point of those rapid antigen tests. For schools right now, we also have available at-home tests that schools can send home with families and staff members, so again we are asking schools to order just as many as they need at this time and there are no limitations.
- There is information for people who are at the highest risk for monkey pox infection according to this outbreak. There are also therapeutics available in the case that someone needs them if they are diagnosed.

- Many of you all probably also know that there is an Ebola outbreak going on in Uganda. At this point there have been, as of a couple of days ago, 140 cases across seven districts in Uganda. We have reinitiated our monitoring program where we are notified of travelers returning from Uganda. We then monitor and communicate with them for three weeks after returning to identify any potential symptoms and make sure they get appropriate care if they do develop symptoms and make sure there is no transmission. In the United States, not surprisingly, as we have seen with previous Ebola outbreaks, we are not seeing many returning travelers at all. There has only been a handful to this point, but we will continue that program for the foreseeable future.
- One of the major concerns right now across the country is a really dramatic increase in pediatric hospitalizations for respiratory illness. Particularly right now it is RSV and it is causing capacity concerns in pediatric hospitals across the country, including in our region in Denver, Salt Lake City, Billings, and South Dakota -- our referral hospitals where we send our severely ill pediatric patients since we have no critical care capacity for pediatric patients here in Wyoming. At the at the moment, we are not hearing from providers that there is difficulty in being able to transfer kids out at the moment who need it, but we are keeping in close contact with our referral hospitals to make sure we are aware of the situation. We are also not aware that there are any hospital capacity concerns here in Wyoming at this time
- There is no vaccine for RSV, but with flu season upcoming as well as potential increases in COVID during the winter, we are recommending that all children get the recommended influenza and COVID vaccines. We are, of course, recommending good hand washing, staying home when sick and all of those prevention measures, which should work for all three of those respiratory viruses.
- The concern, of course, is that we are seeing RSV levels now that are higher than are generally seen at the peak of RSV season, at least the pre-COVID years and heading into flu season and COVID. This could be a triple hit for respiratory viruses, so we are keeping a close eye on that.
- We are seeing some flu activity around the state but not high levels at this point. It is Influenza A (H3N2), which does tend to be the more severe influenza virus, unfortunately. We will continue to report on that and have started to publish weekly reports on those as well, so hopefully you have seen those if you are interested.
- Moving away from infectious diseases, I just wanted to mention a couple of reports that are either available now or we are working on to make available soon. The first is the Wyoming Cancer Report from 2020, which is available on our website now.
- Also, in the upcoming months, we expect to have our first report from the Wyoming Violent Death Reporting System, which is an in depth look at all deaths from homicide and suicide in the State over the years 2019 and 2020. We started this program in 2019. As you know, it does take a while to collect those data and so we are very happy to be able to publish our first report on our first two years of data collected.
- There is also the Maternal Mortality Review Committee, which started reviewing deaths among women who are either pregnant or who died within a year of pregnancy. This should also be coming out within the next couple of months. In the meantime, the CDC

did publish a report on maternal mortality, which included information from 36 states, including Wyoming, and that report is available now. One of the key findings was that 80% of the pregnancy-related deaths were preventable. Obviously, this is a very important topic as we work to try to prevent deaths among either pregnant women or new moms.

- I also just wanted to remind everyone, if you weren't aware already, that we have been able to revamp our childhood blood lead program. We have an individual who is running both the surveillance side of it as well as the program side of it. If any of you would be interested in any resources related to childhood blood lead, please let me know and we are very happy to work with you on that.
- In partnership with the University of Wyoming, the Maternal and Child Health Unit will be launching a Bright Futures Expo in January. I am sure you all know that the ECHO Series is an online professional learning community designed to increase the knowledge and implementation of the American Academy of Pediatrics Bright Futures guidelines. The Bright Futures guidelines really refer to the preventative care and screening that should be happening in the first several years of life such as vaccines and lead screening, like I mentioned, so we are excited about that. I can make sure you all have the information to the link for that program.
- In addition, the Tobacco and Substance Use Prevention Program has developed the Nicotine Free toolkit. The intended purpose of the toolkit is to help school districts in Wyoming update, implement and enforce a comprehensive nicotine free policy, so I will work with Amy to get that sent out as well.
- Finally, we are excited that we have a young adult survey that is currently available for young adults in Wyoming to take. It is a brief survey about substance use and other health-related behaviors. It is really one of our only opportunities for individuals age 18 to 29 for us to get an in-depth look at these behaviors. The survey is anonymous and is online. Anybody can in that age group can take it if they are a Wyoming resident. It takes about 10 to 15 minutes and will provide us with very helpful data on substance use including alcohol, marijuana, tobacco and other drugs, mental health and suicide, motor vehicle safety, health care access and experiences with violence. I will also make sure that you have the link to that as well.
- These are the updates from the Public Health Division, and I am certainly happy to take any questions, if there are any questions. This was a lot of information, but feel free to reach out if anything was confusing or you want more information on something. You can reach out by email or phone.
- **Question:** This is Rick Brannan and I do have a question. I was wondering if you could keep us informed on the Reservation of the Curative situation, as we are trying to have contingency plans in place. As you know, COVID is so unpredictable and is very invasive. I guess it is going to be a bad flu season with also RSV, so I am very concerned about the State possibly losing the capacity of being able to provide COVID testing. What type of communication channels or how are you going to communicate with us so we can be prepared just in case Curative falls through? The other question I have is that before the State did a contract with Curative, we were able to send our test results in to

the State lab to see if people were actually infected with COVID. Is that a possibility also? I am just trying to think ahead because you never know what is going to happen. The COVID virus has mutated so many times since the beginning and is more and more elusive and more and more lethal. We have a public health authority within our 638 system and we try to stay on top of it. Our public health authority physician does attend calls quite often, so I was wondering, do you still have those calls ongoing, as I just want to make sure we are prepared just in case. **Answer:** Thank you, Mr. Brannan. I totally agree with your concerns about COVID and the continued need to be able to test for it and make sure that we can slow transmission as well as get people the appropriate therapeutics to prevent them from becoming severely ill. In terms of communication, we are invited to a call once a month and have been attending with both Eastern Shoshone Tribal health/IHS and Wind River Cares. This update was not expected by us regarding Curative and testing, so I did send out an email to that group last week. My plan was to gather that group in a call and, if that was of interest to everybody, once we got some more information from Curative to talk about what your needs would be and what the potential possibilities are that would work for you. I am also, of course, happy to communicate however you would think is best as well. If there are other ways we can communicate that would be more effective, I am, of course, certainly open to that. I do imagine that the Public Health Laboratory will need to take on some of this testing, so that is certainly a possibility. **Comments:** Thank you. I think there is another thing going around called complacency also that seems to be hitting everybody, which is a little scary to see. This was killing us not too long ago and people just don't want to seem to protect them.

- **Question:** At this point, we have had the school meeting yesterday and some of the nurses just had questions, so I thought I would pass it along. I had opportunity to ask them and it was the after I did mention to them that testing would possibly start in December that they just wanted to know how that would affect the work they are doing. It sounds like they would like to continue monitoring within the reservation school system and they have been doing a great job of that, so I just wanted to ask that question for them. **Answer:** My understanding is that the rapid tests are available but that there is still a need for other testing. We certainly maybe need to make sure that the schools are on that meeting as well to let us know what their needs are as well. While testing is possible for the PCR testing for at least the time being, as we still have some Vault tests, we could sort of shift to that. I know some schools did use that at some point, so I think they have portals and programs set up. I totally agree with the school's concerns and that is one of the solutions we will be looking at over the next couple of weeks. **Comments:** Are there any additional questions for her? This is a great questions, by the way, and I agree with Rick. I think people have become complacent about COVID and even the flu at this point, so anything that we can do to assist you guys, please let us know.

AGING DIVISION – Jeff Clark, Community Living Section Manager:

- I am representing the Aging Division for the Department of Health. I think you are all probably familiar with Lisa Oswald, who joined us at the last meeting. One of the

updates from the Aging Division is that Lisa has actually moved on from her position. She is now with the Department of Tourism. At this point, this position has not been filled within the Department of Health, so that is why you get to have me here today representing for the Aging Division.

- For those of you that don't know me, I'm with the Community Living Section. Our role here in that part of the Aging Division is to provide grants that are passed down from the Federal Government and then State grants as well that are supporting older adults living in their communities and outside institutional placement.
- With that, I wanted to bring something up today and carry on the conversation that Lisa brought up last time. This was about the opportunity that we have now available from the American Rescue Plan Act or ARPA grants that were passed down directly to the Section from the Federal Government. As Lisa had mentioned during the last meeting, we received just right around \$7 million in grant funds across five separate programs to help support older adults as they age in their communities and with that we have divided that money up again. It was divided across five programs and then we separated that out into two major parts of funding. One is intended for our established aging community providers across the state and then a separate pot of funds that was intended for really just more of a competitive style grant that is open to the public, which would allow any organization that is eligible to do business in the State of Wyoming to apply for these grants in order to increase our reach in different communities and increase the capacity to serve older adults or even increase our ability to reach more individuals throughout the state and these types of support grants.
- With that, I am actually going to drop a link in the chat here. This is just to our website, which is the most convenient place to find that funding opportunity. Down on the page just a little bit, you will see that new funding announcement opportunity out there.
- I will go through the different types of grants that would be available in those five separate programs, the first being a support services grant. That name is pretty generic, but in general it provides supports like transportation, socialization, health, exercise and wellness, preventive health type services, and we would be looking for potential applicants that are have the ability to provide those types of services to older adults in the community. The next one would be congregate nutrition support. We have already worked with the Black Coal Senior Center out on the reservation. These funds could provide for that and could also support nutrition education type services. In line with that, we also have grants that are eligible for home delivered nutrition. Again, that is another support that is a little bit tricky because the services provided under this grant must meet the Federal standards for being the highest level of evidence based program. There is a library of programs that are out there, but they do take a little bit extra work to make sure that you are meeting the highest standards in the evidence based curriculum. Ultimately, if there were programs that you were interested in, you could certainly apply to have those funds brought in so you can get programs like that started.
- Finally, we have a grant that is available for family caregiver support. I recognize a couple of names here and have had an email from our friends at the University of Wyoming, letting me know that there was some interest in services revolving around

respite care for either family caregivers or even grandparents that are helping to raise children. This is a grant that would be available to provide respite services. They can also provide services like homemaking or personal care in the home. If you have service providers available, these grants would allow for those services to come in and help provide respite care and support to those family caregivers.

- This is the encompassing group of services that we typically provide. Again, this funding opportunity is one that it just opened the first part of October. The grants are going to be basically approved on a rolling basis until all funding is encumbered. I won't quote you an exact number on how much money we have available, as I don't have that off the top of my head, but each grant has a specific pot and you will find that in those funding amount announcements for the grants. Does anybody have any questions on those grants that are available for the Aging Division?
- <https://health.wyo.gov/aging/communityliving/>

MENTAL HEALTH & SUBSTANCE ABUSE UPDATES – Ben Kifer, MHSA Section Administrator:

- I can give a few updates. If you have been following, Joint Appropriations put back in some restoration with our funds. We were the recipient of about \$15 million that was previously removed in step three budget cuts that has since been restored. We are planning to contract that out and restore a lot of that capacity in our community health system, so we are looking forward to that.
- Along with that, we have been the recipient of several Federal grants to include Federal grants and supports for women's and children's services, so we are looking to contract more back out in the state to shore up some of the capacity gaps that are out there. There has been a lot of discussion around that.
- Along with that, a big project that we have taken on is crisis management. We are engaged with a national representative that is providing analysis and technical assistance to help us build better crisis management. Again, there are a lot of components to that, so along with that we are receiving grants to potentially build up mobile crisis to attach to these crisis centers.
- Along with that, we have also invested pretty heavily in CIT training for law enforcement. Again, this is another part of our crisis initiative to provide intervention. We are working with the Department of Corrections to identify and better support the justice-involved population. The way that we are doing that is creating an opportunity to do assessments, so essentially providing the assessments prior to release and the time they exit and entrance to a new treatment program. That is going really well and we are seeing a lot of good data.
- Beyond that, we are just doing a lot of the same. We are pushing out lots of public information and doing ad campaigns, again working hand in hand with prevention and public health to better support it and push out as much information.
- **Question:** I was wondering if you happen to have names of pediatric psychiatrists available to do a telehealth contract. We were attempting to recruit a clinical

psychologist for part of our services. I believe we have 10 or 11 counselors right now, and I believe two thirds of their patient workload is children right now. We are trying to increase our behavioral health department as much as possible, because all of our patients suffer from trauma. We are focusing on prevention as much as we can, but if there are any resources or any information that can be shared with us, we appreciate it greatly.

DEPARTMENT OF HEALTH, VITAL STATISTICS – Guy Beaudoin, Deputy Registrar:



Tribal Leadership
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BEHAVIORAL HEALTH DIVISION - Ben Kifer, MHA Section Administrator:

- Free NARCAN® is now available for agencies, businesses, and organizations in Wyoming.
- NARCAN® is a potentially lifesaving prescription medication designed to help reverse the effects of an opioid overdose in minutes. The active ingredient in NARCAN®, naloxone hydrochloride, can quickly reverse an overdose by blocking the effects of opioids and restore normal breathing within 2 to 3 minutes in a person whose breathing has slowed or even stopped, as a result of opioid overdose. More than one dose of naloxone may be required when more potent opioids like fentanyl are involved.
- This NARCAN® program provides free NARCAN® to agencies, businesses, and organizations in Wyoming that may be in a position to help individuals experiencing an opioid overdose. Approved orders will be shipped directly to you. Wyoming State Statutes §35-4-901 through 906, which became effective on July 1, 2017, expanded access to the opioid overdose antagonist medication Naloxone. This statute and Wyoming State Rules require that an entity prescribed an opiate antagonist is required to establish a drug overdose treatment policy that includes:
 - Designation for individuals to receive training and instructional materials on how to recognize and respond to an opiate-related drug overdose.
 - Ensure that a person to whom an opiate antagonist has been administered receives additional medical care and a medical evaluation.
 - Submit a complete Naloxone Report Form to the Wyoming Department of Health electronically within 72 hours of the administration of the opiate antagonist at: [Naloxone Administration Survey](#)
 - Before ordering, please ensure your agency, business or organization has completed all statutory and rule requirements (listed above) and has obtained a valid Wyoming prescription or standing order for the amount of NARCAN® being ordered.
- https://mail.google.com/mail/u/0?ui=2&ik=9811361760&attid=0.1&permmsgid=msg-f:1749853855070756802&th=1848bacf60571fc2&view=att&disp=inline&realattid=f_la_mqtqf90

- https://mail.google.com/mail/u/0?ui=2&ik=9811361760&attid=0.1&permmsgid=msg-f:1749853855070756802&th=1848bacf60571fc2&view=att&disp=inline&realattid=f_la_mqtqf90
- Please submit the valid prescription/standing order and completed [order form](#) (also attached to this email) via email to the Wyoming Department of Health and Truax Patient Services, LLC emails on the order form attached.

DIVISION OF HEALTHCARE FINANCING:

Coleen Collins, Eligibility and Client Services Administrator:

- Since the last meeting, I just have a few updates of things that we are doing. The first is that we have been trying to do our best to prepare for the end of the Public Health Emergency. We addressed some of our strategies in the last meeting. It has not ended and renewed last week. Again, just to recap from last time, we will get 60 days' notice prior to the end of the Public Health emergency. Some of our preparation for that, other than what I addressed in the last meeting, is we have asked for three waivers to try to help ease anything when the end of the Public Health Emergency comes. One of them we have approval for, and the other two went into CMS last week. We had a call with CMS and I am sure they will get approved and it just has to go through the process.
- The first waiver that we asked for was to be able to accept in-state address changes that we received from the US Post Office. This will make updating contact information much easier than having to try to contact the individual through several mechanisms. We did get that waiver, so that will help the workers to just change those addresses. We have our temporary staff right now up here that are changing those addresses in our eligibility system as we receive those.
- The next waiver that we have not received approval on but expect to have to do with the ability to lengthen some of the timeframes for administrative hearing decisions we are anticipating at the end of the Public Health Emergency as we renew people. We have up to 12 months to send out renewals so that we can even out the workload for all the workers and anticipate that we may get more administrative hearing requests because we will start closing people for not returning renewals or being over income or resources at that time. Since we have not closed anyone since the start of the pandemic for any reason outside of residency or client request or death, we are just saying that we may see an increase in administrative hearing requests, so that is why we asked for that additional length of time because we have a limited staff here in our unit to do informal hearings, which we do before it ever goes to the Office of Administrative hearings and also because of limited staff in the Office of Administrative Hearings. We will try to do the appropriate timelines, but this gives us some maneuvering room if we need it. Those are handled through the Customer Service Center and our Medicaid Unit, which is a vendor named Automated Health Systems.
- Regarding EID, for those folks there is usually a premium that they have to pay that is 7.5% of their total income. We have not charged premiums since the Public Health Emergency. When the Public Health Emergency ends, we will have to start charging

premiums again. We do not want to do that to everyone at the same time at the end of the Public Health Emergency, so our waiver is requesting for us to have the ability to do premiums after we renew those cases.

- The other thing we have been working on for a number of years has to do with an interface with the Department of Workforce Services. This interface would then give us some real time information on wages as well as unemployment insurance. We would then have what is an overnight batch job, so a day job for Worker's Compensation information. We had started that prior to the Public Health Emergency. Everything in our eligibility system is built. However, Workforce Services when the pandemic hit had to move their system staff to Unemployment Insurance in order to send out the pandemic unemployment insurance as well as their regular unemployment insurance. We have started meeting with Workforce Services now that they have some staffing where they are able to build their side of the interface, so we are expecting that interface to occur sometime in February or March of 2023. This will make it easier on workers to see all of those types of income types in an interface rather than having to request that from the client, so that should speed up processes and make things easier.
- The last thing that I have is to say that the three workers that we have doing eligibility for tribal members and other folks that are going into to the area is they are doing a tremendous job. They are very accurate. They ask good questions and are doing a great job at processing all the eligibility applications for our MAGI program, so I am very grateful and thankful. We have a great relationship with them and they are doing fantastic. With that, I will open it up for questions if anybody has questions for me.

Amy Guimond, Tribal Waiver Manager:

- I am going to follow up with what Coleen has indicated and just go through some statistics that I have accumulated over the time. This is just a month snapshot and so this is for this month. Talking about the girls helping to enroll individuals, we have currently 4,521 individuals who are designated as American Indian or Alaskan natives that are enrolled in the State of Wyoming at this time. This is for October and, out of those 4,521, 3,817 actually received services. I am just letting you know where we are at and that is pretty stable actually. There is not a lot of up and down that happens there. I know in previous notes I have given an annual total of how many individuals were enrolled throughout the year and I can get that information also. This is just a monthly snapshot at this point.
- I also wanted to just give some financial figures. For 2022, Wyoming Medicaid actually paid out \$13,131,945 to the Tribal Facilities, and that includes all of the skilled facilities - IHS, Wind River, the two facilities that are the substance abuse or mental health facilities. I think it may also include the nursing facility, but I am not sure and can check that. For the State fiscal year 2023, so far we have paid out six months or \$14,299. We are kind of on track there, but it looks like actually we have paid out a little bit more than we would have at this time last year.
- I also want to give a kudos to Wind River Family and Community Healthcare. They have actually from the very beginning been working with us on the 100% FMAP for if a

type of facility gives a referral to a non- Tribal facility and we have a care coordination agreement in place, then Wyoming Medicaid can receive 100% FMAP for those. I was looking at the numbers and we have been slowly increasing over the years, so I just wanted to give a shout out to Desiree also with Wind River Family and Community Healthcare because she really does a good job of getting the information to me and I really do appreciate that. Thanks and I appreciate that.

- **Desiree Minick, Wind River Cares:** I am Desiree Minick. I am the CEO for Wind River Family and Community Health care. I oversee multiple departments. I started in the referrals department and have been working with Amy and Rick for almost six years. This was a very manual process from the beginning and then we included a vendor. The vendor has been looking at these sheets. These are the referrals that Wind River provides us. They actually put it into a computer system, which actually does a lot better than me looking through each referral and trying to match a claim. Because of that, the amount of State General Fund savings has increased significantly. What ends up happening is for the money that we receive in State General Funds back, then then the facility actually receives 5%, 7.5%, and 10% based on how much we have actually saved in State General Funds. The amount of checks has increased also. For 2020 they received a check of up to \$8,600, in 2020 they received a check for \$15,753.37, and for fiscal year 2022 they will receive a check for \$58,704.04. This has been increasing significantly. We hope to continue to add individuals to care coordination agreements so that we can increase the number of and the amount that the facility receives, but also the State General Funds that the State receives. We would like other tribal facilities to join that also. I just kind of wanted to give that program kudos because it is getting better and it is increasing.
- The last thing that I wanted to bring up is we are doing a project on transportation and looking at how our transportation is currently working in our State and how we can make maybe expand that and find more providers of transportation. I just want to remind the tribal facilities and the healthcare providers in that area that you can get reimbursed for transportation for appointments that you are taking individuals on. I think that the Eastern Shoshone may be doing that at this time. I didn't have a chance to look prior to this meeting. I know at one point the Northern Arapaho had a transportation program and was enrolled, but I don't know that they ever billed. I would really like to work with you all on getting your transportation programs running more again and working with them on training and how we can get maybe some payment for those trips, so that is one of my goals that I will be working on. I know transportation is a big hurdle, so if there is anything that we can do to help fund that. We can't pay the all-inclusive rate, which I know Rick would love to have, but we can at least get some funding going into that. I think most of the transportation that is provided that way is to medical appointments, so getting that paid for would help.

Lee Grossman, HCBS Section Administrator:

- <https://health.wyo.gov/healthcarefin/hcbs/hcbsarpa/>

NEXT MEETING: TO BE DETERMINED