

Oneida Business Committee Agenda Request

1. Meeting Date Requested: 1 / 27 / 16

2. General Information:

Session: Open Executive - See instructions for the applicable laws, then choose one:

Agenda Header:

Accept as Information only

Action - please describe:

3. Supporting Materials

Report Resolution Contract

Other:

1.

3.

2.

4.

Business Committee signature required

4. Budget Information

Budgeted - Tribal Contribution

Budgeted - Grant Funded

Unbudgeted

5. Submission

Authorized Sponsor / Liaison:

Primary Requestor/Submitter:

Ravinder Vir, MD-Medical Director, Debra Danforth, RN, BSN-Operations Director
Your Name, Title / Dept. or Tribal Member

Additional Requestor:

Submitted by: Mercie Danforth, Executive Assistant/Comprehensive Health
Name, Title / Dept.

Additional Requestor:

Name, Title / Dept.

Oneida Business Committee Agenda Request

6. Cover Memo:

Describe the purpose, background/history, and action requested:

Quarterly report for the Comprehensive Health Division.

1) Save a copy of this form for your records.

2) Print this form as a *.pdf *OR* print and scan this form in as *.pdf.

3) E-mail this form and all supporting materials in a **SINGLE** *.pdf file to: BC_Agenda_Requests@oneidanation.org

**Oneida Comprehensive Health Division
 Oneida Community Health Center
 Behavioral Health Services
 Anna John Resident Centered Care Community
 Employee Health Nursing**



Oneidas bringing several hundred bags of corn to Washington's starving army at Valley Forge, after the colonists had consistently refused to aid them.

PO Box 365



Oneida, WI 54155



UGWA DEMOLUM YATEHE
 Because of the help of this Oneida Chief in cementing a friendship between the six nations and the colony of Pennsylvania, a new nation, the United States was made possible.

**ONEIDA COMPREHENSIVE HEALTH DIVISION
 DR. RAVINDER VIR MEDICAL DIRECTOR
 DEBRA DANFORTH, RN, BSN, OPERATIONS DIRECTOR
 DIVISION UPDATE
 Quarter 1 FY 2016
 October-December, 2015**



Executive Management Team:	
Division Dir-Operations, Debra Danforth RN, BSN,	869-4807
Division Dir-Medical, Ravinder Vir, MD,	869-4808
Asst. Operations Director, Judi Skenandore,	869-4809
Executive Assistant, Mercie Danforth	869-4810
Business Operations Director, Jeff Carlson,	869-4805
Ancillary Services Director, Dave Larson,	869-4820
Director of Nursing-OCHC, Sandra Schuyler,	869-4906
Behavioral Health Manager, Mari Kriescher,	490-3737
Employee Health Manager, Mary Cornelissen	405-4492
AJRCCC Nursing Home Administrator, Nola Feldkamp,	869-2797
Public Health Officer, Eric Krawczyk,	869-4812



THE ONEIDA COMPREHENSIVE HEALTH DIVISION IS COMPRISED OF:

*Oneida Community Health Center (OCHC)
Anna John Resident Centered Care Community (AJRCCC)
Oneida Behavioral Health (OBH)
Employee Health Services (EHS)*

VISION:

A progressive sustainable health system that promotes Tsi?niyukwaliho tĀ (Our Ways).

MISSION:

We provide the highest quality, holistic health care to ensure the wellness of OUR Oneida Community.

VALUES:

Responsive Leadership: *Consistent attentive listening, honesty, doing the right thing, timely decision making and seeing issues resolved to completion.*

Culturally Sensitive: *Meeting people where they are and being sensitive to their unique needs as human beings within the Oneida Community.*

Continuous Improvement: *Striving to achieve a higher quality of health care and a higher performing workforce through our Commitment to Learning and Growth.*

Communication: *Fostering honest, respectful and timely communication with the appropriate level of transparency.*

Safety: *Striving for an environment that provides the highest level of physical and emotional safety for our patients, employees and community in an environment free of fear, retaliation and repercussion.*

Respect: *Create a welcoming and compassionate environment focused on the individual needs of OUR community and Health Care Team*

OUR 2015-2018 STRATEGIC PLAN IS FOCUSED IN FOUR SPECIFIC AREAS:

1. Improve Population Health Management
2. Continuous Quality Improvement
3. Optimize Technology
4. Enhance Our Workforce

OUR 2015-2018 INITIATIVES THAT WILL BE FOCUSED TO ACHIEVE OUR STRATEGIES:

1. **Accreditation:** The Comprehensive Health Division will validate and assure the community the delivery of the highest quality health care services in achieving AAAHC (Accreditation Association for Ambulatory Health Care) accreditation by December 2016 through team work, leadership and commitment. By accomplishing accreditation we will provide staff a sense of accomplishment, increase quality of care, enhance public validation for community/customer satisfaction, improve recruitment/retention of providers, and increase the probability of outside funding.
2. **Advancing Technology:** Utilize innovative State of the Art technology and data analytics to continuously improve wellness and health outcomes.
3. **Optimize staffing processes:** To work collaboratively with HRD to enhance the Division processes for recruitment, hiring, and retention and provide recommendation (s) for change to the Oneida Business Committee by September 30, 2017. By enhancing the recruitment, hiring, and retention processes we will have a lean hiring practice, improve our recruitment and retention, enhance our services from HRD (letters, market analysis), have improved collaboration/working relationship with HRD, fill all vacancies with qualified people in a timely manner, and improve our Supervisor/Director satisfaction with HRD processes.

IMPROVE POPULATION HEALTH MANAGEMENT

Initiatives: Optimizing staffing processes and Accreditation

No show rates continue to be high and we continue to educate the community on the importance to keep their appointments. We have developed a new no show policy in the Medical Clinic which has been implemented as of September 1, 2015.

- Routine appointments are currently booking **4-6 weeks out for the Medical Clinic**
- Routine appointments are currently booking **6-8 weeks out for Behavioral Health**
- Routine exams are booking **5 months out for Optical**
 - Optical does have a walk-in clinic on Monday and Thursday mornings for patients who needs their appointments sooner. A sign-up begins at 7:45 AM and the patient will need to wait to be seen.
 - Optical also sees emergencies as needed
- Routine exam & filling appointments are currently booking **1-2 weeks out for Dental Clinic**
- Dental Clinic **cleaning appointments, are 24 weeks (6months) out**
 - Patients are called to come in sooner if there are cancelations in the schedules
- Dental has started a new process of paging internally within the OCHC when there is a dental opening as well as sending out notices Tribal wide to fill vacancies within the schedules.
- Access to care remains sub optimal across the Health Division.
- We welcome Dianna Langner, RN, APNP, Pediatric Nurse Practitioner on October 5, 2015.

- We continue to recruit for vacancies in Primary Care including Pediatrics, Family Practice and Internal Medicine
- Recruitment and retention of Health Care Providers and professionals continues to be a challenge
- **Provider Vacation update:** The Provider contracts were reviewed in collaboration with Human Resources and a planned amendment to the provider contracts was implemented. All providers who would have exceeded the 280 cap as a result of front loading their FY 2016 vacation hours were offered a contract amendment that would move their vacation hours which were contractually negotiated into an accrual process vs. front loading. By moving them to accruals the providers do not exceed the 280 cap and do not lose any vacation time which they previously negotiated. HR worked with accounting to permit the accrual rates to be entered into the payroll system based upon the rates negotiated. The main amendments that we focused on for accrual were only those 12 providers who would have exceeded the 280 cap. The remainder of the provider contracts will now be amended to convert them to an accrual process by FY 2017 so all the providers will accrue time vs. front loading. It will then be the provider's responsibility to manage their time to avoid reaching the 280 cap. We continue to work with HRD on the formal recruitment and retention plan for the providers.
- Lack of dedicated Information Technology (MIS) resources continues to be major risk for continued operations in an environment where all records are now electronic. We have only one security officer for the whole organization! Our Electronic Medical Records policies have been difficult to complete/finalize due to lack of dedicated resources
- Not providing market competitive compensation to healthcare professionals poses a challenge in retaining dedicated staff and morale is low throughout the Division
- Limited Succession planning for future retirements of staff with longevity and the restraints within the organization limit options available

ANNA JOHN RESIDENT CENTERED CARE COMMUNITY (AJRCCC) UPDATE:



- Shared activities between AJRCCC and Elder Services continue on a scheduled plan.
- The Congregate Mealsite hours of operation are Monday through Friday from 8:00 AM to 4:30 PM and continues to average 80-100 per day in attendance.

- Current census is on average 42-44 as of December, 2015. There will be continued need for the use of Agency staffing based upon resident acuity and staffing needs.
- The following positions have decreased the use of Agency staff to be in compliance with the State license requirements based upon patient acuity and number of admissions: Certified Nursing Assistants and some Nursing positions due to the hiring of Tribal hired staff.
- The Finance Coordinators have been doing an excellent job in submission and recoupment of third party revenues for the facility and have made tremendous progress in collections. There will be a request coming forward to support the expansion of the AJRCCC work force for the permanent hiring of an additional Finance Coordinator position.

OPTIMIZE TECHNOLOGY

Initiatives: Advancing Technology and Accreditation

ELECTRONIC MEDICAL RECORD (EMR):

- The Clinic continues ongoing review and updating of the system on a regular basis as new releases are available within the application and added on software. Every update or new release requires numerous hours of testing and coordination for implementation to assure that all the updates are worked through before going live. The most recent upgrade was made to Centricity Practice System 12.0.10.2061 on 10/31/2015. The next upgrade is expected to occur 01/09/2016. This will be 12.0.11.
- **HIPAA Security Policies/Procedures:** HIPAA and EMR SOP training began 10/16/15. We provided 12 trainings along with a couple departmental trainings. We will be finalizing an E Learning for all of the staff to be trained on all of our new EMR SOP's that may missed the scheduled sessions along with new hires. We thought it was best to train everyone in person in case they have any questions. We are required to provide yearly HIPAA training.
- **Patient Portal-** We have completed the ability for patients to request routine appointments for the majority of the medical providers. We completed the Patient Portal Survey in November. The survey was issued to existing Patient Portal users along with non-Portal Users. We are in process of reviewing the data. We continue to work on the ability to send secure messages/summary of care documents via the patient portal to other providers. We will be starting the implementation process in January once the contract is finalized. We are reviewing set up and workflows and will need to schedule training time for staff and go-live January, after the upgrade to CPS 12.0.11.
- **E-signature-**We continue to work on implementation of the e signature software with the vendor. We have selected the devices and accessories and have submitted a RFS for purchase. We continue to work on the development of the forms that will be used. We plan to start with registration area and roll out the registration forms. Behavioral Health has also continued to work on their forms.

- **Meaningful Use:** Data and workflow for Attestation for Stage 1 Year 1 for the Medicaid program of Meaningful Use reporting continues to be a main focus as we end year 2015 for OCHC and BH. CQR data reports for Centricity Providers are looking on target to meet Meaningful Use measures for 2015. It is only required to meet the modified measures for a 90 day period this year. We will continue to work with vendors and submit criteria in the first quarter of 2016 prior to CMS deadlines. The team continues to work with MetaStar to help all areas understand and meet Meaningful Use and its different programs. Optical and Dental are working with Metastar to meet MU for 2015. Metastar was utilized to perform an onsite Meaningful Use required Risk Assessment on December 9th and 10th. This information gathered along with its findings have been presented to our team which has been reviewed and a plan will be created to address the necessary corrections. Overall we have 13 advised areas that will need corrections. The 13 risks are ranging from high risk to low risk.
- **PQRS-** The decision to report as a group using the Group Practice Reporting Option (GPRO) has been finalized. We are planning to use GE's Quality Submission Services (QSS) for submission to CMS. The use of QSS requires Medical Quality Improvement Consortium (MQIC) membership, so the MQIC contract has been signed and MQIC has been activated. We are monitoring workflows to be sure of meeting our 9 measures.
- **Proximity Cards-** We have met with Imprivata to review their solution for proximity card access. We are currently working on a Project Charter for further planning, funding review and implementation process.
- **WIR- Scientific Technologies Corporation (STC)** - is the selected vendor continues to assist us with our interface with the Wisconsin Immunization Registry (WIR). We met our revised target date to Go-Live in mid-November for entering the immunizations into the new GE format and submitting our data directly to WIR. We continue to work through the errors of the data sent to and from WIR along with evaluating inventory control in WIR. We also have been working with STC and GE with needed corrections in the interface for a seamless working bi-directional interface. We have found we are the only Wisconsin customer this vendor has had using their interface and that has been the frustration of this project. Every state has an immunization registry and different requirements. STC continues to change interface and version of software to finish the implementation.
- **ORDERS-** Behavioral has discussed the Preferred Referred Care (PRC) process and completing referral orders. This will involve PRC referrals and completing the referrals once they are completed. We are had the PRC Supervisor present at our staff meeting to provide an overview of services provided on 12/17/15.
- **REPORTS-** The team is currently working with Cognos on the functionality and the ability to pull quality assurance and outcome reports from our data within the GE system as well as Behavioral Health Provider reports. In addition, with changes coming in our reimbursement processes from a fee for service to outcomes based, the need to begin looking at Population Health Management solutions is becoming critical. This may impact our reimbursements in 2017. A Request for Proposal and Charter is currently in the draft stages with the assistance of MIS.

PATIENT MANAGEMENT SYSTEM (PMS)

- Batch Eligibility- Emedapps 271 Submission files have been going through successfully as well as the remittance files. Go-live was 12/15.
- Optical is continuing to test the Meaningful Use version of Compulink V12. Prior to 10/01/15, testing of ICD-10 codes in Compulink DEV, was successful.
- Compulink PROD was updated to version 11.0.6.0 on 9/30/15.
- There are issues with Meaningful Use Reporting, within the software. We are working closely with MIS, to resolve these issues.

CONTINUOUS QUALITY IMPROVEMENT

Initiatives: Accreditation

Accreditation of the Health Division

- We have added an additional hour each month to the Quality Assurance (QA) meeting time to accommodate for the necessary time to address only issues related to accreditation on a monthly basis.
- Initial planning is taking place on creating a reporting structure for the additional Health Division Committees i.e. Pharmacy and Therapeutics, Infection Control etc to report their meeting minutes to the QA team.
- Continuing to work on Accreditation Association for Ambulatory Health Care (AAAHC) Standards

Public Health Accreditation

- Public Health Accreditation. Goal is December of 2016.
- "This is Public Health" video was completed with the assistance of Tourism which is a requirement for the accreditation.
- Application for the Tribal Accreditation grant through National Indian Health Board was submitted and we were recently notified of our award!
- Accreditation coordinator attended Community Of Practice meeting in Menasha with regional health departments. The topic of discussion was incorporating health equity into our public health practice. A request was submitted to obtain a copy of the video "Raising America" to assist in educating staff on Health equity and how to incorporate this into our programming.
- The group participated in the Diabetic event in August by having an interactive education booth and polling participants on the four areas identified in the Community Health Improvement Plan to see which of these areas the participants felt the most important. The highest selected area was "reducing obesity". This information will be utilized for future planning.
- Working on next steps for our Public Health Core Competency Assessment.
- To obtain involvement from various tribal partners who are on our planning and work-teams for accreditation.
- Community Health's two main focus areas are on Public Health Accreditation and the development of our Family Care and Personal Care agency.
- Reviewing of all policies and procedures within Community Health as part of the Accreditation process.
- Public Health Accreditation Advisory Team continues to be a part of the Oneida Comprehensive Health Division Quarterly Report as we move towards the Accreditation of Public Health.

- Public Health Accreditation requires that specific standards are met similar to AAAHC accreditation.

ENHANCE OUR WORKFORCE
Initiative: Optimizing our staffing processes

HUMAN RESOURCE MANAGEMENT

Number As of 12/01/15 Comprehensive Health Division Employees: 325

- 115 Oneida Enrolled
- 30 American Indian/Alaskan
- 5 Black/African American
- 1 Asian
- 3 Hispanic/Latino
- 171 Caucasian/other

- **AJRCCC: (54)**
 - 17 Oneida Enrolled (INCREASED FROM 15% TO 30% OF EMPLOYEE BASE FOR AJRCCC)
 - 8 American Indian/Alaskan
 - 1 Asian
 - 1 Hispanic/Latino
 - 2 Black/African American
 - 26 Caucasian/other

- **Current vacancies as of 12/01/15:**
 - RN- OCHC
 - LPN – OCHC & AJRCCC
 - Purchase Referred Care Specialist
 - Dental Assistant
 - Dental Hygienist
 - Psychologist
 - Substance Abuse Counselor
 - Dual Diagnosis Therapist
 - Physician Pediatrician, Family Medicine, Internal Medicine

FINANCIALS

YTD FINANCIAL Revenue REPORT										
AS OF 9/3/2015 PRELIMINARY-Unselected Journal Entries unapplied as of 12/9/2015										
	Tribal Contribution		Grants		Other Income		External Sales		TOTAL	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
Consolidated Health	0	0	19,675,000	16,072,842	27,550	116,822	21,210,800	20,335,516	40,913,350	36,525,180
Anna John Nursing Home	614,493	35,448					3,790,090	4,319,491	4,404,583	4,354,939
Employee Health Nursing	806,207	642,415						290	806,207	642,705
Misc Grants	253,060	119,686	2,090,124	2,225,711				2,030	2,343,184	2,347,427
TOTAL	1,673,760	797,549	21,765,124	18,298,553	27,550	116,822	25,000,890	24,657,327	48,467,324	43,870,251
* NOTE: From Infinium Report DIVSU/HLT Budget and Actual Report										
Annual Budget	T/C	Comprehensive Health Division		YTD Budget	YTD Actual	Preliminary Under Spent after 12 months				
Consolidated Health	0	Tribal Contribution		1,673,760	797,549	(876,211)				
Anna John Nursing Home	614,493	Indian Health Services		19,675,000	16,072,842	(3,602,158)				
Employee Health Nursing	806,207									
Misc Grants	253,060									
TOTAL	1,673,760									

PRC CHEF REIMBURSEMENTS

- Total CHEF YTD \$966,227

LONG TERM CARE:

- The State resubmitted the Tribal Only Waiver to CMS on September 11, 2015. CMS responded with 22 pages of questions which is now up to an additional 750 questions. The delegation from Wisconsin Tribes and the State of Wisconsin met with several congressional and senate representatives from Wisconsin to enlist their support in the approval from CMS of the Tribal Waiver option on 11/17 through 11/19/15. A copy of the letter is attached for your review.
- The State is in the process of putting together proposed regulations for Family Care 2.0 with a proposed implementation by January 2017. If passed, Family Care 2.0 would substantially change Long Term Care (LTC) in the state. The two biggest changes are, first that it would require all MCO's to provide services state wide, second that LTC and primary care services would be linked under the same capitated payment. A third change is that primary oversight of MCO's would switch from the Department of Health to the Office of the Commissioner of Insurance. If passed as envisioned, this will have a drastic impact on all Tribes in the State.
- Oneida Comprehensive Health Division continues to work with Governmental Services Division on implementation of an integrated case management system. The case management system is moving forward and the various parts of the system are beginning to come together. The case management system has been preparing for the Family Care expansion. The Tribe is planning to move to Family Care and/or some form of Family Care at the same time as Brown County.

SUCCESSSES OR CELEBRATIONS:

- OBH State licensing Survey was completed and we are re licensed for the next 2 years.
- OBH added the Oneida Elementary and High Schools as our branch offices, as well as the Veteran Affairs Office. We already had the Health Center as a branch office. What this means is that we can provide clinical services at those locations and receive reimbursements.
- OBH continuing to receive Access to Care Surveys back.
Oneida Behavioral Health Services (BHS):
Qualitative Response Summary (n=84)* of the
2015 Access of Care Evaluation (ACE)

Quarter Three (Q3) July-September, 2015 Type of Response		
	Number of Responses	Percent of Responses
Positive/Encouraging Response	41	49%
Neutral Response	13	15%
Negative Response	30	36%
Total Responses	84	100 %

- Ongoing entry & every 60 day updates of Patient Electronic Care Plans.
- Staff have been entering ICD- 10 codes into Santrax Software.
- All staff up to date on Mandatory trainings and are utilizing additional E-learning without complications.
- CHR staff involved in Share to Care 2016 Conference & Fund Raising
- CHR staff increased coordination of patient transports for clients unable to use transit.

- RN's have increased their efficiencies with Medication Sets and have increased their average number of case management clients.
- SW role has incorporated baseline assessments with Functional Screen which adds a quality standard and gives insight on whether CHR clients are at the PCA level of care need. If a client passes the Functional Screen, then the PCA Tool can be done to qualify for services. In addition, they would qualify for Medicaid Waiver Program – COP.
- Increase communication process development with Pharmacy check out process to improve CHN-CM time spent obtaining medications for patient services.
- Chris Powless from Tourism completed the "This is Public Health" video.
- Set up a specific Immunization clinic for School age children that would have been receiving noncompliance letters from their schools in September and October to bring them up to date
- Beginning in November, Obstetrical (OB) assessments were completed by the OB nurses to free up time for the Prenatal Care Coordinator to work with the Health Start grant.
- Nurse consultant to Health Start/Early Head Start program has a new leadership role as the District 7 & 8 Co-Director for Wisconsin School Nurse Association (WSNA).
- Community Options Program (COP) Social Worker has taken on the role of providing Division Elder Abuse Training beginning in October.
- Entered all grant objectives into the Grants and Contracts (GAC) System for the State for FY 2016.
- Met all goals for those State and Federal grants that ended September 30, 2015.
- Oneida Women Infants Children (WIC) program was 1 of only 6 WIC Projects State-wide that received an increase in caseload and funding for service additional participants.
- AJRCCC in collaboration with the Nutrition Advisory Council began providing lunch meals for purchase to the Division employees on October 5, 2015.
- Purchased/Referred Care (PRC) have successfully completed 7 Catastrophic Health Emergency Fund (CHEF) cases, totaling over \$966,227 with 2 cases pending approval which could bring the PRC total over 1 million.
- Open referrals for 2013 and prior have now been closed with work being done to close out 2014 open referrals.
- ICD-10 implementation October 1, 2015 was relatively uneventful and a smooth process!
- AJRCCC will be taking over their billing process effective October 1, 2015.
- Nuvodia our new Picture Archiving System (PACS) for xray. Hologic Selenia is our digital mammography unit that has been selected and is in process of being installed.
- 2015 HRAs completed to date-1735 participants
- TB Risk Assessments were completed to all 4 divisions of the Oneida Comprehensive Health Division (OCHD) resulting in all being at low risk
- 2016 Community Calendar content completed and sent to Printing for disbursement in December 2015.
- Cultural Awareness Team (CAT-Takos) kickoff event was held on 11/20/15 for the Oneida Comprehensive Health Division (OCHD) employees. The team continues to work on curriculum for the remainder of the year for all e-learning activities and opportunities for staff to begin tracking their credits for FY 2016.
- Conducted three successful fall flu clinics. 276 vaccines given.
- Completed five e-learning management courses associated with Community Health Services Department training plan.
- Completed two e-learning courses associated with cultural competencies.
- Completed "hot-wash" and After Action Report (AAR) on Tuberculosis (TB) situation this past fall.
- Updated and completed two contract agreements (211) for Public Health Emergency Plan.
- Participated in a site-visit and conference calls for NIHBB regarding accreditation grant.
- Staff completed Elder Abuse, HIPAA and Electronic Medical Record (EMR) training.

- Hired the second position of the newly obtained Healthy Start Grant.
- Department employees completed yearly fit-testing training.
- The Oneida bi-yearly baby shower was very successful with roughly nine families attending.
- The "access to care" in the dental department continues increase due to calling patients and paging patients within the Oneida Community Health Center for No Shows or last minute cancelations in the dental schedule. This has proven to be very successful with an increase of 3,075 more patients seen from this time last year to current and 630 more patients having their treatment completed.
- Lab passed Clinical Laboratory Improvement Amendments (CLIA) inspection with no deficiencies.
- Pharmacy is in the planning phase of implementing "Synchronized Filling of Prescriptions" which will improve compliance and reduce multiple trips for refills each month.
- The first Patient Satisfaction of the Patient Portal was completed and a copy of the results is attached for your review.
- Unofficially, we received preliminary notice from IHS that the Special Diabetes Program for Indians (SDPI) Competitive Grant Award was successful for Oneida with an anticipated 10% increase for FY 2016. We have not received the official notification via a Notice of Grant award letter which is anticipated by end of January early February 2016.

Congress of the United States
Washington, DC 20515

December 16, 2015

The Honorable Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Acting Administrator Slavitt:

We are writing in support of the Home and Community-Based Waiver application that the Wisconsin Department of Health Services (DHS) submitted in December 2014. DHS and all eleven of Wisconsin's federally recognized tribes agree that the type of waiver is the best way to allow the tribes to continue to provide long term care services and support to Wisconsin American Indians within the distinctive context of each individuals and their tribe. As such, this tribally operated wavier program would recognize the sovereignty of the tribal governments to exercise self-governance and decision making on issues that affect tribal members.

While we appreciate the Center for Medicare and Medicaid Services' (CMS) recent engagement with DHS and the tribes on this application, we are disappointed that a final agreement has not been reached after more than one year of negotiations. Additional delays deny Wisconsin American Indian Tribes the right to self-determination in delivering and receiving long term care services in a culturally competent manner that allow members to live in the community with dignity and respect.

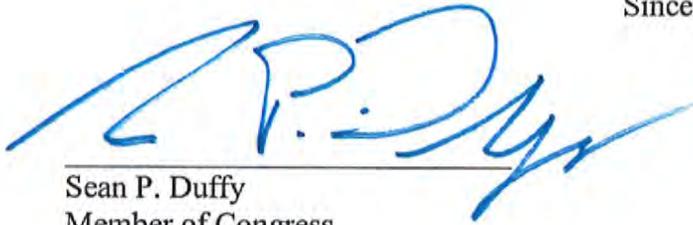
We respectfully request for CMS to identify a solution that would move this proposal forward and meet the needs of Wisconsin's American Indian population. The proposed solution should:

- closely align program administration and operations with the American Indian Tribal sovereignty status that creates a mutual partnership of governments among the state, tribal nations, and federal government;
- concentrate on the unique long term care needs and service delivery system of the American Indian population; and
- narrow the health care gap in critical risk areas experienced disproportionately among American Indians.

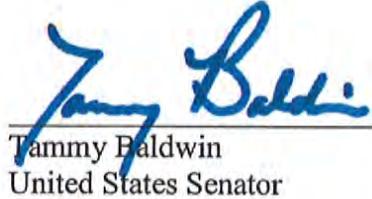
A tribally operated waiver is the right course of action for ensuring that American Indians in Wisconsin are able to receive high-quality, culturally competent care that is focused on meeting each member's specific needs while also addressing the broader health needs of American Indians living in Wisconsin. In addition, changes in program administration will also allow Wisconsin and the eleven sovereign tribal governments to operate the waiver in the most efficient, cost-effective manner that supports the coordination of all of an individual's needs.

We thank you for your attention to this important matter. We kindly request a response specifying a solution and timeline for initiating a tribally operated waiver in Wisconsin.

Sincerely,



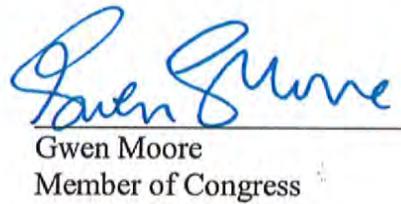
Sean P. Duffy
Member of Congress



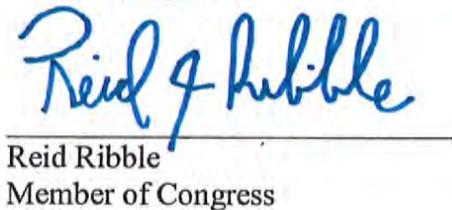
Tammy Baldwin
United States Senator



Ron Johnson
United States Senator



Gwen Moore
Member of Congress



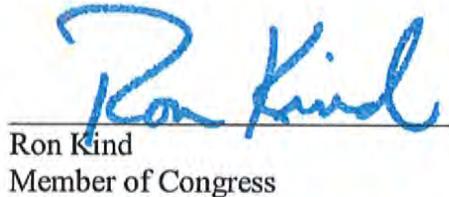
Reid Ribble
Member of Congress



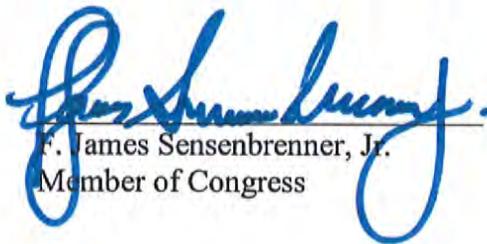
Mark Pocan
Member of Congress



Glenn Grothman
Member of Congress



Ron Kind
Member of Congress



F. James Sensenbrenner, Jr.
Member of Congress



***Oneida Community
Health Center Craft
Sale 2015***

