Tribal Consultation Minutes

1. Welcome and Introductions
2. Prayer
   John Eagle Shield led the group in prater
   Review of Minutes
   No revisions were made to the minutes

   Concept paper
   DSS Cabinet Secretary Lynne Valenti shared some background with the group, During legislative session 2015 a group began meeting to discuss options for increasing access and impact health disparities faced by Native Americans that could leverage the 100% FMAP
   133 million dollars spent in FY2014 on individuals eligible for I.H.S. services
   Group met several times during session, had a couple of calls with federal government. CMS learning on I.H.S.
   August call with CMS and HHS – indicated interest and desire to increase access. President Obama visited Alaska and handed a letter to Governor from Secretary Burwell regarding a similar request from Alaska about leveraging 100% for more services. I.H.S. operating under funding constraints and staff constraints. Freeing up some of their dollars through these changes should also allow I.H.S. to serve more people with their dollars
   When this became
   Jerilyn agreed to co-chair with Kim M-R Health Coalitions Taskforce – flush out the concept paper and ideas. Estimate that expansion would cost approximately 33 million. Looking to see if the 100% concept can shift 33 million from general funds to federal funds to free up those general funds to fund expansion. 48,300 0 13,000 NA – 27%.

   Secretary Emery – Was asked by Governor Dugaard to hand deliver letters to Tribal Chairmen of each tribe to garner support for the concept. They are also working with GPTCHB.

   Jerilyn Church – first meeting yesterday. Brought together state, tribes, I.H.S. and other providers. They have hired the attorney who helped with the Alaska expansion to provide guidance and support. Unique opportunity for state, tribes, and I.H.S. to come together and collaborate in a way that has not happened before.

   Task force has some subgroups looking at various aspects of the proposal.

   Sonia Weston spoke to the importance of tribal support and the need for her and others to educate others in tribal councils to make sure they have the information they need about the changes and the benefits they will bring to their tribal members.

Also available to other tribal programs and entities that are 638 programs that can also leverage 100% reimbursement.

Logistics of Medicaid expansion. Would involve a change to the State Plan. Would continue to seek input from the Tribal Consultation group.

Call for Tribal Consultation by CMS. GPTCHB arranged a call and three largest tribes in our region participated. Invited CMS to come to the Chairmans' meeting in Bismarck. Tribes across the nation are watching closely what is happening in Alaska and SD.

Brenda reviewed the concept paper CMS asked for high level concepts outlining what the state wanted to do. Sumitted to CMS in March 2015. Seeking flexibility in federal regulation

States that have expanded have found that a much larger percentage come to the door in year 1 than they expected.

Subgroups:
Increasing access to services
Expansion of service provision – CHRs, etc.
Behavioral Health

Call for people who might be interested in participating in one of the subgroups.

Tinka spoke about the gap they have observed between SD and ND given the differences in eligibility criteria. There is a gap in SD – people who are not eligible for Medicaid because they are not in one of the covered groups and they are too poor to be eligible for tax subsidies through the FFM.

Important for people who are impacted to provide feedback.
Want to prevent unintended consequences – so need people to look at concepts and consider them and provide input about downfalls.

Meeting materials for the Task Force will be posted in the website.

May necessitate additional tribal consultation

Steele – Oglala Sioux Tribe – came to meeting to support the expansion concept. Encourages other tribes to support it as well. Collaboration is beneficial to all. He had a Medicaid expansion attorney provide analysis of the concept paper and it is really good. Feels federal government should fund all expansion under the treaty. Sample tribal resolutions were mailed to each of the tribes by BTR,

CMS has relaxed interpretations of where services can be provided. Asking for additional flexibility so, for example, if local service unit contracts with another

provider, let the other provider bill Medicaid directly and garner the 100% FMAP rather than requiring that I.H.S. bill for all of those.

Want to hear about pressure points locally – what barriers do tribes or communities face – are they federal rule barriers, state reg barriers, policy barriers.

Question about online application – would likely use the same application.

Lower Brule could provide additional information about direction or oversight by PHN/. Also, how the care planning and direction flows down and then back up to the physician.

Standing Rock – ND SPA recognized CHR program. CHR budget has not increased since 1992. Will be doing TCM in ND once they complete the application. Eligible for all-inclusive rate for assessment hen will be identifying which preventative services will be reimbursed.