

TRIBAL LEADERSHIP ADVISORY COUNCIL

December 14, 2021

10:00 am to 12:00 pm

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

REVIEW OF LAST MEETING NOTES: Motion to approve heard.

VITAL STATISTICS – Guy Beaudoin, Deputy Registrar:

- Over the last two weeks, I have called a number of the facilities and asked for updates on the health records in an effort to get complete death certificates. In some instances, we get the information quite quickly, but with a couple requests t they have taken two weeks and in one instance, I have not received any information yet. I just wanted to reiterate to this group to ensure that the staff at the facility knows that if we need to send a formal request by email for medical certification purposes, we can do that. We want to be able to ensure we have accuracy in both birth and death records and need this collaboration and this rapid turnaround in regard to our requests. What I would like to be able to do is just go through quickly some of our goals and make sure that the facilities are aware of and understand the goals we are discussing today and understand why we are doing what we do.
- We want to make sure that this information is provided to us in a timely manner so that the physicians and practitioners, not only associated with tribes but also those that are working in that local community, are able to get the most accurate data, which ultimately benefits us on the public health side. We don't know where sometimes to put money if we don't know what may be a cause of death is or if we have birth defects or if we have other issues. Those all go through our programs and are collected on the certificates that we have, and I just wanted to reiterate the importance of getting this information, not only the vital records but also to those providers that are completing these records for us. This helps us obtain the information to support these programs and program funding.
- Here is the list of some of the contacts. Amy is going to forward the three short slides out to everyone, but these are the numbers in the event you have questions. With births, it is Kaitlyn Moody. She does all of our birth registration, so through Sage West or through any of the other services, be it for birth, the midwives or any other program, Kaitlyn does the registration. She also does the paternity documents. When we talk about the tribal court and its importance in making sure that we receive some of these documents where they establish paternity through a court order, we want those to be forwarded to us as quickly as possible so that we can make sure that the right parents are listed on the certificate and guardians.
- For death registration, this is the data, which gives us the registration amendments we need. For coroner cases, for example, an amendment needs to take place in order to improve revenue

- Divorce is another court order through the tribal court and is very important for us in establishing paternity. When a parent gives up their right, the court requires a legal person from a birth certificate. These court documents are very important for us. State law has each of their courts provide those documents once a month. There is no requirement for the tribal court to do this, but we have had the opportunity for the court to provide those documents to us. Lisa is the contact for each of these three to include deaths, divorce, and marriage.
- For marriage, it is also important in establishing paternity. If a couple was married and we get a birth certificate for this with a father on it, we will go back and look to see if the mother was married. State law requires that if the mother was married within 300 days of the child's birth that the husband is the presumptive father, so we use those documents to help this. This helps with tribal enrollment and then all the other benefits that trickle down from that.
- As far as our statistics are concerned, I wanted to make sure that you have this before you can set up reports for anyone who requests that. I think for a lot of the facilities we can provide some data to each of the facilities with regard to deaths death by cars and also other disease, so this might help with regard to treatment programs.

DEPARTMENT OF HEALTH – DIVISION OF HEALTHCARE FINANCING:

BMS SYSTEM – Nora Huvane:

https://mail.google.com/mail/u/0?ui=2&ik=9811361760&attid=0.1&permmsgid=msg-f:1719161246803869961&th=17dbb00ba35cc109&view=att&disp=inline&realattid=f_kx6nsvbjo

ELIGIBILITY & CLIENT SERVICES UPDATES – Coleen Collins, Eligibility and Client Services Administrator:

- Eligibility and Client Services is working with our eligibility system contractor, who is Deloitte, on the unwinding of the Public Health Emergency and when we have to send renewals out to all the clients that are on Medicaid. The reconciliation bill that passed in the House has some specifications about how we have to do these renewals. Right now the start date looks to be in April of 2022 to start renewals and split those out for the next year, so we are working on that.
- In addition to that, I wanted to let you know Jamey Savage, who is the liaison on the eligibility side, has been out on maternity leave and is back on a part time basis. She came back part time this week and is answering emails and telephone calls, but we also have a backup to her for when she is out or for the times that that she is not working because she is going to be working just about 20 hours a week for the next several weeks. We have Jeff Oliver, Theresa Manzanaras, and Cathy Ernste, so we have number of people if there are questions that come up that can be answered.

1115 TRIBAL UNCOMPENSATED CARE WAIVER - Amy Guimond, Tribal Waiver Manager:

- There was a meeting with CMS back in November, and we did talk with them about tribal uncompensated care. I appreciate that the tribes did invite me that. It was actually tribe initiated. We talked with CMS about where we want to go from here. I have been contacted by Carol Justice and feel like we have come up with a plan to work towards looking at the application and maybe seeing what we need to do to update it and figure out where we need to go and submit to CMS.
- **COMMENTS:**
 - **RICK:** The 1115 waivers probably have collected two inches of dust over six years. Both administrations, the Obama and the Trump administration, have really done well. What we are doing on the tribal side, our chairman is on the Technical Advisory Committee, basically the US Department of Health Human Services Secretary. He is working with Representative Cheney to try to try to put as much pressure on CMS as possible. My understanding is that the requirements for our uncompensated care waiver is pretty similar to Arizona and other states that have already passed. What I will do is reach out to our attorneys also to see exactly what is going on there. The bottom line is, Medicaid is our bread and butter. The Arapaho tribe uses Medicaid and the United States is fulfilling its trust responsibilities for all of the wealth that we gave away in exchange for health care and protection. We are working with the State of Wyoming, especially Amy and Teri Green, and think it was a very positive thing for everybody involved. It has really enhanced and expanded the health care services that we can provide, not only to our children but all of our patients. It has really been a godsend for us. I would like to thank the State for that and look forward to a continued very positive working relationship with the State, so thank you everybody.
 - **AMY:** Thanks Rick. At the beginning of the year, I think that Carol and I are going to get together and look at some of the numbers that are in the application because we will need to make some changes to that. CMS indicated that they want us to update us a little bit with numbers and bring it more up to date, so we are going to be doing that. I think Carol indicated that maybe she could get some numbers from maybe Rocky Mountain or some other areas.
 - **CAROL:** Dr. Hart has worked on this as well. Councilmember Spoonhunter has also spoken to Senator Barrasso. Senator Barrasso and Senator Lummis also indicated support of full IHS funding.

BARRIERS TO ACCESSING HCBS ON THE RESERVATION – Lee Grossman, Developmental Disabilities Section Administrator:

- I would like to give a very brief overview of why these programs exist and what resources are available, but most importantly, from my perspective, I would really love to hear from the advisory group and start to identify any feedback in terms of barriers to individuals of the reservation regarding access to community based services.

- Home and community based waiver programs are typically operated through a host of different authorities, but the ones that Wyoming, waiver programs operate under are considered 1915 waivers. These programs came about in the 80s and really got their legs underneath them in the 90s, so relatively speaking, these are new programs. We have a host of assurances that we make to the federal government to go through this process and have to renew every five years. It is a very lengthy process and is documented in great detail in terms of the State of Wyoming.
- From my perspective, this begs the question of is there awareness of these programs on the reservation and are there some other partnerships that we can make, making sure that tribal members on the reservation know about these programs.
- The last piece I would also want to offer up is that our teams typically works on a day to day basis with these programs. We do have field offices located statewide and have an office located in Lander, where we have three staff members located. We do have those three staff members that are located there locally in Fremont County who can be a resource to you all in terms of answering questions.
- **Questions/Comments:**
 - **CAROL:** I do know that the home and community based waiver programs in Wyoming, need a lot more resources in terms of financing and have for a long time and also a lot more commitment by the state. I know that there have been cost cuts and have been over the years. I know that staffing is always an issue as well and dealing with rural areas, so I wanted to begin by saying I do understand. Part of that understanding is I was one of the consent decree monitors for protection and advocacy when the training school was being deinstitutionalized and the community based waiver system was really getting up and running, so that is where I'm saying I know over time it has changed and that all of those changes haven't necessarily been robust. So with that, I'm assuming that there are still waiting lists for most services.
 - **LEE:** Thanks for the question. The community choices waiver program does not have a waitlist. The DD waiver program does have a waitlist that's currently a little over 500.
 - **CAROL:** Okay, thank you. Also, regarding caps, let me ask you about caps on services. In other words, even if let's take say the self-directed service piece, which I think is a very progressive piece, is there a cap on monthly costs allowed, number of visits or services allowed? Can you elaborate a little bit on how those plans are written per person?
 - **LEE:** Yeah, I'm happy to do that. That is a great question, Carol. I will preface it by saying that it certainly varies from service to service and even within programs. Just generally speaking, in our DD waiver program, we have individual budgets that are assigned to every person that are based on standardized assessment in that community and within that, for example, respite, and there are some limitations on that. Those differ from service to service, but there are a number of caps in terms of how much an individual or anyone on the community choices waiver program receives. We don't necessarily have that hard top line budget, but we do rely upon assessments that are conducted by the individual's case manager in conjunction with an eligibility assessment that is needed.
 - That's what I thought and information regarding those specifics would be somewhat helpful. From working from both being rural Wyoming and working on the reservation, I

can tell you that is a key barrier to service and finding providers. In my home in Atlantic City, Wyoming, people don't go to Atlantic City to provide some types of things. Being able to recruit staff, of course, is an issue on the state level and a huge issue for Fremont County and for the reservation (nurses, doctors, PTs, OTs, personal care providers), especially during this COVID period. I saw in Montana just the other day that their governor has a brand new package of service offerings to recruit health care providers in terms of housing and all sorts of things and am just saying that as you are looking that one of the major barriers is workforce. I'm just saying if your purpose behind it is keeping people out of institutions and nursing homes, I would submit to you that this needs to grow for the elderly population. I know that the Laramie PACE program was cut. I thought that provided a nice model on how to do these types of things and am just going to say I hope that this can be revisited by the state. I will also tell you that one of the biggest issues that I've seen in investigating this in the last couple of years for the health system is that the children on the developmental disability waiver have been cost shifted over to the Department of Family Services; that's the only way I can put it. Then the Department of Family Services have placed unreasonable caps. I know this needs to be looked at because those children should be able to get those special support homes that they need.

- **LEE:** First of all, again, thank you. Of course, whenever it is opened up for questions, I was worried about just hearing crickets very loudly. Regarding staffing, absolutely this is something that I would venture to say most of us in the Division are aware of. This is a big issue here in Wyoming whether you are in Cheyenne or in a rural area. It is an issue nationwide with really any healthcare type of provider, be it skilled nursing, personal care type of services. It really seems to be across the board, so we certainly know that is an issue and we hear of that being an issue. One thing that we are doing to address this is, of course, rates, which is one of the first things that always comes up in these conversations. We do have some enhanced Federal money that will be available through March 2024. We have enhanced the rates already on the community choices waiver that went into effect July 1. The DD waivers, those rate increases will go into effect on February 1, again supported by Federal money, so hopefully that will help. However, just from the scale of the problem, I don't think anyone is under the illusion that this is something you just throw money at. To that end, I want to also tie in something that you mentioned as well, which is what is referred to as the self-directed option. Again, for those of you who may not be as familiar with the program, that is when the service recipient and member themselves can hire the individual they wish to provide support. Again, it is all provided within budget and we have a fiscal vendor that we work with that works directly with the employer in the process. In terms of avoiding what you described as cost shifting up services for children, what I would say for that in terms of waiver services use, typically residential services for children on the DD waivers are very limited. I would say that they are limited or they have been limited from the perspective that the goal in terms of providing support to children is for those any services to go into that home, whatever that family or living arrangement looks like, to try to wrap services around it. Of course, that's not always the situation and I think you spoke to that service that is available called child habilitation, which is basically like a

host home type of service. It is very, very low utilization on that particular service type because it takes in some cases that host home type of arrangement. That is very consuming on the new provider, and we do not have a readily available provider network.

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TRIBAL UPDATES:

- Billing questions.
- Long-haul COVID.
- Vital Statistics and possible surveys.
- Tribe has been emphasizing prevention.
- Uncompensated care.

MEETING CLOSE:

- **NEXT MEETING:** Tentatively after close of Legislative Session in February.
- **FUTURE TOPICS:**
 - Medicaid Expansion.
 - Legislative session and bills.
 - Telehealth updated.