



aihc
AMERICAN INDIAN HEALTH
COMMISSION FOR WASHINGTON STATE

American Indian Health Commission for Washington State
AIHC Delegates Meeting 1st Quarter/Nisqually
Wednesday February 7, 2024
9:00 – 3:00

Attendees: 36 (those in red were in-person)

Tribal Leaders –

Chehalis – Denise Ross
Jamestown – Brent Simcosky, Theresa Lehmann
Kalispel – Liz Henry
Lower Elwha – Lorinda Robideau
Muckleshoot – Jeremy Pangelinan, Yvonne Oberly
Nisqually – Amber Arndt, Stacy Gouley, Lisa Wells
Port Gamble – Jolene Sullivan
Shoalwater Bay – Kim Coombes
Skokomish – Denece LaClair
Squaxin – Lucy Hill, Jackie Queen
Swinomish – Sarah Sullivan
Tulalip – Summer Hammons
Yakima – Katherine Saluskin

UIHO

NATIVE Project – Dylan Dresler
AICC – Linda Lauch
SIHB – Andrew Guillen

Tribal Organizations –

AIHC – Vicki Lowe, Pam Priest, Heather Erb, Liam King, Lisa Rey Thomas, Jessica McKee, Wendy Stevens, Faith Turk, Maria Ness, Cindy Gamble, Ashley Thaens-Lowe, Kathryn Akeah
NPAIHB – Rebecca Descombes, Veronica Smith, Karol Dixon

Tribal Partners

HCA – Aren Sparck, Lena Nachand,
DOH – Sec Shah, Kristen Petersen, Macie Parker, Kathy Pierre, Kristopher Holiday, Brianne Ramos, Claire Horton, Sharon Avery
WAHBE – Charlene Abrahamson
DSHS – Heather Hoyle, Brenda Francis, Tim Collins



AIHC Delegates Meeting

February 7, 2024 9 am to 3:30 pm

In person: Nisqually Health and Wellness
4840 Journey Road SE, Olympia, WA, 98513, US
Join Via Zoom

<https://us02web.zoom.us/j/83246876418?pwd=dGs0VU5aaZVLUFphMSs2QWZFdFBTUT09>

- 9:00 am **Welcome** –Summer Hammons, Vice Chair and Nisqually Tribe
- 9:10 am **Establish Quorum** – Kim Coombs, Treasurer
- 9:15 am **Introductions** – All
- 9:25 am **Approval of Agenda**- Kim Coombs, Treasurer
- 9:30 am **Approval of Prior Meeting Minutes**- Kim Coombs, Treasurer
- 9:35 am **Department of Health** –Umair Shah, Secretary; Kristen Peterson, Chief Policy Director
Office of the Insurance Commissioner – Todd Dixon, Tribal Liaison
Washington Health Benefits Exchange – Charlene Abrahamson, Tribal Liaison
Attorney General’s Office- Asa Washines, Tribal Liaison
Health Care Authority- Sue Birch, Director’ Aren Sparck, Administrator
Office of Tribal Affairs; Lena Nachand, Lucilla Mendoza
- NOON - Lunch break**
- 1:00 am Ttawaxt Birth Justice Center** - Jessica Whitehawk
- 1:30 pm AIHC Legislative Priorities Updates** – Ashley Lowe-Thaens, Maria Gardipee, Leg. Staff
- 1:45 pm AIHC Chair Updates**
FPHS Funding for 2025-2027
- 2:30 pm Open Delegates Discussion**
- 2:30 pm AIHC Priorities Update** Vicki Lowe, AIHC Director and Staff
- 3:00 - 3:30 pm Executive Session** (if needed)



AIHC Welcome – *Summer Hammons*

Nisqually Welcome - *Amber Arndt*

Roll Call – *Kim Coombs*

Quorum was established with #12.

Introductions – *Vicki Lowe*

[2.7.24 AIHC Delegate Meeting Materials](#)

Approval of the Agenda –

Motion to Approve Tulalip/Summer Hammons.

Seconded by Chehalis/Denise Ross.

Approval of Prior Meeting Minutes –

Motion to Approve by Shoalwater Bay/Kim Coombs

Seconded by Chehalis/Denise Ross.

DOH Updates–

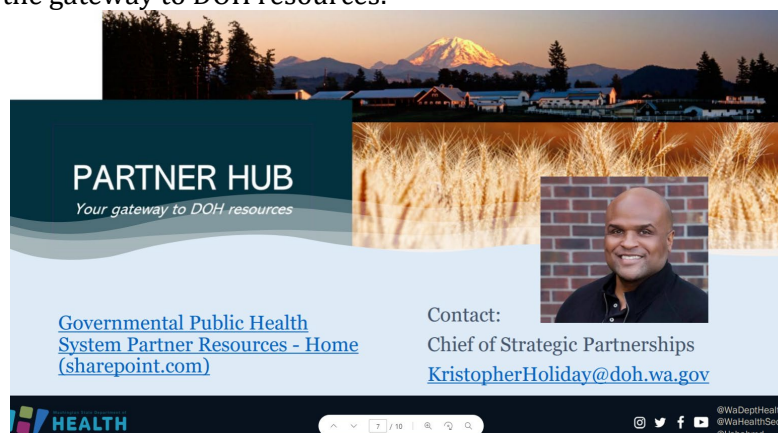
Secretary Shah- He thanked this group for their partnership. He is here along with his staff to provide DOH updates. Here is a link to the [DOH slide presentation](#).

Candice Wilson (read by Vicki) – Remembrance of her mom who recently passed.

Kristen Petersen – Stressed DOH is committed to getting upstream with the SHIP plan as well as the opioid and fentanyl strategies taskforce. The data sovereignty work is near and dear to her heart and is an extremely important concept where tribes need access to the information that will inform the work in their communities.

She reviewed the Office of Tribal Public Health and Relations director position and goals which were outlined on a slide. These goals are to improve internal coordination, tribal engagement, tribal policy development, and government to government training. Heather Erb from AIHC will be joining the next DOH Law Resource group at the end of the month to train on government-to-government relations.

Kristopher Holiday, Chief of Strategic Partnerships. He presented on the DOH Partner Hub, the gateway to DOH resources.



The site has a dedicated Tribal Health resource page and, in the future, will hold materials from meetings they participate in. Tribal and Urban Indian Health leaders and chairs as well as numerous tribal health staff who requested access are set up in the system. To request access or submit feedback, email to OTPHR@doh.wa.gov.

Kristen Peterson – Behavioral Health Attestation Update. (see slide in deck) Kristen added that House Bill 2027 is set to go through that expands the attestation process to other facility types. She talked with Candice about moving the oversight over to OTPHR to better provide support to tribes re attestation. Michelle Weatherly and Julie Tomaro are super responsive, and emails are michelle.weatherly@doh.wa.gov and julie.tomaro@doh.wa.gov. Currently, they are updating the attestation form to reflect the current WAC references, minor typos and RCW reference corrections and updating the FAQ's to address common questions. Denise voiced frustration with having to basically start all over and reattest when recredentialing every 3 years. It should be simpler. **Kristen agreed that after the bill passes, it would be a good time to get a workgroup together and review the attestation process.**

Regarding government-to-government policy and planning, coming up there is a revision to the Healthy Youth Survey with a listening session February 15th from 3:00 – 5:00, Tribal State Plan for Suicide and Prevention in-person and virtual at Port Gamble S'Klallam February 21st from 9:00 – 12:00, and applications will begin February 28th for the Health Equity Zone for Native Communities. See slide for more information on all three.

Claire Horton – Claire shared regarding the 3 programs for [Loan Repayment for Rural Health Workforce program](#). (see slide deck) All tribes are eligible for these programs.

- Washington Health Corps
- National Health Service Corps (NHSC) Loan Prepayment Program
- Nurse Corps

If there are any issues with scoring, reach out to Claire Horton at claire.horton@doh.wa.gov or 360-233-6107.

Comments:

Jessica McKee – Are there any DOH efforts ongoing around the C. auris fungus in healthcare settings? He responded they are continuing to work with the healthcare delivery system in WA state. The good news is that he feels this partnership is making progress with education and support to providers.

Sarah Sullivan – Can consultations be better timed? Tribes do not feel comfortable commenting in the setting of the rulemaking workshops and requests that tribes are ahead them or at least on the tag end to ensure they can voice their issues and/or concerns and integrated into the final rules vs last minute. She noted OTP's and Dental therapy as recent consultations where she was not given the opportunity to comment. Dr. Shah noted Sarah's request and added that they have gone through a tremendous of effort this last year working with the governor's office as well as Washington Association Medical Staff Services on credentialing and licensing processes and are seeing some success. HSQA gets beat up a lot but are amazing in what they do.

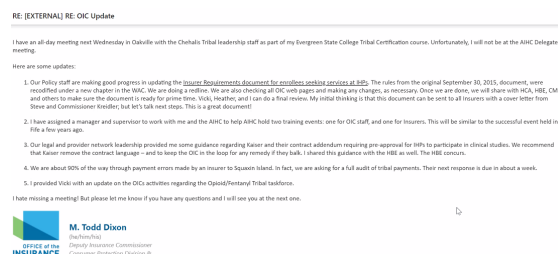


Denise Ross – Thank you to DOH for attending this meeting to hear from the tribes. She requests another meeting as she has a long list of over-arching issues she needs to address with DOH. Her community is in crisis with mental health and her attention gets diverted which makes follow up a challenge when working individually with HCA, tribal liaisons, Dept of Licensing and ACH's. She wears many hats. It would be helpful to have everyone in one meeting vs multiple meetings which would ensure participation. Streamlining communication is critical and she appreciates DOH's efforts. Kathy Pierre noted in the chat that she has been working on putting a list of Chief of Staff or delegate list to ensure information re consultations is disseminated and received by the person who is doing the work for their tribe. Every funding source has hoops that have to be jumped through and is another area that needs to be streamlined. Getting someone into housing or treatment takes priority over all of this work. Attestation is a lot of work and she wonders if there is a better way. **Dr. Shah responded that it is a great idea to get these people together in one room from a technical standpoint and thank Denise for bringing it up.**

Vicki Lowe - Vicki reminded the group that Candice has been doing 2 jobs since Tamara left and does a great job for the tribes. What is the relationship between her new position as director of the Office of Tribal Public Health and Relations and the office of the Secretary? Kristen responded she has a direct connection and 24/7 access which Dr. Shah confirmed.

OIC, Todd Dixon (couldn't be here today)

Vicki shared the email he sent as an update and reminds the group of the OIC grievance process for Non-Medicaid plans. WAHBE did get funding last session for in-person meetings with insurance carriers. Vicki added that we need to bring HCA, OIC, and WAHBE together with the insurance carriers. **There will be a letter created from HCA and OIC listing the pertinent federal laws and WAC's that tribes can use to respond to carriers creating barriers to payment.**



Comments/Questions –

Denise Ross – **Heather will follow up with issues regarding their pharmacy contracts requiring “owner social security number and a state license number” and always trips them up.** They should have a separate form for tribes.

WAHBE Updates, Charlene Abrahamson. PH: 360-688-7853

In addition to info on the slides, Charlene shared that they had a meeting with the Tribal Assistants this week. **She brought up having the in-service day and ensuring that they get that started again. Her goal is to have it in April or May with early May being the agreed upon time. Charlene will be in touch with Vicki regarding coordinating this meeting. Vicki added that Kirk Larson from Social Security Admin reached out, and provided dates he is available in May.**



Charlene stated there are 12 tribes that do sponsorships of tribal members to help pay premiums in Washington state. They have been running into issues in their system with some of the names of tribes like Jamestown S'Klallam, Lower Elwha S'Klallam, and Port Gamble S'Klallam. The apostrophe is causing a problem with the Tribal Assistants. She has been getting permission from tribes to remove the apostrophe. Long term, they are trying to sort out internally out of respect for tribes. There is also an issue with those tribes with long names. Charlene wants to communicate on this.

HCA Updates

Aren Sparck -

Indian Nation Agreements Quarterly Reporting -

Opioid Abatement Funds - \$498K over a 2-year period for the 2023-24 biennium. The contracts office is understaffed but the contracts have been sent out. Contract reporting is due within 60 days of contract execution. If any questions, reach out to tribal liaisons or Lucy Mendoza. For the next biennium, we do not know how much money will be coming to the abatement. There is a bill going through the legislature now that ensures the 20% for future years.

For Our Lives - HCA is reaching out to every tribe to support and mobilize the For Our Lives campaign. Governor approved \$1M which is \$35K per tribe and urban Indian health organization to use how they need to. DH will be supporting this work. They will receive the funds then work with each tribe to identify and implement specific needs. Please reach out to Lucy with any questions. We also want to make sure the schools are inundated with the messaging. Sarah asked who the contracts were sent to. Aren responded whoever receives the INA contracts but he will look into it and see where it was sent for Swinomish. Sarah hasn't seen it.

HCA OTA Open Positions - One position is a Tribal Opioid Response Coordinator working on INA and Opioid Abatement management for 29 tribes and 2 UIHO. 2:38. The other position is for a Tribal Liaison for the South Sound area to replace Audie Gugel who is leaving HCA but staying in Indian country.

Comments-Summer Hammons shared that the Tulalip Tribes have almost completed the process to appoint the first ever Tribal Designated Crisis Responder in Washington State.

Lena Nachland -

Tribal FOHC Agreements and CCA's - They had a meeting yesterday. Vicki sent out a recording and slides to those that participated. They are working on internal processes. One challenge is to figure out how much information to exchange to identify the claims that are newly eligible for 100% FMAP. And at what point do we track the threshold that we need as data sharing use agreements. We talked about data elements we need and how HCA will go about verifying the claims. We scheduled the next hybrid meeting for March 6th. Please let Vicki or Lena know if you want to attend or join via Teams.



EHR as a Service – They created a convenience pool of EHR vendors. The vendor of choice for HCA, and Vicki believes the tribes as well, is EPIC and is in that pool. HCA is still pretty close to being on track for their first cohort to begin Q3 of 2024.

Nisqually asked if there will be a regular workgroup established for this work?

Vicki responded YES. They talked about it yesterday and thought they need to have 2 workgroups just to understand what the tribes want in their EHR, then another to bring in those using EHR's and their experiences implementing, and then a 4th to bring it all together with the vendor. We may need an additional meeting just to look at PCR needs. Aren added that other issues identified were the ability for tribes to opt in or out in regard to tribal data sovereignty, cost and Diabetes.

Lena mentioned that they were trying to coordinate the meeting to coincide with the CCA meeting on the same day, if that is preferred by the tribes.

Community Health Aide Program State Plan Amendment (CHAP SPA) – This is ready to go. Lena needs to edit the DTLL and get it sent out. They totally scrapped what had been done so now all CHAP providers will be Medicaid eligible, billable at the encounter date. The CHAP Roundtable will be February 20th, and the consultation will be March 5th. When will these be billable? There are legal hoops to all of this so this should be billable in 2024. Oregon is doing this so has set a precedent, but Aren pointed out that in Oregon, the governor has the ability to approve CMS expenditures and Washington does not. Washington also has a much larger population base, so costs are much higher. Both are hindrances to moving quickly on innovation.

Question/Comments-

Sarah Sullivan asked Lena about the Pharmacy POS reimbursement. She appreciated the email that her and Aren sent out. The Roundtable will be at the next MTM in March. Did you pull the language internally or did you use anything else? She's curious where the 1 visit, per beneficiary per calendar year came from. Aren responded that it is 1 per day, not year for AIR encounter, per client at the pharmacy. They made a canvas of the other states doing this and considered the economic impact. They will then do an economic analysis after 1 year to reevaluate.

Lunch Break 12:00 – 1:15

Ttawaxt Birth Justice Center, *Jessica Whitehawk and Dr. Showalter*. Ttawaxt is a leader in the state for mode blueprint and contributed to helping start 3 additional systems for Indigenous Birth Justice in Spokane and Makah. Cindy Gamble from AIHC is on their board and invited them to present today.





Questions/Comments-

Charlene asked what “centering pregnancy” means? Jessica explained that it is a model that March of Dimes created and is an evidenced-based pregnancy delivery model. It is like group pregnancy care. It has been used in populations at risk with improved outcomes.

Vicki offered to work with them regarding financial sustainability along with Karol Dixon from NPAIHB.

Amber from Nisqually shared that they are working with a couple programs. One is the [HHS Equity Action Plan funding](#) and wondered if that is something Jessica might want to look into. They are looking to get folks certified in lactation support. They want to be able to work with other Indigenous organizations especially on developing prenatal service. She would love to talk more with Jessica. Jessica invited anyone to come visit and see their space.

Cindy thanked Jessica and Dr. Showalter for presenting. They are doing amazing work!! Reimbursement models are a important issue for everyone because of Maternal Mortality Morbidity disparities, but especially the small rural communities and organizations.

AIHC Legislative Priorities Update, Ashley Lowe-Thaens, Maria Gardipee.

[2024 AIHC BH Bill One-pager](#) [2024 AIHC Legislative Priorities](#)

All bills are progressing nicely and they all will cross over to the other house soon. Bills need to move out of Rules by February 13th in order to stay alive and move to opposite chamber.

- HB1877. 1 amendment. Removed the word “model”.
- HB2075 is moving to the floor re Attestation. Does it change the language around attestation to licensure? Vicki responded it is the attestation process for tribes to get a license.
- HB2372 – Transferring public property to tribes for BH and SUD facilities. This was the only bill that did receive opposition but did not require an amendment. Requires facility to remain BH or SUD for 50 years.
- HB2408 – text and chat option for NSLL. DOH is saying they need \$2M to implement.



- SB6146 – Tribal Warrants. Has had some issues regarding certification. Some people worried that tribal police are expanding authority. It may need support.
- SB6099 – Creating tribal opioid prevention and treatment account. There are budget concerns.
- Budget requests for shovel ready projects. 13 tribes submitted requests and are included for period through June 2024-June 2025. After session, we will figure out what to ask for next session. Sarah would like to see more types of innovative OTP purchases included. And bigger ask. It was not enough for MOU's.

Opioid and Fentanyl Summit is now being planned for June due to governor's schedule but still no exact date. Spokane still wants to host and is considering the Spokane Convention Center or Grand Hotel as the venue. 500 people are expected. The planning group will be starting back up as soon as we get a firm date.

Vicki also shared that Speaker Jenkins called on her colleagues to pay attention to our bills, challenging them to either follow what the tribes are doing or support the tribes as they are the ones being successful. It has been a good year and Ashley thanked all that participated in the AIHC Leg Day.

Summer noted HB 2469 regarding the Involuntary Treatment Act. Will AIHC follow? It did not make it out of the first committee. There were other bills re opioids that did not make it i.e. HB2220 which made manufacturing, distribution/selling of synthetic opioids a violent crime.

Thanks to AIHC for all their hard work and keeping the tribes and lobbyists updated. Sarah requests that once the budget priorities come out, can AIHC send out emails with updates and what is needed from tribes?

AIHC Chair Updates

FPHS Funding for 2025-2027, Vicki Lowe.

Current allocation	\$324,000,000				
additional for tribes	\$22,772,444				
adjust for inflation	\$15,552,000				
	\$362,324,444				
10% for tribes - base	\$36,232,444	tribes previous	\$8,460,000	plus inflation	\$406,080
additional total ask	\$38,324,444	tribes new	\$5,000,000		
new amount	\$362,324,444		\$13,460,000		\$646,080
		current % share	4.15%		
		new % share			
new tribal total	\$36,232,444				
need to balance	\$0				
Current Allocation	\$324,000,000				
Additional Funding for Tribes (10%)	\$22,772,444				

There has been a request made to DOH to look at a 10% set aside of all funds, which is an additional \$20M for the biennium. The FPHS Steering Committee took this on and is looking at the next biennium. The current set aside is not quite 5%. AIHC will be working with the FPHS Steering Committee over the coming months to figure out what the ask looks like. There is a concern that if tribes get twice as much money, will you be able to spend it? What does this group think they should push for?



Denise Ross stated that they did hire someone, but you have to not only consider the salary and benefits but the indirect as well, so it is a good chunk of money needed.

Vicki shared that when she sent out the template letter to all the tribes to submit to DOH regarding the 10% Set aside and consolidated contracting process only the Nisqually Tribe responded. Discussion on how to proceed. DOH agreed to extend the invitation to all Tribes to join this consultation.

Open Delegates Discussion

Care Coordination Agreement –Workgroup meeting was held Feb. 6th (day before delegates meeting) discussed current status of Tribal FQHC Affiliate agreement. The next workgroup will meet again March 6th.

[AIHC Priorities Update](#), Vicki Lowe and AIHC Staff.

AIHC will be updating this following the legislative session. Please review and submit feedback to Vicki.

Vicki talked about care coordination and what that looks like with each agency. The goal is to bring this all together and not make it in all these buckets. This is where we talked about using the Hub for all funds. It feels like it is getting more broken up rather than brought together.

Karol Dixon shared that the IHS Regional Referral Center should be in operation in 2026.

Heather noted that with WIC, the state is applying for a waiver to try to exclude general welfare income as Medicaid and IRS does. The Commission drafted a memo on this issue after being contacted by DOH. The state wants to fix this but is having pushback from upstream. This also applies to long-term support services at DSHS.

Vicki reviewed the AIHC Promise of Protection of Tribal Data and Information document. Please review and comment.



Promise of Protection of Tribal Data & Information *Data Gathering and Sharing Protocol* February 2024

The American Indian Health Commission promises to uphold high standards of data and information protection gathered for reports, presentations, evaluations, or other documentation. AIHC will meet or exceed the following practices:

Values:

- Relationships, transparency and continued communication
- Appreciation of distinct history, culture and indigenous values of each Tribe or Native Organization
- Indigenous knowledge is valid and should be valued.
- Information gathering happens *with* Tribes and IHCPs, not “on” or “in” Native communities.

Promises

- Respect for the privacy of the IHCPs, Tribes and community(s) included in the data gathering process; (project? Evaluation?)



Sarah requested that a model be included in the AIHC Priorities to address the issues with hospital discharge, especially related to Behavioral Health.

Swinomish is working to create a tribal liaison within the hospital system and thinking about how to fund it. Vicki responded this is on the list for next year's legislative session. She suggests thinking about implementing Care Coordination Agreements which requires them to exchange information. There is also language in HB1877 regarding communication with tribes re their members so once that has passed, we can use to enforce. This is a topic every week at the AIHC BH meeting every Thursday morning which everyone is invited to. It is recognized that the 2 outliers are 911 and the hospital.

Closing. Next meeting May 1st at Lummi (recently changed due to HHS Region 10 Consultation dates. Was originally scheduled for the east side.)

Executive Session (if needed). No need.

