

## Department of Health Services & WI Indian Tribes Consultation Implementation Plan June - November 2009

The Wisconsin Department of Health Services (DHS) and the federally recognized Indian Tribes in Wisconsin held their mid-year consultation meeting on June 18, 2009. This Implementation Plan is the product of the consultation meeting. The plan is a set of mutually agreeable short and long term strategies to address health and human services issues. The Department and Wisconsin Indian Tribes agree to collaborate and provide staff as required to successfully achieve these outcomes.

### TRIBAL -COUNTY RELATIONS

**Issue 1: Improving Menominee Tribe-County Relationship** (Carried over from previous plan.)

The Menominee Tribe reports a lack of consistency in the referrals and payments they receive from Menominee County. The County makes a referral to Maehnowesekiyah based on the client's choice but then does not follow through with payment for treatment services. The County has provided a variety of reasons for not paying. It is known that if a tribal member is referred to another treatment facility the county follows through with payment.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS will follow up with Menominee County to see if the templates are being utilized, referrals are authorized appropriately and payments are made for treatment services.	September, 2009	Gail Nahwahquaw, DHS/DMHSAS 608-261-8883	DMHSAS staff met several times with Menominee County staff to learn more about current issues. DMHSAS is in process of identifying possible additional technical assistance resources for Menominee County.

### AODA & MENTAL HEALTH SERVICES

**Issue 1: AODA Services to Pregnant Teens** (Carried over from previous plan.)

The Menominee Tribe provides AODA services to pregnant teens. However, some physicians are reluctant to refer pregnant teens to AODA treatment because they fear that referring them for AODA services will deter the teens from seeking prenatal care, especially if social service or law enforcement agencies become involved.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
<p>1. Provide guidance to health care workers/physicians when making referrals in an effort to resolve this issue without involving the Wisconsin Legislature. A status update and draft of language will be sent to all tribes for comment.</p>	<p>August 2009</p>	<p>Secretary Timberlake, DHS/OS, Joyce Allen, DHS/DMHSAS 608-266-1351</p>	<p>DHS and DCF Legal Counsel developed a joint memorandum dated June 22, 2009 to provide guidance regarding patient confidentiality laws and Wis. Stat. 48.02 that permits reports of “unborn child abuse.”</p>
<p><b>Issue 2: Attracting and Retaining Staff</b> (Carried over from previous plan.)  Tribal health clinics have a difficult time attracting and retaining quality medical, pharmacy, behavior health and dental providers. In many cases, tribes cannot match salaries offered in more urban settings. Incentives should be developed to attract quality people in tribal communities. Low salaries and low retention rates result in a lack of behavioral health counselors in rural areas. Even if tribes have money to pay for services, there aren't enough counselors to work with clients.</p>			
Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
<p>1. Schedule a follow-up meeting of tribal health directors, behavior health directors and Secretary Timberlake to further discuss this issue. Include DMHSAS/BPTR in the discussion regarding their Psychiatry Shortage Survey results.</p>	<p>August 2009</p>	<p>Jim Weber, DHS/TAO 608-267-5068  Jeff Muse, GLITC 715-588-3324</p>	<p>Next meeting is scheduled for November 25, 2009.</p>
<p><b>Issue 3: Tribal Youth Treatment and/or Detention Center</b> (Carried over from previous plan.)  Tribal youths are often sent out of state for AODA treatment because there is no culturally competent in-patient treatment program in Wisconsin. In addition, tribal youths are often sent all the way to Racine for secure detention. Both situations cause hardship for Indian families, and the long distances prohibits family involvement in rehabilitation.</p>			
Deliverable	Due Date	Party/ies Responsible	Status of Deliverable

<p>1. DHS will contact representatives of the Tribal State Collaboration for Positive Change and Wisconsin Inter-Tribal Alliance for Justice (WIAJ) to assess continued interest in developing treatment center and the state's appropriate role.</p>	<p>October, 2009</p>	<p>David Rynearson, DHS/TAO 608-261-6728</p>	<p>Letters were sent to Tribal Chairs that invited them to appoint representative to a treatment facility work group. Ten tribes have appointed representatives. Five tribal representatives attended the initial meeting on 10/21. Preliminary consensus reached related to the development of a feasibility study, meeting schedule and workgroup objectives. Next meetings are set for 11/17/09 and 12/16/09</p>
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**Issue 4: Counties Request Tribes Pay More for AODA Treatment & Mental Health Commitments.** (Carried over from previous plan.)

Some counties are asking tribes to pay more for the cost of court ordered mental health commitments and AODA treatment. Neither county nor tribe is in a financial position to pay for the amount of services needed. Tribes are worried that very soon people in need will be left without services. In Menominee County the issue was taken to the county-tribe task force and the issue has become a point of contention. The tribe feels the county believes the tribe has “deeper pockets than we do.” Chairwoman Waukau believes they need a common sense approach to resolving the issue. Chairman Shopodock of the Forest County Potawatomi Community reports that the Tri-County Human Service Center is billing the tribe for AODA treatment when tribal members agree to enter treatment instead of going to jail. Tribes feel this is unfair. Counties are responsible for paying costs of court-ordered commitment and AODA treatment. The state does not step in to help with payment except for the annual Community Aids allocation provided to each county. Because of this, many counties are trying to find alternatives to commitments and using other services as preventative measures, such as wraparound services, when a person comes out of treatment or before they enter. The state Community Aids allocation to counties includes Mental Health, Social Services and Substance Abuse Block Grant funds. Counties do not receive extra funding for mental health commitments. Federal funding for these services has been decreasing for the past several years.

<b>Deliverable</b>	<b>Due Date</b>	<b>Party/ies Responsible</b>	<b>Status of Deliverable</b>
<p>1. Create a joint DHS and Tribal strategy for recouping more federal revenue for mental health and AODA</p>	<p>November 2009</p>	<p>John Easterday, DHS/DMHSAS</p>	<p>DHS/DMHSAS provided a copy of the 1915i Information</p>

services.		608-267-9391	<p>Memorandum to Tribal Consultation representatives as one potential program for increasing federal revenue.</p> <p>DHS/DMHSAS has commissioned a study of current county infrastructure. This information will be presented at a Stakeholder Summit on December 3<sup>rd</sup>. Tribal representatives will be invited to attend.</p>
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**Issue 5: 1915-I Waivers** (Carried over from previous plan.)

The state Community Aids allocation to counties includes Mental Health, Social Services and Substance Abuse Block Grant funds. Counties do not receive extra funding for mental health commitments. Federal funding for these services has been decreasing for the past several years. However, there has been a change in federal law that allows states to identify certain groups that would receive services by submitting a state plan amendment with waiver-like elements. There is a match requirement, which would need to be addressed since MH services match comes from counties. The question remains who pays the match when it comes through tribes? DHS is giving serious consideration to applying for this state plan amendment to CMS. John Easterday asked if tribes have an interest in being involved, as DHS may need to form a work group to gain federal approval. DHS would like to focus around mental health services a strategy to infuse MH resources into the system around the state, which could pay for a lot of what is considered targeted-case management and much more.

<b>Deliverable</b>	<b>Due Date</b>	<b>Party/ies Responsible</b>	<b>Status of Deliverable</b>
1. DHS will post 1915 I waiver information letter on DHS web site for tribes to access.	July, 2009	Jim Weber, DHS/TAO 608-267-5068	The 1915 I waiver information posted on DHS Tribal Affairs web page in August 2009. Also posted at <a href="http://dhs.wisconsin.gov/dsl/info/InfoMemos/DMHSAS/CY2009/index.htm">http://dhs.wisconsin.gov/dsl/info/InfoMemos/DMHSAS/CY2009/index.htm</a>

## LONG TERM CARE REFORM

### Issue 1: Long Term Care Reform (Carried over from previous plan.)

Questions exist about how tribal members will access long-term care services for elders and individuals with physical or developmental disabilities when Family Care expands. Most tribes provide health care, personal care, and aging services to elders but often must reach outside the tribal system for specialized health care and services for individuals with development disabilities. DHS and Tribes need to examine all options available to ensure that tribal members will have access to the full range of services in the new managed care environment. The Department recognizes and respects the unique circumstances facing each of the 11 Wisconsin tribes. In particular, the Ho-Chunk Nation's 15 county service area overlaps multiple Family Care care management areas. DHS will provide technical assistance to address these special circumstances in developing systems that meets the tribes' long term care needs. The Department is in the process of developing guidelines to tribes to implement the Tribal Aging and Disability Specialist model. Information to be shared with Tribes will include the process to apply for funding, timing for funding availability, model position description for the specialist and a model memorandum of understanding to be developed between the Tribe and ADRC.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. The MOU between ADRCs and Tribal ADR Specialists will be finalized and sent to tribes.	August 2009	Gail Schwersenska, 608-266-7803 Janice Smith 608-266-7872 DHS/DLTC	MOU sent 8/19/09; On 7/28/09 met with LCO, Bad River, Red Cliff & ADRC-N to discuss tribal ADRC role and MOU. Meeting planned with Ho-Chunk for early Sept 09 was re-scheduled for Jan 2010 at Ho-Chunk request. To date, one tribe, the La Courte Oreilles Tribe, has sent a letter of intent to apply for a tribal Aging and Disability Resource Specialist to serve as a liaison to the ADRC of the North. A number of Tribes have chosen the first option to become part of a multi county/tribal ADRC.  The multi tribal/county ADRC of

			<p>the Northwest, composed of Polk, Burnett, and St. Croix Tribe, began operation on April 1.</p> <p>The multi county/tribal consortium of the Menominee Tribe, Stockbridge-Munsee Tribe, Shawano County, Menominee County, and Oconto County is actively planning to become the ADRC of the Wolf River region and has submitted a letter of intent.</p>
<p>2. DHS/DLTC will devote a regularly scheduled meeting with MCO Directors to tribal issues including tribal representation on MCO and ADRC boards and assisting tribes in connecting with MCO leadership in their area to explore ways how tribal service providers could become part of the MCO network.</p>	<p>October 2009</p>	<p>Monica Deignan, DHS/DLTC 608-261-7807</p>	<p>DLTC has encouraged MCOs to contact Tribes to ascertain their interest in being providers in the Family Care network. DLTC will work with MCO Directors and Tribes to determine the most productive way to structure a meeting</p>
<p>3. DHS/DLTC will review the GLITC Disability Benefits Specialists proposal and determine whether there is funding available for this program.</p>	<p>September 2009</p>	<p>Donna McDowell, DHS/DLTC 608-266-3840</p>	<p>DLTC is engaged in discussions with GLITC to finalize the proposal. Federal MIG funding is available to fund the program. The program is targeted to start January 2010.</p>
<p>4. DHS/DLTC should work with WDBN/DRW to arrange a Disability Benefits Specialists informational training for designated tribal staff.</p>	<p>December 2009</p>	<p>Donna McDowell, DHS/DLTC 608-266-3840</p>	<p>DHS/DLTC will make relevant training available to tribal DBS.</p>

5. DHS/DLTC will research whether tribal members are losing home health services with the beginning of Family Care: 1) determine whether home health agencies were discontinuing operating when Family Care began, and 2) whether this was having an adverse effect on tribal members receiving home health care.	November 2009	Gail Propsom, DHS/DLTC 608-267-2455	A review of DQA and Medicaid provider information indicates there is no evidence home health agencies are closing as a result of Family Care.
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**Issue 2: Tribes as Home & Community-Based Waiver Agencies** (Carried over from previous plan.)

A process for becoming a Home and Community Based Waiver Agency has been developed by DHS so tribes can manage and bill for their own Medicaid Waiver slots. DHS has entered into a Home and Community Based Waiver contract with Menominee Tribe effective January 1, 2008. Becoming a waiver agency could assist in removing tribal members from county waiting lists and into services if tribes are able to provide the 40% local match. If/when 100% FMAP is available the federal government will pay 100% for these services. A technical assistance document has been sent to all tribes describing this process.

<b>Deliverable</b>	<b>Due Date</b>	<b>Party/ies Responsible</b>	<b>Status of Deliverable</b>
1. A meeting will be scheduled with DHS when the Oneida Tribe receives the acceptable 638 language regarding 100% FMAP from DHHS.	August 2009	Kathy Hughes Vice Chair, Oneida Tribe	Meeting held on Sept. 29. Oneida and Menominee Tribes have obtained federal agreement to include 100% FMAP language in IHS Agreement. DHS made the necessary changes to the Department's claiming procedures and systems and sent instructions to the two Tribes on Oct. 30 to begin the new claiming procedures for the 100% FMAP.
2. Tribes will review the draft DHS letter to Wisconsin's Congressional delegation and respond whether they want to sign-on or send their own letter requesting 100% federal MA reimbursement for tribal Medicaid Waiver services.	September 2009	Tribal leaders	No longer needed; Oneida and Menominee Tribes already have federal approval. DHS is working with the Ho-Chunk Nation to update its IHS Agreement to provide for 100% FMAP for

			waivers.
3. DHS will send letter to Wisconsin's Congressional delegation.	October 2009	Secretary Timberlake, OS	No longer needed, as explained above.

**MEDICAID**

**Issue 1: Data Exchange Project for 100% Federal Reimbursement for Tribal Members** (Carried over from previous plan.) States can claim 100% federal Medicaid reimbursement (FMAP) for services provided by tribal clinics that have a 638 Agreement with Indian Health Services to serve American Indians/Alaska Natives. A conservative estimate by DHS at this time suggests that \$2-3 million in federal Medicaid reimbursement is going unclaimed due to lack of an American Indian identifier on Wisconsin Medicaid claim forms. Currently, only 39% of such claims are identified as serving Americans Indians even though it is estimated that as many as 95% of the persons served at tribal clinics are American Indian. If Wisconsin could capture this additional federal funding, it would provide opportunities for DHS and Tribes to design initiatives that would expand Medicaid services and increase payments paid to tribal clinics. A pilot project is underway with the Lac du Flambeau Tribe to establish a confidential data sharing process that would automatically indicate claims for American Indians in the DHS CARES system. When this pilot project is successfully completed, DHS staff will approach other tribes in an effort to enter into similar agreements with the other ten tribes. In return for helping the Department draw down 100% FMAP, the tribes want assurance that additional revenues collected will be invested in tribal programs. The Department agreed to create a methodology that tracks additional federal revenue generated through this project and to work with tribes to design new tribal specific Medicaid initiatives. Opportunities also exist to claim 100% FMAP for long term care services that tribes provide its members, thus eliminating county waiting lists and creating a new source of funding for tribal long term care programs.

<b>Deliverable</b>	<b>Due Date</b>	<b>Party/ies Responsible</b>	<b>Status of Deliverable</b>
1. DHS will continue to collaborate with the Lac du Flambeau Tribe seeking appropriate methods of capturing additional federal revenue.	August 2009	Jim Jones, DHS/DHCAA, 608-266-8922, DHS IT Staff, and Lac du Flambeau IT Staff	The Pilot project has been completed. DHS will be working with the Lac du Flambeau Tribe and the Menominee Tribe to arrive at an agreement in which DHS systems can be updated to identify the tribal members so that we can identify additional federal revenue. We have determined that we can

			retroactively adjust our federal Medicaid claim for up to 24 months.
2. DHS will create a method for tracking additional federal revenue generated by the Data Exchange Projects.	September 2009	Jim Jones, DHS/DHCF 608-266-8922	DHS has created this tracking tool that is ready to be used, once we have agreement to begin using the data from the data match.
3. DHS and Tribes will establish a work group to identify long-term strategies for enhancing tribal health systems using the federal revenue generated through the new data sharing agreements; e.g. flat rate option or other collaborative arrangements.	November 2009	WTHDA, DHCAA, and Jim Weber, DHS/TAO 608-267-5068	Several attempts to schedule meetings were unsuccessful. DHS and GLITC attempting to schedule workgroup in December 2009.
4. DHS will contact other tribal governments to determine whether they want to participate in the pilot project.	November 2009	Jim Weber, DHS/TAO 608-267-5068, Randy Samuelson, LDF/PCHC, 715-	A letter from Secretary Timberlake has been sent out that asks for tribal leaders to participate in the same data matching process that was completed with the Lac du Flambeau Tribe. The Menominee Tribe had indicated their interest in discussing the tribal member/Medicaid member data match. As of 11/3, the following tribes have been contacted regarding the 100% FMAP project: Ho-Chunk Nation, Lac Courte Oreilles Tribe, Lac du Flambeau Tribe, Menominee Tribe, Oneida Tribe, Sokaogon Tribe, and the Stockbridge-Munsee Tribe.

**PUBLIC HEALTH** (Carried over from previous plan.)

<b>Issue 1:</b> The state, counties and tribes would benefit from strengthening communicable disease collaboration and communication on disease investigations. A template MOU should be developed to facilitate this process.			
<b>Deliverable</b>	<b>Due Date</b>	<b>Party/ies Responsible</b>	<b>Status of Deliverable</b>
1. DHS will post the model MOU developed by Forest County Potawatomi Health and Wellness Center and the Forest County Health Department on the web site for tribes to access.	August 2009	Jim Weber, DHS/TAO 608-267-5068	Completed. MOU posted on DHS Tribal Affairs web page in August 2009.
<b>Issue 2:</b> There is no current inventory of tribal public health systems. DHS will work with tribes to inventory tribal public health programs.			
1. DHS will post on it web site the public health program inventory tool for tribes that want to utilize the inventory.	August 2009	Jim Weber, DHS/TAO 608-267-5068	Completed. Public health inventory tool posted on DHS Tribal Affairs web page in August 2009.
<b>Issue 3:</b> DHS and tribes recognize the need for a regular, ongoing forum to discuss public health issues.			
<b>Deliverable</b>	<b>Due Date</b>	<b>Party/ies Responsible</b>	<b>Status of Deliverable</b>
1. DHS will coordinate with all parties to establish regular meetings with tribal Health Directors.	November 2009	Jim Weber, DHS/TAO 608-267-5068	Next meeting is scheduled for November 25, 2009. Additional meeting dates will be determined at 11/19 Consultation Meeting.

**CONSULTATION PROCESS**

<b>Issue 1: Updates to Consultation Policies</b> (Carried over from previous plan.) DHS received a request that it develop a more detailed procedure that includes timelines as part of the Department's <i>Policy Regarding Consultation with Wisconsin's Indian Tribes, Section V. Resolution of Issues</i> . There are concerns with DHS timeliness when
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responding to requests for assistance in resolving conflicts between tribes and county/state programs.			
Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. Tribal representatives will review and comment on the draft revised DHS policy provided at the June 2009 Consultation Meeting.	August 2009	Tribal Representatives	No comments received from tribal representatives that required revision of draft policy.
2. Draft policy incorporating revisions sent to tribal representatives for review.	August 2009	Jim Weber, DHS/TAO 608-267-5068	No revisions to draft policy.
3. DHS will send tribal Chairs and Presidents and tribal representatives the completed <i>Policy Regarding Consultation with Wisconsin's Indian Tribes</i> .	September 2009	Jim Weber, DHS/TAO 608-267-5068	The final version of the policy sent to tribal Chairs, Presidents and representatives in early September.
<p><b>Issue 2: DHS and Tribal Governments Communication</b>            Communication between DHS and tribal governments would be enhanced by the development of a DHS web site where information and documents could be accessible and available for downloading.</p>			
Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS will develop a web page specifically for tribal related information and documents.	August 2009	Jim Weber, DHS/TAO 608-267-5068	Completed October 2009. The web page can be found at the following address: <a href="http://dhs.wisconsin.gov/tribalaffairs/">http://dhs.wisconsin.gov/tribalaffairs/</a>  The Tribal Affairs web page can be found on the DHS web site by: <ul style="list-style-type: none"> <li>• Topic A-Z (main navigation) under "T".</li> <li>• Directory of Services (found on the home page). Once</li> </ul>

			<p>there you can type “tribal” in the program field.</p> <ul style="list-style-type: none"> <li>• Partners and Providers (main navigation) under “county/tribal/local partners” you’ll find “tribal affairs”.</li> <li>• About DHS (main navigation) go to the Office of Policy and Budget page and you find a “tribal affairs” link.</li> </ul>
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**FEDERAL AGENDA** (Carried over from previous plan.)

**Issue 1: Tribes and DHS identified federal legislation and federal policies that prevent tribal members from receiving the full range of services they need. Solutions to address these needs were outlined:**

**A. Lower Eligibility Age for Aging and Medicaid Programs**

Life expectancy for Native Americans (65 years) is shorter than that of all other U.S. Non-Natives (73.3 years). The highest mortality rate is for people between the ages of 50 – 65. This means that the average Native American barely lives long enough to reach the age of eligibility for most age-related programs. In addition, evidence indicates that Native Americans experience the same limitations in their daily living at age 45 as do non-Native American people at age 65. Because of this, many Native elders would benefit from receiving earlier preventative care, screenings and early intervention treatment. Native American tradition generally considers a person an elder at age 55.

**B. Recoup more federal revenue for mental health & AODA commitments/services.** (See AODA & MH, Issue 4)

**C. Capture more federal revenue to serve foster children and drug endangered children with special needs.**

**D. 100 % FMAP for Waiver Services** (See Long Term Care, Issue 2)

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable

<p>1. The Comprehensive Community Services (CCS) program is a mental health and substance abuse program and Medicaid benefit for individuals of all age categories. CCS could be a funding source for the eligible children and families supported by the Coordinated Services Team (CST) process. DHS will send a letter inviting representatives from each tribe to attend an informational workshop at the Healing Our Communities conference at the Healing Our Communities conference in Green Bay on 10/28/09.</p>	<p>July 2009</p>	<p>John Easterday, DHS/DMHSAS 608-267-9391</p>	<p>CCS and CST informational workshop presented at the Healing Our Communities conference on October 29<sup>th</sup>.</p>
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**ACHIEVING EQUITY FOR NATIVE AMERICAN COMMUNITIES**

**Issue 1:** The disparity Native Americans experience in health outcomes, environmental risks, human service outcomes, and economic opportunities when compared to the state’s general population is well documented. The lack of parity experienced by tribal communities is not unique to Wisconsin and has its roots in centuries of misguided public policy that has undermined the cultural, social, economic and familial foundation of Native American societies. The Tribal-State Workgroup for Achieving Equity for Tribal Communities was established at the November 2008 DHS-Tribal Consultation Meeting. The workgroup’s recommendations were accepted and supported at the June 2009 consultation meeting. The workgroup determined that a concerted effort is required to develop community based initiatives that will address specific social, health, and economic inequities within the context of each tribe’s priorities through a process of community engagement and the development of systemic strategies for change.

<b>Deliverable</b>	<b>Due Date</b>	<b>Party/ies Responsible</b>	<b>Status of Deliverable</b>
<p>1. The workgroup’s efforts will be coordinated with the DHS Healthiest Wisconsin 2020 Plan through the participation of workgroup representatives in the planning process.</p>	<p>October 2009</p>	<p>Dr. Seth Foldy, DHS/DPH 414-227-4997</p>	<p>A DPH representative has joined the workgroup and will act as a liaison between tribal entities, the workgroup process and the HW2020 process. Two HW 2020 focus groups have been scheduled with tribal communities. Meetings are currently scheduled for 11/12 in Bowler with tribal members from Stockbridge Munsee, and for 11/13 in Oneida</p>

			with the representatives from the Oneida Nation.
2. The workgroup will implement its recommended actions that were accepted at the June 2009 consultation meeting and provide a progress report at the next DHS-Tribal Consultation Meeting.	November 2009	Dave Rynearson, DHS/TAO 608-261-6728	The Menominee Nation has launched a pilot project that is focused on addressing substance abuse. An intervention planning framework has been developed, data elements selected and a project checklist created. This has been a collaborative process involving several tribes and state staff. Menominee has created their community action community, which is comprised of representatives of numerous tribal, community and county entities.
3. DHS will provide funding for training Community Action Committee participants in community readiness and community engagement.	November 2009	Dave Rynearson, DHS/TAO 608-261-6728	White Pines Consulting has been retained to provide Community Readiness training. An initial training session has been scheduled with the Menominee Community Action Committee.