

Department of Health Services & WI Indian Tribes Consultation Implementation Plan November 2009 - June 2010

The Wisconsin Department of Health Services (DHS) and the federally recognized Indian Tribes in Wisconsin held their annual consultation meeting on November 19, 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.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Issue 1: Tribal Youth Treatment and/or Detention Center (Initiated June 2009)

In September, 2009 letters were sent to tribal leaders inviting them to appoint representatives to a workgroup whose focus is to explore the feasibility of establishing a tribally directed inter-tribal treatment facility designed to serve dually diagnosed Native youth. Ten tribes appointed representatives to the workgroup. In October 2009 the workgroup held its initial meeting and agreed to meet monthly thereafter. The purpose of the workgroup is to assess the need for such a facility and, if found to be warranted, conduct a full scale feasibility study that will culminate in a comprehensive business plan.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. The workgroup will collect/analyze data and relevant information that will identify the clinical need and financial viability of establishing an inter-tribal treatment facility.	March 2010	David Rynearson, DHS/TAO, 608-261-6728, Workgroup Members	The workgroup collected and analyzed out-of-home placement data for Native American youth. The data suggests that there are sufficient numbers of Native youth currently being placed in residential care facilities, group homes or treatment foster care to warrant/sustain local community and inter-tribal programs that would offer a culturally-based continuum of care system of behavioral health care.

<p>2. Should the initial study identify the need and viability of a facility, the workgroup will develop a comprehensive business plan that will be presented to tribal and state leadership.</p>	<p>October 2010</p>	<p>David Rynearson, DHS/TAO, 608-261-6728, Workgroup Members</p>	<p>The workgroup is currently creating a business plan that will provide tribal and state leadership with programming, financial and marketing information in regard to the development of residential programming and a continuum of care model to serve Native American youth and their families.</p>
---	---------------------	--	---

Issue 2: The Cost for AODA Treatment & Mental Health Services has Exceeded the Counties' and Tribes' Ability to Fund Required Services . (Modified and Carried over 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.

<p>Deliverable</p>	<p>Due Date</p>	<p>Party/ies Responsible</p>	<p>Status of Deliverable</p>
<p>1. Create, distribute and analyze a survey that will define the tribes' level of interest in providing a variety of MA reimbursable behavioral health services.</p>	<p>February 2010</p>	<p>David Rynearson, DHS/TAO, 608-261-6728, Gail Nahwahquaw, DHS/DMHSAS, 608-261-8883, Cheryl Lofton, DHS/DMHSAS, 608-267-1427</p>	<p>DHS-TAO created a Medicaid survey and distributed it to tribal behavioral program managers and/or health directors to determine whether tribes wanted more information about CCS, CSP, Targeted CM, Crisis Services, Children's Long Term Care Waiver's, 1915i-Community Recovery Services, and tribal MA billing processes. Responses are</p>

			due back June 4 th .
<p>2. Based on the survey results, design and conduct a day long seminar, for tribal staff, that provides an overview of the MA reimbursable services. The seminar will provide the information necessary for tribes to decide which, if any of these service certifications they wish to pursue.</p>	<p>April 2010</p>	<p>David Rynearson, DHS/TAO, 608-261-6728, Gail Nahwahquaw, DHS/DMHSAS 608-261-8883, Cheryl Lofton DHS/DMHSAS 608-267-1427</p>	<p>Based on the results of the survey a seminar will be established to follow-up. An initial internal seminar planning meeting is scheduled for June 10, 2010. To prepare for a possible seminar or individual tribal visits and guidance materials to be used with tribes, Division staff met with DHS/OLC Neil Gebhart and DHS/DHCAA Jim Jones to review memos from the Center for Medicare and Medicaid Services and confirm the ability of the State to claim 100% Federal Medicaid reimbursement; Wisconsin Medical Assistance Program Handbooks were selected and key sections of program services identified as essential components of guidance material.</p>
<p>3. Connect tribal staff with the technical assistance that they require in order to pursue further exploration of the service possibilities and certification.</p>	<p>May 2010</p>	<p>David Rynearson, DHS/TAO, 608-261-6728, Gail Nahwahquaw, DHS/DMHSAS, 608-261-8883, Cheryl Lofton, DHS/DMHSAS, 608-267-1427</p>	<p>The Division of Mental Health and Substance Abuse Services offered Mental Health Block Grant funding to tribes or counties twice in the first quarter of 2010 for start up of the “Community Support Program” and “Comprehensive Community Services” behavioral health programs. Action Memos announcing each of the two</p>

			funding opportunities were distributed through the Division's Tribal Leaders email group and to each staff of the Tribal Affairs office for distribution to their individual tribal contacts in order to attain broad awareness of the tribal technical assistance opportunity. DHS TA providers have been identified for each MA program area and are available to work with tribal staff.
--	--	--	---

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. 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 will work with WDBN/DRW to arrange a Disability Benefits Specialists informational training for designated tribal staff.	May 2010	Donna McDowell, DHS/DLTC 608-266-3840	Two tribal disability benefit specialists (DBSs) funded by DHS, were hired by GLITC in the spring. Both DBSs have participated in a DBS program orientation session and received training from ORCD staff on use of the DBS database and time

			reporting to draw down federal Medicaid matching funds. One DBS has completed all additional training and the second is in the process of completing the remaining training. The state's contract with GLITC includes subcontract with Judicare for attorney support on Native benefit issues. The two tribal DBSs will be introduced to ADRCs at the June 2 ADRC meeting.
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.	May 2010	Monica Deignan, DHS/DLTC 608-261-7807	DHS will discuss with MCOs the option of scheduling a meeting with Tribes and MCO Directors to coincide with one of the summer meeting dates of the monthly MCO Director meetings in Madison. DHS welcomes input from Tribes regarding structure for the meeting.
3. 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 following steps: <ul style="list-style-type: none"> 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. 	December 2010	Gail Schwersenska, DHS/DLTC, 608-266-7803	The Oneida Tribe has trainers for CDSMP. The tribe is deciding whether to expand the project with new ARRA funding. DLTC will expand to other tribes if the Oneida Tribe declines. The GWAAR will manage contracts through the Tribal Technical Assistance Center. Any tribe will be able to get training for their trainers and funds for their

			programs.
4. Tribes will be funded for their choice of ADRC options.	Ongoing	Janice Smith, DHS/DLTC 608-266-7872	The St. Croix Tribe is a partner with Polk and Burnett Counties in the operation of that ADRC. The Red Cliff Tribe has a contract (2/2010) for a tribal Aging and Disability Resource Specialist. Extensive discussions are underway with the Oneida Tribe about possible options for its ADR specialist structure and linkages to local ADRCs. An initial in-person meeting occurred with Ho-Chunk Nation (4/2010).
5. Family Care Expansion for the Oneida Nation.	Fall 2010	Fredi Bove, DHS/DLTC 608-261-5987	Beginning January 2010, three rounds of discussions with DHS and the Oneida Nation have been held to address issues unique to the Oneida Tribe, including: (a) the Oneida Tribe's interest in providing care management, clinical, nursing home and other services in Family Care under contract with the local MCO(s); (b) treatment of 100% FMAP reimbursement of tribal services in Family Care; and (c) addressing the situation that the Oneida Tribe is located in Brown and Outagamie Counties, which are two different Family Care service areas.

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 to American Indian/Alaska Natives at tribal clinics that have a 638 Agreement with Indian Health Services. Currently, only about 39% of persons served at tribal clinics are identified as Americans Indians even though it is estimated that as many as 95% of the persons served at the 11 tribal clinics are American Indians. This results in a substantial amount of federal Medicaid reimbursement unclaimed due to lack of an American Indian identifier on Wisconsin Medicaid claim forms. If Wisconsin could capture this additional federal funding, it would provide opportunities for DHS and Tribes to design initiatives that could expand Medicaid services and increase payments paid to tribal clinics. A pilot project was conducted 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. The successful completion of the LDF pilot project, demonstrates the ability to share data in a confidential manner in this effort to obtain additional Medicaid reimbursement. The Department has created a methodology to track the additional federal revenue generated through this project. The deliverables to complete project are listed below.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. Inform all Wisconsin Indian Tribes of the 100% FMAP project resulting in Confidentiality Agreements signed by those tribes participating in the project.	February 2010	Tribal Health Directors, Jim Weber, DHS/TAO, 608-267-5068	Tribal representatives of the 11 tribes have been informed of the 100% FMAP project. Three tribes signed confidentiality agreements, several other tribes are considering participating in the project.
2. DHS/DHCAA identification of "Potential Options" for distribution of additional Medicaid funds claimed by DHS through the 100% FMAP project.	March 2010	Jim Jones, DHS/DHCAA, 608-266-8922, Tribal Health Directors	Working with PCG, a consulting firm with a contract with DHS to maximize federal revenue, we have identified methods for increasing the amount of federal funding that can be claimed for Medicaid services provided to tribal members by tribal health clinics.

3. DHS/DHCAA and Health Directors decide on options for distribution of additional Medicaid funds claimed by DHS.	April 2010	Jim Jones, DHS/DHCAA, 608-266-8922, Tribal Health Directors	The document from PCG was completed in May 2010 and will be shared with Tribal Health Directors as soon as several questions are answered by the consultant.
4. DHS/DHCAA submits Medicaid State Plan amendments to support selected option(s) of distributing additional Medicaid funds.	June 2010	Jim Jones. DHS/DHCAA, 608-267-5068	Several of the ideas in the document that PCG prepared for this purpose, do not require state plan amendments. Those ideas that do, if the Secretary decides to proceed with them, will be submitted in August 2010.
<p>Issue 2. ARRA Consultation Requirements. (Initiated November 2009)</p> <p>The American Reinvestment and Recovery Act (ARRA) Section 5006(e) requires states in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to provide a process to seek advice on a regular, ongoing basis from designees of the Indian Health Programs and Urban Indian Organizations on matters relating to Medicaid and the Children's Health Insurance Program that may have a direct effect on the Indian Health Programs and Urban Indian Organizations. This process shall include solicitation of advice prior to submission of any plan amendments, waiver requests, and proposals for demonstration projects likely to have a direct effect on Indians, Indian health Programs, or Urban Indian Organizations.</p>			
Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS/DHCAA will communicate State Medicaid Plan amendments to tribal Chairs/Presidents, tribal Health Directors, Directors of Urban Indian Organizations and other tribal staff, as needed, at least one week prior to DHS/Health Directors' meeting each quarter.	March 2010	Alfred Matano, DHS/DHCAA, 608-267-6848	Materials were sent to tribal Chairs or Presidents and Health Directors on March 1. The material was presented on March 10 in Wausau. Materials will also be sent out in advance of the June 9 meeting.
2. Tribal Health Directors, Directors of Urban Indian	March 2010	Alfred Matano,	A Health Directors' meeting was

Health Organizations, and DHS will meet during the first week of the last month of each quarter to review and comment on Medicaid and the Children’s Health Insurance Program.		DHS/DHCAA, 608-267-6848, Health Directors, Jeff Muse, GLITC, 715-588-3324	held on March 10 in Wausau where DHS staff presented on Medicaid and SCHIP materials. Another Health Directors’ meeting is scheduled for June 9 in Wausau.
--	--	---	--

Issue 3. Statewide Medicaid and BadgerCare Plus Transportation Broker. (Initiated November 2009)
Under provisions of 2009 Wisconsin Act 28, (the 2009-11 biennial budget) the Department of Health Services will implement a statewide, non-emergency transportation management initiative for Medicaid and BadgerCare Plus members. Under this initiative, the Department will contract with a vendor to manage non-emergency transportation services for Medicaid and BadgerCare Plus members receiving services on a fee-for-service basis and some members receiving services through managed care organizations. This initiative is an important effort to improve access to services, as well as improve the quality and efficiency of the services provided.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS will invite tribal governments to participate in Transportation Stakeholder Advisory Committee meetings in January and November/December 2010.	January 2010	Katherine Fischer, DHCAA, 608-267-7100	Stakeholders meetings were held on December 16, 2009, and January 26th, 2010 at Wisconsin Dells. Tribal members were invited to participate, both in person and through the phone teleconference. We are currently moving forward with the transportation initiative with implementation due to start no earlier than April 1, 2011.
2. Tribal governments will be involved in the strategic planning of this initiative by participating on the Transportation Stakeholder Advisory Committee.	December 2010	Tribal Governments	Same as above.

Issue 4. Tribal Clinics as BadgerCare Plus HMO Providers. (Initiated November 2009)

When a tribal member enrolls in BadgerCare Plus they have the option of selecting fee for service or an HMO. If the tribal member chooses an HMO they can be referred to a provider within the HMO's provider network. Tribal clinics may not be providers in certain HMO provider networks. In this situation, the HMO enrolled tribal member may not have access to their tribal clinic through the HMO. If a tribal member receives services from a tribal clinic not in a provider network, the clinic may not be able to bill a HMO for the services. A CMS letter dated January 22, 2009 states: "Section 5006(a) of the Recovery Act amends sections 1916 and 1916A of the Act, to preclude States from imposing Medicaid premiums or any other Medicaid cost sharing on Indian applicants and participants served by Indian health providers and to assure that Indian health providers, and providers of contract health services (CHS) under a referral from an Indian health provider, will receive full payment. These provisions apply to the Medicaid program. Premiums and cost-sharing exemptions for Indians under CHIP are not affected. These provisions became effective July 1, 2009."

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS will research the options available to tribal members and clinics. These options will be presented at the June 2010 Consultation Meeting. If necessary, DHS will develop language for its HMO contracts to address the rights of tribal members to receive services at tribal clinics as required by ARRA Section 5006(d).	June 2010	Makalah Wagner, DHS/DHCAA 608-266-9248	DHS will share draft HMO contract with CMS for initial review, then share the draft language with tribal clinics at the June 2010 Consultation Meeting for feedback, and then amend the HMO contract as needed to comply with ARRA. DHS will provide draft language at the Consultation Meeting.

PUBLIC HEALTH

Issue 1: DHS and Health Directors Meetings. (Initiated November 2009)

All parties recognize the need for a regular, ongoing forum to discuss public health issues. These meetings may need to include aging directors as well as behavior health directors for discussion on broader issues.

Deliverable	Due Date	Party/ies Responsible	Status of Deliverable
1. DHS and Health Directors will schedule ongoing meetings during 2010. Meetings are proposed for January, February, March, April, June, September, and	January 2010	Jim Weber, DHS/TAO 608-267-5068	DHS and Health Directors scheduled seven meetings in 2010. Five meetings have occurred

December to discuss public health and other DHS related issues.		Jeff Muse, GLITC 715-588-3324	through June. Secretary Timberlake attended the March meeting and plans to attend the September meeting.
<p>Issue 2: Adoption and meaningful use of electronic health records (EHRs) in tribal health clinics and participation in health information exchange (HIE). (Initiated November 2009)</p> <p>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 professional practicing in tribal clinics that meaningfully use a certified EHR system can receive Medicaid HIT incentive payments beginning in January 2011.</p>			
Deliverable	Due Date	Party/ies Responsible	Status of deliverable
<p>1. DHS will include the Tribal Health Directors in all eHealth communications to stakeholders and form a separate ad-hoc HIT/HIE planning workgroup for the Tribal Health Directors to obtain their input into the statewide HIE plans and Medicaid HIT plans.</p>	June 2010	Denise Webb, DHS/DPH eHealth Program (608) 267-6767	<p>The State Health IT Coordinator, Denise Webb, a Medicaid representative, Rob Bouda, and two individuals from the Wisconsin Health IT Extension Center (WHITEC): Jesi Wang (WHITEC Project Director) and Stacey Rondorf (WHITEC Field Operations Manager) attended the April 14 Tribal Health Directors meeting and provided presentations on the WIRED for Health Initiative, the State Medicaid HIT Planning, and the WHITEC services and technical assistance for EHR adoption. Denise asked the Health Directors what their preference was for future meeting on health IT planning: a separate workgroup or as a standing agenda item on their</p>

			quarterly meetings. Their preference was to use time at their quarterly meetings to get updates on the health IT activities and provide input.
2. DHS will work with the Wisconsin HIT Extension Center once established to arrange a technical assistance visit to each tribal health clinic.	June 2010	Denise Webb, DHS/DPH eHealth Program (608) 267-6767	Jesi Wang's presentation on WHITEC introduced the tribal Health Directors to the services that would be available to the tribal health clinics to assist with adoption and meaningful use of electronic health records and health information exchange so the eligible professionals in the tribal health clinics could be eligible for either the Medicare or Medicaid HIT incentive payments available through the American Recovery and Reinvestment Act. Technical assistance visits to each tribal clinic will be arranged after WHITEC coordinates with the National Indian Health Board (NIHB) which also got a grant award to serve as a HIT extension center for tribes. Stacey Rondorf and Lynsey Ray (from the Wisconsin Primary Health Care Association) are arranging a meeting with NIHB in early June so they can coordinate the assistance in Wisconsin.

Issue 3: ACHIEVING EQUITY FOR NATIVE AMERICAN COMMUNITIES. (Initiated November 2008)

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 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
<p>1. The pilot project to address alcohol abuse will be expanded beyond the Menominee Nation. Two additional communities will establish initiatives within their respective communities.</p>	<p>May 2010</p>	<p>Workgroup Participants</p>	<p>The Menominee pilot project conducted the first of planned series of community meetings that are aimed at engaging the community and leadership as well coordinate the efforts to address substance abuse within the community.</p> <p>The Red Cliff Band has begun an initiative to address child abuse and is in the process of adapting the intervention framework and planning community engagement process.</p> <p>GLTIC and the Equities Workgroup have agreed, in principle, to adapt the intervention framework and community readiness model to the efforts of GLTIC and five tribes in area of tobacco prevention and control.</p>

<p>2. Two tribes will participate in the Community Readiness/Community Engagement training process.</p>	<p>May 2010</p>	<p>Workgroup Participants</p>	<p>Menominee has completed the Community Readiness and Community engagement training. Red Cliff has begun working with White Pines Consulting to design a training process.</p>
<p>3. Acquire funding that will support the efforts of tribal equities initiatives.</p>	<p>May 2010</p>	<p>Workgroup Participants</p>	<p>A mini grant, provided by the DHS/DPH, was awarded to the Menominee Nation which, in part was used to fund the February community meeting. The DHS/DMHSAS provided funding to support the community readiness and engagement training activities.</p>