STATE OF WASHINGTON

13d State Plan Amendment Consultation
04/21/2023
Hosted by the Health Care Authority

Tribal Government Attendees:

Lummi Tribal Health Center – Vanda Patterson, Health Policy Analyst
Makah – Yvette McGimpsey and Sophie Trettevick, Indian Health Center
Skokomish – Marguerite Donaldson, Behavioral Health Director
Spokane Tribe of Indians – Shad St. Paul, Behavioral Health Director
Swinomish Indian Tribal Community – Sarah Sullivan, Health Policy Director, didgʷálič Wellness Center

Tribal Organizations/non-Tribal Indian Health Care Provider Attendees:

American Indian Community Center Spokane:	Shelley Ethrington, Clinical Director of Goodheart Behavioral Health Nora Cornelius, Co-Occuring Therapist for Goodheart Behavioral Health Stacey, AICC
Northwest Portland Area Indian Health Board:	Sabrina Nabhani, Site Supervisor

State Agencies:

Department of Social and Health Services:	Leah Muasau – Indian Policy Tribal Contracts Coordinator Heather Hoyle, OIP Regional Manager
Health Care Authority:	Charissa Fotinos, Medicaid and Behavioral Health Medical Director Keri Waterland, Division Director, Behavioral Health and Recovery Jason McGill, Division Director, Medicaid Programs Jessica Diaz, Section Manager, Medicaid Programs Michael Langer, Deputy Division Director, Behavioral Health and Recover Aren Spark, Tribal Affairs Administrator Christine Winn, Deputy Tribal Affairs Administrator Lucilla Mendoza, Tribal BH Administrator Lena Nachand – Medicaid Transformation Tribal Liaison Mike Longnecker- Claims and Billing Technician Auddie Gugle, Tribal Liaison, South Cascade, South Puget Sound and King Regions

	Raina Peone, Tribal Liaison, Peninsula nd Coast Region Annette Squetimkin-Anquoe – HCA Tribal Grants and Contracts Coordinator
Other Partners:	Danica Zawieja, Director of Policy, Indigenous Pact

Meeting Minutes:

Welcome and Introductions

Welcome by: Aren Sparck, HCA-OTA, Tribal Affairs Administrator

Introduction of Elected Tribal Officials: No elected officials were present.

Introduction of Tribal Leaders and Representatives: Invitation for Leaders to introduce themselves. Also open for Urban Indian Health Leaders.

Opening Statements:

No elected officials joined the meeting.

Sue Birch: Our leadership team and I would like to sincerely thank Tribal elected officials and Tribal health leaders for participating in the roundtables and this Consultation on the 13d Rehabilitative Section State Plan Amendment. Our government-to-government relationship with the Tribes is very important to the Agency, and we are committed to growing our efforts to partner and consult with Tribal governments. We humbly acknowledge that we are still learning about best practices for providing healthcare in Indian Country. Our intention is to continue to improve the services we offer and are grateful for this opportunity to hear feedback from Tribal elected officials and Tribal health leaders.

Dr. Charissa Fotinos: Wants to thank the team and co-leadings working on the development of this SPA as they have been very critical of our work. Echo Sue and Aren's comments, we are appreciative of the partnership we have. We know more about SUD and MH disorders in terms of science and that there are multiple paths to recovery. The response plan has not been changed for over 20 years. And it is important to have it reflective of the path to recovery and to treat historical trauma and to support individuals to find broader way to choose a path of recovery.

Vicki Lowe, AIHC: It is important that we be sure there are no unintended consequences for this work to Tribal Providers.

Purpose of Consultation: The HCA shared rational for the development of this SPA. See slides, pg. x.

- Other BH services are in other sections of the plan, however this section is specific to those BH services provided within a BH agency.
- The structure was developed when the MH was DASA.
- The way we have had our plan written has been a barrier as we are implementing new and innovative programs.
- This structure will allow us to restructure to have a strong foundation for future modification that is holistic and recovery focused. It is the groundwork.

    - Help with workforce shortages, align with 1477/988 efforts.
    - More flexibility within the service description to better meet individual's needs.

Overview of Changes to 13 d.

- Overview of changes being proposed in this amendment.
    - Structural changes to regroup services
    - Aligning allowable provider types(s) with DOH scope of practice
    - Added co-occurring disorder professional is allowable provider
    - Reference team based model.
    - Expand transition of care services
    - Removed outdated peer language
- Sharing new service names (future) and current state
    - Highlighted Mental Health Treatment Interventions
    - Peer Support
    - Behavioral Health Care Coordination and Community Integration
- Any additional details and restrictions will not be in the state plan
- SERI and billing guides will primarily stay the same
- Changing would be alignment services to DOH scope of practice
- Phased approach
    - Established a new framework to build upon and meeting CMS formatting requirements
    - Begins thoughtful rollout to avoid unintended consequences
    - Structure towards progress while not overtaxing the system further
    - Allows time to work strategically with tribal partners and stakeholders
        - Services provided within a BHA
        - Co-occurring services
        - Efforts to support integrated care
        - Other innovative services
    - Example - should we continue to call out that these services should be at a BHA
    - Further support integrated health care models and holistic care models
    - Are there other services that we have found to be effective to serve Washingtonians?
- Other BH Efforts not included in this SPA but is reflective of future work.
    - BH Aides
    - Other Practitioners
        - SUDPs
        - Other licensed mental health professions outside of the BH agencies.

Review of feedback received during roundtables.

- Indian Health Care Provider Federal Rule for BH licensure at an Indian Health Services Clinic, IHCP, or Tribe.
    - Proposed language - Licensed health professionals employed by a tribal health program shall be exempt, if licensed in any State, from the licensing requirements of the State in which the tribal health program performs the services described in the contract or compact of the tribal health program under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).[1]
    - Tribal representatives are concerned with the reference to the Indian Self Determination Act.
    - AIHC - In legislation we have referenced Title 25 USC SEc.1621(t) of IHCIA
    - Tribe - 71.24.025 30. Replicating the language might be better.

    - HCA – We believe this is the reference provided at the last RT but we are happy to change it.
- Inclusion of culturally attuned care in SPA.
    - During the second roundtable concerns regarding the lack of language and culturally attuned care through the draft SPA
    - HCA - CMS recommended that we keep the SPA specific to the services - recommends provides further guidance and requirements in our billing guides and administrative codes.

Review of the Draft SPA Language

- HCA agrees to revise the language to reference the Indian Behavioral Health Improvement Act.
- The outline of the SPA includes a description of the new naming convention, and sentence of who can provide the service and it is defined in their scope of practice defined by state law.
- Clinical Interventions in SPA
    - Crisis intervention
    - Crisis stabilization – there are a few tweaks in the last few sentences to say that services may be provided by a team of individuals and under the supervision of an MHP.
    - Add peer counselors under the supervision for those that can provide this service.
    - Added SUD professionals for those that can provide this service.
    - SUD provider - trainees would need to be removed from the list. We will remove the trainee reference based on nuances on how they collect their hours and needing to have some time with an SUD professional.
- Intake, evaluation, assessment and screening for MH and SUD.
    - Expanded the list of who can provide services based on scope of health from DOH.
    - Require ASAM level of care.

Limitation of the psychologist performed by or under the supervision.
Tribe - What about our physicians in addiction medicine? This reference is for neuropsychic testing.
New expansion of the assessment criteria - is this for treatment?

- This is going to be outlined when we get down to SUD treatment. With the expansion, will this be classes they can take or training, CEUs.
    - We have created a divide where they should not be in. Recognize additional medicine physicians and ARNP can provide these services. When they hear SUD treatment, they think of outpatient and residential treatment services. This section is traditional SUD treatment.
    - This is only not offered in a BHA place, they should be able to do so if their licensure allows them to do.
    - Reciprocity - having more education and get college credits to get the SUDPT - they have been told that they have to go back to school. We would like to expand services using MH counselors as well. One thing that has always separated SUD and MH professionals is being able to sign off on the ASAM.
    - If they can get the ASAM assessment and then be referred to a treatment facility. Does not solve education or licensing requirement. Who is going to get paid for what and where?
    - This will help us get closer to the reoccurring programs. Adds MH counselors to provide SUD treatment.
    - Individuals out in non-medicaid land, they are allowed to do SUD in their scope of practice. We do not wat to limit only for Medicaid patients.
    - Next time around we want to move towards more of a co-occurring.

        - DOH says it is a personal choice if they are comfortable - there may be a disciplinary act.
        - These folks would not be required to get a SUDP or SUDP or specialized provider.
        - You will need to have normalizing with Residential Providers.
    - Medication management - within scope of practice.
        - Medical assistant certified to give injections
    - Medication monitoring - same listing as medication management.
- Swinomish is appreciative of having pharmacist in this section and in the BH coordination
- We would rather have a pharmacist working at the top of their scope rather than some other type.
- We need to look at this from both angles.
- Shared the Seri guide - SERI is more
- OTP - dual BH program leaning towards Medicaid side. This is pharmacy scope through the practice agreement to request the funding to be able to have the as eligible to provide. We will need to request funding to change the plan so that they could allow. The state will be working on this and will have to be applied for eligible funding and another section will need to be changed. Sarah would be happy to work with staff. This is specific to clarify psychiatric medication.
- Mental health treatment interventions - along a continuum for outpatient levels of care. Services may include
- Treatment can take place without the person but services just benefit for the individuals.
- Problem Gambling - performed by the supervision.
- Peer support - MH and SUD. Certified peer counseling must be under the supervision of a MH counselor or SUD. In the current services, must be provided after the ICS.
- H Care Coordination.
- Brief intervention is different from SBIRT.
- SUD treatment
- Withdrawal Management
    - Include peers within a Withdrawal management setting. Peers will be included

Next Steps

- Revise the language and references to the IHCIA. Review the revised language with AIHC and the Swinomish Tribal health representative, Sarah Sullivan. Once we have the updated language, send out in the Dear Tribal Leader Letter to identify any concerns.

Closing Words:
Candice Wilson: Thank you all. May you return to your home just as safe as you left it this morning. Good to see everyone.

Meeting Adjourned by: Aren Sparck, Office of Tribal Affairs Administrator