

**Centers for Medicare & Medicaid Services Tribal Technical Advisory Group  
CMS TTAG  
Day 1: Meeting Notes**

**November 13, 2008  
Face to Face Meetings**

**TTAG Members Present**

Aberdeen	Robert Moore
Alaska	Valerie Davidson
Albuquerque	Carolyn Finster
Bemidji	Phil Norrgard
Billings	Nancy Vaughan
California	James Crouch
Nashville	Brenda Shore
Navajo	Ben Shelly
Oklahoma	Tracy Jones
Phoenix	Pamela Thompson
Portland	Jim Roberts
Tucson	Grace Manuel

**CMS**

Herb Kuhn  
Robin King  
Mike Lyman  
Lane Terwilliger  
Lindsey Cometa  
Robert Inzer  
Rodger Goodacre

**IHS**

Dorothy Dupree  
Elmer Brewster  
Raho Ortiz

**Others Present**

Melinda Golub, HHS  
OIG  
Kris Locke  
Jim Lamb  
Roz Begay  
Myra Munson  
Stephanie Craig  
Rushing  
Alida Montiel

Deswood Tome  
Clara Pratte  
Stacey Ecoffey, HHS  
Gerald Moses  
Anslem Roanhorse

**TSGAC**

Ron Allen

**NIHB**

Mickey Peercy

**NCAI**

Cinda Hughes

**NIHB Staff**

Kitty Marx  
John Johns  
Caitlin Wesaw

**Documents Received:**

- November 2008 TTAG Briefing Books
- TTAG letter regarding MAM Tribal Consultation
- DME POS Handout
- Strategic Plan 2010-2015

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**November 13, 2008  
Summary of Action Items**

Action Item	Timeline	Person Responsible	Notes
Invite TTAG Chair to participate in any meetings/conference calls regarding health care reform	On going	CMS	
Release minutes in draft form to TTAG members and alternates so that members/alternates can keep current on discussions prior to receiving final minutes, approved by CMS and TTAG.	Ongoing	NIHB	
Add electronic prescribing incentives to the December 2008 TTAG conference call agenda	ASAP	NIHB	
Caitlin Wesaw, NIHB, presented communications report: <i>Breaking Barriers and Building Bridges</i>	Comments due December 17 <sup>th</sup>	Caitlin Wesaw, NIHB	

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**November 13, 2008  
Summary of Meeting**

Agenda Item	Discussion	Action
<b>Opening</b>	<b>Chair Valerie Davidson</b> opened the meeting at 8:30 am (ET).	
<b>Roll Call</b>	Roll call was taken by <b>Kitty Marx</b> , NIHB, and a quorum was present. Please see previous page for complete list of participants.	
<b>Message from CMS</b>	<p><b>Herb Kuhn</b>, Director CMSO, gave the group updates on four issue areas that were identified in the previous meeting in July: the Tribal Affairs Group (TAG) Director vacancy, the CMS Tribal Consultation Policy, Medicaid Administrative Match (MAM) and Medicaid citizenship documentation.</p> <ul style="list-style-type: none"> <li>▪ Thirty-eight applications were submitted for the Tribal Affairs Group Director position at CMS and he expressed his appreciation for the group’s willingness to assist in the hiring process.</li> <li>▪ In regards to the CMS Tribal Consultation Policy, he recognized the concerns expressed by the TTAG and the desire to be involved earlier in the regulations process but added that more discussions need to take place at CMS.</li> <li>▪ Four states have MAM plans under active review: Montana, California, Oklahoma and Washington. Mr. Kuhn was confident that the California plan will be finished. He recognizes that while progress has been made there is still considerable work to be done.</li> <li>▪ Mr. Kuhn was appreciative of the recent letter sent by the TTAG Citizenship Documentation Subcommittee with recommendations on citizenship documentation requirements. He mentioned that if the Department of Homeland Security (DHS) has created model agreements regarding documentation then CMS might be able to develop model agreements that Tribes could use, which could help facilitate enrollment efforts. In addition, Mr. Kuhn pointed out that states are in need of additional technical assistance that would help alleviate confusion regarding the documentation process.</li> </ul> <p><b>Jim Crouch</b> reiterated California’s desire to complete their MAM plan and <b>Herb Kuhn</b> expressed his confidence that the plan will be completed.</p> <p><b>Ron Allen</b>, raised concerns over the agencies response to the Washington state plan. <b>Jim Roberts</b> expressed the same concerns and called for a national consultation meeting regarding MAM to gain national guidance. <b>Herb Kuhn</b> agreed to consider tribal consultation but stated that there were national standards, but these standards, from what he heard from TTAG are not being applied consistently</p> <p><b>Chair Val Davidson</b> made the following observations:</p> <ul style="list-style-type: none"> <li>• One TTAG issue is that the standard seems to be higher for tribes, the ball keeps moving, those hurdles get higher and when we try to clear those hurdles, we are afraid we are going to hit one because they keep moving (in reference to the WA MAM plan)</li> </ul>	

	<ul style="list-style-type: none"> <li>• As we try to expand access and improve enrollment in Medicaid, every effort should be made to improve enrollment efforts</li> <li>• Moving beyond MAM, as we move forward with policy changes, the issues that are important to tribes move at a snail’s pace but other issues at CMS can move at lightning speed</li> <li>• While the tribes asked for consultation, it is clear that we do not want to wait for national meetings to approve other MAM plans</li> </ul> <p><b>Chair Val Davidson</b> thanked the Strategic Plan Subcommittee for their work. She then pointed out to Herb Kuhn that there are tribal concerns regarding substantial vs. indirect impact on tribes and requested that as the agency is defining these terms to define them in terms of Indian Country and not CMS. <b>Herb Kuhn</b> indicated that it would be helpful to have some examples of what regulations impact tribes.</p> <p><b>Ansem Roanhorse</b> thanked Herb Kuhn for attending the meeting and thanked CMS’ response to the Medicaid Citizenship Documentation letter. He explained the results of the George Washington University’s study that showed the impact of citizenship documentation on enrollment, but the study did not include AI/AN data. He requested additional resources from CMS to do a specific AI/AN study. The Citizenship Documentation Subcommittee is looking at rulemaking as an option and has received technical support from Dorothy Dupree and Lane Terwilliger. <b>Herb Kuhn</b> thanked the Subcommittee for the letter again and looks forward to working on this issue.</p> <p><b>Chair Val Davidson</b> asked Herb Kuhn what regulations were still out there and which ones will be finalized in the next few months. <b>Herb Kuhn</b> indicated that there were regulations still in process, such as the ICD-10 codes, that will probably be finalized.</p> <p><b>Chair Val Davidson</b> also raised the issue of health care reform.</p> <ul style="list-style-type: none"> <li>• There is a lot of discussion about health reform and we know that the agency will be involved in health reform; the TTAG asks that CMS engage tribes at the table.</li> <li>• We have seen over time that once a draft is written, it is very difficult to get the agency to change its mind.</li> <li>• Tribes do not have resources and the TTAG would appreciate it if Rodger Goodacre could get information about the agencies efforts in health care reform out to the TTAG.</li> </ul> <p><i><b>TTAG made a motion and passed that the Chair of the TTAG, Val Davidson, be designated as the point person for CMS health reform efforts and that funding be made available for travel for the Chair to attend meetings.</b></i></p>	
<p><b>Report from CMS</b></p>	<p><b>Robin King</b>, Director of the Office of External Affairs at CMS, discussed the following items:</p> <ul style="list-style-type: none"> <li>• Beginning this week, CMS is conducting open enrollment for Medicare Part D. The agency is asking beneficiaries to review Medicare plans – on TV and radio – there are regional messages.</li> <li>• He is asking TAG to look at Medicare outreach for the national level to see how it can be modified for Indian Country.</li> </ul>	

	<ul style="list-style-type: none"> <li>• E-prescribing incentive program will improve drug prescriptions service and improve services to beneficiaries. This is a five year plan, and Medicaid is looking into its own incentive program.</li> <li>• In February 2009, personal health records are becoming more safe and secure. The role that CMS plays is to make sure that personal health records become personal tools for beneficiaries to manage health records. Incentives for providers make this tool available for individuals.</li> <li>• Flu shots will be provided as incentives.</li> </ul> <p><b>Rodger Goodacre</b> reported that there was a Medicine Dish in early October and on Open Door Forum was held on Medicare Part D.</p> <p><b>Vice-President Ben Shelly</b> asked what CMS is doing to enroll AI/ANs no matter where they live. <b>Rodger Goodacre</b> explained that CMS reaches out to Indian Country through enrollment videos, and one of the focuses of the Outreach and Education Subcommittee is how to work with states to improve how AI/ANs can place outreach eligibility workers to I/T sites.</p>	
<p><b>Report from Chair</b></p>	<p><b>Chair Valerie Davidson</b> thanked the TTAG for all of their hard work.</p>	
<p><b>Report from Secretary</b></p>	<p><b>Secretary Carolyn Finster</b> gave the report from the Chair.</p> <ul style="list-style-type: none"> <li>• Minutes from February, July, and October 2008 are located in Tab C.</li> <li>• Thanked NIHB for the new format and noted that the minutes are easier to read.</li> </ul> <p><i>Motion was made and passed to approve the February, July and October minutes.</i></p> <p><b>Phil Norrgard</b> asked NIHB to circulate the minutes in a more timely basis, even in draft form, so that the alternates who were not able to attend meetings can see what is going on. There was no objection from CMS and Val Davidson requested NIHB release minutes in draft form to the TTAG members and alternates.</p>	<p>NIHB to circulate minutes in draft form to TTAG</p>
<p><b>Discussion of CY 2009 TTAG Budget</b></p>	<p><b>Rodger Goodacre</b> informed the TTAG that he was pleased to report that there is more money than anticipated for 2009. In the last several meetings it was indicated that more than likely the TTAG would be straight-line funded. \$507,000 is allocated for 2009.</p> <p><b>Rodger Goodacre</b> discussed the following additional items that will be added to the budget:</p> <ul style="list-style-type: none"> <li>• \$200,000 was allocated for Area trainings, but it is unsure when the money will arrive. <ul style="list-style-type: none"> <li>○ CMS will work with the TTAG Outreach and Education Subcommittee to determine how to best maximize the use of the funds.</li> </ul> </li> <li>• The new funds, \$92,000, for the research project on transportation issues in Indian Country, will not become available until the budget is approved. The Continuing Resolution expires on March 6, 2009.</li> <li>• The IDDA between CMS and IHS for support of NIHB: <ul style="list-style-type: none"> <li>○ The last IDDA supported for the following activities: administrative support, travel, CMS Day, Outreach and</li> </ul> </li> </ul>	

	<p>Education, Citizenship Documentation, and Data</p> <ul style="list-style-type: none"> <li>○ This year specific deliverables will be defined to have products at the end of the process. As a grant process there will be a focus on deliverables.</li> <li>○ How the process works: CMS works with IHS to form agreement with NIHB. How NIHB works to create those deliverables is up to NIHB and their internal process.</li> </ul> <p><b>Jim Roberts</b> outlined the differences between the budget subcommittee and the NIHB proposal (Please see TAB D). There is a summary sheet on the last page of materials. Rodger Goodacre indicated that they are straight-line funded for this year. There were two IDDA's that spanned 17 months, some of that money carried over to this year. When the money is pro-rated out for the year it is important to note that FY 2009 is less money. Need to look at priorities identified by the old Strategic Plan and look forward to the emerging work in the new plan. The Budget Subcommittee proposed a budget of \$523,000 with the understanding that there were carry-over funds. The NIHB provided a budget proposal and the TTAG recommendations combine the two proposals into a compromise budget.</p> <p><b>Ron Allen</b> thanked those at CMS for their work to make sure that the TTAG receives those funds; however, the TTAG is still underfunded. More dedicated staff and funds are needed to get work done.</p> <p><b>Rodger Goodacre</b> believes that the Strategic Plan will help make the case for more money. This is the first step to increasing funding and the FY2010 budget consultation sessions will be an opportunity to bring this forward.</p> <p><b>Mickey Peercy</b> raised the issue that many tribes are supplementing the policy work of CMS by providing funds for TTAG and MMPC support. On the NIHB side we are working to make sure that the funding is reflected by deliverables.</p> <p><b>Anslem Roanhorse</b> noted that in the '08 IDDA there was money set aside for Medicaid Citizenship Documentation activities and those funds were unspent. He indicated that the subcommittee may want to look into funding a study.</p> <p><b>Jim Roberts</b> reiterated that the budget did not reflect carry-over funds. The presentation of the budget recommendations from TTAG was reflected of the level of funding anticipated. According to the strategic plan, \$1.5 million is recommended to fund the TTAG activities.</p> <p><i>Motion was made and passed to approve the CY 2009 TTAG budget recommendations, and if there are any additions or carryover funding to the budget, that the information be made available to the TTAG.</i></p>	
<p><b>Data Subcommittee Report</b></p>	<p><b>Jim Crouch</b>, Chair of the Data Subcommittee, gave an update from the Data Subcommittee with <b>Terri Cullen</b>, Chief Information Officer at IHS, and <b>Paul Donahoe</b>, Enterprise Architecture and Strategy Group at CMS.</p> <ul style="list-style-type: none"> <li>• The final quarterly report will be available at the end of December.</li> <li>• At the NIHB Annual Consumer Conference, Dr. Carol Korenbrot,</li> </ul>	

presented the data subcommittee's work.

- Indian data is not uniform and is collected on a routine basis by different agencies.
- There is systematic sharing of IHS data. Quarterly sharing of data with SSA and the IHS. IHS flags SSA data that identifies an IHS user.
- The subcommittee is looking at this sharing of data and how to make it work for Indian Country.
- **Paul Donahoe**, is working on how to use the CMS data to benefit Indian Country. He has attended numerous meetings over the past couple of years to assist in the subcommittee's work.
- What we know: the IHS information structure and the distribution of services does not match up with anything else, every area except Alaska shares a service area with another area, there are a definitive set of clients (IHS registrants, Census Indians, members of tribes), not much is known about IHS registrants, not all is known about the IHS delivery system.
- Due to different definitions of Indians, the subcommittee has been struggling to capture what is happening in the CMS data system and marry it with the IHS system to develop a picture of what is happening in Indian Country.
- Terri Cullen and Paul Donahoe have ideas to further the joint effort to figure out what is going on in Indian Country and get the TTAG's ideas on how to help with this effort.

**Paul Donahoe**, identified the following trends and looked to TTAG as to how the partnerships in HHS can continue.

- Indian health is at the forefront of an effort to set up the national health information network. The country is trying to move away from paper based and systems that don't talk to each other. The country is moving towards a connected network to improve quality and reduce costs. CMS is looking at numerous quality initiatives. One example is the Transitions From Care, ensuring that records follow the patients (Electronic Health Records).
- The other trend is moving away from payment based on quantity to payment based on quality.
- The demographic data needs to be cleaned up. Records at CMS begin at the SSA, but communities have more information on patients.
- Identifiers for beneficiaries are not used across the board. By looking at where the data is today it is easier to work on key data sets to go into EHR. The data would then be able to drive clinical outcomes and payments.

**Terri Cullen**, IHS is at the table in the data efforts. She made it clear that these current efforts will not impact the quality of the health care delivered in the next year. It is not an administrative data set, IHS is focused on visit data and clinical data not patient registration data. This is used to produce reports on the user population and reports for Congress. There is not good data when a patient goes outside of the system to seek care with CMS. There is not a way to mark the data once the patient moves to other systems. There is no continuity of data.

**Chair Val Davidson** summarized the update: CMS and IHS is working together on the National Health Information Network. Then asked the question “What can TTAG do to help in this effort to further the partnership between IHS and CMS?”

**Terri Cullen**, IHS and CMS should be told that a pilot test can be held in some state to pair Medicare and Medicaid data of those patients served in the same state to be made available for an analysis to allow the TTAG to get to the questions they want to be answered with data.

**Jim Crouch**, believes that this is a good interim step until the data architecture is changed for Indian Country to use the data and create more business partnerships to share data.

**Paul Donahoe** believes that is a good step, to use the current data. The new administration is moving towards a quality based system. He explained that he is already thinking very far into the future. Better, cleaner and more accurate data is what the end goal is.

**Jim Crouch** stated that the end goal is to create better data. Currently the racial definitions of Indians do not work and the IHS is a diverse delivery system. Having a diverse delivery system creates the need to meld together IHS and CMS data.

**Phil Norrgard** clarified that the shift is now to create a system that pays for quality.

**Terri Cullen** explained that IHS is at the forefront of measuring quality. The goal for IHS is getting a data set that is inclusive and enables the tribes to predict what the health status of the community is to predict fiscal and health needs. **Paul Donahoe**, reinforced that IHS has the quality measure experience and CMS needs that. CMS needs IHS for their work and IHS needs CMS for the money.

**Jim Roberts** explained that the Strategic Plan outlines data goals and projects. He asked what CMS is doing for investment in redesign since IHS and tribes do not have access to a matching program for redesigning data systems. **Paul Donahoe** explained the process for funding and the need to tell a story based on business and data. **Vice President Ben Shelly** reiterated the need for more funding for tribes for these efforts.

**Carolyn Finster** wanted to ask about the people involved and the importance of the integration of data to bring that back to the tribal level. She explained that the data does not tell the whole story of what really happens in Indian Country.

**Jackie Garner** clarified what Medicaid pays for in regards to information technology. It is true that Congress allows an enhanced FMAP percentage for states when they are initially creating, developing, or building a new Medicaid management information system. The reason Congress did that is because state legislatures are reluctant to set aside this amount of funds to support these efforts. That does not mean that everything a state wants to do

	<p>get approved and must follow standards. Medicaid is looking very closely at what they are giving the FMAP. In a state data systems are building off of one another. There are opportunities to work with Indian Country to integrate these systems.</p> <p><b>Jim Lamb</b> asked what it takes to bring everything to the next step with a plan and funding involved. <b>Terri Cullen</b> explained that CMS and the states need to get up to speed with what IHS is already doing. The hold up is not technical. <b>Paul Donahoe</b> believes that with the new administration this will pick up steam.</p> <p><b>Jim Crouch</b> thanked the group and Paul and Terri for coming to the meeting. He reinforced that CMS and IHS need to engage tribes in addition to inter-agency staff. The perennial problem in data is the access to the data. There needs to be business partnerships developed.</p> <p><b>Chair Val Davidson</b> reiterated TTAG's willingness to assist in the data efforts.</p>	
<b>Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Accreditation Requirements</b>	<p><b>Sandra Bastinelli</b>, Division of Medical Review and Education gave a presentation on Durable Medical Equipment, Prosthetics, Orthopedics and Supplies (DMEPOS) Accreditation Requirements (DMEPOS).</p> <ul style="list-style-type: none"> <li>• This is not a new provision/regulation. It is under the Medicare Modernization Act.</li> <li>• Please see attached power point presentation provided by Sandra Bastinelli for notes.</li> </ul>	
<b>Electronic Prescribing Incentives</b>	<p>This agenda item was tabled for discussion during the TTAG meeting and will be addressed in a conference call.</p>	<p>Add as agenda item to the December 2008 TTAG conference call</p>
<b>ICD 9/10 Codes</b>	<p><b>Jim Scanlon</b>, Deputy Assistant Secretary for Planning and Evaluation (Science and Data Policy), HHS, gave a presentation on ICD9/10 Codes. The presentation addressed proposed rules: CMS-0013-P: HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards to Adopt ICD-10-CM/ICD-PCS.</p> <ul style="list-style-type: none"> <li>• Please see attached power point presentation provided by Jim Scanlon for notes.</li> </ul>	
<b>CMS TTAG Major Ongoing and Future Issues</b>	<p>This agenda item was tabled for discussion during the TTAG meeting and was turned over for discussion by the Medicare &amp; Medicaid Policy Committee.</p>	
<b>Citizenship Documentation Subcommittee Report</b>	<p><b>Anslem Roanhorse</b>, Chair of the Citizenship Documentation Subcommittee gave an update on the subcommittee's activities. (Please see TAB I)</p> <ul style="list-style-type: none"> <li>• Letter was sent under the TTAG with recommendations on the citizenship documentation issue and a response was received from Herb Kuhn last Friday. His response provided recommendations on what the subcommittee can do to help state's, for example developing a model agreement.</li> <li>• A study was completed by the George Washington University's School of Public Health and Health Services, Department of Health Policy. The study is titled "Assessing the Effects of Medicaid</li> </ul>	

	<p>Documentation Requirements on Health Centers and Their Patients: Results of a “Second Wave” Survey.” The subcommittee spoke with Sara Rosenbaum about the report.</p> <ul style="list-style-type: none"> <li>○ It is not clear if data was collected on the American Indian/Alaska Native population in this study.</li> <li>○ If there is no data they will look into completing a study on AI/AN specific effects of Medicaid citizenship documentation.</li> </ul> <ul style="list-style-type: none"> <li>● NCAI worked with the Department of Homeland Security to develop a model agreement to allow tribal identification cards as citizenship documents in regards to travel.</li> <li>● Continue to explore the feasibility of an administrative fix for the citizenship documentation problem or if a legislative fix is necessary.</li> <li>● The Subcommittee will work on a model agreement by the end of the year with the help of <b>Lane Terwilliger</b>.</li> </ul> <p><b>Ron Allen</b> asked whether or not we know the numbers of AI/ANs who are impeded by the citizenship documentation when attempting to enroll in Medicaid. <b>Anslem Roanhorse</b> said that the challenge now is that there are no numbers. The Subcommittee will begin to work with IHS, states and GWU to compile data. Another option is to work with tribal leaders to discuss specific issues. <b>Jim Crouch</b> reiterated that this number is difficult to gather and that this is a rule from the past administration that may be overturned with the new administration.</p> <p><b>Vice-President Ben Shelly</b> discussed the issue of citizenship documentation at the Navajo Nation. He reiterated that we all know there is a problem with this and unfortunately there are no official numbers, but this is an issue that needs to be solved to make sure that native people receive health care. He also suggested using funding to set up a meeting with DHS.</p> <p><b>Chair Val Davidson</b> thanked the Subcommittee for all of their work on this issue.</p>	
<p><b>Outreach and Education Subcommittee Report</b></p>	<p><b>Rodger Goodacre</b> gave the Outreach and Education Subcommittee Report.</p> <ul style="list-style-type: none"> <li>● The new Provider Manual, targeting Tribal Health Directors will cover CMS program basics. After the preliminary review, the TTAG will have an opportunity to provide feedback.</li> <li>● The Subcommittee plans to focus on Tribal/State relations. They will ask the TTAG for suggestions for best practices to include as the project progresses.</li> <li>● For the Area Training Sessions, CMS is working with IHS to include CMS Native American Contacts and IHS Business Office Contacts and Tribes in planning the training agenda, logistics and participants. We hope to have more participants in the training and to offer training that covers Area-specific training needs.</li> </ul> <p>Roz Begay offered to join the O and E Subcommittee.</p>	
<p><b>Communication and Outreach and Education Report</b></p>	<p><b>Caitlin Wesaw</b>, NIHB, gave a communication and outreach and education report for the NIHB.</p> <ul style="list-style-type: none"> <li>● Presented the <i>Breaking Barriers and Building Bridges</i> report completed by the NIHB.</li> </ul>	<p>Send comments on <i>Breaking Barriers and Building</i></p>

	<ul style="list-style-type: none"> <li>• This report is a comprehensive communications networks analysis that was completed by the NIHB under the IDDA-07-94.</li> <li>• TTAG comments were requested by December 17, 2008.</li> </ul> <p><b>Rodger Goodacre</b> reiterated that this report was a deliverable under the IDDA-07-94 from the NIHB and not from TTAG. The deliverables outlined in the IDDA's are to be completed by the NIHB and it is up to them how they complete them.</p>	<i>Bridges</i> report by December 17, 2008
<b>Adjournment</b>	<b>Chair Valerie Davidson</b> adjourned the meeting at 4:30 pm (ET).	

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Day 2: Meeting Notes**

**November 14, 2008  
Face to Face Meetings**

**TTAG Members Present**

Aberdeen	Robert Moore
Alaska	Valerie Davidson
Albuquerque	Carolyn Finster
Bemidji	Phil Norrgard
Billings	Nancy Vaughan
California	James Crouch
Nashville	Brenda Shore
Navajo	Ben Shelly
Oklahoma	Tracy Jones
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Elmer Brewster  
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**Others Present**

Melinda Golub, HHS  
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**NIHB Staff**

Kitty Marx  
John Johns  
Caitlin Wesaw  
Stacy Bohlen

**Documents Received:**

- NIHB CMS Day 2008 Report

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**November 14, 2008  
Summary of Action Items**

<b>Action Item</b>	<b>Timeline</b>	<b>Person Responsible</b>	<b>Notes</b>
Revise Strategic Plan to reflect TTAG recommendations	Unspecified	Jim Roberts	
Send CMS comments on Strategic Plan to Jim Roberts	ASAP	Rodger Goodacre	Strategic Plan is under review at CMS and TAG/CMS will provide comments.
Forward a memorandum outlining the TTAG's major concerns regarding CMS's September 2008 revisions to the CMS Tribal Consultation Policy	Completed	Mickey Peercy, Chair, TCP Subcommittee	Memorandum sent to Rodger Goodacre, CMS, on November 17, 2008
Distribute copy of memo to TTAG members	ASAP	NIHB	
Submit comments on Long Term Care report to John Johns	Comments due December 5.  Revised draft due December 10 <sup>th</sup> .  LTC subcommittee call on Dec 15 <sup>th</sup> .	TTAG	
Send out electronic copies of LTC and communications report to the TTAG	ASAP	NIHB	
The TTAG selected the following dates for 2009 Face to Face meetings: <ul style="list-style-type: none"> <li>• TTAG <u>February</u> Face-to-Face Meeting <ul style="list-style-type: none"> <li>○ Travel – Feb. 24, 2009</li> <li>○ MMPC- Feb. 25, 2009</li> <li>○ TTAG – Feb. 26 &amp; 27, 2009</li> </ul> </li> <li>• TTAG <u>July</u> Face-to-Face Meeting <ul style="list-style-type: none"> <li>○ Travel – July 28, 2009</li> <li>○ MMPC- July 29, 2009</li> <li>○ TTAG – July 30 &amp; 31, 2009</li> </ul> </li> <li>• TTAG <u>November</u> Face-to-Face Meeting (TENTATIVE) <ul style="list-style-type: none"> <li>○ Travel – Nov. 3, 2009</li> <li>○ MMPC – Nov. 4, 2009</li> <li>○ TTAG – Nov. 5 &amp; 6, 2009</li> </ul> </li> </ul>	ASAP	Kitty Marx/NIHB	Emailed KJ Jacks/NMAI to reserve 4 <sup>th</sup> floor conference room for these dates
Forward health care reform plans to NIHB for distribution to Indian Country	Ongoing	CMS	

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<b>Agenda Item</b>	<b>Discussion</b>	<b>Action</b>
<b>Opening</b>	<b>Chair Valerie Davidson</b> opened the meeting at 9:15 am (ET).	
<b>Tribal Consultation Policy</b>	<p><b>Mickey Percy</b>, gave an update from the Tribal Consultation Policy Subcommittee.</p> <ul style="list-style-type: none"> <li>• Discussed the plan with Robin King, Rodger Goodacre, Dorothy Dupree and Stacey Ecoffey during the NIHB Annual Consumer Conference</li> <li>• The Subcommittee still has issues regarding the September 2008 version of the policy</li> <li>• The Subcommittee will not be recommending that CMS move forward in signing the policy and will send a memo to CMS with recommendations for moving the policy forward</li> </ul> <p><b>Robin King</b> asked the TTAG if they would like to have a conference call with Kerry Weems before he leaves office to raise the issues with the TCP. The TTAG agreed that would be a good idea.</p>	<p>Mickey Percy will forward memo on TCP to CMS</p> <p>NIHB distribute copy of memo to TTAG members</p>
<b>Strategic Plan: Summary of Comments and Next Steps</b>	<p>This agenda item was moved to Day 1.</p> <p><b>Jim Roberts</b> discussed the status of the Strategic Plan 2010-2015:</p> <ul style="list-style-type: none"> <li>• Following the NIHB Annual Consumer Conference the Strategic Plan was disseminated to tribes for review.</li> <li>• In TAB K is a summary of the comments received.</li> <li>• The comments were considered for inclusion in the plan and some were included or addressed in the plan.</li> <li>• Briefly went through the comments listed.</li> </ul> <p><b>Robert Moore</b> and <b>Ron Allen</b> raised concerns over issue number 19 and the definition of tribal sovereignty. Language was discussed, decided on by the TTAG and will be revised in the plan.</p> <p><b>Mickey Percy</b> raised his concerns over issue number 14. The group felt that there are many specific services that could be added into the plan. It was suggested that no specific services be mentioned to limit the scope.</p> <p><b>Rodger Goodacre</b> reported that CMS is still reviewing the Strategic Plan and will provide comments to the Plan.</p> <p><i>Motion was made and passed to approve the plan, with the revisions discussed and await the CMS comments.</i></p>	<p>Revise Strategic Plan to reflect TTAG recommendations</p> <p>Send CMS comments on Strategic Plan to Jim Roberts</p>
<b>NIHB Report</b>	<p><b>Stacy Bohlen</b>, NIHB Executive Director, gave the NIHB report.</p> <ul style="list-style-type: none"> <li>• Update on staffing issues at NIHB</li> <li>• General update on NIHB activities including the Annual Consumer Conference</li> </ul>	

	<ul style="list-style-type: none"> <li>Please see the attached CMS Day 2008 PowerPoint.</li> </ul>	
<b>Long Term Care Subcommittee Report</b>	<p><b>Robert Moore</b> will remain as the Chairman of the Long Term Care Subcommittee.</p> <p><i>For the future all resignations will only be accepted as a formal motion at TTAG meetings.</i></p> <p><b>John Johns</b>, NIHB, presented the Long Term Care report. The request was made for the subcommittee to review the report and a conference call will be organized to discuss the report.</p> <ul style="list-style-type: none"> <li>This report is a deliverable from the NIHB to CMS as outlined in the IDDA.</li> </ul> <p><b>Robert Moore</b>, thanked John Johns for his hard work on the report and reiterated the importance of the LTC work that the subcommittee and the NIHB is doing.</p> <p><b>Anslem Roanhorse</b> offered some comments on the report:</p> <ul style="list-style-type: none"> <li>Reiterated the need to look beyond elderly care and to make sure that information on the disabled is included.</li> <li>In 2007, IHS held a national meeting in Denver that brought together different resources that might offer some additional information.</li> <li>Some states have already started working on coordinated long term care services. NM is one of those states.</li> </ul> <p><b>Myra Munson</b> when people discuss LTC they always discuss how complex it is. It is complex because the funding comes from multiple sources and the services are diverse and the needs vary. There is no single plan or solution and most people don't know what they need to ask for. What is important when the subcommittee does its work to simplify the information and the process for LTC. Matrices are a good way to do this.</p> <p><b>Chair Val Davidson</b> simplified LTC:</p> <ul style="list-style-type: none"> <li>Who are we talking about: people who are elderly and people who live with disabilities</li> <li>What are we talking about: residential care and non-residential care (HCBS)</li> <li>How it gets funded: <ul style="list-style-type: none"> <li>Business plan must be developed by the tribes</li> <li>Services must be accurately defined in your compact or funding agreements</li> <li>Services must be defined in the State Plan Amendment</li> </ul> </li> </ul> <p>The request was made for an electronic copy of the LTC report be sent out to the TTAG.</p> <p>Long Term Care Subcommittee conference call is scheduled for Tuesday, November 24, 2008.</p>	<p>Submit comments on Long Term Care report to John Johns</p> <p>Send out electronic copies of LTC and communications report to the TTAG</p>
<b>Other Business</b>	<b>Myra Munson</b> requested CMS forward any health care reform	CMS forward health

	plans/initiatives to NIHB to circulate the plans to Indian Country to make sure they are at the table.	care reform plans to NIHB for distribution to Indian Country
<b>Dates and Location of Next Face to Face</b>	<p>Below are the dates and locations of the face to face meetings for 2009:</p> <ul style="list-style-type: none"> <li>• TTAG <u>February</u> Face-to-Face Meeting <ul style="list-style-type: none"> <li>○ Travel – Feb. 24, 2009</li> <li>○ MMPC- Feb. 25, 2009</li> <li>○ TTAG – Feb. 26 &amp; 27, 2009</li> </ul> </li> <li>• TTAG <u>July</u> Face-to-Face Meeting <ul style="list-style-type: none"> <li>○ Travel – July 28, 2009</li> <li>○ MMPC- July 29, 2009</li> <li>○ TTAG – July 30 &amp; 31, 2009</li> </ul> </li> <li>• TTAG <u>November</u> Face-to-Face Meeting (TENTATIVE) <ul style="list-style-type: none"> <li>○ Travel – Nov. 3, 2009</li> <li>○ MMPC – Nov. 4, 2009</li> <li>○ TTAG – Nov. 5 &amp; 6, 2009</li> </ul> </li> </ul>	
<b>Adjournment</b>	<b>Chair Valerie Davidson</b> adjourned the meeting at 12:25 pm (ET).	