

**Senate Bill 770 Health Services Cluster Meeting**  
**Salem, OR**  
**November 6, 2002**

**Attendance**

Richard Acevedo	Department of Human Services (DHS)—Director's Office
Cindy Becker	DHS—Administrative Services
Paula Bauer	DHS—Children, Adults & Families
Tom Bird In Ground	Chemawa Indian Health Center
Geneva Charlie	Warm Springs Tribe
Caroline Cruz	DHS—Health Services
Bob Earnest	Department of Justice (DOJ)—Division of Child Support
Diana Foster	Coquille Indian Tribe
Donnie Griffin	DHS—Director's Office
Charlotte Honse	DHS—Children, Adults, & Families
Ron Hudson	Confederated Tribes of Grand Ronde
Fritz Jenkins	DHS—Finance & Policy Analysis
Margy Johnson	DHS—Health Services
Ruth Kemmy	Department of Consumer & Business Services (DCBS)
Ernest H. Kimball	Center on Medicaid/Medicare Services (CMS)
Rocky King	Department of Consumer & Business Services
Darrel W. Kipp	Yellowhawk Tribal Health Center
Sally Kosey	DOJ—Division of Child Support
Larry Leith	Confederated Tribes of Grand Ronde
Greg Malkasian	DCBS—Director's Office
Betty Martin	DOJ—Division of Child Support
Tina Maxwell	Coquille Indian Health Center
Jackie Mercer	Native American Rehabilitation Association (NARA)
Denise Miles	DHS—Community Human Services
Joe Miller	DHS—Community Human Services
Stacy Mullens	DHS—Director's Office
Mary Neidig	DCBS—Director's Office
Bob Nikkel	DHS—Health Services
Jim Pettyjohn	DHS—Health Services
Jim Quaid	Confederated Tribes of Warm Springs
Karen Quigley	Legislative Commission on Indian Services

Joanne Riley	DHS—Children, Adults, & Families
Victoria Santiago	Oregon Commission on Children & Families/Oregon Youth Authority
Gabe Silva	DCBS—Office of Minority, Women, & Emerging Small Business
Carol Simila	Department of Consumer & Business Services
John Spence	Consultant, Oregon Criminal Justice Commission
Sharon Stanphill	Cow Creek Band of Umpqua Tribe of Indians
Robert Staver	DHS—Children, Adults, & Families
Naomi Steenson	DHS—Seniors & People with Disabilities
Michael Stickler	DHS—Health Services
Lova Sturgill	Chemawa Indian Health Center
Jean Thorne	DHS—Health Services
Glinda Thurman	Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians
Leah Tom	Indian Health Services
Michael Watkins	Confederated Tribes of Grand Ronde
Gary Williams	DHS—Finance & Policy Analysis
Larry Young	Attorney General’s Office

### **Introductions/Traditional Opening**

The meeting was called to order by Malkasian and Kipp. Once introduced by Malkasian, Neidig spoke of her enthusiasm regarding the opportunity to host. DCBS wants to demonstrate commitment to this group and its purposes. DCBS desires clear lines of communication and hopes that this group can be confident in the services it provides. Each attendee introduced his or herself. Quigley shared about her intention to brief the new Governor regarding tribal issues. She also spoke of tourism and the legislative process as it relates to tribes. She offered herself as a resource for further questions. See handout.

### **Meeting Review**

Griffin expressed his gratitude for DCBS’ willingness to host. The state is working very hard to bring good representation to this meeting. The Title IV-E agreement with Grand Ronde has been finalized. This accomplishment sets newer, better standards for future agreements. Griffin announced that he is leaving DHS at the end of this year. He was grateful to have interacted with this group in such a substantive way.

Griffin was pleased to introduce Becker as the upcoming DHS Deputy Director. Becker currently serves as the DHS Chief Administrative Officer. Griffin reported that tribe-related links will be added to the DHS website within the next few months. Acevedo will provide an

update at the next meeting. Hudson confirmed that noticeable progress has been made since the commencement of this series of meetings. He appreciated Griffin's efforts to follow through and take action. Steenson thanked Griffin for encouraging DHS leadership regarding the significant role of tribal liaisons.

Becker is looking forward to her new responsibilities; she spoke of her action-oriented nature and explained the budget rebalance process. Without ballot measure funds, severe cuts will be effective February 1; this will result in thousands of people losing services across the state. Hundreds of positions will need to be cut (both in field services and central office staff). These cuts are different from others in that the Governor's Office was very prescriptive about which programs needed to be eliminated or reduced. DHS has not had the opportunity to consult with stakeholders regarding prioritization of cuts. DHS discretion is very limited. DHS is currently working to notify providers and clients regarding upcoming cuts. When reviewing budget documents, Acevedo did not see a direct elimination of tribe-specific services. Cuts are broad and affect all clients across the state.

Hudson and Mercer would like tribes to have the opportunity to offer consultation regarding budget reduction impacts to tribes. Hudson would like to know more about specific cuts that will be taken so that tribes can plan and adjust accordingly. Acevedo provided further detail later the same afternoon.

## **Tribal Updates**

**Confederated Tribes of Grande Ronde (Hudson):** Like other tribes, Grand Ronde is facing financial difficulties. The tribe recently closed its shelter. Hudson would like to converse about a tribal consortium for the provision of services. Political climate amongst tribes might not lend itself to that work at this time. The document on active efforts will be presented this weekend. Hudson is concerned about the greed that he sees among tribes. **(Watkins):** In an effort to balance its budget, the tribe has had to make significant cuts to several program areas. The tribe is in the process of reorganizing the health center; this will affect how the center is governed and which services it provides. Two new staff were recently hired. The tribe would like as much advance warning as possible regarding state budget cuts as they apply to services used by tribal members. **(Leith):** The tribe is currently building 36 low income family housing units; next year's projects will include emphases on adult foster care and housing for the elderly.

**Cow Creek Band of Umpqua Tribe of Indians (Stanphill):** In working to be compliant with HIPAA, the tribe hosted a training with southern tribes. This year's audits are scheduled for the clinic. The tribe recently completed a grant for at-risk youth, and it continues to work with the state on drug and alcohol grants. An enhancement grant just came through; the tribe is looking

forward to implementation. The tribe just started a diabetes program and hired a new psychologist. The Medicaid administrative match is going very well. The tribe greatly appreciates Fritz and Jerry.

**Coos, Lower Umpqua, Siuslaw Indians (Thurman):** The tribe's current projects pertain to self-governance, policy and procedure, a time study for Title XIX administrative claiming, and HIPAA compliance and training.

**Coquille Indian Tribe (Maxwell):** The tribe recently received a HUD grant; as a result, the tribe will be able to remodel in order to provide better care to diabetes patients. The tribe continues to work on HIPAA compliance, and it co-sponsored a successful ICWA Conference.

**Umatilla Tribe (Kipp):** The tribe's Social Service Department recently hired several new staff members. The tribe is working to solidify IV-E and TANF agreements. Kipp is confident that this group will continue to be supportive of one another, regardless of substantial cuts that may take place.

**Chemawa Indian Health Center (Bird In Ground):** The center is currently celebrating the second year of its behavioral health program. The organization is working to fill several positions. Though many of the center's programs are school-based, services are available during the summer. Bird In Ground also works with the tribes in the state of Washington.

**NARA (Mercer):** Mercer thanked Hudson for sharing from his heart. She reported that NARA has a current emphasis on nurse case management teams. NARA recently received a grant to develop a mental health treatment model for tribal members living in urban areas. NARA is facing a 25 percent cut in residential care funds.

**Warm Springs Tribe (Quaid):** The tribe received two federal grants to create a juvenile department. The tribe is having substantial conversations with various stakeholders regarding new policies on handling juvenile offenders. The tribe has been working with Morrison Center regarding residential services for tribal children. Quaid stated that as tribes and the state face budget cuts, the group has a unique opportunity to consolidate services, be innovative, and eliminate some bureaucracy.

### **DHS Office of Medical Assistance Programs (OMAP) (Thorne & Cateora)**

Acevedo introduced Thorne as the new Interim Administrator for OMAP. She returns to DHS with significant experience in administration of medical programs and policies. Like private

healthcare costs, public healthcare costs have been growing. DHS is working with the legislature to curb these costs while offering coverage to more people.

The Federal Health Insurance Assistance Program (FHIAP) will now be able to claim federal matching dollars and will likely cover an additional 25,000 Oregonians.

With respect to OHP, several coverage changes will come in to effect on February 1. OHP Standard, which can cover up to 185 percent of the federal poverty level (pending available funds) will be implemented; co-pays will be required. In addition, OHP coverage for pregnant women and children will expand.

With respect to budget rebalance, OHP is facing the following management actions: reductions to pharmacy reimbursement, reductions to in- and out-patient hospital care reimbursement, elimination of the medically needy program, removing eight lines of prioritized list of health care services, delaying eligibility to the first of the month following approval, and returning money that had been set aside for safety net clinics.

More severe reductions will have to take place if the tax referendum does not pass in January 2003. These are likely to include elimination of the following OHP Standard benefits: dental care, provision of durable medical equipment, provision of mental health and chemical dependence services, an additional 50 lines from the prioritized list of health care services (pending federal permission), and/or prescription drug coverage. In all of her years in state government, Thorne has never seen a budget crisis of this magnitude.

Cateora offered an update regarding managed care enrollment and claims payment issues. The claims payment issue will be rectified within two weeks; a computer programming change is being made in order to achieve this goal. As for concerns regarding inaccurate enrollment, the application process is being modified in order to more clearly delineate between an interest in OHP managed care as opposed to tribal managed care. A letter explaining this modification was sent to all tribal clinics. See Cateora if you would like a copy. Cateora will provide another update regarding this modification at the next meeting.

Quaid inquired about DHS' status in terms of HIPAA compliance, especially with regard to data transmission and interface with providers. Thorne confirmed that DHS is firmly committed to and planning to comply. Thorne offered to provide additional information (via Acevedo) in the near future. Miller requested that this mailing (via Acevedo) also include a description of the 50 lines from the prioritized list of health care services which are tied to the January tax referendum. Acevedo agreed to work with Thorne to distribute both sets of information. This will occur prior to the next meeting.

Cateora clarified that American Indians/Alaska Natives will not pay co-pays in either OHP Plus or OHP Standard. Others who seek service at tribal clinics will be exempt from co-pays but not from premiums.

### **Private Sector Components of Oregon Health Plan (King)**

This presentation included explanations of eligibility, subsidy levels, and benefit plans with respect to both the Oregon Medical Insurance Pool and the Family Health Insurance Assistance Program. In addition, basic functions of the Insurance Pool Governing Board were described. This body is responsible for marketing, information, and outreach. See handouts.

### **Housing & Community Services**

David Foster was not able to attend the meeting. This agenda item will be held for a future meeting.

### **Elder Abuse Video (Steenson)**

If you would like to order a copy of this video, contact Steenson. See handouts.

### **CMS (Kimball)**

Kimball gave a brief update on numerous federal-level programs and reminded attendees that he is always happy to field questions from members of the group.

### **DHS Office of Mental Health & Addiction Services (OMHAS) (Cruz)**

Cruz reported on current efforts to secure dollars allocated for adolescent residential beds; they need to be officially earmarked within the next 60 days in order to be protected for this purpose. This is a joint project between Indian Health Services and the state. Griffin suggested that a letter co-authored by the tribes could be sent to the Indian Health Service regarding the necessity of this money staying in Oregon. Mercer agreed that a joint statement or resolution would be very useful. Acevedo will work to coordinate this effort. He will copy tribes on the letter and provide an update at the next meeting.

### **Targeted Case Management (Jenkins)**

Jenkins provided an update on Oregon's State Plan Amendment. He is working to resolve the few concerns expressed during federal review. Federal reviewers did recommend some additional language (see handout). Jenkins does not believe that these recommendations have a negative impact on the document. Jenkins asked that tribes review the latest draft and provide feedback to him by Thanksgiving. It is important to proceed as quickly as possible.

### **Behavioral Rehabilitation Service (BRS) Beds (Bauer)**

This topic was addressed at the request of the Warm Springs Tribe. Bowers' work unit monitors contracts under Title IXX. She conducts research and provides consultation regarding access to BRS beds. She is familiar with direct placement through tribal court jurisdiction. She can also assist with applying to become a service provider. As state agencies face budget cuts and scale back on the number of beds they purchase, more beds may be available to tribal members. Bowers offered herself as a point of contact for further information.

### **Budget Cuts (Acevedo & Honse)**

Considerable reductions in foster care payments and System of Care flexible funds are likely to be significant for tribes. The loss of flexible funds will probably cause difficulty in finding adequate dollars for services to families. Griffin and Honse confirmed that DHS will continue to abide by the active effort agreement, but budget challenges create the need for a new process for achieving these results. Griffin suggested that Riley should be actively involved in the formation of this process. (See handout). Riley and Honse will provide an update at the next meeting.

Sturgill spoke of her concern regarding reductions to safety net clinics. She is greatly disappointed by the notion that children involved in school-based programs will have to wait two months to use coverage for which they are eligible. Acevedo and Cateora explained that the legislature mandated this new criteria. DHS does not have the opportunity to change this stipulation.

Acevedo asked that tribes take the time to review budget-related handouts and provide feedback to him at their earliest convenience.

## **Prevention Conference**

November 19-21 in Eugene, OR. Contact Cruz for further details. See handouts.

## **In Closing**

Spence recommended that tribal liaisons be moved to the beginning of the next agenda.

## **Next Meeting & Adjourn**

The next meeting will be held in February 2003. The specific date, host & location have yet to be determined. Acevedo will coordinate and announce further details.