

**DASA – HRSA- Workgroup
Deferral conversation
10 December 2007**

Introductions

Invocation- Phyllis Grant - Spokane

Shared decision from last meeting: 4 proposals and 1 long term

1-IGT

Tribe sends funds to office of the state treasurer/ EFT state draws down match and submits claims to CMS

Pros: Would not have to open state plan

Cons: tribes would have to send funds to Office of state treasurer
Process- tribe deposit to a special dedicated account for each tribe account set up with OST. State would draw down the match. Then submit to CMS for reimbursement. Data can be drawn from MMIS. Would need joint decision as to how often/frequency. Are their audit issues from the tribal perspective?

2-Hybrid IGT

As above but, funds would be put into a dedicated account by the tribe- not with the state.

CONS: CMS says the money has to be drawn down by the state. Money needs to be in “state possession”. Everything else is the same as IGT above

3-Use of “in kind”

Tribes would certify in kind contributions.

Pro: Do not have to send monies back and forth – between state and tribe.
A new process would need to be developed

Con: “In kind certification” is not allowed for Medicaid grants according to CMS. “In kind” certification is available for other fed grants. Treva will find the CFR regarding the restriction. CMS is pushing to request a resolution soon.

4-Use of state rotating funds

Tribe request the state use any available dollars that are not used for federal match. Tribes request the state seek appropriation of available \$’s to be used for state match and then replaced when CMS returns the payment.

Are there restriction on state dollars? State dollars cannot be used to match more than one draw down. – need to explain to CMS the process.

Is there any flexibility in state dollars?

Two issues-

- (1) Are there available dollars to provide a match;
State dollars are only available once to match. Cannot recycle dollars
Hold harmless means that the state cannot reimburse to a provider and
require the provider to reimburse to the state a portion of the
reimbursement. (Hold Harmless provision)
- (2) Are there available state dollars? Dollars from legislature are appropriated
to DSHS with restrictions.
- (3) Would the state be in violation of the Appropriations act if they used
available state dollars for the non-native encounter match? Are there ANY
dollars available?

5-Request an appropriation

- Time line longer than what CMS will allow for current resolution of the
deferral. Could be a future strategy to address the issue long term.
- Utilize the clinical family definition
- Request funds to provide match for CD services to any NON – natives
by tribes
- Request funds to provide match for CD services to any NON – natives
by tribes- utilizing the clinical family definition.
- There could be 2 approaches to identify the dollar need.
- Utilize current billing as a baseline.
- Question as to how to estimate the utilization?
- Current expenditures might not reflect the need due to tribes not being
able to provide services under the current process and funding options.
- Get an appropriation for non-natives using the clinical family definition.
- Would tribes increase services?
- Need to include the option of tribal expansion dollars to the budget
request.

Thuy- Commitment to send out the Encounter /proposal. It will go out the 17/18
December. Return on or around the COB on the 3 Jan. Back to tribes on the 5th.
Document will send out electronically. Include timeline in e-mail.

Agenda for January meeting- Jan 8th

DASA Agenda

- ADATSA update
- Prevention quarterly report
- Prevention changes
- Block Grant – June
- SAMHSA- Dr. Wesley Clark

IPAC Jan 10 – 8:30

CMS MAM-

Send consultation reminder Jan 8 1-4 CSP

Send out new calendar schedule