

Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board 926 Pennsylvania Avenue, SE Washington, DC 20003 (202) 507-4070 (202) 507-4071 fax

October 14, 2009

TTAG Conference Call - Action Items

Action Item	Timeline	Person Responsible	Status	Notes
Send the minutes of the July 30-31 TTAG face-to-face meeting to the TTAG Technical Advisors and MMPC members for review and comment.	ASAP	NIHB		
Schedule a conference call prior to the November face-to-face meeting to prepare for reporting on LTC issues.	ASAP	TTAG LTC Subcommittee		Possible call dates are November 5 or 6.
Distribute copies of the KAI work plans to TTAG members for review and comment.	ASAP	CMS		
Work with NASMD staff on the working luncheon agenda and report back to TTAG.	ASAP	CMS		
Request that an OIG staff member be present at the November face-to-face meeting to present report outcomes.	ASAP	CMS		
Circulate draft agenda to TTAG members.	ASAP	NIHB		

October 14, 2009

TTAG Conference Call Minutes

Agenda Item	Discussion	Action
Documents Received	Agenda)	
Welcome	Ms. Valerie Davidson , Chair, Tribal Technical Advisory Group (TTAG) and Executive Vice President and Senior Director, Legal and Intergovernmental Affairs, Alaska Native Tribal Health Consortium (ANTHC), welcomed participants and asked that roll call be taken.	
Roll Call	Mr. Tyra Baer , CMS Project Assistant, National Indian Health Board (NIHB), took the roll of the TTAG members participating in the call. Participants were: TTAG: Alaska – Valerie Davidson, Jim Lamb Aberdeen – Robert Moore Albuquerque – absent Bemidji – Phil Norrgard Billings – absent California – James Crouch Nashville – absent Navajo – Amslem Roanhorse	

	<p>Oklahoma – absent Phoenix – David Reede Portland – Jim Roberts, Ed Fox Tucson – absent TSGAC – Sally Smith NIHB – Jessica Burger NCAI – Jason Dollarhide, IHS – Balerma Burgess NCUIH – Carmelita Skeeter, Danielle Delaney</p> <p>Tribes and Tribal Organizations: Carol Barbero, National Technical Advisor Tracy Jones, Chickasaw Nation Kris Locke, Technical Advisor Alida Montiel, Inter Tribal Council of Arizona</p> <p>CMS: Suzie Bosstick Sue Clain, ASPE Rodger Goodacre Robert Inzer John Johns Kitty Marx Mark Reed Mary Sowers Barbara Williamson Anita Yuskaukas</p> <p>IHS: Elmer Brewster Dorothy Dupree, Tucson Carl Harper Chris Manydeeds, OTSG Lisa Tonrey, Tucson Seh Welch, Division of Regulatory Affairs</p> <p>Native American Contacts: Rosie Norris, San Francisco Diane Thornton, Atlanta</p> <p>NIHB: Tyra Baer</p> <p>Kauffman & Associates, Inc.: Maria Griffin Bonnie Hillsberg Jo Ann Kauffman Nate St. Pierre</p> <p>B.L. Seamon: Soncerry Bolling</p> <p>A quorum being present, Mr. Phil Norrgard, Director of Human Services, Fond Du Lac Band of Lake Superior Chippewa, made a motion for an open agenda. Mr. Anslem Roanhorse, Executive Director, Navajo Nation Division of Health, seconded the motion, which was approved with unanimous consent of the membership.</p>	
Report from Chair	Ms. Davidson did not have any new information to report.	
Report from Secretary	As the TTAG Secretary was absent from the call, Ms. Kitty Marx , Director, Tribal Affairs Group (TAG), Office of External Affairs (OEA), Centers for Medicare & Medicaid Services (CMS), reported on the	NIHB will send the minutes of the July 30-31 TTAG face-to-face meeting to the TTAG

	<p>status of meeting minutes. CMS send out the July 30-31 face-to-face minutes to the TTAG members for comment, and Ms. Carolyn Finster, TTAG Secretary, received only a few comments. CMS subsequently sent the minutes (tracked changes version and a clean copy) to NIHB.</p> <p>As the minutes were only sent to the TTAG members and alternates, Ms. Davidson tabled the discussion of the minutes until the next meeting in order to allow the Technical Advisors and Medicare and Medicaid Policy Committee (MMPC) members to review and comment on them.</p>	<p>Technical Advisors and MMPC members for review and comment.</p>
<p>Report from CMS</p>	<p><u>Home & Community Based Waivers</u></p> <p>Ms. Marx stated that staff members from Center for Medicaid and State Operations (CMSO) were participating in the call to update TTAG members on the status of the proposed rulemaking on Home and Community-Based Services (HCBS). Comments were due on August 21, and the ANTHC was the only tribal group that submitted comments.</p> <p>Ms. Mary Sowers, CMSO, CMS, stated that CMS published the Advanced Notice of Proposed Rule Making (ANPRM) in June to solicit public input on issues that have come up regarding HCBS nationally.</p> <p>The ANPRM focused on the removal of the prohibition on cross-disability regulatory waivers (states are prohibited from designing waivers for individuals with similar needs but different diagnoses) and on how CMS can identify the hallmarks of community living. Undergirding both issues is the idea of person-centered thinking and planning. To better foster this, CMS asked for input on individuals' cultures and how the ways in which they want to receive services can be acknowledged and met.</p> <p>CMS received more than 300 comments, many of which addressed the issue of hallmarks. CMSO is currently in the process of analyzing the responses and hopes to use them as a launch pad for future discussions.</p> <p>Ms. Suzanne Bosstick, CMSO, CMS, noted that the ANPRM provides CMS with an excellent opportunity to receive input on specific topics in the document and work with the tribal groups to make sure that there are no regulatory barriers to tribes interested in developing home and community networks. Although there is no immediate plan to perform a regulatory review, there may be opportunities to amend the existing regulations.</p> <p>Ms. Davidson encouraged CMS to work with the TTAG Long-Term Care (LTC) Subcommittee, which focuses on meaningful ways to provide long-term care in Indian country as well as identifying strategies for overcoming barriers to its provision. Mr. Robert Moore, Aberdeen Area TTAG Representative, pledged the LTC Subcommittee's cooperation with CMS on this issue.</p> <p>Ms. Davidson shared some of the ANTHC suggestions submitted in response to the ANPRM. The comments addressed:</p> <ul style="list-style-type: none"> • A process that will allow tribal organizations to work with CMS to 	

	<p>maximize the progress made on each issue.</p> <ul style="list-style-type: none"> • The need for waivers to address individual needs. • The challenges faced by very small, very remote communities in meeting standards (e.g., sanitation facilities in communities with no running water, different ideas of familial ties than in most of the country, etc.). • Approaches CMS can take to require states to encourage tribal and Indian Health Service (IHS) providers to become home and community providers (e.g., allowing locals to conduct assessments in remote communities based on their better understanding of the community and higher level of accountability). <p>Ms. Anita Yuskaukas, CMSO, CMS, cited the presentation given by Dr. Donald Warne, Executive Director, Aberdeen Area Tribal Chairmen’s Health Board, at the NIHB conference as a good example of culturally sensitive proposals that can help facilitate HCBS in Indian country. These proposals could be considered independent of the ANPRM as they focus on making Medicaid services responsive to tribes.</p> <p>Ms. Kris Locke, TTAG Technical Advisor, agreed with the ANTHC request for flexibility with regard to HCBS. Unless tribal health providers can become HCBS providers, many in Indian communities will not have access to these services.</p> <p>In response to a question from Ms. Alida Montiel, Health Systems Analyst, Inter Tribal Council of Arizona, Ms. Davidson indicated that the ANTHC did not address Indian Health Improvement Act language. She asked CMS if the expansion of LTC and assisted living services could be addressed through regulation rather than legislation. Ms. Marx suggested that the LTC Subcommittee schedule a call to address this issue and provide an update during the November face-to-face meeting. Mr. Robert Moore, agreed to schedule a call.</p> <p>Ms. Carol Barbero, TTAG Technical Advisor, noted that the authority for HCBS is included in the Indian Health Improvement Act provision authorizing LTC, HCBS, and hospice and that it allows the use of IHS funds for these programs. HCBS is defined by reference to the Social Security Act (1929A).</p> <p><u>2009 Sweeps Funding and 2010 Budget</u></p> <p>Ms. Marx reported that TTAG received sweeps funding totaling \$260K (\$100K for outreach and education and \$60K for data analysis). The request for \$100K for activities surrounding legislative activities related to healthcare reform was not funded.</p> <p>Mr. Roger Goodacre, TAG, OEA, CMS, stated that prior to the end of the year, CMS finalized a contract with Kauffman & Associates, Inc. (KAI) for research on barriers to access caused by transportation issues. CMS was able to add the sweeps funding to the KAI contract for two additional projects on how states can use and share data for cross-state border issues and on outreach and enrollment of Child Health Insurance Program and Medicaid eligible individuals on or near Indian reservations. Decisions have not yet been made on how the ongoing work of the various subcommittees will be integrated</p>	<p>The LTC Subcommittee will schedule a call prior to the November face-to-face meeting to prepare for reporting on LTC issues.</p> <p>Mr. Goodacre will distribute copies of the KAI work plans to TTAG members for review and comment.</p>
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into the work KAI will be doing. Once CMS receives project plans for the three activities from KAI, it will work with the subcommittees to incorporate their comments into the final plans.

Ms. Jo Ann Kauffman, President and Chief Executive Officer, KAI, said that her firm wants input from TTAG members and anticipates integrating their work into KAI's projects. The transportation project is a true research project, with initial work focusing on developing the methodology and preparing the implementation tools. The data and outreach and enrollment projects will emphasize applied knowledge (best practices, toolkits, etc.).

Ms. Marx reported that CMS expects a significant increase in TTAG FY 2010 funding, even though exact numbers are not yet available. As funding generally mirrors the strategic plan priorities, she suggested that the Strategic Plan/Budget Subcommittee meet to discuss which projects to fund and prepare for a discussion of this at the November face-to-face meeting. Ms. Marx pointed out that the higher level of funding goes hand-in-hand with high expectations for deliverables. **Mr. Goodacre** stressed the important role the existence of the strategic plan played in securing the additional funding.

Mr. James Crouch, Executive Director, California Rural Indian Health Board, Inc., expressed disappointment in the collaboration between IHS and the Office of the Assistant Secretary for Planning and Evaluation. He suggested passing monies at the level of the Department of Health and Human Services, rather than at the agency level.

Due to reduced funding for the data project, **Mr. Crouch** alerted the University of San Francisco that the funding for the biostatistician will end at the end of April.

He also expressed concerns over the mismatch between the CMS and TTAG fiscal years and the effect this has on the various TTAG projects.

Mr. Norrgard and **Ms. Locke** reported that the Outreach and Education (O&E) Subcommittee had discussed brainstorming for future projects during the most recent conference call and the type of relationship the TTAG and CMS wants the O&E Subcommittee to have with NIHB and contractors as they carry out the work.

Ms. Montiel asked whether KAI's work will coincide with the tribal set aside outreach and education grants. Ms. Marx indicated that KAI has been tasked with focusing on the new authority in Section 202 of the Child Health Insurance Program Reauthorization act of 2009 (CHIPRA) by analyzing best practices for reaching out to tribes. The Section 201 grants will be three-year grants. It is possible that the grantees will be able to use some of the information developed by KAI, but they will be focusing on their own proposed practices.

Mr. James Roberts, Policy Analyst, Northwest Portland Area Indian Health Board, raised the question of how express lane agencies fit into the picture. **Ms. Marx** indicated that this could be considered even though it falls under a different authority. **Ms. Locke** pointed

	<p>out that there might be problems if express lane provisions are made for agencies serving only one group and cited Arizona as an example. Call participants briefly discussed what agencies might be considered for express lane provisions and some of the technical problems associated with using scanned documents to determine eligibility.</p> <p><u>NASMD Conference</u> A working lunch for TTAG members and State Medicaid Directors (SMDs) will be held on November 11 in conjunction with the National Association of State Medicaid Directors (NASMD) conference at the Crystal Gateway Marriott in Arlington, Va. Currently 20 spaces are reserved for TTAG use. NASMD is encouraging SMDs to attend.</p> <p>The TTAG members discussed possible agenda options for the luncheon. Suggested topics included the effects of health reform, state plans for implementing tribal consultation policies, CHIPRA outreach and education requirements, premium and co-pay exceptions, and across state borders issues. Call participants also considered addressing a single large issue such as Medicaid Administrative Match (MAM), reviewing each states' anticipated Medicaid enrollments (in light of tight state budgets), ways to maximize federal dollars to expand services, new authorities from the Division of Regulatory Affairs, and an overview of Indian tribes addressing tribal locations, the legal relationships between tribes and the U.S. government, and the role of TTAG.</p> <p>Because of the limited time (one hour), the TTAG members agreed that the agenda should focus on one or two topics (possibly the implementation of consultation process or the anticipated effects of Medicaid provisions in health reform at the state and community level) and allow time for people to exchange information so that they can follow up with each other going forward.</p> <p>The tribal consultation best practices session moderated by Ms. Carolyn Ingram, Director, Medical Assistance Division, New Mexico, will take place in the afternoon. Ms. Marx will participate in this session as a panelist and expects that the best practices identified in the preliminary report scheduled to be delivered by October 30 will be highlighted. The NIHB report will be based on Native American Contacts' surveys of states with consultation policies and on the tribal responses to a survey on their perspective. The session will provide tribes with an opportunity to offer feedback.</p>	<p>Ms. Marx will work with the luncheon planners at NASMD concerning the suggestions for the agenda and report back to the TTAG members.</p>
<p>Discussion Topic – Office of the Inspector General Report</p>	<p>Mr. James Roberts, Policy Analyst, Northwest Portland Area Indian Health Board, indicated that he would be able to discuss issues related to the Office of the Inspector General (OIG) report at the November face-to-face meeting, hopefully with the participation of OIG staff.</p>	<p>Ms. Marx will contact the Office of the OIG and request that a staff member be present at the November face-to-face meeting to present the outcomes of the report and answer any questions.</p>
<p>Subcommittee Activities/Schedules</p>	<p>Because the discussion of the items reported by CMS had consumed most of the time scheduled for the call, Ms. Davidson asked the subcommittee chairs to postpone their reports until the November face-to-face meeting. At that time the O&E, Data, LTC, MAM, Across State Borders, and Behavioral Health chairs will provide information on their present and anticipated activities and schedules for future</p>	

	calls and delivery of products.	
Agenda for November TTAG Face-to-Face	The next face-to-face meeting will take place all day on November 10 and for three hours in the morning on November 11. The meeting will likely include sessions on 2010 budget planning, the OIG report, HCBS, and MAM. CMS will work to ensure that the CMS staff handling the respective issues will be present during the scheduled discussion session.	NIHB will circulate a draft agenda for review and comment.
Adjourn	With no other business to be undertaken, the TTAG teleconference adjourned.	