

**Senate Bill 770 Health Services Cluster Meeting
Pendleton, OR
February 18, 2004**

Attendance

Richard Acevedo	Department of Human Services (DHS)—Director’s Office
Holly Arguello	Department of Justice (DOJ)—Division of Child Support
Jeannette Burket	DHS—Children, Adults and Families
Deborah Cateora	DHS—Health Services
Rod Clarke	Klamath Tribal Health & Family Services
Caroline Cruz	DHS—Health Services
Sissy Falcon	Confederated Tribes of Umatilla
David Foster	Oregon Housing & Community Services (OHCS)
Linda Hettinga	Yellow Hawk Tribal Health Center
Fred Hill	Confederated Tribes of Umatilla
Leroy Jackson Jr.	Klamath Tribal Health & Family Services
Ruth Kemmy	Department of Consumer & Business Services (DCBS)
Ernie Kimball	Centers for Medicare and Medicaid Services (CMS)
Sally Kosey	DOJ—Division of Child Support
Gina Mercado	DOJ—Division of Child Support
Eric Metcalf	Coquille Indian Tribe
Stacy Mullens	DHS—Director’s Office
Judy Muschamp	Confederated Tribes of Siletz
Jim Neely	DHS—Director’s Office
Elwood Patawa	Confederated Tribes of Umatilla
Jim Quaid	Confederated Tribes of Warm Springs
Roberta Queahpama	Indian Health Service—Warm Springs Health
Lynn Read	DHS—Health Services
Jim Roberts	NW Portland Area Indian Health Board (NPAIHB)
Susan Sams	DOJ—Division of Child Support
Carol Simila	DCBS
Naomi Steenson	DHS—Seniors & People with Disabilities
Leo Stewart	Confederated Tribes of Umatilla
Michael Stickler	DHS—Health Services
Lami Subia	DHS—Health Services
Jim St. Martin	Confederated Tribes of Umatilla
Ann Shindo	DHS—Health Services

Introductions/Traditional Opening

A traditional tribal leader and language instructor, Hill led an invocation. Vice chair of his tribes' Board of Trustees, Stewart welcomed attendees. Patawa introduced members of the tribes' Health Commission. Each attendee introduced him/herself.

DHS Update (Neely)

Neely thanked attendees for being present and extended a special thank you to Patawa and the Confederated Tribes of Umatilla for hosting the meeting. Because Measure 30 was defeated, some of the questions discussed at the last meeting have been answered, at least in part. DHS knows with certainty that its budget will be reduced by at least \$207 million in state funds. The agency's disappropriation plan, which was due to the Governor's Office in early February, is available on the DHS website at <http://www.dhs.state.or.us/aboutdhs/budget/disapprec1.html>. Neely provided an overview of the list of program areas included in the preliminary plan, which represents proposed cuts that have not yet been approved by the Governor, Oregon Legislature, or federal government. The Governor has expressed interest in buying back portions of some of these services; funding sources for these "buy backs" are not known to DHS at this time.

Every six months, DHS goes through a rebalance process whereby it compares the projected budget with actual expenditures. Because DHS has been able to identify savings of about \$90 million since the last time this process occurred, the agency may be able to use these funds to offset what will otherwise be even deeper cuts. The \$207 million reduction figure assumes that DHS will get to use the \$90 million in savings, which came primarily as a result of caseload decline in the Oregon Health Plan (OHP) and services to seniors and people with disabilities. Provider Taxes, another potential source of funding for certain programs, has not yet been approved by CMS. All plans are subject to change according to decisions made by the Governor, Legislature, and federal government. Regardless, substantial cuts will definitely be taken. Because many potential cuts are dependent on federal approval, timing is not yet known. Neely cautioned attendees not to assume that final decisions will be identical to current proposals.

Clarke asked if the state would be taking its own cuts, in addition to rolling cuts down to clients, tribes, and counties. Neely confirmed that staff cuts will need to be taken at the state level, in both program and administrative areas. Clarke mentioned that he has not seen reductions in DHS offices that are local to his area. Neely explained that disappropriation language specified that DHS' Health Services programs must take the vast majority of the agency's cuts. The bulk of our field office staff represent Temporary Assistance to Needy Families (TANF) and Food

Stamp programs, which DHS has not been asked to cut. So, while staff cuts in local offices are not out of the question, the heaviest cuts will most likely be seen in other venues.

Quaid mentioned that elimination or massive reduction of OHP Plus coverage would potentially devastate the state's mental health infrastructure. Neely agreed that yes, even a temporary major adjustment of funds in this area could instigate crumbling the infrastructure, which would take quite a long time to rebuild.

Quaid asked about the likelihood of the state receiving federal approval for the provider tax. Neely asked for Kimball's comments. Kimball explained that there appears to be a legal disconnect between Medicare/Medicaid issues and policies and American Indian/Alaska Native issues and policies. Interpretation of complicated rules results in significant delays; at this point, the likelihood of this approval is very difficult to determine. Clarke believes that CMS may have a calculated policy of considering American Indians/Alaska Natives as another minority group, rather than treating them as sovereign nations. Kimball does not believe that there is a collective effort to do so, but does recognize that a need to further educate CMS officials is very present and obvious. Two relevant national groups are actively meeting (Tribal Technical Advisory Group and CMS/Indian Health Board Steering Committee), and additional awareness is needed.

Tribal Updates

Klamath Tribes (Jackson): Since breaking ground in September, the construction team working on the tribes' new health facility has remained on schedule. The tribes hired a new nurse practitioner in January, and their new dentist started today. Jackson is very interested in Targeted Case Management (TCM) and plans to contact Quaid for further discussion.

(Clarke): Clarke provided an update on Wimbley House, a dual diagnosis Native American youth residential facility. Five hundred tribal members attended the tribes' annual sobriety powwow. Clarke was pleased with a recent meeting involving state and local mental health and addiction administrators, state and local police personnel, and others to consider future direction for handling drug and alcohol issues on the reservation. With concern over the federal government's recent actions regarding tribal health, Clarke gained permission from Klamath Tribal Council to solicit potential legal representation. The Native American Program of Oregon Legal Services has offered to do a pro bono legal analysis regarding this issue. Clarke would like to present an update at the next quarterly meeting, and would like to know whether or not other tribes are interested in this route. Muschamp added that the Confederated Tribes of the Siletz would definitely be interested.

Confederated Tribes of Siletz (Muschamp): The tribes submitted their application for use of the State Tobacco Fund yesterday; they are very pleased to know that some tobacco prevention dollars were spared. The tribes' contract health program is struggling, as it did last year. Muschamp's office is working to renegotiate some provider contracts, in hopes of deeper discounts. The tribes are also considering prescriptions by mail. Tribal Council recently approved a major expansion and remodel of their health clinic.

Confederated Tribes of Warm Springs (Quaid): Any reduction in OHP enrollment or benefits will have a huge impact on tribal health programs. As such, tribal representatives met with the Governor yesterday at a brown bag lunch, and asked that he work to protect health services. Fritz Jenkins will soon be visiting to help the tribe set TCM rates. The tribes recently applied for state tobacco funds and their juvenile crime prevention plan has been submitted. The tribes are close to a behavioral residential services contract, which would allow them to have their own beds, rather than competing on waiting lists. **(Queahpama):** The tribes' clinic will be in transition for the next six months; Russ Alger is leaving, and the new acting Chief Executive Officer will be Gwen Steelman. The Health and Wellness Center will soon celebrate its 20th anniversary. The center is planning for more extensive use of electronic records by April 1. Tribal elections are scheduled for March.

Confederated Tribes Umatilla (Patawa): The tribes recently hired a physician, who is a local internist and will begin in July. They are conducting a feasibility study for a new clinic and wellness center. In addition, they are sponsoring a diabetes prevention workshop which will occur on February 24th. **(St. Martin):** Reorganization of the tribes' Children and Family Services unit continues, and they have applied to operate a Title IV-E program. The tribes would like to implement TCM by June. In addition, they are hoping to open a shelter home for battered women and children; they have \$75,000 start money, in coordination with DOJ.

Civil Rights and the OHP (Roberts)

See handouts. Roberts recommends that legal council involved with various tribes and the board confer to produce one response to CMS. Washington Tribes are working on very similar issues. Kimball added that Thomas Scully recently left his post with CMS. Kimball agrees that a collective and united front from tribes (even across states) would be a powerful statement. Roberts asked Kimball to speak with whomever he reports to at headquarters regarding the notion that interpretations within CMS vary greatly and are not applied consistently. Roberts would like to know that CMS is assessing its own policies, so that there is a clear set of rules that all tribes can use. The NPAIHB will request that CMS headquarters send a representative to the next quarterly meeting.

Healthcare Update (Read)

Read provided an update on two OHP-related requests which continue to be considered by CMS. One request would allow retroactive eligibility for American Indians/Alaska Natives. The other request would allow Plus benefits for those American Indians/Alaska Natives who qualify for OHP Standard. Read was recently told that a CMS decision had rendered on both requests, that she could not have a hard copy of the opinion made by the Office of Civil Rights, and that American Indians/Alaska Natives could not be allowed differential treatment. Read has since heard that the CMS decision opinion is being held. Some attendees wonder if it is beneficial to receive the decision. Roberts asked if it was possible for the state to withdraw its requests, in order to reduce scrutiny on American Indian/Alaska Native cost-sharing exemptions. Read indicated that could technically be done; however, it is not clear that would cause CMS to defer taking action to inform Oregon that it could not provide differential treatment (e.g., waiving premiums) for American Indians/Alaska Natives.

Quaid agrees that these efforts are important, but recommends that the national health board also needs to work on adding entitlement language to the Social Security Act, to recognize American Indians/Alaska Natives as a separate category based on their political status, not their race.

Back on the subject of budget information, Read explained that DHS knows some of the Governor's priorities, but the funding is not yet aligned. It appears that his priorities do not include OHP Standard. In general, DHS assumes that this coverage will be temporarily discontinued. Pricing assumes that these changes would take effect August 1st, to allow for necessary approval at state and federal levels. DHS would like to maintain the existing framework including the prioritized list of services, in order to rebuild in the future. CMS may decide not to allow the framework or demonstration to continue while DHS is not able to offer coverage to the Standard population.

On a separate issue, Cateora and Leah Tom have discovered that tribes tend to under bill for Medicaid services. Cateora and Tom would like to hold a meeting in Portland or Salem regarding qualifying services and how they are most successfully billed. Cateora asks that tribes respond to her with dates and times that would work best for their billing staff, including telephone conference options. Regulations allow tribes to go back 12 months to correct past billing efforts.

Cateora recently found a list of tribal clinics who were given Tribal 638 status in 1993. In 1996, the clinics were presented with two options for reimbursement (Federally Qualified Health Center [FQHC] or tribal encounter rates). Rates have changed since that time; clinics

have the opportunity to change their method of seeking reimbursement, with the potential to receive additional funds. Cateora works closely with sub-recipient contracts experts in Multnomah County, and could invite them to a meeting to discuss this issue with tribes, if the tribes are interested. Kimball has additional information regarding the technical definition of sub-recipients, and can provide it to whoever expresses interest. Metcalf believes that a switch would be profitable. It is likely that he and Mark Johnston will be able to provide an update at the next quarterly meeting. One meeting on this subject will occur tomorrow morning at 10am in Portland. Cateora can arrange an additional meeting, if tribes would like one. Or, she can mail information to those who are interested. Clarke would like the mailed information.

Quaid inquired about pharmacy services in conjunction with OHP. Read explained that it is likely that the Plus population will have some benefit in this category. This is a priority for both the Governor and DHS.

Centers for Medicare and Medicaid Tribal Technical Advisory Group (Roberts)

See handout. This group is working to formulate a national strategy to address tribal health issues. Waivers were a topic of discussion at the February 10th meeting, and NPAIHB has formally requested that the same is true at the next meeting, on May 26th. NPAIHB is a regular participant, and provides position papers as needed.

Medicare Prescription Drug Improvement & Modernization Act of 2003 (Kimball)

See handout. Temporary cards are currently being issued, and permanent cards will take effect January 1, 2006. One hundred six entities have expressed interest in the major contract for this project. The CMS website (www.cms.hhs.gov) has regular updates.

On a separate note, Kimball has been working to achieve more regular updates for tribal health care providers. Other providers currently receive these updates, and Kimball would like to add tribal providers to the distribution process.

In addition, the Medicare Fraud Education Program has received funding for outreach to American Indians/Alaska Natives in Oregon. Roberts recommends that this program go through the Tribal Technical Advisory Group to develop training and materials which include an awareness of tribal health systems. At that point, program representatives would be more prepared to visit and interact with tribes.

Yellowhawk Prevention Program Presentation (Falcon)

Falcon provided background information on how the program came to be, including the fact that Cruz was involved. One tool used by the program is a puppet show called “Rez Dog, Where’s the Remote.” Attendees had the opportunity to view a live performance of this show. This tool allows the space for very sensitive issues to be discussed in a comfortable, welcoming environment.

OHP Eligibility (Subia)

See handout. Subia provided names and phone numbers of staff in each region of the state who will be trained in tribal relations and can assist with application and eligibility questions.

DHS Hepatitis C Program (Shindo)

Shindo was recently named the state’s first Hepatitis C Coordinator. The program is brand new. Four million people are living with Hepatitis C, which is four times the number of people living with Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). Most of the people with Hepatitis C do not know they have it. If diagnosis occurs early in the development of the disease, it does not have to progress to cirrhosis of the liver or other extensive medical conditions.

The state is legislatively required to develop a comprehensive plan for Hepatitis C education, prevention, and management. Shindo wants to be sure to include current carriers in the planning efforts. Due to lack of funding as well as similarities between Hepatitis C and HIV/AIDS, these efforts will “piggyback” on existing HIV/AIDS programming.

Shindo would like to know how the plan could be helpful to tribal communities, and to be considered a resource on this issue. She is available to make visits to individual clinics or other organizations, if tribes deem that helpful or necessary. She can be reached directly at (503) 731-3360.

TCM Update (Acevedo)

Acevedo and Jenkins have visited most tribes once and they are going back for a second round of training with those tribes who have requested it. Per Quaid, the records process looks very

similar to a tribe running its own foster care program through Title IV-E. Quaid is working to develop unified forms and training his staff on TCM (through material originally developed by Jenkins, which Quaid modified to create a training manual for his own tribes). Though these efforts take time, the return is likely to be significant. Quaid's program has the potential to receive between \$300-400 per encounter. Quaid is willing to provide insight regarding internal processes.

OHCS Update (Foster)

Foster explained that 95 percent of cuts to state government are coming from public safety, education, and human services budgets. Very few General Fund dollars go to OHCS, so cuts to this funding source have less of a direct impact on OHCS. Instead, the agency will see collateral impacts. As clients of other agencies lose their benefits, they will be looking to OHCS for additional support and assistance.

A few meetings ago, Quaid mentioned that the Confederated Tribes of Warm Springs were interested a direct contract with federal government, related to energy assistance. Tribes do have this nation-to-nation opportunity, even though this program has historically been run through the state. Foster would like to meet with tribal housing authority and emergency assistance to further explore and discuss this opportunity. Foster would like to plan for a full day in June or July.

If tribal representatives have a preference for dates or times, they should inform David. Otherwise, once dates and times are set, Foster will send an e-mail (through Mullens) for tribes to forward to whomever should attend.

DCBS Update (Kemmy & Simila)

Kemmy and Similar were pleased to announce positive resolution regarding an ongoing insurance reimbursement issue involving the Confederated Tribes of Grand Ronde and Regence. The Indian Health Service expects that tribal clinics will be reimbursed from third party insurance entities. The Confederated Tribes of Grand Ronde found that this was not occurring, and sought help from the DCBS Insurance Division. As a result of various meetings and conversations, all parties have come to agreement on standard reimbursement practices. If other tribes are experiencing similar situations, they are encouraged to contact Kemmy, Simila, or Greg Malkasian.

Simila reported that her office is beginning to develop a long-term (five-year) health literacy project. The purpose of the project is to enhance Oregonians' ability to understand their coverage. The first meeting for this project will occur February 26th at 1pm in Salem at the Labor and Industries Building. If interested, contact Simila.

Cluster Reports

(Acevedo for McNeVins): Representative Tom DeLay's office has asked the federal General Accounting Office (GAO) to review Indian Child Welfare Act (ICWA) practices in various states. In January, they visited Oregon via DHS' central office, local offices, and various tribal communities. Acevedo and McNeVins were concerned by the negative style of questioning. In particular, the visitors asked why ICWA is not working and whether or not the act is a barrier to compliance with the Adoption and Safe Families Act. Acevedo and McNeVins ask that tribes please be aware and alert to this issue. Burket added that DHS child welfare program managers were also surprised by the negative questions, but felt that the GAO staff came away from their visits with a more positive picture than they anticipated.

As a reminder, Acevedo is the new TANF contact for the tribes, and he is working with a team of DHS self-sufficiency experts to meet tribes' needs.

Also, Vicki Nakashima will be retiring from the DHS Office of Multicultural Health and her replacement will be hired soon. That person will either attend these meetings or assign a designee. In addition, Jim Pettyjohn has officially retired. New faces coming soon.

(Cruz): See handouts. Alcohol and drug prevention dollars are estimated at \$8.5 million, to cover both counties and tribes for the biennium. Cruz's office has recommend that each tribe receive \$50,000 per year. In his absence, John Spence asked Cruz to inform attendees that juvenile crime plan dollars will probably stay at \$25,000 per year. From Cruz' perspective, collaborative and creative use of these funds can result in significant accomplishments. Funds will be available as early as March.

Western Center for Applied Technology will provide training in March and June. Cost will be \$40 for four days. For additional information, contact Cruz. Barbara Cimaglio, DHS prevention coordinator has resigned effective March 17th, in order to accept a position in Vermont. The Oregon Indian Council on Addiction continues to meet monthly and the Fetal alcohol project continues to be available.

(Kosey): As a reminder, foster families can apply for child support to cover the children they foster.

(Steenson): Due to the failure of Measure 30, service priority levels 12 and 13 are not likely to be restored. The next elder abuse prevention training will occur in Coos Bay on May 18. Other training locations and dates include Pendleton on June 30 and Klamath Falls on August 28. Training will be free for those who are prosecution or law enforcement staff and sponsor sites are looking for ways to cover the cost of others who would like to attend. Steenson will soon begin a new job as DHS Governor's Advocacy Office Administrator. She will continue to attend quarterly meetings, but another person will soon represent the DHS Seniors and People with Disabilities cluster.

(Stickler): John Collins has been hired as his new manager. Stickler continues to co-chair a group that considers best practices in Indian country, with a special emphasis on contracting. In the future, it is likely that at least 25 percent of contract dollars will be awarded to those entities deemed to be using best practices. The Confederated Tribes of Grand Ronde, Burns Paiute Tribe, and Confederated Tribes of Warm Springs are currently participating in the group, and other tribes are welcome. He has participated in ongoing meetings with the Confederated Tribes of Grand Ronde related to children's mental health and residential beds, to be sure that the tribes have adequate access when the need arises.

In Closing

See handout. Roberts distributed the Fiscal Year 2005 Indian Health Service budget.

Next Meeting & Adjourn

The next meeting will be held on May 19, 2004. The Klamath Tribes may host in Klamath Falls. If not, DHS/DCBS will host in Salem. Further details will follow.