



American Indian Health Commission for Washington State
“Improving Indian Health through Tribal –State Collaboration”

American Indian Health Commission for Washington State

Quarterly Meeting

Skagit Valley Resort, Bow WA

August 9, 2018

9 am to 3 pm

Minutes:

Welcome/Invocation- Steve Kutz, Chair, Marilyn Scott Invocation

Establish Quorum – Charlene Nelson, Secretary

Chehalis, Cowlitz, Jamestown, Kalispel, Elwha, Lummi; Samish, Shoalwater Bay, Squaxin Island, Stillaguamish, Suquamish, Upper Skagit, Yakama, SIHB, NATIVE Project, AICC

Introductions – All

Charlene Nelson, Shoalwater Bay; Steve Kutz, Cowlitz; Aren Sparck, SIHB; Vicki Lowe, AIHC; Marilyn Scott, Upper Skagit; Jan Olmstead, AIHC; Marilynn Carlton, AIHC; Carolyn Leptich, Amerigroup; Vickie Ybarra, DCYF; Connie Whitener, Squaxin Island; Tamara Fulwyler, DOH; Jim SiJoh, AICC; Linda Louch, AICC; Kay Culbertson, Cowlitz; Todd Dixon, OIC; Steve Valandra, OIC; Vanessa Sherrill, HCS/DSHS; Terra Horton, AIHC; Lucilla Mendoza, DBHR; Lena Nachand, HCA; Jessie Dean, HCA; Renee Hildebrant, CPAA Tribal Liaison; Debi Jones, Samish; Lori Hartelius, Stillaguamish, Theresa Lehman, Jamestown S’Klallam; Sarah Clark, OIC; Candice Wilson, North Sound ACH; Lummi; Heather Erb, AIHC; Arlen Washines, Yakama; Lou Schmitz, AIHC; Andrew Shogren, Suquamish; Laura Platero and Sue Steward, NPAIHB; Cheryl Sanders, Lummi Nation

Via Webinar: Ali Desuatel, Kalispel; Ann Dahl, AL TSA; Denise Walker, Chehalis; Dylan Dressler, NATIVE Project; JJ McMinds, Molina; Marietta Bobba, AL TSA; Matthew Whitacre, Elwha, Ron Poplawski, Kalispel; Tim Collins, OIP

Approval of Agenda and Prior Meeting Minutes- Charlene Nelson, Secretary

Steve thanked Marilyn Scott and the Upper Skagit Tribe for having us on their land. The Executive Committee made some changes to the agenda in meeting the night before. Steve asked that the delegates review the changes and consider updated agenda for approval.

Upper Skagit moved, SIHB seconded Motion to approve agenda.

Upper Skagit moved, Samish seconded approval of May meeting minutes

State Agency Reports:

OIC- Steve Valandra, Tribal Liaison, Todd Dixon, SHIBA



American Indian Health Commission for Washington State “Improving Indian Health through Tribal –State Collaboration”

Steve Valandra shared that the OIC is hosting webinars on August 20th, 21st and 22nd to share the rulemaking regarding Short Term Limited Duration Medical Plans approved by the feds. These plans are exempt from ACA requirements. OIC putting regulations in place to protect consumer by:

- 1) Limiting the duration of short-term limited duration insurance to three months
- 2) Establishing minimum standards for coverage,
- 3) Establishing requirements related to consumer disclosure,
- 4) provides for prior approval of plan forms and rates, and
- 5) defines the circumstances under which those medical plans can be canceled or rescinded

Steve also shared that he had signed copies of the OIC Tribal Consultation policy for those Tribes unable to attend the June signing ceremony. He put them on the back table for delegates to pick up their copy.

Todd Dixon shared that the SHIBA program is available to support Tribal members and Tribal UIHP staff with Medicare coverage. Medicare coverages pays for \$540 billion in services per year.

Sarah Clarke introduced herself, she is a registered OIC Training Consultant in Seattle, offering Tribes' staffs basic training for Medicare Advantage Plans or Drug Plans. Please contact her for information on receiving staff trainings.

DOH- Tamara Fulwyler, Tribal Relations Director

DOH has two positions open:

- 1) Office of Investigation
 - 2) Assistant Secretary of Prevention and Community Health –
- Please send candidates. Tribal representatives needed for interview panels. Reps will receive mileage and possibly other help. Andrew asked Tamara to pass on to interview teams that they need to ensure the availability of Tribal reps before scheduling interviews.

Monday, August 13th, Sec. Wiessmann will host a webinar to share proposed DOH 2019 Budget. She will make sure webinar information goes to delegates.

Today is the second roundtable on DOH's Nursing Commission report to the legislature. The 3rd will be August 22nd webinar hosted by AIHC:

DOH -Nursing Commission Legislative Report Roundtable #2 – Paula Meyers, Nursing Commission- Long Term Care (LTC) Budget Proviso for 2018, one year ago the nurse shortage for LTC was deemed a crisis. \$30k funded by legislature to generate a report, with recommendations. The report is due December 15th to the Governor and Legislature. Paula shared the plan to create the report. The committee reviewed Nurse's Assistants, LPN's, Long Term Care workers, Home Care Aids and Registered Nurses, worked on the evaluating oversight roles of DSHS, the DOH and so many others in this process. The first meeting of the workgroup members was July 10th, and there have been two more since then.



American Indian Health Commission for Washington State *“Improving Indian Health through Tribal –State Collaboration”*

The draft report will go to the Nurse’s Commission before November 9th, and then to the Governor. Discussion on the importance of Tribal programs getting paid for Medicaid services provided that keep our Tribal Members out of LTC. Upper Skagit has several programs, Colville has SNF. Cheryl Sanders, Lummi Nation, expressed interest in being on this committee. Vicki will reach out to Colville to see if there is available representation as well. The next meetings are August 24th, September 10th and September 28th at DOH Tumwater office and via webinar. Formal consultation is set for August 22nd, time TBD.

DCYF – Tleena Ives, Director of Tribal Liaison

The new department is seeking advice from Tribes on their consultation process. Taking comments on for 15 more days and then need to make a decision. Modeling after the 7.01 process used by DSHS, as it has been working for 30 years. Copies of draft were shared with delegates for review.

DCYF is also seeking how to best support Early Learning curriculum development and Tribal languages. Jan presented on Generational Clarity; looking at our resiliency from historical traumas.

The Oversight Board of this agency has a Tribal representative from both the East and West sides. From the eastside is Wendy Thomas with the Kalispel Tribe and Loni Greninger with the Jamestown S’Klallam from the westside. Thank you to them both.

Steve requested that any “Dear Tribal Leaders letters” that are sent out also be sent to Vicki so she can share with AIHC delegates. Discussion on the importance of DCYF and HCA connecting to ensure continuing access to foster care medical coverage for AI/AN children in foster care, especially through dependency with their Tribe. We will be hiring a Liaison for Early learning, an Administrative Assistant and a Contract Management person – all three jobs are open. Please send us any input for ICW. The funding has not changed in twenty years. Toni Lodge shared that although 70% of AI/AN children in foster care are not served by Tribes, yet all of the agency language is about working with Tribes. They are in schools, clubs and communities. This is a civil rights & citizenship issue for these children not getting health services. And most of them are in King County and Spokane County. Tleena thanked Toni for the reminder and offered to follow up to get her comments. Jim Sijon reminded us that we are all responsible for these kids. Especially the homeless youth. “We should not forget these underprivileged poor young people; never forget them ... we care.”

HCA- Jessie Dean, Administrator Tribal Affairs

Jessie shared that the Behavioral Health Integration commitments HCA made were:

- 1) HCA developed a new consultation policy
- 2) HCA government to government planning process (due internally August 10th)
- 3) They will fund four Tribal areas: Eastern WA, North Sound, King County & Olympia and Pierce County and Southwest WA (for 701 meetings, more resources, dental care, etc)
- 4) Hiring a new Tribal Contract Manager (will enter into umbrella contract with each Tribe)

Looking into and offering option of upfront funding or reimbursement for consolidated contracts.



American Indian Health Commission for Washington State *“Improving Indian Health through Tribal –State Collaboration”*

HCA Compliance Consultation- September 12th, 1 – 3 pm. Ali Desautel, Kalispel, raised the questions about how the audit review will be handled. Kalispel sent a letter requesting the audit review findings be put on hold until consultation happens. Jessie agreed that the audit review is part of the consultation.

DHATs- CMS presiding officers invited Swinomish to intervene along with the State in their appeal to CMS’s denial of the DHAT SPA. Hearing to be held in downtown Seattle, December 18th and 19th at 701 15th Avenue, Columbia Tower. .

IHCP Project plan – Lena Nachand shared that she, Jessie and Vicki attempted to meet with each Tribe and UIHP to plan their Medicaid Transformation project. They scheduled 17 to 18 meetings; there are only 4 to 5 left to schedule for the project. More time will be needed to finalize the project plan to be reviewed and approved by the delegates per the Tribal Protocols of the 1115 Waiver. Draft project plans and notes to you will be sent out. Will need a special delegates meeting to vote. Will discuss during AIHC action items.

The Governor’s Indian Health Council meets November 7th, 6-8pm for dinner at Clearwater in Suquamish; then November 8th, 9am-12noon; then December 4th, 9am-4:30pm at the HCA Crystal Conference Center. The report will have a quick turn-around. HCA is conducting data analysis. Last year’s savings achieved through 100% FMAP was 22 million; this year we re-requested with HCA numbers.

Tribal FQHC- Moving forward with the Arizona approach. Their SPA has been approved by CMS.

Dental Managed Care Program, apparent successful bidders are: Dentegra, ‘Delta Dental, MCNA and Amerigroup. Cost is still an issue, may need new legislation to move forward. Roundtable #2 for Dental Managed Care Waiver will be August 14th at 1:30pm, and November 5th for the next one.

Medicaid Fully Integrated Managed Care (FIMC) is coming in January. We’ll send a letter asking Tribes how they want to handle enrollments. Both physical and behavioral health will be covered through the same managed care; MCO can utilize Administrative Service organizations (ASOs). Beacon, an BH ASO, in the Southwest is not responsible for managing Medicaid money; they only get reimbursed when patients are served. BHO won’t exist now; the Southwest, North Central and Pierce County Medicaid Behavioral health funds plus the Block Grant funds then will shrink to crisis levels. Then there will be grants and non-Medicaid money only. Marilyn shared that these changes are critical now regarding the BHO current crisis in services and funds. Since Indians are Washington citizens, they’re still eligible for the Medicaid (Tribal Behavioral Health Staff) regardless. Jessie shared if your client is in fee/service, they still must pay for and cover crises. Also, if they say they disagree that a patient must be “involuntarily treated” to get crisis coverage.



American Indian Health Commission for Washington State
“Improving Indian Health through Tribal –State Collaboration”

Lucy share that AI/ANs needing services can fill out forms and be covered otherwise. HCA reviews crisis coordination plans for BHO and ASO. BHO is required to identify the crisis coordination plan, which is negotiated between BHO and the Tribe. Please let Lucy know if you learn that there is no plan; can also do technical assistance and can help with that.

Jessie – We’re interested in developing Tribal Designated Crisis Responders. They won’t need to serve everyone. Vicki share to establish Tribal DCRs and honor Tribal lives, and to include these when addressing in the Legislative session, we need full faith and credit. Please write and/or call your Legislators to pass legislation this next session!

Jessie shared HCA working on PCCM revamp: Arizona revamped and now pays \$23 per month twice. We are looking at the cost analysis, and it’s on the ‘to do’ list.

Looking at the Pharmaceutical SPA. Kelly McPherson will be connected to the Tribes if owed by the Government for doctor services, etc.

On target for replacement in the fall: Senior Policy Analyst is open in Tribal Affairs and we are recruiting now. We will start reviews after August 24th.

DBHR- Lucilla Mendoza, Tribal Liaison

Next Tribal E&T meeting is August 15th is the next meeting. Vicki will speak on Board Structure. We are working on a decision package on E&T Facility (\$16 million is proposed). Need Tribal/UIHP input to make decisions; three Tribes sent letters of interest for participating on this governing board.

Roundtable #2 is coming August 14th at 1:30 – 3:30pm and the email will be tomorrow. We will be updated on our one-year plan. We have at least \$40,000 in the budget.

Peer Support will be August 28th-29th and Peer Conference Training at Lummi in September.

We sent a draft on SOR Consultation and Funding Plan to apply for Urbans non-competitive funds and statewide opioids funds. There is much interest in planning for opioids needs.

Final report is due to legislature in April, 2019, and the final draft in November for input, then December as final.

Child Outcomes Goals for Department of Children, Youth and Families- Vickie Ybarra, Director of Research, DCYF. Vickie thanked delegates for the opportunity to share this work. Our goals are for child outcomes, performance assessments, an integrated services approach, performance-based contracting and a plan for an integrated data warehouse. Want to lead and support reforms, research and analysis and reporting. Our outcome goals are:



American Indian Health Commission for Washington State “Improving Indian Health through Tribal –State Collaboration”

1. Education
2. Health
3. Resilience

DCYF will choose 3 main categories under each goal per the Legislative intent. For education: kindergarten readiness, high school graduation and post-secondary education. For health: maternal mortality, low birthweight babies and accessible health insurance. And for resilience: social and emotional support, housing stability and safe kids (no abuse/neglect). We will choose the child outcome goals by the end of August. Our website is www.dcyf.wa.gov.

To view more on this information and the chart showing the relationship between poverty and readiness for kindergarten, go to www.dcyf.wa.gov/node/516. This is our blog on the topic, plus a link at the end to an online survey to help us with more input.

We also want to look at aligning regarding infant mortality, youth suicide, low birth weight and other concerns.

Federal Legislative and Other Updates:

CHAP Board- Susan Steward NPAIHB

Sue introduced herself, she is the CHAP Board director for NPAIHB in May. First CHAP Board meeting was held at the NPAHB quarterly Board meeting in Lummi. The response was overwhelming (32 people came, double what was expected)! Their Advisory Committee has ten members at this time and will grow. Some people learned, some shared. Some had Health Aid concerns about quality of services. August 29th will be their second meeting on what the Alaska CHAP and standards are like. There will be a Behavioral Health Advisory Committee; please join and contact me for the BH Aid Program to get the curriculum started. Swinomish is looking at a data system and checking if it can be adjusted for NPAIHB. Another department at Tulalip has a CHAP. We need to learn what Health Aid or CHAP is needed for other Tribes. We did a feasibility study for all Tribes and found this: yes, it would work; it would take about \$2-3 million to set up; and the curriculum and manual would cost more money. For the next meeting, what do you want to hear about? Vicki suggested a timeline would help with knowing when the legislation to establish training and certification in Washington state. Aren Spark state that SIHB is already involved and have a training site, and lots of people. There are between 65 and 70 people in Indian Country (Seattle Indian Health Board). Steve shared that when we start talking about lack of health support staff, in rural areas they're licensed to do certain things. Marilyn asked if this program is going to help more of our members be certified to help our people, and then get reimbursed? There is other funding available in addition to the ACHs and other funding in your region. Sue answered these people could be the perfect ones to become Health Aids too.

Lunch Served



American Indian Health Commission for Washington State *“Improving Indian Health through Tribal –State Collaboration”*

Federal- Laura Platero, NPAIHB

On July 23rd in Washington DC we saw Maria Cantwell and the SCIA staff, also the Senate Committee on Indian Affairs and Senator Patty Murray. We sought FY2019 – 2020 funding and a Tribal letter, Opioid funding and Legislative and Behavioral Health Initiatives. Among bills pending are: House Opioid Package (60 bills together), which will impact Tribes through the states; S2680, under the Opioid Crisis Response Act; and a \$150 million proposal for the Behavioral Health Initiative. NPAIHB are working on a policy package. We will try to email legislative updates.

Met with the IHS task Force staff (115th Congress, House, ‘E and C’) on S2545 and HR3704, the Native Behavioral Health Act.

NPAIHB is asking for full funding for IHS services within ten years, and that is very aggressive. So please be honest regarding our needs. It’s OK if they are not from Washington, contact them anyway and give them your input. Discussion on the best way to contact legislators to support this. Aren reminded everyone that Mark Way Mullen should be helping us; it’s his job; it’s all of their jobs, but he takes it seriously.

The VA Mission Act of 2018, HR5674 and S2372 for VA healthcare established medical residents at Tribal facilities and requires consulting with Tribes for strategy. That’s the only bill for the VA Tribal Advisory Committee. There were lots of good meetings. Senators Udall and Sullivan are working to get more Tribal consultation. We’re kind of concerned regarding adjacent areas. There should be one from the Northwest on eligibility, housing, transportation, benefits, etc. We will send you this information in case you are interested. And we are finalizing the VA TAC letter.

Steve asked if Tribes will be reimbursed from FQHCs for Medicare-like rates, right? Sara responded yes, and the reimbursement agreement will continue through 2022, and IHS facilities too.

Other Legislation in the 115th Congress pending is: S747 and HR 2545, HR3706, HR3473, HR3096 and more. For FY2019 – 2021, the House and Senate approved the 2019 budget proposals, which either stayed level or increased the funding for you all across the board. There was no STPI support to move from mandatory to optional – Yay! For now, the 2018 and 2019 budget that the president asked for, \$11,700,000. Both look positive out of \$822 million. We are generally happy with the totals.

For FY2019 the Legislature tried to have Tribes pay from their Federal budgets (\$18 million each) the \$5 million to cover the lawsuit loss about paying all the leases! So they pushed back and decided to take it from other Federal funds.

The Indian Health Care Improvement Fund is at \$81 million for FY2021. Urbans will get \$5 - \$10 million from the House bill, an increase.

The IHS facilities got a total increase of just \$10 dollars for FY2019. The 2020 IHS budget is on our website. The Portland Area Budget Formulation meeting will be November 15th, in Portland.

Marilyn Scott shared that moving SNAP to HHS is good; she would support that.



American Indian Health Commission for Washington State *“Improving Indian Health through Tribal –State Collaboration”*

A new waiver on work requirements can add input at the August 14th meeting, or by then.

The CMS ‘4 Walls’ limitation- no update.

IHS Sanitation Deficiency System Guide is in the comment period through August 12th.

IHS VA Reimbursement Agreements, Laura offered to set up a call to help better understand these agreements.

Indian Healthcare Improvements Fund, used the national, unduplicated population numbers based on 2017 and the state average data, not 25%. Washington could lose Medicaid Expansion; still not sure yet. Fought hard and were really disappointed.

The IHS Behavioral Health Initiatives funding mechanism comments are due by August 17th. Do let them know your questions. The US on Regulatory reform and Stakeholder Engagement Plan were just a ‘Dear Tribal Leader’ letter.

SAMHSA written comments are due September 14th. The opioids meeting was July 24th and grant opportunity entries are due August 24th; the State one is due August 13th.

Grant Updates-

Public Health -Pulling Together for Wellness – Jan Ward Olmstead

The 2017 Healthier Youth Survey only included one Tribal school; some tribes do their own surveys. Tribal Leaders asked to include mental health statistics too. Leadership-driven discussions helped, as did community input. It was learned that Intergenerational Trauma, Equity and Health Disparities, Adverse Childhood Experiences and Lateral Violence and Oppression all affect them. Generational Clarity also affects them all and helps them all. Several trainings on Generational Clarity have been given throughout the year.

Maternal Infant Health Strategic Plan, needs to be updated. Last update was 2008-2010, report is on our website.

Jan gave the history of Tribal/UIHP involvement in the Foundational Public Health Services (FPHS) work at DOH. AIHC website has a chart of Healthy Tribal and Urban Indian Communities regarding FPHS, which we’ve been working on since 2015. What should be available to all US citizens? Five representatives from the ITU sat on the policy committee. Marilyn talked to Secretary Weisman, who said the Tribes should be here. A Tribal Technical Advisory Committee for the FPHS Steering Committee was created at the Department of health and is still meeting. The committee will ask for a budget at the Legislature. Secretary Weisman asked for a “Tribal placeholder” within the FPHS budget. The committee wanted to bring educational proposals to the Legislature. Jan talked with the AIHC Executive Committee, and they wanted a Tribal representative to do it.

The Technical Advisory Committee meets in Olympia on August 22nd, at 10am. Contact Tamara to join the meeting or webinar.



American Indian Health Commission for Washington State “Improving Indian Health through Tribal –State Collaboration”

The Home Visiting Summit will be November 14th at Tulalip with the IPAC meeting the next day on Jan’s report, which will be on the website.

The Tribal Youth Suicide Prevention meeting will be August 28th-29th at Port Gamble, when we expect about 160 people so far.

We are also promoting Pulling Together for Wellness on our Facebook page.

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Public Health- Women, Infant Children, Maternal Infant Health -Cindy Gamble

Public Health- Cross Jurisdictional Collaboration -Medical Countermeasures Project Report- Lou Schmitz, Heather Erb

DOH Emergency Preparedness Fund ended June 30th. Two more Tribes were assessed; and they were great! They came up with 55 and 71 new strategies to work on. Final reports out will be available soon. In all, 25 Tribes participated. Washington State and the US are also planning measures; our Tribes will be ready. We held nine planning meetings in each of the 9 regions, plus ‘Tabletop Exercises’ in each region, and then did reports. We will get general ‘after action’ reports.

Vicki added that we are still waiting for a response back from CDC clarifying medical countermeasures distribution.

Access to Healthcare- Tribal Coordinating Entity- Vicki Lowe- included in HCA report

Access to Healthcare- Tribal Evaluation and Treatment Facility- Charlene Abrahamson- included in DBHR report.

AIHC Business-Resolutions and matters requiring delegation vote:

Medicaid Transformation Demonstration (MTD) Indian Health Care Provider Project Plan – Special Meeting needed to vote on IHCP Project Plans once they are complete and reviewed. This step is required as the milestone to release the second round of payments

Suquamish Moved that the meeting be set for -Sept 12th 10 am-noon via webinar. Shoalwater Bay seconded the motion. Motion carried.



American Indian Health Commission for Washington State
“Improving Indian Health through Tribal –State Collaboration”

Tribal Foundational Public Health Services funding and steering committee representation Resolution

The FPHS Steering Committee is requesting \$296 million for FPHS with only \$1.2 million for Tribal work. This is not an appropriate representation of the Tribal/UIHP need. Tamara and AIHC are working on the draft to report to present in November at the summit. This will help further develop the need but for now the budget request are moving forward without appropriate funding of the Tribal/UIHP need. A resolution is needed to request appropriate funding and AIHC representation on steering and other FPHS committees so Tribes/UIHPs are “at the table.” Drafted resolution shared Lummi – Move to pass the resolution, SIHB seconded. Motion carried.

Governor’s Indian Health Council

Vicki proposed that we also use the date and time to further discuss voting and quorum for the GIHC and Tribal Caucus prior to the Tribal Compliance Program Consultation

Chairperson’s Report- Steve Kutz, Chair

Steve requested AIHC send a letter to Governor Inslee supporting the HCA/OT decision package to fund four regional Tribal Liaisons to support Tribes and provide technical assistance for the DBHR contracts that have moved from DSHS to HCA.

Steve requested that AIHC send invoices to delegates for their annual contribution to AIHC. He explained that an invoice helps generate the payment better than just the letter requesting support. AIHC Finance manager is creating an invoice each Tribe/UIHP/Organization for \$5k, the recommended contribution, but delegates are able to change the amount to what their Tribe/UIHP/Organization is able to contribute. Questions can be directed to Terra Horton, AIHC finance director, terra.horton.aihc@outlook.com.

Executive Director’s Report- Vicki Lowe, Executive Director

Tribal and State Leaders Health Summit, November 6th and 7th at Suquamish Clearwater Resort .

Executive Session (as needed)/Other Business: Not needed

Adjourn- Shoalwater Bay moved to adjourn. Upper Skagit seconded, motion carried. Adjourned at 3:45