

**Senate Bill 770 Health Services Cluster Meeting
Grand Ronde, OR
May 21, 2003**

Attendance

Darlene Aaron	Confederated Tribes of Grand Ronde
Richard Acevedo	Department of Human Services (DHS)—Director’s Office
Dana Ainam	Confederated Tribes of Grande Ronde
Paula Bauer	DHS—Children, Adults & Families
Tom Bird In Ground	Indian Health Services (IHS)—Chemawa Indian Health
Brian Boltz	Confederated Tribes of Umatilla
Michelle Bradach	Burns Pauite Tribe—Social Services
William Burke	Confederated Tribes of Umatilla
Jeanette Burket	DHS—Community Human Services
Deborah Cateora	DHS—Health Services
Marsha Clark	Oregon Commission on Children & Families
Rod Clarke	Klamath Tribal Health & Family Services
Caroline Cruz	DHS—Health Services
Dee Dewey	Klamath Tribal Health & Family Services
Dave Eastman	Department of Justice (DOJ)—Division of Child Support
Bob Earnest	DOJ—Division of Child Support
David Foster	Oregon Housing & Community Services (OHCS)
David Fullerton	Confederated Tribes of Grand Ronde
Kelly Hawk	Klamath Tribal Health & Family Services
Ron Hudson	Confederated Tribes of Grand Ronde
Fritz Jenkins	DHS—Finance & Policy Analysis
Warren Jimenez	Native American Rehabilitation Association (NARA)
Mark Johnston	Confederated Tribes of Coos, Lower Umpqua, & Siuslaw Indians
Barry Kast	DHS—Health Services
Ruth Kemmy	Department of Consumer & Business Services (DCBS)
Cheryle Kennedy	Confederated Tribes of Grand Ronde
Vernon Kennedy	Confederated Tribes of Grand Ronde
Mel Kohn	DHS—Health Services
Jack Lawson	Oregon Youth Authority
Kelle Little	Coquille Indian Tribe
Greg Malkasian	DCBS—Director’s Office
Tina Maxwell	Coquille Indian Health Center
Nancy McCrary	Confederated Tribes of Siletz
Eric Metcalf	Coquille Indian Tribe

Stacy Mullens	DHS—Director’s Office
Judy Muschamp	Confederated Tribes of Siletz
Vicki Nakashima	DHS—Health Services
Jim Neely	DHS—Director’s Office
Elwood Patawa	Confederated Tribes of Umatilla
Jim Pettyjohn	DHS—Health Services
Patsy Pullin	Confederated Tribes of Grand Ronde—Employment & Training
Jim Quaid	Confederated Tribes of Warm Springs
Roberta Queahpama	IHS—Warm Springs Health & Wellness Center
Lynn Read	DHS—Health Services
Gail Shibley	DHS—Health Services
Carol Simila	DCBS
John Spence	Consultant, Oregon Criminal Justice Commission
Sharon Stanphill	Cow Creek Band of Umqua Tribe of Indians
Robert Staver	DHS—Children, Adults, & Families
Naomi Steenson	DHS—Seniors & People with Disabilities
Michael Stickler	DHS—Health Services
Lova Sturgill	IHS—Chemawa Indian Health
Twila Teeman	Burns Paiute Tribe
Richard Templeton	DHS—Health Services
Bonnie Tom	Confederated Tribes of Grand Ronde
Leah Tom	IHS
Patti Tom Martin	Confederated Tribes of Grand Ronde—Vocational Rehabilitation
Michael Watkins	Confederated Tribes of Grand Ronde
Ray Wilson	DHS—Health Services

Introductions/Traditional Opening

Ron Hudson led the traditional opening. Each attendee introduced him/herself.

DHS Update (Neely)

See handout. Acevedo introduced Neely. Neely began as DHS Deputy Director in January, and has spent most of his career working with public assistance programs. Neely will be a regular presence at quarterly meetings. He briefed attendees on differences between the Co-Chair Budget Proposal (legislative) and the Governor’s Revised Budget. Impacts on each cluster within DHS were highlighted. Both proposals assume that cuts already taken will continue. The actual adopted budget will differ from both proposals, and estimates of revenue continue to decline. The Governor would prefer to look for new revenue as opposed to taking further cuts. Neely is confident that DHS Director Jean Thorne is an excellent fit to lead the

department through these difficult circumstances. Neely reported that he and Thorne asked Acevedo to attend a recent Cabinet meeting in order to discuss maintenance and improvement of government-to-government relationships, especially as pertaining to tribes.

Clarke inquired about the possible collapse of residential alcohol and drug programs. He does not see a proportionate reduction across the department. Neely explained that cuts were taken in accordance with the percentage of General Fund (GF) used to pay for programs. Kast added that programs not covered by Medicaid funds tend to be more vulnerable to cuts. Alcohol and drug programs, including some residential services, rank high on the list of programs to be restored once resources are again available. There is a tremendous interest in restoring funds for these services.

Hudson inquired about the challenge to improve child welfare provisions without the ability to hire additional staff. Neely explained that this factor is causing staff to reprioritize. Quick response is essential; DHS is committed to assessment within 24 hours. As a general rule, DHS will have to accomplish this without adding staff.

Tribal Updates

Burns Pauite Tribe: No update from this tribe.

Confederated Tribes of Coos, Lower Umpqua, Siuslaw Indians (Johnston): The tribes continue to face the challenges of budget reductions. With a tremendous amount of new dental patients each month, they need to either expand or change service level. They are working to re-write many policies, they received a planning grant for a self-governance project, and they are close to economic development (two major projects).

Confederated Tribes of Grand Ronde (Hudson): A veteran's memorial will be dedicated on May 31. Pow Wows will occur on July 11-13 and August 16-17. Active efforts training will occur soon. The tribes have been meeting with Acevedo and Charlotte Honse to solidify Title IV-B plans. In the last few months, the tribes have focused on prevention activities for youth. Hudson thanked Spence, Cruz, and Becky Eklund for their continued support and partnership. Not having the state's General Assistance program has become very cumbersome. **(Watkins):** Like Hudson, he is grateful for recent partnership with DHS. In light of budget issues, he would like to see tribes collaborate more frequently. His unit is working to further streamline its contracting efforts. In addition, they are paying special attention to elder care, pain management, and streamlining contracts with DHS. A pain management conference will take place in September. For further information, contact Watkins or Ed Fox. **(B. Tom):** Outreach efforts have been drastically effected by loss of tobacco monies. The tribes have cancelled several events and continue to educate on a smaller level. **(C. Kennedy):** Kennedy welcomed and thanked everyone for coming. She also explained sovereignty as it relates to tribes. She

emphasized the need for continued education and training on related issues. The tribes have gone on record to oppose dredging the Columbia River. She asks that the state investigate the nutritional impact of dredging. This November, the tribe celebrates 20 years since Restoration. **(Tom Martin):** Tom Martin described her duties as vocational rehabilitation project coordinator and tribal health committee member.

Confederated Tribes of Siletz (Muschamp): Due to budget difficulty, the tribes are looking at reducing priority levels within the next few weeks. Health Insurance Portability and Accountability Act (HIPAA) compliance has initiated significant policy and procedure changes. A new position to enhance cultural activities has been added. A childcare center is now open; the center was constructed with a combination of tribal resources and Housing and Urban Development (HUD) funds. A new medical officer will be on site June 2, and current projects include electronic billing.

Confederated Tribes of Umatilla (Patawa): The tribes are looking for a clinical director. Darrell Kipp resigned and has accepted a position with the Nez Perce Tribe. The tribes would like to move to a same-day appointment system. They are near completion for HIPAA compliance. Donald Sampson, enrolled member, has become the tribes' new executive director. He has experience as Executive Director for the Columbia River Inter-Tribal Fish Commission and Chairman of the Board of Trustees, Umatilla Tribes.

Coquille Indian Tribe (Metcalf): A clinic remodel is taking place; exam rooms are expanding to provide more diabetes care. The tribe received a HUD grant for about 90% of this work. Contract health funds are being spent at a much greater rate than has been the case in past years. Medical costs keep climbing, and employers are dropping their levels of coverage as well.

Cow Creek Band of Umpqua Tribe of Indians (Stanphill): To cope with cuts to the Oregon Health Plan, the tribe opened a satellite clinic. The tribe is having to suspend coverage for members who are not willing to attempt alternate resources; a new staff member works to find and connect members with these resources. Administration is very involved in HIPAA training. The tribe's alcohol and drug counselor is leaving; recruitment is likely to begin soon.

Klamath Tribes (Clarke): The alcohol and drug program and staff are strong. Medicaid third party reimbursements have been substantially reduced; conversations to resolve this issue are taking place. Resolutions to Centers for Medicare and Medicaid Services (CMS) are in process. He expressed gratitude for recent help from the DHS Office of Medical Assistance Programs, as well as administrators from other areas. **(Dewey):** The tribes recently received their Federally Qualified Health Center (FQHC) provider number. As a result, they look forward to an increase in funds and program options.

Native American Rehabilitation Association (Jimenez): Their health care clinic has moved and expanded to include 10 exam rooms. Prevention programs (addressing breast and cervical cancer, tobacco, and diabetes) are now incorporated in the same building. Cuts have affected outpatient treatment and residential programs. The association is working hard to diversify funding streams, including partnership with private foundations. A pharmacy is under consideration. The association recently celebrated Women in Wellness Week and sponsored a health fair. Current projects include implementing a new practice management software program and education regarding changes to the Oregon Health Plan (OHP).

Warm Springs Tribe (Quaid): The tribe is looking ahead to health care plans and needs in 2013. The Federal Office of Management and Budget has not been favorable in terms of funding health care for Native Americans. The tribe is close to signing an agreement with the state to assume care for children who have been or are in foster care. The tribe is also looking to obtain further responsibility for behavioral residential services. DHS continues to maintain a self-sufficiency worker at Warm Springs; the tribe is grateful. Major reductions in behavioral health continue. **(Queahpama):** The tribe has a new HIPAA coordinator who is engaged in a lot of one-on-one community education. The tribe is losing one staff member to Klamath.

DHS Office of Medical Assistance Programs (OMAP) (Read & Cateora)

See handouts. **(Read):** Changes to OHP Standard did go into effect in March. Unless DHS hears otherwise from legislative co-chairs, coverage will continue to include the prescription drug benefit. Fourteen thousand OHP recipients were recently disqualified for failure to pay premiums. As long as tribal members are coded properly, this disqualification should not apply to them.

A request to CMS for retroactive eligibility for American Indians/Alaska Natives was sent following the last quarterly meeting. The response from CMS included concerns about discrimination. OMAP sent a follow-up letter explaining why discrimination was not present. The Office of Civil Rights is reviewing the situation and should reply to OMAP within days. Read thanked Cateora for her work to coordinate information.

In anticipation of the passage of Senate Bill 878, OMAP has submitted a request to CMS for the necessary waiver amendment. In addition, a letter seeking federal approval (once the bill has become law) is being drafted.

In terms of OHP's future, serious revenue shortfall is a major concern. Several legislative committees are looking at this issue. House Bill 3624 A-engrossed did pass, and emphasizes managed care enrollment. The bill does allow for exceptions including American Indians/Alaska Natives. It also allows DHS to select other exceptions.

The new Senate Special Committee on the OHP is co-chaired by Senators Courtney and Winters, and includes Senators Hannon, Brown, Minnis, Fisher, Carter, and Morrisette. With respect to the future of OHP, they will determine populations and benefits, design the reimbursement system, design the delivery system, and discuss waiver and implementation issues. The committee intends to complete its work by June 6. Members will meet Mondays and Wednesdays from 3-6pm. They may also meet on Thursdays and Saturdays to conclude their business.

It is likely that OMAP will continue to operate today's program for the first 6 months of the 2003-05 biennium. A reconfigured program would probably begin in January 2004. The reconfigured program would likely include enough funding for Medicaid-required populations, but funding to cover others (and to what degree) is yet to be determined. The hospital benefit portion of OHP may be eliminated; Read confirmed that tribal clinics will not be considered hospitals in this scenario. Read confirmed that the Children's Health Insurance Program is mostly federally funded, with 28 percent state funding. Thus, if DHS has difficulty meeting 28 percent, the entire program is in jeopardy. Most every DHS program involves some federal matching opportunity.

The work of the aforementioned special Senate committee will eventually be reviewed by the Ways and Means Human Services Sub-Committee. At this stage, decisions on the future of OHP will be made in the legislative arena. DHS' current role is to provide information as requested. The voice of tribal members and representatives is crucial, especially pertaining to the possibility of some coverage for those currently enrolled in OHP Standard.

(Cateora): Retroactive eligibility will be fairly simple to automate, but readying branch offices will require some training. She is working on language and developing this education process. Communicating the implications of Senate Bill 878, once federally approved, will be a bit more complex. Cateora encourages tribes to use the new 2003 American Indian/Alaska Native encounter rate as soon as possible (see letter dated March 26). This will minimize the need for adjustments and settlements in the future. With HIPAA, new codes have come in to place. Cateora welcomes feedback. For questions regarding disenrollment from managed care plans contact Nancy Rudolph at 503-945-6589. For concerns regarding premiums and co-pays, contact Alice LaBansky (503) 945-5804. Because significant premium and co-pay issues were resolved last week, the frequency of concern in this area should decline. Cateora advised attendees to ensure that all pregnant woman seen at tribal clinics are coded as OHP Plus as opposed to OHP Standard.

Senate Bill 878 (Clarke)

Clarke noted that tests of partnership occur in hard times. At the last quarterly meeting, there was a strong preference to preserve coverage for American Indians/Alaskan Natives as an exceptional population with access to OHP Plus. Clarke is pleased to know that DHS' commitments have been kept and efforts have been made toward this preference. The waiver to allow this exception is in the appeals process. DHS drafted legislative language, several meeting attendees visited a Commission on Indian Services meeting, and several legislators were supportive. Senate passed the bill unanimously. The Governor will sign the bill tomorrow. The bill results in actual benefit if the federal waiver is allowed. Clarke and Fox are working on resolutions regarding American Indians/Alaskan Natives as sovereign entities not to be considered as a minority group. Copies of the resolutions are available. If interested, call the Northwest Portland Area Indian Health Board.

DCBS Update (Malkasian & Simila)

See handout. Malkasian is pleased to see that tribes and the agency are interacting more frequently. Simila explained that there is no federal mandate for employee benefit packages to include prescription coverage. DCBS Insurance Division is connected with several supplemental coverage options. Simila is interested in visiting tribes to make presentations.

DHS Cluster Reports

(Acevedo): To follow-up on discussion at the February 19 meeting, Acevedo visited DHS Cabinet. To enhance awareness, he will do further training with DHS executive staff. He will continue to report to DHS Administration regarding this process. On a separate note, Acevedo provided a HIPAA-related handout. For further questions regarding HIPAA, see included contact information. DHS is currently recruiting for a new Indian Child Welfare Act (ICWA) Manager. If interested, contact Acevedo.

(Templeton): He is beginning another round of contacts with tribes to solidify their input regarding bio-terrorism preparedness. He welcomes any further feedback.

(Bauer): She provided an update on behavioral treatment services. Policies have changed and contract language is being altered to allow direct referrals from tribal social services to DHS programs. This option should be functioning by July 1. Bauer is available for technical assistance.

(Miller): He currently works with the DHS' Office of Vocational Rehabilitation Services; in the past, he spent many years in tribal country. Some tribes operate their own vocational

rehabilitation programs; his office works hard to effectively partner and support those efforts. He welcomes further comments or questions.

(Staver): The current Temporary Aid to Needy Families (TANF) intergovernmental agreement with Klamath Tribes is slated to expire this year. The new agreement is passing through the DHS/DOJ contract approval process. Staver anticipates that this process will go smoothly; it is likely that the contract will be finalized by early July. The Siletz agreement expires at the end of September. A new agreement is being negotiated in this case as well.

(Burket): Burket is an Assistant Manager in Service Delivery Area (SDA) 3 (Marion, Polk, and Yamhill counties). She is making a regular effort, as is Ron Parsons (an Assistant Manager for SDA 10 serving Crook, Jefferson, and Deschutes counties), to attend and offer the DHS field perspective. DHS Community Human Services (CHS) is striving to increase awareness and build closer, local relationships with tribes. In her SDA, tribal social service administrators and service delivery leadership are meeting on a monthly basis. In the future, CHS would like to invite tribal administrators to attend some statewide SDA Managers meetings.

(Steenson): The state's long-term care system has faced enormous cuts; many service priority levels have been eliminated. DHS' Seniors & People with Disabilities cluster is facing various hearings and lawsuits, but continues to have an interest in planning for the future. Oregon's aging population ranks as the fourth oldest in the nation. Oregon was first in the nation to develop home- and community-based care models. Other states are looking to us for ideas. DHS would like to continue to lead this effort toward creative, effective solutions for providing services to elderly people.

(Cruz): Prevention contracts are signed and completed. The current difficulty is in trying to make sure that dollars are spent. Beginning soon, funds will be disbursed monthly rather than as a lump sum. Cruz continues to work with tribes on prevention plans and outcome measures. She and Stickler are striving to capture statistics on tribal efforts toward best practices. Fetal Alcohol-related training continues.

(Stickler): With Cruz, he is working to quantify and qualify best practices, outcomes, and performance measures for the purpose of future funding opportunities (block grants, etc.).

(Nakashima): She manages the DHS Office of Multicultural Health. DHS Health Services executive staff are working to better engage their units with regard to tribal issues, and to determine how to best support tribal liaisons. She introduced Kohn and Shibley.

(Kohn): He is the State Epidemiologist. His offices studies, prepares for, and responds to epidemics. The state's tobacco program has been suspended for the rest of this biennium. In

Oregon, 16 people per day die of tobacco-related causes. He is optimistic that the 2003-05 budget will allow for some level of funding. A wide range of strategies have resulted in data that suggests DHS has a very successful program. His office will work hard to maintain this multi-faceted approach.

(Shibley): Her office serves as the regulatory section of public health, overseeing certification, surveys, sanitation, inspections, etc. Acevedo reminded the group that if facilities are on tribal grounds, public health work is by invitation only. DHS does not impose itself in this capacity.

(Cateora): Several tribal communities are participating in oral health prevention projects. Cateora will continue to share research on this topic. The Statewide Oral Health Summit is tentatively scheduled for November 20.

Oregon Youth Authority (OYA) (Lawson)

As a result of budget cuts, this agency has been more centralized. Regional facilities have been eliminated, and nearly 250 youth have been released back to the communities. Many of these youth have re-offended. Most of the Native American/Alaskan Native youth involved with OYA are from outside the state; only a small percentage are from Oregon Tribes. OYA is working hard to keep tribes involved in programs for detained youth. Each facility has a sweat lodge, and staff are providing culturally appropriate services on a weekly basis. OYA's Native American Advisory Committee has had trouble meeting on a regular basis; he hopes this will change as the legislative session comes to a close.

Juvenile Crime Prevention Committee (Spence)

Spence reported on the possibility of OYA youth becoming available for relative foster care. OYA Director Karen Brazeau is championing this idea. An event for Indian foster children will occur in June. Spence will forward a relevant flyer to Mullens; she will then send it to meeting attendees. Spence reminded the group of the need to "Indianize" best practices in order maintain cultural relevance.

OHCS Update (Foster)

Foster agrees that cultural sensitivity and relevance is essential to successful programs. He will be facilitating a group on this subject soon and would welcome any feedback. As attendees discover OHCS-related changes, they should feel free to contact him.

Hudson asked that attendees consider a future workshop regarding best practices and the Request for Proposal (RFP) process.

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Targeted Case Management (Jenkins)

A few small changes in language will need to occur prior to approval to the State Plan Amendment, but these changes should not be restrictive. Region X has been receptive and is working hard to advocate for this amendment. Jenkins expects that approval will occur within the next month. Once this happens, Jenkins and Acevedo will be available for technical assistance.

Title XIX Administrative Match (Jenkins)

Four tribes are currently claiming; this process is progressing smoothly. DHS has visited three of the four tribes in the past few months, and plans to visit the fourth tribe within the next two months.

In Closing

Acevedo reminded attendees of DHS Director Jean Thorne's three reorganization-related questions and the desire to have responses to him (by email) as soon as possible. Originally, Acevedo and Mullens asked to have these returned by April 30.

According to Hudson, partnership efforts among attendees are going quite well. Collaborative efforts have resulted in invitations to travel and consult in other areas. Hudson sees these invitations as evidence of tribes, the state, and Citizens Review Boards (CRBs) working together in a beneficial way.

C. Kennedy led a traditional closing and reminded attendees to be respectful of one another. Acevedo thanked the meeting hosts for their gracious hospitality.

Next Meeting & Adjourn

The next meeting will be held August 20. If interested in hosting, please contact Acevedo by early July. If no offer is made, DHS will host in Salem. Further details to follow.