Department of Health Services & WI Indian Tribes
Consultation Implementation Plan
November 2010-May 2011

The Wisconsin Department of Health Services (DHS) and the federally recognized Indian Tribes in Wisconsin held their semi-annual consultation meeting on November 10, 2010. 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.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Issue 1: Tribal Youth Treatment Center (continued from previous plan)
The Inter-Tribal Treatment Facility Workgroup has been meeting monthly since October 2009. The workgroup completed its first two primary duties: assess the need for an inter-tribally operated treatment facility designed to meet the clinical needs of dually diagnosed Native youth and create a business plan for the development of the facility. The workgroup has been given the task to develop the structure and process that will result in the creation of an inter-tribal treatment facility.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. Establish a 501 (C) 3 non-profit corporation for the purpose of developing and operating an inter-tribal treatment facility.	June 2011	David Rynearson, DHS/TAO, 608-261-6728, and Workgroup Members	The initial board of directors is working with Jim Hawkins, GLITC attorney, to prepare and submit the nonprofit incorporation documents to the state.
2. Form a Board of Directors, comprised of representatives of each participating tribal government, to lead the process of creating an inter-tribal treatment facility.	June 2011	David Rynearson, DHS/TAO, 608-261-6728, and Workgroup Members	An initial Board of Directors, comprised of Donna VanZile, Flo Ninham and Bernie Stevens has been formed. This body will facilitate the incorporation of the nonprofit inter-tribal organization, seek planning funds and engage tribal

			governments in the process of establishing a full Board of Directors.
3. Obtain sufficient infrastructure and start-up funds to establish an inter-tribal treatment facility.	December 2011	Board of Directors	At this point planning funds have not been secured. The workgroup believes that sufficient funds (approximately $20,000) are needed to retain a part-time grant writer/ project coordinator to move the process forward.

Issue 2: The Cost for AODA Treatment & Mental Health Services has Exceeded the Counties' and Tribes' Ability to Fund Required Services. (continued from previous plan.)
Federal funding for mental health and AODA services has been decreasing for the past several years. The costs for these services continues to rise and leaves little funding for prevention/diversion programming. Opportunities exist for tribal governments to access federal dollars through the delivery of an array of MA 100% FMAP reimbursable behavioral health services. The provision of these services can increase revenues and provide enhanced prevention/intervention services. Services such as Comprehensive Community Services (CCS), Targeted Case Management (TCM), Community Support Programs (CSP), 1915-I Waivers and Crisis Services are included in this category. For a number of reasons tribes have not opted to become certified providers of these services. Consequently significant potential federal funding opportunities have gone untapped.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. Conduct a pre-consultation teleconference and on-site consultation with each tribe interested in pursuing the development of one or more of the identified MA reimbursable services.	June 2011	Gail Nahwahquaw, DHS/DMHSAS 608-261-8883	To date tribal consultation has occurred on an individual tribe basis. Given recent bureau staffing levels no large scale consultation activities have been scheduled. Cheryl Lofton, DMHSAS-Integrated Services met with Lac du Flambeau Family Resource Center staff and have started targeted case

			management consultation. White Pine Consulting, Inc. is also actively engaged in sustainability strategies; specifically with tribes receiving the Coordinated Services Teams (CST) funds.
2. Develop a strategic plan, in conjunction with each tribe, which will define the service development process and identify the technical assistance to be provided/arranged by DHS.	June 2011	Gail Nahwahquaw, DHS/DMHSAS, 608-261-8883	See above.

Issue 3: Intoxicated Drivers Program (IDP) (continued from previous plan)
The State statues only grant counties the authority to establish Intoxicated Drivers Programs**.** Tribal governments have no input into the design of the IDP nor receive any state funds to assist tribal members seeking tribal services to fulfill their drivers' safety plan. The cultural awareness training for IDP assessors is inadequate and the driver's safety plans developed by county assessors are often culturally ineffective.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS and Tribal-State Collaboration for Positive Change (TSCPC), an ongoing tribal-state behavioral health workgroup, will identify the tribes that wish to establish an IDP.	January 2011	Gail Nahwahquaw, DHS/DMHSA (608) 261-8883 and TSCPC workgroup	Based on TSCPC representatives all the tribes are interested in having an IDP with their own tribal oversight. A cost benefit analysis is necessary for tribal governments to review and decide on next steps.
2. The TSCPC will develop an issue paper that includes the legislative/jurisdictional implications and recommendations for actions to be taken. The issue paper will be presented to DHS and tribal leaders for review prior to the June Consultation meeting.	April 2011	Gail Nahwahquaw, DHS/DMHSA (608) 261-8883 and TSCPC workgroup	The TSCPC will review a draft of the updated IDP issue paper during the monthly meeting in May, and present it during the tribal consultation in May.

<table>
<tr><td>3. Tribal IDP concerns will be presented to the Legislative Council's Special Committee on State-Tribal Relations as an issue for possible study and legislative proposal.</td><td>June 2011</td><td>Tribal Representatives</td><td>2/16/11-Oneida Council Woman M. Danforth shared the issue with Legislative Director N. King, requesting his assistance to get this issue on the Legislative Council's Special Committee on State-Tribal Relations.</td></tr>
<tr><td colspan="4">Issue 4: Family Services Program (FSP) (continued from previous plan)
The FSP is a consolidation of 12-13 health and human service programs funded through state and federal sources from the Department of Health Services (DHS) and the Department of Children and Families (DCF). Tribes and DHS representatives consolidated these funds to provide tribes with program and fiscal flexibility necessary to meet the unique needs of each tribal community. The FSP is a team-based approach to family-centered human service provision that relies on evaluation to show success. Each tribe writes a three-year work plan and submits a budget annually. The basic premise of the FSP is to provide flexible funding so that several tribal departments or agencies can form teams with the ability to resolve a wide variety of children and family issues. Because human service needs rarely occur in isolation, the FSP treats the whole person, the family, and the wider community. There are two issues currently impacting the FSP: First, program allocations have not increased over time while community service needs and operational expenses (overhead, salaries & fringe benefits) have increased. This has resulted in insufficient funding for services. Secondly, the DCF is considering removing its department funding from the FSP, which will impact all aspects of program services to tribal communities.</td></tr>
<tr><th>Deliverable</th><th>Due Date</th><th>Party/ies Responsible</th><th>Status of Deliverable</th></tr>
<tr><td>1. DHS Secretary Timberlake will contact DCF Secretary Bicha to discuss DCF's concerns with the existing Family Services Program.</td><td>November 2010</td><td>Secretary Karen Timberlake, 608-266-9622</td><td>Secretary Timberlake discussed DCF's Family Service Program concerns with Secretary Bicha in November. It was agreed that both departments' fiscal and program staff would meet to address the DCF concerns.</td></tr>
<tr><td>2. DHS and DCF fiscal and program staff will develop a method to accommodate DCF concerns</td><td>December 2010</td><td>Mark Mitchell, DCF/TAO, 608-</td><td>DHS and DCF fiscal and program staff met several times</td></tr>
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yet retain the fiscal and program flexibility inherent in the FSP while minimizing reporting requirements.		264-9836, Jim Weber, DHS/TAO, 608-267-5068 and Departments' Fiscal Representatives	during December and January to revise the Family Services Program structure to accommodate DCF concerns yet retain the fiscal and program flexibility. The revised program structure preserves the integrity of the FSP, separates DCF and DHS funding, and continues to encourage a consolidated approach to addressing health and human service issues in tribal communities.
3. DHS, DCF, and tribal representatives will meet to examine the impact of the revised FSP on tribal service provision.	February 2011	Mark Mitchell, DCF/TAO, 608-264-9836, Jim Weber, DHS/TAO, 608-267-5068, and tribal representatives	DHS and DCF representatives met with tribal representatives in February to discuss potential revisions to the Family Services Program. A conference call meeting was held in March to review and agree on the fiscal processes and work plan format. Individual training sessions have been held at each of the four tribes completing three year work plans for 2012. A workshop will be conducted for all tribes on development of Behavior Health model outcomes and the SAP-SIS data entry system.

LONG TERM CARE REFORM

Issue 1: Long Term Care Reform (continued 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. DHS will provide technical assistance to address these special circumstances in developing systems that meets the tribes' long term care needs.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS/DLTC and Oneida Tribe will continue to collaborate to develop a Family Care Expansion model that meets the needs of the Oneida community.	June 2011	Fredi Bove, DHS/DLTC 608-261-5987	Regarding ADRC development, please see item #5, below. Regarding managed long-term care development, DHS and Oneida representatives continued to meet monthly to: -explore options with CMS for expansion of Family Care and IRIS to all Oneida members, regardless of Outagamie or Brown County residence. Approval for this option was denied by CMS. -explore considerations related to future contracts between the Oneida Tribe and managed care organizations. This deliverable remains unmet as expansion of Family Care and IRIS to Brown County is not included in the budget proposed for the 2011-2013

			biennium.
2. DHS/DLTC and Menominee Tribe will continue to collaborate to develop a Family Care Expansion model that meets the needs of the Menominee community.	December 2011	Kathleen Luedtke, DHS/DLTC 608-267-4896	Two face-to-face meetings were held between DLTC and Menominee Tribal officials. A plan to hold a joint meeting between Oneida officials, Menominee officials and current and potential managed care organization serving geographic areas of these Tribes was tabled in January 2011 as expansion of Family Care and IRIS to Brown County is not included in the budget proposed for the 2011-2013 biennium.
3. Based on the interest of the Tribes, DHS/DLTC will arrange meetings between tribes and partnering counties/entities to explore ways that tribal service providers could become part of the MCO network.	December 2011	Kathleen Luedtke, DHS/DLTC 608-267-4896	The DLTC is working with Northern Bridges, a managed care organization serving northwest Wisconsin, to develop contract templates for purchase of services from tribal governments. This technical assistance will continue until a mutually satisfactory contract is achieved. Further technical assistance of this nature to Tribes and MCOs will be on an as needed basis.
4. DHS/DLTC will work with Tribes to expand to three additional Tribes the Chronic Disease Self-Management Program (CDSMP), an evidence-based prevention program for people with chronic diseases such as diabetes, heart conditions, etc. through the	June 2011	Gail Schwersenska, DHS/DLTC, 608-266-7803	Oneida nation has held two 6-week sessions for tribal elders. Stockbridge-Munsee has one program leader and partners with a leader from Shawano Co. they

following steps: a. Subject to receipt of federal ARRA funds, support the two CDSMP Master Trainers in the Oneida Tribe to provide training to other Tribes. b. CDSMP Master Trainers from the network will provide training to Tribes.			have conducted one 6-week session for tribal elders and are planning another class. Currently in the process of scheduling a session at Lac du Flambeau early summer. Ashland Co. is planning leader training for May or June with one Master Trainer from Oneida and one from Ashland Co. Tribal members will be invited to participate, if interested in becoming leaders for their own tribes. Distributed information CD to all Tribal Aging Directors and some Tribal Health Directors. Oneida nation has held two 6-week sessions for tribal elders. Stockbridge-Munsee has one program leader and partners with a leader from Shawano Co. they have conducted one 6-week session for tribal elders and are planning another class. Currently in the process of scheduling a session at Lac du Flambeau early summer. Ashland Co. planning a leader training for May or June with one Master Trainer from Oneida and one from Ashland Co. Tribal members will be invited to participate, if interested in becoming leaders for their own tribes. Distributed information CD to all Tribal Aging Directors and some Tribal Health Directors.

5. DHS/DLTC and tribal governments will continue to collaborate in funding their choice of ADRC options.	Ongoing	Janice Smith, DHS/DLTC 608-266-7872	Red Cliff, Bad River and LCO have contracts as of 2011 with the DHS to offer Tribal Aging and Disability Specialist services. Ho-Chunk and Oneida Tribes are actively working on their applications for the Tribal A& D Specialist services. St Croix Tribe has chosen to be a partner with Polk and Burnett counties to operate an ADRC. LDF, Forest Co Potawatomi and Sokaogon Tribes have chosen to be a full partner with Oneida, Vilas and Forest Counties to operate an ADRC; they expect to submit their application in June to start in January 2012. Stockbridge-Munsee and Menominee Tribes have been planning with Shawano, Menominee and Oconto counties; it is not yet definite which option they will choose: partner with the counties or develop the Tribal Aging and Disability Specialist.

MEDICAID

Issue 1: 100% Federal Reimbursement for Tribal Members (continued from previous plan.)
States can claim 100% federal Medicaid reimbursement (FMAP) for services provided to American Indian/Alaska Natives at tribal clinics that have a 638 Agreement with Indian Health Services. There are two interrelated issues at the center of the effort to increase MA reimbursements to tribal clinics. First the percentage of patient services otherwise eligible for 100% reimbursement is grossly unclaimed due to an under-identification of patients as eligible for IHS services delivered by tribal clinics. Second, an appropriate methodology must be established for tracking and distributing, to the tribal clinics, the increased federal share of revenues generated

by the delivery of qualified services to individuals eligible for IHS services through tribal clinics.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. Continue to increase 100% federal reimbursement for MA and BC Plus eligible clinic patient services. This will be accomplished through the implementation of an ID code that will be used to identify Native Americans/Alaska Natives on a new Public Consulting Group web-based claiming system.	March 2011	Jim Jones, DHS/DHCAA, 608-266-8922	The Public Consulting Group (PCG) proposes the following steps in partnership with Tribal Health Centers: 1) PCG will identify and create a list of the unduplicated Medicaid recipients that each tribal health center received Medicaid reimbursement throughout prior fiscal years. 2) From this list, PCG will indicate which Medicaid recipients are known to be Native American and/or tribal members and those Medicaid recipients that are NOT known to be Native American and/or tribal members. 3) This list will be securely transmitted to each tribal health center. 4) The tribal health center will review the data and identify from the list additional Medicaid eligible tribal members that are eligible for 100% federal reimbursement.

			5) DHS will use this data to reprocess claims and update eligibility files in order to achieve State cost savings. 6) Tribal health centers will receive additional reimbursement for prior reductions to reimbursement for patient cost share, such as copay responsibilities. DHS and PCG will work with tribal health centers to complete as many retroactive reviews as possible prior to the end of the fiscal year in order to achieve cost savings. PCG will provide comprehensive instructions and offer assistance to the tribal health centers to complete this process.
2. DHS will implement the following methodologies for distribution of additional Medicaid funds: • The DHS consulting firm PCG will contact each tribe providing on-site technical assistance to increase capacity to claim additional funding in the future. • PCG will work with tribes to resubmit cost reports for past years where additional Medicaid claiming is identified and to submit cost reports for past	June 2011	Jim Jones, DHS/DHCAA, 608-266-8922	Deliverables are contingent on Tribal Health Centers providing pharmacy data and cost data.

periods, where none was provided. • PCG will train tribal health clinic staff to submit cost reports for 2010. • DHS will change the methodology for cost-based reimbursement to include pharmacy encounters. • DHS will eliminate the current cap on overhead expenditure claiming. • PCG will provide a new web-based tool for cost reporting and train each tribe to use the system.			
3. DHS/DHCAA submits a Medicaid State Plan amendment, if necessary, to support selected option(s) of distributing additional Medicaid funds.	June 2011	Jim Jones. DHS/DHCAA, 608-267-5068	Contingent on deliverables above.

Issue 2. Statewide Medicaid and BadgerCare Plus Transportation Broker. (continued from previous plan.)
The Department of Health Services will postpone the implantation of a statewide, non-emergency transportation management initiative for Medicaid and BadgerCare Plus members until at least April 2011. Many details important to tribal communities related to conversion to the new system remain unanswered. The DHS is committed to working with tribal communities to address their concerns and facilitate a transitional process that minimizes untoward effects on tribal consumers.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHCAA will continue communicating with tribal IM agencies regarding the transition to the state-wide system.	April 2011 or until implemented	Marlia Moore DHS/DHCAA, 608-266-9749	DHCAA staff and LogistiCare staff have held meetings individually with specific tribes and will be presenting and answering questions at the May 5 Regional Tribal Health Directors meeting. DHCAA staff will continue to work with tribes as

			implementation nears and throughout all phases of implementation to ensure ongoing collaboration.

Issue 3: The Affordable Care Act. (continued from previous plan)
The Patient Protection and Affordable Care Act offers numerous partnering opportunities for DHS and tribal entities that can positively impact tribal communities. Effective communication and deliberate coordinated actions between the DHS and tribal communities will be essential if funding opportunities and other benefits are to be fully realized.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. The Tribal Health Directors and DHS will identify tribal health priorities and seek relevant funding opportunities available through the IHCIA and the PPACA legislation.	June 2011	Tribal Health Directors and Jim Weber, DHS/TAO, (608) 267-5068	Information on funding opportunities is provided to tribal representatives, including Health Directors, as it becomes available (see below). Individual tribes have expressed interest in specific grant opportunities.
2. DHS will continually review the funding opportunities available to the state through the health care reform legislation that offer the potential for tribal-state partnerships. These opportunities will be communicated to the tribal Health Directors and other tribal staff.	June 2011	Rebecca McAtee, DHCAA/OHCR, (608) 266-8628	The Office of Free Market Health Care has set up a process to provide information on grant opportunities, press releases, reports, and other informational materials related to the PPACA and IHCIA. Information is emailed to a listserv of tribal contacts (including key state contacts that work with tribal issues). In addition, a liaison from the Office attends Wisconsin Tribal Health Director meetings on occasion to provide updates on health care reform initiatives within the state

			and to garner feedback from tribal representatives on areas of particular interest among the tribes (including chronic disease prevention, home health issues, dental health issues, etc.). This is a current, ongoing process within the Office.

PUBLIC HEALTH

Issue 1: Adoption and meaningful use of electronic health records (EHRs) in tribal health clinics and participation in health information exchange (HIE). (continued from previous plan.)
To achieve statewide adoption and meaningful use of EHRs, tribal health clinics need to be included in the state health information technology (HIT) and HIE planning and implementation activities. Eligible health professionals practicing in tribal clinics that meaningfully use a certified EHR system can receive Medicaid HIT incentive payments beginning in January 2011.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS will continue to include the Tribal Health Director's in all eHealth communications to stakeholders. The Health Directors' meetings will be used as a forum to discuss and coordinate the adoption of EHR systems within tribal entities.	June 2011	Denise Webb, DHS/DPH eHealth Program (608) 267-6767, Elise Braun, DHS/DHCAA, (608) 266-7685	This deliverable is ongoing and remains the responsibility of the eHealth program. The tribal Health Directors are included in the eHealth listserv. This part of this deliverable is completed.
2. DHS will work with the Wisconsin HIT Extension Center (WHITEC) to arrange technical assistance visits to each tribal health clinic that is interested in the technical services provided by WHITEC.	June 2011	Elise Braun, DHS/DHCAA eHealth Program (608) 266-7685	The Medicaid HIT Project is working with the tribal health clinics to make sure they have the necessary information about the Technical Assistance options available to them. The tribal health clinics have the option of working with the Wisconsin HIT

			Extension Center (WHITEC) or the National Indian Health Board (NIHB) Regional Extension Center. The Medicaid HIT Project will work with WHITEC to coordinate visits to the tribal health clinics that indicate they would like to receive an assessment from WHITEC, in order to determine the tribal health clinic's technical assistance needs. After this initial visit, the tribal health clinic will have to decide if they want to sign up for technical assistance with WHITEC or the National Indian Health Board (NIHB) regional extension center. Technical assistance through the NIHB is the only option for the tribal health centers using RMPS systems.

Issue 2: Achieving Equity for Native American Communities. (continued from previous plan.)
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 it 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 has established an intervention strategy based upon a social-ecological model that will be implemented following the principles of community engagement.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. Coordinate efforts of the DHS Office of Health Care Reform and the tribal Health Directors to identify tribal	June 2011	David Rynearson DHS/TAO,	The composition of the workgroup has been expanded to include

health inequity initiatives that can be funded through HCR funding opportunities.		(608) 261-6728 , Tribal Health Directors, OHCR and Workgroup Participants	representatives from the Department of Public Instruction (DPI), Department of Children and Families (DCF) and the Children's Trust Fund (CTF). Tribal governments have been included in the RFP process for a Home Visiting grant administered by DCF and DHS. Tribal representatives have been appointed to the home visiting grant workgroup and the Governor's Early Childhood Advisory Council. CTF has expressed an interest in exploring funding of tribal child welfare programs.
2. Adapt and employ the intervention framework and community readiness (CR)/community engagement (CE) processes with two additional tribal initiatives.	June 2011	Workgroup Participants	The Forest County Potawatomi Community is in the process of developing an initiative focused on substance abuse/behavioral health. The Menominee Nation has expanded their initiative to include intervention frameworks aimed at childhood obesity and diabetes as well as integrating the community engagement process in the joint Menominee County-Tribal human service planning process.
3. In conjunction with the GLITC Epi Center and tribal entities, develop data collection and analysis processes that will provide accurate outcomes measures for tribal initiatives.	June 2011	Workgroup Participants, GLITC Epi Center	GLITC Epi Center is in the last stages of a pilot project with the Menominee Nation that will develop a data system template.

			The Template can be used/adapted by other tribes.

Issue 3: Acknowledging Traditional Native American Health Practitioners. (continued from previous plan)
Currently state administrative codes and Medicare/Medicaid regulations do not acknowledge traditional Native American practitioners as credentialed or billable providers. Many studies indicate that the application of traditional healing practices or the integration of traditional and dominate-culture-based treatment modalities can enhance treatment outcomes. If traditional services are offered through tribal entities, the expenses are currently absorbed by the tribes. At this time there are no guidelines for credentialing or granting administrative rule waivers or extending MA provider status to traditional Native American practitioners.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. The Tribal Health Directors will discuss the topic of acknowledging traditional NA health practitioners at their next meeting. Recommended next steps will be discussed with DHS.	December 2010	Jim Weber, DHS/TAO, 608-267-5068 and Tribal Health Directors	The Health Directors discussed acknowledging traditional NA health practitioners at the March meeting. It was decided to further explore the topic at the May DHS-Tribal Consultation Meeting and the possibility of a joint meeting with the TSCPC workgroup.
2. The TSCPC will discuss the topic of acknowledging traditional NA health practitioners at their next meeting.	March 2011	Gail Nahwahquaw, DHS/DMHSA (608) 261-8883 and TSCPC workgroup	TSCPC is exploring how other tribes are utilizing traditional practitioners. LCO Behavioral Health Director participated in a traditional practitioners' webinar, headed by Optum Health in New Mexico (NM). A few states currently utilize traditional practitioners and are able to bill for Medicaid reimbursement by these practitioners.
3. If necessary, an internal DHS workgroup will be established to explore the legal, legislative and practical	June 2011	Gail Nahwahquaw	The Department of Regulations and Licensing (DRL) is

issues/barriers related to granting traditional Native American practitioners' provider status or credentials. The workgroup will consult with state and tribal representatives during the course of the study and report at the June 2011 DHS-Tribal Consultation meeting.		DHS/DMHSAS (608) 261-8883	responsible for licensing health professionals and will need to partner in future discussion.

COMMUNICATION

Issue 1: Acronyms: (new issue 11/10)
State government regularly uses acronyms and abbreviations for many programs and processes that persons outside of government do not always understand. It would be helpful if DHS could compile a list of commonly used acronyms and include it in Consultation Meeting packets.

Deliverable	Due Date	Party/ies Responsible	Status of deliverable
1. DHS will compile a list of commonly used Department and program acronyms for the next consultation meeting.	April 2011	Jim Weber, DHS/TAO, 608-267-5068	A list of commonly used Department and program acronyms will be available at the May 26 Consultation Meeting. The list is available on the DHS web site at http://www.dhs.wisconsin.gov/data/glossary.asp and on the DHS Tribal Affairs web page under resources.