

**OPTIONS FOR AGING AND DISABILITY
RESOURCE CENTER SERVICES TO
TRIBAL MEMBERS:**

Discussion Paper with Comments from the Tribes

February 12, 2009

**Department of Health Services
Division of Long Term Care**

OPTIONS FOR AGING AND DISABILITY RESOURCE CENTER SERVICES TO TRIBAL MEMBERS: Discussion Paper

Background:

Respecting the sovereignty of Wisconsin Indian Tribes and following the consultation agreement between the Department of Health Services (DHS) and the Tribes, DHS has been exploring options and opportunities on how Wisconsin tribal members should receive long-term care services in ways that best meet their needs and respect their cultural heritage. During late 2006 and early 2007, representatives of DHS have met with tribal aging directors, tribal long-term support coordinators and other human services representatives to discuss coming changes in the way long-term care is delivered to elders and adults with disabilities under the Governor's Family Care initiative. Wendell Holt, from GLITC, was under a DHS contract to meet with tribal members to listen to ideas about how tribal long-term care services can fit within the framework of this initiative. In particular, we have been seeking opinions on how best to make the new Aging & Disability Resource Centers (ADRC) valuable to the elders, adults with disabilities and their families who are members of sovereign Indian Nations.

This paper was developed as an outcome of those discussions. The paper describes three options for how Aging and Disability Resource information and options counseling might be delivered in a culturally appropriate manner for Indian elders and Indian people with disabilities. This paper has been discussed with the Tribal Aging Directors' Association.

The paper was also shared in a draft form with all Tribal Chairs and Presidents as well as Tribal Aging Directors and Health Directors asking for their comments. Four tribes responded in writing to the department. Several additional Tribes have indicated their preference regarding the option that would be best for their Tribe. The comments from the Tribes are included in this report.

Option 1: A tribe participates as a full partner in the formation of a multi-county/tribal ADRC.

- A tribal government representative serves on the governing board of the ADRC.
- Tribal representatives including consumers participate in planning the ADRC.
- Tribal representatives work with counties to assure that culturally appropriate and accessible services are provided by the ADRC to tribal members.
- The state contracts with the ADRC (or its designated fiscal agent), and the ADRC receives \$40,000 for each tribal partner.
- The multi-county-tribal ADRC provides all of the core services of an ADRC as specified by the state contract to any residents of the counties or reservation.
- The ADRC will provide the same level of information, options counseling, eligibility and enrollment assistance for access to Family Care, Partnership (where available) or IRIS (self-directed supports waiver) to tribal members and county residents.
- The ADRC will provide culturally sensitive and appropriate services to tribal members in the area.

Comments from the Tribes:

This option appears to be the most advantageous to the Tribes as it provides them with a greater ability to ensure that services to Tribal members are culturally sensitive and appropriate. With this option, the Tribe is a full partner in the ADRC and on the Board. The disadvantages to this option are the ADRC population requirement and the funding of an ADRC.

We hope that all the bullets described would be made possible regardless of which option we decide, as we are members of the tribe, county, community, and region.

Option 2: A Tribal Aging and Disability Resource (ADR) Specialist position for any tribe seeking this option.

- A tribal full-time or part-time position is funded by the state to assure that tribal members receive culturally appropriate information on aging and disability services and benefits, and receive support to access long-term care programs including Family Care, Partnership (where available) and IRIS (self-directed supports.)
- The state contracts directly with the tribe to support the full-time or part-time position, at a funding level that reflects the relative size of the tribal population living on or near the reservation.
- The services to be provided by the tribal ADR Specialist would include outreach, liaison between tribal people and the county ADRC, conducting home visits to provide information and counseling and assisting people to use the ADRC,.
- The tribal ADR Specialist serves as a customer advocate for tribal members using the ADRC.
- The tribal ADR Specialist will assure there is training and technical assistance provided to the ADRC(s) serving the area where tribal members reside about resources available through the tribes, about culturally appropriate ways of serving tribal elders and persons with disabilities, and to assist with collecting information.
- There will be an MOU between the tribe and ADRC(s) serving the area where tribal members reside specifying the roles and responsibilities of the Tribal Aging and Disability Specialist and the ADRC.
- The ADRC(s) serving the area where tribal members reside are required to provide culturally sensitive/competent services to the tribal members in the area who use ADRC services.

Comments from the Tribes:

Although this option provides the Tribe's the ability to hire an ADR Specialist of its choice for outreach/liaison services between the Tribe and a County ADRC it does not require the County to have Tribal representation on the ADRC Board. This can be problematic, as these Boards may not have a full understanding of the specific needs of Tribal members. The only way to ensure the ADRC provides culturally sensitive and competent services to Tribal members is to require Tribal representation on the Board.

This option seems to be the best fit for all involved as it guarantees a Tribal person serving Tribal people in a culturally appropriate manner. However, in order to be successful, it's my opinion that this must be a full time position as placing these responsibilities upon already overworked staff would just create burnout and the main goal of information, assistance, and access would be sidelines. I would also like to recommend changing the language in bullet #5 to say something like...the Tribal ADR Specialist will "arrange and/or provide" training and technical assistance....; to ensure that appropriate training takes place as the ADR Specialist may or may not be the right person well versed in specific cultural topics.

We prefer directly contracting with the state for a full- or part-time position and having that individual work with Tribal members and county ADRC(s). The nation has experience developing MOUs and we are willing to negotiate an MOU with the ADRC(s) in the area where Tribal members reside.

Option 3: A Tribal Aging & Disability Resource Center is established by multiple tribal governments.

- Participating tribes will establish a governing board that consists of tribal members, with at least 25% consumers.
- The ADRC will operate as a single organization, with one director and one budget and centralized data base and fiscal operations.
- The tribal ADRC will provide to tribal members the full range of core ADRC functions, based on the standard ADRC contract, at locations accessible to all tribes.
- The tribal ADRC will provide options counseling and benefits counseling to tribal members to assist them with access to Family Care and other public programs.
- The state will contract directly with the multi-tribal ADRC. The multi-tribal ADRC will need an agency to sign a contract, receive and manage funds. One tribe may be designated by participating tribes to play this role for the entire ADRC.
- Funding will go to the multi-tribal ADRC, not to the individual tribes, to provide services to tribal members.
- The population base served by the multi-tribal ADRC needs to be large enough to qualify for sufficient funding to provide all ADRC functions required by the DHS contract.

Comments from the Tribes:

Due to the widespread geographic location of the Tribes in the State of Wisconsin along with the ADRC population requirement this option presents many logistical issues; consequently I do not believe this is a viable option.

We would like to reserve this option as a future goal. At this point in time, this option does not seem feasible for us. If tribes decide to explore this option in the future, we would like to negotiate with you regarding an exception to the 1% of population rule that currently stands, as all tribes in Wisconsin may not want to join.

Next Steps:

The Department plans to make funding available for the ADR Specialist position (Option 2) funding at the time when the Family Care managed care organization starts enrollment in the area where the Tribe is located. The application packet, model position description and the model Memorandum of Understanding between the Tribe and the ADRC are under development with the goal to complete them during early spring of 2009.