

**Senate Bill 770 Health Services Cluster Meeting
Salem, OR
August 25, 2004**

Attendance

Richard Acevedo	Department of Human Services (DHS) – Director’s Office
Evonne Alderete	DHS – Director’s Office
Cindy Becker	DHS, Deputy Director
Jeanette Burket	DHS, CAF – SDA 3
Judy Bowen	DHS – Seniors and People with Disabilities
Deborah Cateora	DHS—Health Services
Caroline Cruz	DHS – HS-OMHAS
Terry Duffin	Center for Medicaid and Medicare Services
David Foster	Oregon Housing & Community Services (OHCS)
Ed Fox	NW Portland Area Health Board
Roma Hanson	Cow Creek Indian Tribe
Robert Hardy	Klamath Tribes
Ron Hudson	The Confederated Tribes of Grand Ronde
Ruth Kemmy	Department of Consumer and Business Services
Cheryle Kennedy	The Confederated Tribes of Grand Ronde
John Lupo	DHS – Health Services
Greg Malkasian	Department of Consumer and Business Services
Mary McNevins	DHS – Children, Adults, and Families
Jeff Mitchell	Klamath Tribes
Judy Muschamp	Confederated Tribes of Siletz
Toni Phipps	DHS – Health Services, Multicultural Health
Lynn Read	DHS – Health Services-OMAP
Naomi Steenson	DHS – Governor’s Advocacy Office
Michael Stickler	DHS – Health Services, Office of Mental Health & Addition Services
Carol Simila	Department of Consumer and Business Services
Barbara Taylor	DHS – Children, Adults and Families
Leah Tom	Portland Area Indian Health Services
Bonnie Wakeland	DHS – Children, Adults and Families
Michael Watkins	The Confederated Tribes of Grand Ronde
Wilson Wewa	Warm Springs Tribes
Gary Weeks	DHS – Director’s Office
Linda Robertson	Coquille Indian Tribe

Introductions/Traditional Opening

Greg Malkasian welcomed the attendees to the meeting. Prayer by Leah Tom.

DHS Update (Weeks)

Gary Weeks updated the group on the DHS Budget. DHS' budget is due to the Department of Administrative Services by September 1 and the department should meet that deadline. The State will start the budget process with \$300 to \$700 million shortfall from the anticipated need; that does not include roll-up costs from the current biennium.

As part of the budgeting process the Department held meetings in five communities as well as four other areas by videoconference. The materials shared at these public meetings, including the comments from the various meetings, have been posted on the DHS web site. Although the Department must submit a request budget by September 1, there is still time for people to comment. The Governor has until December 1 to make his decisions, so there is still an opportunity to make comments during that process as well.

Weeks has asked Rick Acevedo to work with each of the Tribes to schedule a time for him to meet with them throughout the year. In the past it has been a good experience to meet with the various tribal councils and Weeks wants to continue the relationship. Once the meetings are on the schedule, Acevedo will get notice out.

Seniors and People with Disabilities:

The U.S. Administration on Aging administers a program called the Older Americans Act, which gives funds to States that are then passed down to local programs to deliver services to the elderly. Oregon receives those funds through the Department of Human Services Seniors and People with Disabilities cluster, which are then passed down to 18 Area Agencies on Aging (AAA) and then to various service providers. Title VI of the Older Americans Act gives direct grants to elder programs of Indian Tribal organizations. Region X holds 68 of those grants. Oregon has six grantees: Umatilla; Warm Springs; Klamath; Coos, Lower Umpqua, and Siuslaw; Grand Ronde; and Siletz. The grants under this program are funded on a three-year cycle running from April 1st to March 31st; April 1, 2005, begins a new three-year cycle. The tribes are only required submit a grant application during the first year and then submit a simple form to continue into year two and/or year three.

There is an opportunity for new tribal organizations to apply for this grant. The criteria for applying is that an organization must have at least 50 tribal elders, 60 years of age or older. However, if an individual tribe does not meet that number two tribes may form a consortium to apply for a grant. The minimum grant for the smallest tribal organizations has been approximately \$72,000.

There are two things that every program must do:

- Provide nutrition for the elders; both a hot meal program and a home deliver program.
- Provide informational assistance to help get participants access to the services that they may need.

One caveat about the application process is that whenever there is a new grant period opening, new applications are funded only after organizations already receiving funds have been funded. The current fiscal year saw cuts in Title VI funds; advocates are urged to contact their elected representatives and encourage them to do more under the Older Americans Act.

Programs that are funded by Title III and Title VI grants of the Older Americans Act have a requirement for the two programs to work together. However the organization does not have to have a Title VI grant to receive services. This is not a means-tested program, it is available to all seniors over that age of 60; however, it is targeted to those who have the greatest economic or social need, especially low-income minority elders. Region X is hoping to have a special meeting with the AAA in Oregon, including existing tribal representatives regarding this program. Please watch for notices to come out from Judy Bowan as more information is available.

Another program that has been going in Oregon for several years is called the Senior Medicare Patrol Program. This discretionary grant program is funded through the Seniors and People with Disabilities cluster and administered through a contract with GayLynn Pack. GayLynn has been working over this past year to get information about this program is getting out to the tribes so it can be passed on to the tribal elders. This program helps prevent fraud, waste, and abuse in the Medicare and Medicaid programs. DHS provides information and training to volunteers, such as SHIBA, focusing on prevention of fraud, waste, and abuse.

While working on an outreach program last year, Eastern Washington University graduate student Leon Eagletail worked with the Spokane Tribe to prepare presentations and training that were later given to the tribal elders. The Tribe was able to identify and access services for 50 to 60 elders who were unaware they were eligible for the services. By doing so, tribal dollars were freed-up to be spent on other programs and services.

The Washington SHIBA program has again applied for a grant to focus on a multi-state /tri-state program to get the study related information out to the Tribes to help people gain access to services as well as learn how to identify fraud.

Question: Are there reports or follow up document that reflects the benefits of those programs? Such as how many people are served by this program, whom are we reaching, are

we reaching the right people and doing it effectively, and who is it benefiting. (Weeks) There are reports generally available. That type of information is aggregated in the D.C. offices and we will get that information to you.

SPD Update (Bowen)

SPD is currently looking for tribal membership on the Governor's Commission on Senior Services. If you are interested or know of someone who may be interested, please contact Judy Bowen.

Bowen reported that over 10,000 copies of the latest issue of the Placement Project were sent out this week. She has copies if you are interested in viewing them or getting copies for use at your tribal meal areas. The first issue was based on "eat 5 a day," and the November issue will relate to diabetes.

Bowen also brought copies of Oregon's Legal Guide for Grandparents and Other Relatives Raising Children; copies can also be downloaded at Oregoncares.org.

Bowen recently attended "Communicating Effectively with Healthcare Professionals," a train-the-trainer workshop provides trainers with the tools to help caregivers to communicate with health care professionals. Wilson Wewa, who also attended the training, provided an update .

Wewa reported there is a need, not only by the Tribes, in other communities for caregivers to have a way of communicating effectively with healthcare professionals. The National Family Caregivers Association provided the training and compiled a book and manual that can be replicated for use by the caregivers in the home. The two-day training opened many eyes on new ways to approach doctors, as well as social workers, judges, and legal advocates. If your tribal organization would like the training brought to your area please contact Judy Bowen or Wilson Wewa.

Wewa said these tools are not currently Native American specific, however, he is working with the National Family Caregivers Association on some modifications that will give them more of the Native American aspect; those modifications are expected to be completed sometime in October.

Healthcare Update (Read)

As of June 19, 2004, the Department discontinued co-pays for the OHP Standard population as a result of a court order, although we are allowed to continue to charge co-pays to the OHP Plus population. However, this is not directly relevant to those who are coded within the system as American Indian or Alaskan Native because we won't charge co-pays for that

population. We continue to charge premiums for the OHP Standard population. Right now OMAP is preparing to make a report to the September meeting of the Emergency Board talking about the impact that the co-pays and premiums have had on the OHP Standard population. OMAP is also seeking input on the premium policies for the OHP Standard population, which will be taken into consideration before a report is made to the November meeting of the Emergency Board.

On July 1st OHP Standard was closed to new enrollment. There is no longer any General Fund supporting the OHP Standard population due to the failure of Ballot Measure 30. The funding that is available to the program is from client premiums and provider taxes, as well as matching federal dollars. As a result of the reduced funding to this program, enrollment must be reduced from the current 55,000 clients to 24,000 by the end of June 2005. By mid-October, we must decide if natural attrition of clients will get the enrollment down to a number that is sustainable within the reduced funding. If we are not able to get to the targeted enrollment number, it is likely that we will have to lower the FPL limit people must meet to qualify. If that is the decision made in October we would notify CMS by November 1 and clients would be notified of a change in eligibility criteria as soon as possible, with the change taking effect in January of 2005. It is too early to know at this time if we will need to proceed with this plan.

On August 1, 2004 the reconfigured OHP Standard benefit package was implemented. The package includes some reduced or eliminated services as well as the restoration of other services previously cut. The benefit package was based on recommendations from the 2003 Legislative Session.

To update you on the pending requests with CMS, the Department has had no new comment or action from CMS on the requests since we last met. The first request related to the retroactive eligibility available for American Indians and Alaskan Natives in the OHP Standard Program. This request becomes moot if approval is received from CMS to restore retroactive eligibility for all OHP Standard clients.

The second request is still pertinent. The request seeks approval for American Indians and Alaskan Natives on OHP Standard to receive the OHP Plus benefit.

In July OMAP held a meeting to discuss a strategy the State and the Tribes may be able to use to move towards an affirmative decision on that issue. The group agreed that a letter should go to CMS with the factual information to demonstrate that our request is based on the Government-to-Government relationship. A letter is being drafted and will be signed by as many tribal chairs as possible as well as the appropriate Executive Branch administrators. Prior to sending the letter, the Governor's Office would organize a call with the congressional delegation staff to go through the information that will be provided to CMS.

The hope is that the delegation staff will then ask CMS to be kept informed of the progress on the Oregon request.

Deborah Cateora reported that the pre-meetings regarding billings will continue to happen the day before the Quarterly Tribal meetings and when possible we will try to set up a conference call for those who can not travel to the meeting. Several of the Tribes are submitting cost reports for 100 percent cost reimbursement methodology; participating tribes are at various parts of the process.

Cateora said there is a change with the managed care supplemental payment process. It requires states to pay the difference between what the clinic received with a managed care plan and what the State would pay out if the clinic billed the State directly. This process is retroactive to the date that CMS issued the letter in 2003. She believes there is only one Tribe with a managed care contract; however, if you have a managed care contract and you have not already been dealing with this issue, please contact Deborah Cateora.

OMAP is moving forward on a data match between ISH files and OMAP eligibility files to assure that all of the American Indians and Alaskan Natives are properly identified in the system. This match would help prevent a client from automatically enrolling in managed care, prevent co-pays from being assessed, and decrease the confusion. Right now it is the responsibility of the branches to properly designate the clients. However, there are a variety of issues that pop up so making this a more automated process will be more efficient. We are currently looking at a very simple process using a spreadsheet format with the idea of doing the match on a monthly basis, before the monthly automatic managed care enrollment program. Agreements need to be setup with the Tribes who are willing to share the data with us. The hope is to have this in production in the next few months.

OMAP is working towards a different process to access claim and eligibility screens. Any tribe that currently uses the DHS screens (not via the web) to review claim status or client eligibility needs to let Deborah Cateora know right away. Those screens will be cut off soon and a new method of access will have to be determined for you. There is a new web-based process in the works, but OMAP is trying to divert new people to the web site and getting the current users off the DHS system. If you find that you have been denied access, please contact Deborah Cateora.

There seems to be some confusion about the OHP Standard dental benefit. In February 2003 people had a “limited dental benefit” and now the benefit is a “limited *emergency* dental benefit.” Because the Alcohol and Drug and Mental Health benefits were restored, clients think dental services are covered when in fact they are not. OMAP is currently working on a client notification to clarify what dental services are covered; this notification will be made to branch office, tribal facility, etc. to help them understand the coverage. We anticipated that these notices will go out in approximately two weeks.

The memo sent out in June announcing CMS' posting of the Indian Health Encounter rate listed the rate as \$307; however, that was an error in the CMS system and the actual rate is \$216.

Tribal Updates

Siletz (Judy Muschamp): The contract health service program funds are nearly depleted with a few months left in the year. We have tapped into third party collections, etc. to keep priority levels one and two. The program will have to remain strict for the remainder of the year. The clinic's billing department is working on the testing phase of the Medicaid electronic billing system. Currently the registration package does not interface with the billing package and we are working to correct that issue as well as the others as they have arisen.

Grand Ronde (Cheryle Kennedy): The Tribe has provided funds to begin construction on three homes for community elders, each home will serve five members.

The Tribe has been working on a self-insurance program for a few years now. In January of this year the Tribe implemented the first phase of the project and just recently started the second phase. The Tribe is working hard not to supplant what members are already eligible to receive. They are particularly interested in the partnerships that may be available through the state and federal government to maximize resources.

Grand Ronde (Michael Watkins): The Tribe applied for diabetes grant with the Siletz Tribe and have corporate sponsors that are interested in working on the project. They also applied for tribal management grant with the Siletz Tribe to look at the Chemawa Health Center and the feasibility of contracting with that health center.

A portion of the self-insurance program includes a case management program for tribal members and we are targeting obesity. We have moved back into the prevention and wellness mode.

Another project we are working on is an elder activity center; the design will be completed next year. We are researching the prevention services can be provided in that location.

Grand Ronde (Ron Hudson): The Portland area office will be having its Grand Opening on September 17. The address is 3312 SW Kelley, Portland. If you would like a map please e-mail Ron Hudson.

Given the State budget cuts there are no more government assistance programs. We have been working with Terry Daily and SDA 3 for the past few years. We have been discussing how to get people to where they need to go to get the services they need. Because of cuts we

have seen a 30 percent increase in our government assistance program, and have contracted someone to work to get clients to the right services. Hudson said they are finding their needs to be more effort to work together, collaboratively, and to move away from the dependency model that has been created.

He reported concern with the evidence-based practices legislation, SB 267. It is not clear what the State standard is, what it means to the tribes, how it will affect funding, relationships and contracts. A work committee of DHS staff and tribal members was established last year to address this issue, the next meeting will be September 13 in Burns. For more information about this workgroup please contact Michael Stickler.

Warm Springs (): The clinic's billing section is short staffed and is behind in some areas, but they are working to improve. Part of the backlog is due to a recent vacancy and leave due to illness. A new director for the clinic was recently named, Carol Devaney, she plans to attend a future meeting.

Coquille (Linda Robertson): The Coquille Indian Health Center started a remodel in February. The entire clinic has been remodeled, including the addition of a new conference rooms. One of the most recent achievements was to get our accreditation from the HHHC.

North West Area Indian Health Board Updates (Ed Fox)

CMS T-Tag: National tribal group to work with CMS on issues of access to the programs. Medicaid modernization act. Started this February. Twelve regions from NCIA and self-governance tribes. Delegate. Provision, Medicare like rates. Allow the tribal services availability to access to hospitals to give care to tribes at the Medicaid rate.

Rx drug portion of the act. There is a temporary program available to low income people. The intake rate is quite low. There will be a training in September on the plan with CMS. The long-term plan. Sept 16, Seattle, program concerns can be voiced to CMS on the Medicare modernization act. What other issues are out there in the programs. 40,000 in 2002, now estimated 112,000 that are eligible and not enrolled.

OHCS Update (Foster)

The Oregon Housing and Community Services Department hosted an event in June to plan and sponsor a tribal housing fair at Chemewa on August 21. OHCS will try to continue this event in years to come.

DCBS Update (Kemmy)

Carol Simila with the Insurance Division spoke about the SHIBA programs. DCBS is cooperating with statewide initiative called Fight Fake Insurance. Many companies try to avoid regulation by saying “this is not insurance.” Our advice is to stop, call, and confirm. You can verify an insurance companies credentials with the Oregon Insurance Division, the contact information is on the flyer. All agents must be licensed in the State of Oregon.

SHIBA is beginning to work with the tribes to help them understand Medicare benefits. The Burns Pauite Tribe is working with their local Area Agency on Aging Office and they are working to create web-based resources.

Health Services Cluster -HRSA and Bioterrorism planning

John Lupo and Allen Visnick: DHS HS has entered into a cooperative agreement with the CDC for bioterrorism preparedness. We have been working for a few years with the counties and local agencies on this cooperative agreement. We have been urging the counties to work with their local tribes to come up with a written plan if an infectious disease or bioterrorism event occurred.

We’ve been working with Ed Fox and the Portland Area Indian Health Board (PAIHB) to come up with training needs assessment. Survey where training needs are so that we may offer trainings to those in the group who are interested. Working with the PAIHB to come up with funds to help in these trainings.

Allen: HRSA – Hospitals in the health care system. Tribe based results, a lot of hospitals responded that their was work to do. \$6.2 million. Create surge capacity. Develop health care regions. Seven trauma response regions, governing boards for each of the regions. Take the seven regions and put them into health preparedness contract with an area coordinator. Funding one FTE to come up with a health care plan. Regional lead agency, contact. Mandate to have a tribal representation on the board. The board will take the data from the survey and review the results for the board’s area. Tribal health care authorities will be asked to participate in the survey. This group will determine how the funds allocated will be spent. Prorate based on population.

Jean Palmateer: There has been a special state transportation fund set up to help fund transportation projects for the elderly and disabled. The program began in 1986 and grants \$9 million per year. Various counties have been allocated funds to provide these transportation services; however, no direct access has been given to the tribes. Legislation introduced in 2003 proposed to grant tribes this direct access. The emergency clause made the effective date of the bill July 1, 2003. We are currently writing the necessary rules for how to run the program, including a fund misuse clause. The Oregon Transportation Committee passed a temporary rule that will allow this program to begin while the

permanent rules are written and approved. ODOT has planned two workshops for September to assist the tribes in filling out the applications for these grants. Funds will be available retroactively to the July 2003. The minimum allocation is \$38,000 each year. The grant does not restrict the use of the funds or program. Applications have already been sent to the tribal leadership of each of the Tribes, however, please call if you have questions or would like additional information on leveraging.

Cluster Reports

FPA (Fritz Jenkins): Update on targeted case management; CMS approved the tribal targeted case management proposal a year ago. Since that time we have been offering training and answer questions about the project. To date, only Warm Springs has submitted their information and has begun the process of evaluating their costs. If you are interested or would like more information contact Rick Acevedo or Fritz Jenkins.

CAF (Caroline Cruz): The Native American Juvenile Justice Summit will be held on September 21st and 22nd. Funding has been reserved for seven scholarships per tribe, which includes lodging, transportation, continental breakfast, and two lunches. Please spread the word.

SAMHSA has earmarked dollars for tribes to establish community coalition group. The laws have been modified so that tribes do not have to come up with a match. One of the stipulations of the grant is that the group must meet by the end of September. The grant is for up to \$100,000 per year for five years. The group would make an analysis of the need for drug and alcohol or other risk factors. Lupo and Cruz are available to assist in the grant writing process if needed. It appears that all tribes would qualify for these funds.

The Office of Mental Health and Addiction Services staff has been relocated to a co-location on the 3rd floor of the Human Services Building in Salem.

DO – GAO (Naomi Steenson): Steenson announced that she has moved to a new position in the Governor’s Advocacy Office within the Department. The Governor’s Advocacy Office can be reached at (800) 442-5238, or Steenson can be reached directly at 503-945-5665.

CAF – SDA 3 (Jeanette Burket): The local self-sufficiency offices are struggling to keep up with workload in the areas of food stamps and TANF intake. The staff is working to improve the accuracy rate and is making progress. The Governor’s new emphasis on the children’s charter appears to be changing TANF to focus more as a preventive gatekeeper of healthy intact families and healthy and safe children. Local managers are working hard to plan and discussion projects to get more collaboration from staff.

HS (Michael Stickler): Just a reminder that the next Senate Bill 267 meeting will be September 13th in Burns.

Next Meeting

The next meeting will be held on October 26, 2004, in conjunction with the Annual Government-to-Government Summit on October 27.