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2121 SW Broadway
Suite 300
Portland, OR 97201
(503) 228-4185
(503) 228-8182 FAX
www.npaihb.org

December 16, 2016

Dorothy Teeter, Director
Washington State Health Care Authority
626 8th Avenue, SE
P.O. Box 5502
Olympia, WA 99504-5502

RE: Follow up to the Dental Proviso Report, Tribal Engagement and Consultation

We are writing today to express our concern over the Tribal engagement and consultation process and the final dental proviso report. Tribes are vital partners in the success of the Medicaid program. Not just for Tribal members but for all Medicaid eligible individuals that rely on Tribal and Urban Indian health programs to gain access to care. Tribes in Washington have been at the forefront of providing and improving access to oral health care not just for Tribal communities but also for Medicaid enrollees. Tribal and Urban Indian health clinics are often the only providers willing to accept Medicaid dental clients in some areas. We support creating a shared strategy for improving health, strengthening access to care and supporting our communities.

The dental proviso report included an extensive list of stakeholders representing the Washington State Dental Association (WSDA) and until official Tribal consultation was requested in September, when the report was in a near final draft form, there was no representation from Tribes or Urban Indian Health Programs (UIHP). It is unacceptable to allow for the systemic silencing of important advocates for oral health in this manner. The Tribal consultation was held on November 22nd, 9 days before the report was due to the legislature. The Health Care Authority, The WSDA, and the Washington Dental Services Foundation have all expressed an interest in working with Tribes and all know how to contact Tribes and Tribal health programs yet did not. This does not imbue trust in the current process or in our "partners" at the Health Care Authority and other stakeholder groups.

Aside from Tribes being left out of the drafting and stakeholder consultation, the basic premise of the report was flawed and resulted in an incomplete report that does not truly address access in a meaningful way for most of the state. The responsibility of involving Tribes does not start and end with the agency but also with the legislators that developed the initial proviso language. While there is evidence that improving administrative functions has been part of plans that ultimately lead to some improvement in access, it is insufficient on its own (as noted in the report). The language in the proviso also called for a collaboration with WSDA and WDSF and "other interested stakeholders". There is clearly a lack of understanding from the legislature of the important contribution of Tribes and Tribal health programs to the Medicaid safety net. This

is why it is of paramount importance that the agency be vigilant in asserting the need for tribal input.

There are 28 Tribal, UIHP, and I.H.S. dental clinics providing care to Medicaid enrollees in Washington State. These providers saw nearly 4,000 non-Native clients in 2015 and are set to serve at least the same amount by the end of 2016. Tribal providers are an integral part of the solution to oral health care access in the Medicaid program for not only the Indian population but also the non -Indian population in many rural areas and urban areas. Without Tribal providers, many Medicaid eligible clients would have long wait periods and/or travel long distances to receive care from the few dentists that accept Medicaid. It is unacceptable that Tribal and UIHP providers were left out of the creation of this report and puts the agency in the awkward position of appearing to be willing to push the agenda of one stakeholder group while leaving out others. It also leads to an incomplete report with a set of recommendations that do not address access to dental care for rural, tribal, Medicaid, and low income patients. Tribal providers, administrators, and directors are frontline providers and advocates working directly with these rural, Tribal, Medicaid, and low income patients and have incredible experience in providing care under enormous funding restrictions. This expertise would be valuable to any agency looking to address the access issues Medicaid recipients face when attempting to receive dental care in this state.

The central issue is that this oversight happened because there are no real processes in place at the HCA for staff to identify and report the need for Tribal engagements and consultation at the genesis of change. When this happens, Tribes and UIHPs become an afterthought and are added as a footnote or addendum to what has already been created. Not only does this dishonor the Tribal-State government to government relationship, and our shared goals, it wastes valuable time of HCA, Tribal and UIHP staff and that of our Tribal Leaders. This is the most inefficient and ineffective way to work together on such important issues that touch so many lives. To address this ongoing problem, NPAIHB echoes the requests or AIHC, on behalf of the Tribes:

1. Immediately elevate the position of Administrator of Tribal Affairs to the Executive Leadership team, so that there is an opportunity for Tribes to decide which issues require Tribal consultation instead of the HCA deciding which issues are of interest to the Tribes or would affect Tribal communities. Additionally, including Tribal Affairs on the executive leadership team sends a message to other areas of the agency that Tribal input is necessary and should not be overlooked.

2. Simply bringing the Administrator of Tribal Affairs into the executive leadership team isn't enough to actually provide a long term solution. The executive leadership team, with the Tribes, need to update the Tribal consultation policy to incorporate mechanisms that include a formal reporting process to allow Tribes to track the activities of the HCA and a requirement for HCA staff to ensure the government to government relationship and responsibility is carried out in their daily work.

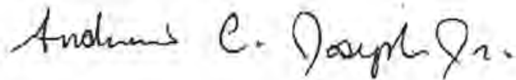
3. Additionally, HCA, needs to include some measures related to Tribal engagement in their overall performance metrics for senior staff. This will elevate the status of Tribal engagement throughout the agency and provide incentive for senior staff to remember to engage Tribes early in important decisions and revisions of the Medicaid delivery system.

Tribes are vital partners in the success of the Medicaid program. Tribal inclusion must become part of the standard operating processes throughout your organization to reflect the fundamental role Tribal health and UIHPs play in the Medicaid system. We know that these requests and this conversation is not a new one and that HCA has been struggling to meet both the obligations of the government to government relationship and the commitments necessary to reach our shared goals. We continue to look forward to working through these changes with you in order to ensure that the state of Washington meets the obligations to the Washington State

Tribes and the Urban Indian Health Programs. Our Medicaid program will be stronger for all citizens of Washington if the HCA can create an accountable system of engagement with the Tribes. We look forward to partnering on this important work.

If you have any questions, please contact **Laura Platero**, Policy and Government Relations Director, Northwest Portland Area Indian Health Board, lplatero@npaihb.org, 503.416.3276.

Sincerely,



Andy Joseph

NPAHIB Chair

CC: Joe, Finkbonner, Executive Director, NPAIHB

MaryAnne Lindbald, Director Medicaid Programs, HCA

Preston Cody, Division Director, Division of Medicaid Program Operations and Integrity, HCA

Jessie Dean, Administrator of Tribal Affairs, HCA

Vicki Lowe, Executive Director, AIHC

Jason McGill on Behalf of Governor Jay Inslee