

2016 Albuquerque Consultation One-on-One Sessions Follow-Up

Albuquerque, NM

February 2016

Jemez Pueblo

Issue: They want to integrate behavioral health into primary care. Alcohol is an issue for them.

Agency/Policy Lead: SAMSHA lead, Echohawk & Princess Jackson

Resolution: Echohawk will reach out to provide resources from the SAMHSA Tribal Technical Assistance Center. Lisa Goeschen said that training is always available from HRSA to help with integration of behavioral health into primary care. She will ask Dr. Princess Jackson to follow-up. Training can also be tailored via webinar. Dr. Thomas also mentioned that there is a state-funded grant through the University of New Mexico for integration of primary care and behavioral health services. They are working with I H S on this. There are currently 4 sites, including First Nations.

Issue: Use RPMS for I H S, have GPRA reports, HRSA reports use UDS with different data elements. Would like for these to align. RPMS is out of date, but it is easy to use.

Agency/Policy Lead: I H S, Dr. Thomas

Resolution: Dr. Thomas said the President's budget requested more money for RPMS and I H S is looking at interoperability issues.

Issue: ACA Section 102 state that tribal facilities be paid the highest rate in or out of network by third party payers. This has not been happening.

Agency/Policy Lead: I H S, Dr. Thomas

Resolution: Contact Ms. Feathers of the ABQ I H S office for an official letter they can provide to the insurer.

Issue: Title IV and V reports not compliant

Agency/ Policy Lead: ACL, Cynthia LaCounte/Larry McClendon

Resolution: N/A

Issue: Suggested that it might be good to converse with others who are dually funded and using RPMS

Agency/ Policy Lead: ACL, Cynthia LaCounte/Larry McClendon

Resolution: May want to set up a conference call for this suggestion.

Zuni Pueblo

Issue: Need help with infrastructure

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ

Issue: Need help with transportation

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ

Issue: Alcohol and Drug use in school age kids

Agency/ Policy Lead: SAMHSA

Resolution: Echohawk will reach out to provide resources from the SAMHSA Tribal Technical Assistance Center. She mentioned that FTEs are part of the funding for Native Connections.

Issue: Substance use recovery center needs expanded infrastructure

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ

Issue: Need another ambulance. Have to use only one for mortuary drives also

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ

Issue: Need funding for additional EMT personnel. The ones they have are burned out.

Agency/ Policy Lead: I H S & HRSA, Dr. Leonard Thomas and Dr. Princess Jackson

Resolution: HRSA provided information regarding Bureau of Health Workforce, which coordinates the National Health Service Corps. I H S resources?

Issue: Need to expand infrastructure of wellness center to provide additional programming. Not enough space. Also need safety equipment to perform maintenance.

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: Need additional clinic space for audiology and optometry services

Agency/ Policy Lead: I H S, Dr. Thomas and ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: CHRS computers are outdated

Agency/ Policy Lead: I H S, Dr. Leonard Thomas

Issue: They want to be able to provide car seats to each family

Agency/ Policy Lead: CDC, Skip Clelland

Issue: Their buildings need railings, steps and sidewalks

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ

Issue: Teen Health Center needs money for building

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ

Issue: Clinic needs more space to add providers. Currently they can only have 6 clinic visits per day and they also serve Navajo families around them. Urgent care has long waits - 3 months to get into the clinic.

Agency/ Policy Lead: I H S, Dr. Thomas and ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ. Dr. Thomas said he said he can help them with looking at appointment slots and TA to assist them with sick visits vs. wellness visits. Will visit with Navajo I H S about closest Navajo clinic that patients might use to relieve pressure on Zuni clinic.

Santa Clara Pueblo

Issue: Need money for audiology services. Head Start program needs to provide health services and therapies like this.

Agency/ Policy Lead: HRSA, I H S, or ACF

Issue: Heroin is a problem. Newborns are drug exposed. There is also increased numbers of suicide. Don't have enough behavioral health funding for services, except for Alcoholics Anonymous. They need transitional living homes for longer term rehab.

Agency/ Policy Lead: SAMHSA, I H S & ORD, Michael Duffy/Kim Nelson & Dr. Thomas

Resolution: Kim Nelson mentioned the Native Connections grant announcement addressing youth suicide. There are also opioid grants for medication assisted treatment. Dr. Thomas mentioned that I H S has EMS training for naloxone use. Julia connected them with USDA for the workshop.

Issue: Diabetes Program facilities are outdated. Need a cooking demo kitchen. They are never sure of funding for the program from year to year. Desire longer funding.

Agency/ Policy Lead: I H S, Dr. Thomas and ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: Senior caregiving program has high case load. Need transportation and staff to maintain facility and grounds. Need funds for walkers and wheelchairs

Agency/ Policy Lead: ORD, Marge Petty, ACL, Cynthia LaCounte and Larry McClendon

Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: Need new recreation facility. Greater participation = greater needs

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: Need larger clinic and more doctors. Espanola patients are coming to their facilities.

Agency/ Policy Lead: I H S, Dr. Thomas; ORD, Marge Petty; and HRSA, Dr. Princess Jackson

Resolution: Connect them with USDA Rural Development Office ABQ. HRSA provide information on NPHS.

Issue: Need supportive services post incarceration
Agency/ Policy Lead: SAMHSA

Acoma Pueblo

Issue: Difficult to recruit health care professionals
Agency/ Policy Lead: HRSA, Dr. Princess Jackson and I H S, Dr. Thomas

Issue: They do not have enough Level 1 paramedics.
Agency/ Policy Lead: HRSA, Dr. Princess Jackson and I H S, Dr. Thomas

Issue: They need a domestic violence safe house.
Agency/ Policy Lead: ORD, Marge Petty
Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: Head Start Program needs a bus
Agency/ Policy Lead: ORD, Marge Petty
Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: They need another ambulance. Using refurbished one and they have to use it for mortuary also.
Agency/ Policy Lead: ORD, Marge Petty
Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: EMS not funded enough
Agency/ Policy Lead: I H S, Dr. Thomas

Issue: They want to establish a behavioral health clinic at the local high school
Agency/ Policy Lead: SAMHSA, Michael Duffy/Kim Nelson
Resolution: Kim mentioned a youth grant available now.

Issue: Have water and sewer needs. No Internet services.
Agency/ Policy Lead: ORD, Marge Petty
Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: They need long term care for seniors
Agency/ Policy Lead: ACL, USDA
Resolution: Julia directed them to USDA Rural resources workshop

Issue: Need for grant writers and community development resources
Agency/ Policy Lead: HRSA, Dr. Princess Jackson and ORD, Marge Petty
Resolution: Dr. Jackson provided information on grant writing resources. Julia provided information about USDA Rural and Community Development grants, loans and resources. Lisa mentioned grants for rural telehealth, free consulting and training available through HRSA working with USDA.

Urban Inter-Tribal Center of Texas

Issue: Questions about FMAP and Urban Health Programs

Agency/ Policy Lead: CMS, Jim Lyon

Resolution: Jim explained how FMAP works with the States and how they receive 100% FMAP for Medicaid care delivered through I H S tribal facilities. This money is not paid to the tribes because those entities receive the all-inclusive rate. Urban clinics are to eligible for the all-inclusive rate right now because it is not in statute. There is work being done to address this. An Urban Clinic could contract with a tribe through a coordination of care agreement to get increased reimbursement for specialty care.

Mescalero Apache

Issue: Need new hospital. Theirs is 50+ years old.

Agency/ Policy Lead: ORD, Marge Petty and I H S, Dr. Thomas

Resolution: I H S construction list and connect them with USDA Rural Development Office ABQ.

Issue: Need additional funds for hospital because they also serve Navajo patients. They run out of money.

Agency/Policy Lead: I H S, Dr. Thomas

Issue: Dialysis facility has been closed due to water issues. Patients are commuting to Alamogordo 45 miles away for treatment.

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ. Dr. Thomas suggested they could work with private companies like DaVita and Fresenius to have them come out to their area to do an assessment to determine if they will service them.

Issue: Alcohol and drug issues.

Agency/ Policy Lead: SAMHSA, Kim Nelson/Michael Duffy

Resolution: Kim mentioned the Native Connections grant and SAMHSA tribal technical assistance center.

Issue: Transportation is a problem to and from medical services.

Agency/ Policy Lead: ORD, Marge Petty and ACL

Resolution: Connect them with USDA Rural Development Office ABQ. Cynthia LaCounte also mentioned that the Federal Transit Authority may funds for transit needs.

Issue: Water pipes are failing. They have had to close Head Start Center often as a result. 750 homes have been impacted by water line breaks

Agency/ Policy Lead: ORD, Marge Petty, and ACL

Resolution: Connect them with USDA Rural Development Office ABQ. Cynthia LaCounte mentioned they could request that ASTDR with CDC look to determine if

there is any toxic exposure from the older pipes. In FY 2017 there will be \$15 million for Healthy Environment grants.

Issue: They need a community garden for vegetables. No grocery store nearby.

Agency/ Policy Lead: ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: Direct Service tribes do not get enough funding.

Agency/ Policy Lead: I H S, Dr. Thomas

Issue: They need more funding to address health needs like diabetes, cancer, heart disease, domestic violence, suicide, etc. They have long wait lists.

Agency/ Policy Lead: I H S, Dr. Thomas and CDC, Skip Clelland

Resolution: I H S Joint Venture funds can provide funding for staff. There is a long wait list for construction, maintenance and improvement for I H S facilities.

Issue: Meth, Depression and Domestic violence are problems

Agency/ Policy Lead: SAMHSA, Kim Nelson/Michael Duffy

Resolution: Kim Nelson mentioned the Native Connections grant and SAMHSA tribal technical assistance center.

Issue: Infant Mortality is a problem and effective tribal parenting

Agency/ Policy Lead: OASH, Epi Elizondo and CDC, Skip Clelland

Resolution: There is a small provider Quality Improvement grant at HRSA

Issue: Oral Health needs. Unless you are a child or are diabetic, you cannot get dental care. There is no preventive care.

Agency/ Policy Lead: I H S, Dr. Thomas

Resolution: Jim Lyon said this would require statutory changes.

Issue: Need health professional staffing

Agency/ Policy Lead: I H S, Dr. Thomas and HRSA, Dr. Princess Jackson

Resolution: Marge said she is working with HRSA and I H S on addressing clinician shortages.

Issue: Need support for tribal epidemiology centers. Suggests CDC epidemiology data for small tribes be pooled with NIH funding.

Agency/ Policy Lead: I H S, Dr. Thomas and CDC, Skip Clelland

Issue: Need long term care and hospice services

Agency/ Policy Lead: ORD, Marge Petty and I H S, Dr. Thomas

Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: Hard for small tribes to compete for grants. There should be established population formulas for grants.

Agency/ Policy Lead: ORD, Marge Petty and ACL

Resolution: Will share with Stacey Ecoffey. Cynthia LaCounte said that for ACL grants, the tribes compete with one another, not with the entire general population. Marge mentioned that STAC is looking at grants and ways to reduce paperwork. She also suggested that small tribes work together on grants. Kim Nelson mentioned the SAMHSA technical assistance center and that they offer virtual help for grants.

Ramah Navajo

Issue: Domestic violence is a problem, including Elder Abuse. They have trauma-induced health issues.

Agency/ Policy Lead: SAMHSA, Kim Nelson/Michael Duffy, Cynthia LaCounte/Larry McClendon

Resolution: Kim Nelson mentioned that SAMHSA has trauma funding and tribal technical resources center. Cynthia LaCounte mentioned that in Sept. or Oct ACL will have funds for Elder Abuse grants.

Issue: They want to use RPMS to mine data.

Agency/ Policy Lead: I H S

Issues: Medicaid Reimbursement for Senior Services

Agency/ Policy Lead: ACL, Cynthia LaCounte

Resolution: A call will be set up to help them with this.

Issue: High rate of accidental death. It takes 20 minutes for an ambulance. They do not have paramedics, 20 minutes for care flight. They need a new ambulance.

Agency/ Policy Lead: I H S, Dr. Thomas and ORD, Dr. Princess Jackson

Resolution: Does I H S have any staffing funding? NPHS? Connect them with USDA Rural Development ABQ for ambulance.

Issue: They need help with IT and billing

Agency/ Policy Lead: CMS, Jim Lyon/Stacey Shuman and ORD, Marge Petty

Resolution: Connect them with USDA Rural Development ABQ and CMS billing TA.

Issue: They need a psychiatrist. Many patients do not like telemedicine.

Agency/ Policy Lead: I H S, Dr. Thomas

Issue: Need help from I H S for behavioral health and billing for Medicaid

Agency/ Policy Lead: CMS, Stacey Shuman and I H S, Dr. Thomas

Issue: Social services underfunded. It also requires cumbersome documentation.

Agency/ Policy Lead: ACF, Carolyn Meier

Issue: Adult Protective Services and elderly programs are not funded enough.

Agency/ Policy Lead: ACL, Cynthia LaCounte

Resolution: Mentioned that they should be billing Medicaid for senior services like home and community based services.

Issue: They want to have Title IV-E become self-directed to get more money
Agency/ Policy Lead: ACF, Carolyn Meier

Issue: They need fire trucks and ambulances
Agency/ Policy Lead: ORD, Marge Petty
Resolution: Connect them with USDA Rural Development ABQ.

Issue: Their law enforcement and clinic serve non-Navajo like tourists and Zuni, but don't receive additional funding. They have difficulty getting funds from Navajo Nation.
Agency/ Policy Lead: I H S, Dr. Thomas

Issue: They had just purchased an ambulance for \$140,000 and needed to purchase another special one for \$340,000
Agency/ Policy Lead: ACL, Cynthia LaCounte and CMS, Jim Lyon
Resolution: Cynthia mentioned that the Rural Homeland Security Division has money for transportation equipment like ambulances and fire trucks. Jim mentioned that they could write grants for ambulances or use third party revenues to pay off loan.

Issue: They have broken water wells and lack of water.
Agency/ Policy Lead: ORD, Marge Petty
Resolution: Connect them with USDA Rural Development ABQ.

Laguna Pueblo

Issue: Adolescent youth health is a concern. Youth are engaged in crime, bullying, suicidal ideation, behavioral health issues.
Agency/ Policy Lead: SAMHSA, Kim Nelson
Resolution: Kim Nelson mentioned the Native Connections grant and SAMHSA tribal technical assistance center.

Issue: Teen Centers funding is distressed. They need to have full funding. The centers provide medical and counseling visits. The teen centers lost funding from the University of New Mexico. Services were provided in the school, so youth didn't have to depend on parents for transportation. Centers are short staffed now with one nurse who serves elementary and middle schools. She rotates.
Agency/ Policy Lead: I H S, Dr. Thomas and HRSA, Dr. Jackson

Issue: They need a behavioral health center.
Agency/ Policy Lead: ORD, Marge Petty and I H S, Dr. Thomas
Resolution: Julia mentioned the USDA Rural Development workshop

Issue: Their elderly are receiving notices from the State about family planning services which have been bothersome
Agency/ Policy Lead: CMS, Stacy Shuman

Resolution: Stacy said that the State has presumptive eligibility for Medicaid so that likely explains the letters. She said they are repairing a glitch in their system. Stacy will follow up with April Rubin with Laguna.

Santo Domingo

Issue: They want to increase money for capital projects. They need to increase space for clinical services, which are at maximum capacity.

Agency/ Policy Lead: I H S, Dr. Thomas and ORD, Marge Petty

Resolution: Connect them with USDA Rural Development Office ABQ.

Issue: Want to eliminate matching funds contribution for grants. Recently wrote SAMHSA grant and got 2 answers about using 638 funds as matching funds.

Agency/ Policy Lead: SAMHSA, Kim Nelson/Michael Duffy

Resolution: Kim will get an answer about the matching funds issue. She also mentioned the SAMHSA technical assistance centers and that SAMHSA is working to expand the cap on the number of patients that doctors can treat for opioid addiction from 100 to 200.

Issue: Would like the ability to negotiate clinician payment rates.

Agency/ Policy Lead: CMS. Jim Lyon

Resolution: Jim mentioned that an upcoming CMS TTAG call will address Regionally Based Multipayor Reform

Issue: How do they make sure the State follows tribal consultation policy? The tribe went ahead and submitted comments to State about case management plans, but no official tribal consultation.

Agency/ Policy Lead: CMS, Jim Lyon & Stacy Shuman

Resolution: If the State amends the State Medicaid plan, they must consult with tribes. If this is not being done, the tribes can reach out to CMS. There are a number of issues that require consultation with tribes such as if the issue impacts costs, access and other areas of care.

Issue: Can SAMHSA do onsite visit and assessment of their behavioral health and primary care integration?

Agency/ Policy Lead: SAMHSA, Kim Nelson/Michael Duffy

Resolution: Yes. The technical assistance centers can help with assessments.

Issue: Questions about providing medication to prevent opioid overdose.

Agency/ Policy Lead: SAMHSA, Kim Nelson/Michael Duffy

Resolution: Addiction Technical Assistance Center is a great resource

Issue: Want on-site training because it is difficult to transport staff from clinic for training.

Agency/ Policy Lead: All agencies

Resolution: Identify opportunities for onsite training

Issue: They need translation services for medical purposes
Agency/ Policy Lead: OCR, Talmon Hubbard

Issue: They have challenges with grants and writing them
Agency/ Policy Lead: HRSA, Julia & Dr. Jackson
Resolution: Connect them with HRSA and other grants trainings

Issue: Dating violence resources are needed. Half of their population is under age 25.
Agency/ Policy Lead: SAMHSA, Kim Nelson/Michael Duffy
Resolution: Kim Nelson will get them in touch with the ATTC.

Issue: Need money for drug courts
Agency/ Policy Lead: SAMHSA, Kim Nelson/Michael Duffy

Alamo Navajo

Issue: Addiction/Heroin are issues and they have a lack of law enforcement which makes it worse. Hepatitis C is an issue. They are working with CDC on that.
Agency/ Policy Lead: SAMHSA, Kim Nelson/Michael Duffy
Resolution: Kim mentioned the Native Connections grant and technical assistance centers. There is also Hepatitis C information available at the centers.

Issue: Still need a new hospital
Agency/ Policy Lead: I H S, Dr. Leonard
Resolution: Alamo is on the replacement list for a hospital. They should get planning grant money in about 2 years

Chickasaw Nation

Issue: Request that CMS work with State to approve Section 115 waiver SoonerCare Demonstration to add a third arm to include facilities operated by the I H S and urban Indian programs. They would be deemed Qualifying Sponsor Choice sponsors and would be responsible for maintaining the records for all eligible enrollees at their facilities.
Agency/ Policy Lead: CMS, Stacy Shuman

Issue: On March 28, 2016, they submitted a Swing Bed application to CMS to have Swing beds at the Chickasaw Nation Medical Center and request expedited approval.
Agency/ Policy Lead: CMS, Stacy Shuman

Issue: They have been approved for a medical family practice residency program to begin in 2018. There is an urgent need in rural communities for family practice physicians. The funding stream is difficult for residency programs for tribes and there are no start up funds.
Agency/ Policy Lead: I H S, RADM Kevin Meeks

Issue: They support expansion of self-governance programs and they ask HHS to reconvene the Self-Governance Tribal Federal Workgroup in order to develop legislative language that would expand self-governance within HHS.

Agency/ Policy Lead: ORD, Marge Petty

Issue: Desires funding from CDC for Zika preparedness and response.

Agency/ Policy Lead: CDC, Carmen Clelland

Issue: Want mental health and substance use funds to be coordinated across HHS agencies in a plan of action

Agency/ Policy Lead: SAMHSA, Michael Duffy

Issue: Again ask that the Marketplace Call Center include individuals trained on AI/AN specific information regarding health insurance and enrollment.

Agency/ Policy Lead: ORD, Marge Petty

Issue: Recommend the use of GPRA goals as the reporting system for Indian Health Care facilities for all new payment methodologies rather than adding numerous additional reporting methods.

Agency/ Policy Lead: I H S, RADM Kevin Meeks

Issue: Stop penalizing families that are composed of Natives and non-Natives by requiring them to enroll in two or more qualified health plans which raises their out-of-pocket expenditures and begin allowing the whole family to enroll in one family plan in the Marketplace so all receive the same cost sharing reduction as the person with the Indian status.

Agency/ Policy Lead: ORD, Marge Petty