

Title XIX Advisory Committee

Committee Members:

<input checked="" type="checkbox"/>	CHAIR: Marsalli, Bob (WACH)	<input type="checkbox"/>	Ewart, Hugh (SEA Children's) <i>excused</i>	<input checked="" type="checkbox"/>	Madigan, Richelle (Patient Advocate)
<input checked="" type="checkbox"/>	EXEC SPONSOR: Fotinos, Charissa	<input type="checkbox"/>	Graham, Alec (DSHS)	<input checked="" type="checkbox"/>	Safford, Caitlin (Amerigroup)
<input checked="" type="checkbox"/>	Burke, Monica (DOH)	<input checked="" type="checkbox"/>	Herrin, Bradley (Pediatrician, Swedish)	<input type="checkbox"/>	Sawyckyj, Kristina (Consumer Advocate)
<input checked="" type="checkbox"/>	Busz, Andrew (WSHA)	<input checked="" type="checkbox"/>	Johnson, Laura (UnitedHealthcare)	<input type="checkbox"/>	Shepard, Jeb (WSMA) <i>excused</i>
<input checked="" type="checkbox"/>	Christian, Ann (WA Council for BH)	<input checked="" type="checkbox"/>	Linares, Adriana (Physician, Peacehealth SW)	<input checked="" type="checkbox"/>	Van Pelt, Theresa (Parent Advocate)
<input checked="" type="checkbox"/>	Emsley, Jessica (CHNWA) NEW	<input checked="" type="checkbox"/>	Lovell, Emily (WSDA)	<input type="checkbox"/>	

Stakeholders, HCA Staff & Guests:

<input checked="" type="checkbox"/>	Campbell, Kodi (HCA, notes)	<input type="checkbox"/>	Waterland, Keri (HCA)	<input checked="" type="checkbox"/>	Tjaden, Kristen
<input checked="" type="checkbox"/>	Dole, Glory (HCA)	<input checked="" type="checkbox"/>	Watson, Tyler (HCA)	<input checked="" type="checkbox"/>	Pound, Jan
<input checked="" type="checkbox"/>	Kramer, Karin (HCA)	<input checked="" type="checkbox"/>	Hughes, Alicia (HCA, DBHR)	<input type="checkbox"/>	
<input type="checkbox"/>	Linke, Taylor (HCA)	<input checked="" type="checkbox"/>	Strong, Ashlen (WSHA)	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	McGill, Jason (HCA)	<input checked="" type="checkbox"/>	Venuto, Liz (HCA)	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Huynh, Quyen (HCA)	<input checked="" type="checkbox"/>	Wallace, Carey (HCA)	<input type="checkbox"/>	

#	Agenda Items	Time	Lead	Notes/Handouts
1.	Roll call	9:00 am (5 min)	Bob Marsalli, Chair	Welcome Dr. Charissa Fotinos (replacing MaryAnne Lindeblad) & Jessica Emsley (replacing Lia Carpeneti)
2.	Approval of Minutes from July 23 meeting	9:05 am (5 min)	Bob Marsalli	Minutes approved
3.	Overview of results from COVID-19 Student Survey	9:10 am (20 min)	Tyler Watson	

- Postponed the 2020 healthy youth survey (due to COVID and was previously an in-person, paper only survey); therefore, gap in survey data.
- Participation: 330 schools, 35 of 39 counties, nearly 66,000 students responded. 53.4% female, 46.6% male.
- Participation: grades 6-12, highest number of participants were 8th graders.
- A few key topics from the survey: COVID-19 worries, mental health and substance use, connectedness and loneliness.
- Top three COVID-19 worries for middle schoolers: 1) friends/family getting sick with COVID, 2) falling behind in school, and 3) parents losing their job. Top three worries for high schoolers: 1) falling behind in school, 2) friends/family getting sick with COVID, and 3) feeling lonely.
- Roughly 70% of 6th – 12th graders reported that it's been harder to do their schoolwork this past year than it was before the pandemic.



- For the question “during the past 12 months, did you consider attempting suicide”, the following percentages were recorded:
 - 6th grade – 10.5%
 - 7th grade – 12.7%
 - 8th grade – 16.2%
 - 9th grade – 16.1%
 - 10th grade – 19.3%
 - 11th grade – 18.2%
 - 12th grade – 16.1%
- 69% of middle and high schoolers were able to receive mental health services.
- Prolonged feelings of sadness and hopelessness and substance use were most common among LGBTQ+ youth, those with disabilities and those from migratory working families.
- Substance use: 7.7% of high schoolers admitted to drinking alcohol, while 7.9% used marijuana.
- When asked about optimism for their future, 6th-12th grade average, 58% were optimistic about their future.
- Next steps for student survey: Tableau data tool; qualitative analysis of open-ended response; stakeholder presentations; and consider additional data collection.
- Next steps in the field: expand screening for substance use and mental health; focus on populations reporting challenges (LGBTQ+ and others); and monitor changes in substance use as in-person school and activities resume.
- More information: www.csswashington.org

4.	QRS/STAR report – update from public comment period	9:30 am (15 min)	Glory Dole	Motion passed
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- Have been using this quality rating system, called the STAR report, since 2015.
- This report allows our Medicaid members to understand the quality of each MCO.
- We want to ask CMS to accept this as our state’s reporting mechanism, but we need a public comment period first and approval from the Title XIX Advisory Committee.
- Public comment period is complete – no comments were received.
- Motion passed.

5.	Update on implementation of key items passed in 2021 leg session assigned to HCA	9:45 am (15 min)	Jason McGill	
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- Behavioral Health Ombuds work under way with Department of Commerce, questions out to CMS re: funding.
- Post-partum extension – 12 months after labor and delivery, implementing April 2022, a few populations asking for a potential waiver, asking CMS for clarification.
- Opioid overdose & Naloxone – want to make it easy for hospitals and providers, can we include Naloxone upon discharge.
- Exploring AEM coverage for emergency (for uninsured).
- State purchasing and distribution of Naloxone (*future conversation/agenda item*)
- Re-entry services – state DOC and local systems (2 systems, 2 problems), waiver requests building as 1115 renewal (transformation) to cover services while in jail. We may partner with other states to explore waiver in more detail. 30 days prior to release – notification of what jail people are booked at, working at system changes, CDR (clinical data repository) – contains all clinical records for Medicaid services, as clinician login and view records, now have authority for that access.
- COFA islander financing covered under Medicaid. Working with community to engage and outreach to ensure people have knowledge of coverage.
- \$35 million grant for uninsured/undocumented. We are working closely with the community clinics, the free clinic Association, public hospital districts and others. Grant is well underway in terms of policy development. (*December or Feb. agenda item*)
- Medicaid requirements for recertification – could potentially lose clients, want to keep people enrolled through age 6 without recertification. That request to CMS is part of the 1115 waiver.
- State legislature made significant changes re: behavioral health self-care. This service is typically offered through DSHS long-term care partners but has grown in significance. We’re working on submitting a 1915i waiver to make it a Medicaid managed care service outright.
- BLAKE and 988 – behavioral health and crisis services (*December agenda item*).
- Legislative request for interpretive services improvements – video interpreting, sign language.
- 5157 criminal legal system reentry metrics. Developing performance metrics for some Medicaid service metrics associated with reentry services and criminal legal system services. That work is underway through DSHS research and data analyst services partners.



	<ul style="list-style-type: none"> • Transgender health – rules, systems changes, recently updated guidance to providers around services for transgender or non-binary. Legislation requires an evaluation of network adequacy for people to be able to access services. • Working with other agencies on the behavioral health side who see folks who are seeking gender affirming surgery who are not clear about their responsibilities to complete affirmation letters or diagnostic letters. • The state auditor performed a behavioral health school-based k-12 audit and found that OSPI and HCA were not as coordinated in leading behavioral health in schools as we should be. Independent school districts and OSPI's authority over them is limited. Our behavioral health authority is limited as well. We are working on potential related improvements, such as possibly a waiver for very targeted behavioral health services. • COVID surge hospital discharge work is significant right now. Community health clinics, just like hospitals, are postponing electives because of COVID. Numbers are so high, not plateauing yet, critical stage for hospital capacity. 			
6.	Budget and policy priority planning for the 2022 legislative session	10:00 am (15 min)	Jason McGill	
	<ul style="list-style-type: none"> • We have submitted many decision packages for the Governor's consideration for budget development which is the next step. The Governor and OFM will decide what to include as part of the Governor's budget and the legislature must ultimately decide and agree on a state budget. • Short session this year (60 days) January 10 - March 10, 2022. This session will mainly focus on tweaks and corrections, work undone, bills from last session can be reintroduced, etc. • HCA has 44 new decision package asks and 30 maintenance level asks. • Consent management – crosses IT, technology, and behavioral health. We need a process so we can ensure people have an easy means of consent management, particularly for SUD under heightened behavioral and mental health issues. • Opioid treatment rate increase – the fee-for-service OTP rates have been stable since 2018. We know that the number of people struggling with opioid use disorders has increased. The complexity of people is also increasing. Also, struggling to keep SUD professionals on staff across the state. The pay rates are not equal to what people can get in a commercial or for-profit setting. We are trying to address a change in their financial support. • Certified Clinical Behavior Health Center Model that we'd like to explore and develop an operational plan. • School-based health services is an important package. We require schools to offer services, particularly for those with intellectual development disabilities, a reasonable accommodation and individualized education plans. Medicaid can help pay for in terms of clinical and support service design. Some schools have not taken advantage of this because there is a state match requirement that schools must pay then qualify them for the federal match – there are some administrative tasks. Proposing we centralize those dollars and pay for it from a state perspective as opposed to each school district having to do it themselves. We think it would be easier and a good opportunity for the state and our schools to take advantage of the Medicaid service. • DCYF & DSHS collaboration – children and youth in at-risk situations, many are very difficult cases. We have two important packages – 52 funded CLIP beds which converts to 42 new beds in addition to a gap funding for the remainder. Second package – 24/7 crisis system for children and youth. No wrong doors, those who do not need hospitalization services. Some other states have this model, so we're proposing a bed facility crisis care model. • Rate updates in October – will get more info out to group. 			
7.	Update on Medicaid Director search	10:15 am (5 min)	Charissa Fotinos	
	<ul style="list-style-type: none"> • First round of interviews took place over the summer, complex multi-layer process, a few candidates were put forward. • Now working on setting up interviews for a second round of candidates. Process includes several external stakeholders including legislative members, the Governor's office, other agencies and outside organizations. • Will continue to serve in the interim role until someone is hired. Please feel free to reach out to Dr. Fotinos with any questions or concerns as you have in the past when MaryAnne was the Medicaid Director. 			
8.	Medical Respite	10:20 am (5 min)	Charissa Fotinos	
	<ul style="list-style-type: none"> • The legislature asked us to supply an estimate to implement medical respite. We have contracted with the national healthcare for the homeless council who have worked on this topic nationally for several years. • They will be conducting stakeholder interviews and have already started with various groups. 			



- We see this as part of a continuum of care for people who may not have a home but are clinically ready to be discharged and need some additional support during their recuperation. There are already a few of these programs in the state, but we have been asked if we can incorporate as part of a Medicaid benefit.
- The report to legislature is due December 1.

9.	Wrap-up <ul style="list-style-type: none"> • Next meeting: December 3, 8:30-11:30am • Agenda items for next meeting 	10:25 am <i>(5 min)</i>	Charissa Fotinos	
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Potential agenda items:

- \$35M grant for undocumented/uninsured (Becky/Jason/Bob) – FEB 2022 MEETING
- State purchasing and distribution of Naloxone (Jason?) – FEB 2022 MEETING
- Blake Bill & 988 (Invite BH SME) – DEC MEETING
- Equity work at HCA update on a regular basis from Quyen – ON-GOING
- BH report follow-up: ask Keri to discuss some of the things we’re currently doing (DBHR) – FEB 2022 MEETING
- Maternal child health (3 yr project we just started involving using midwives and equity) – Beth – DEC MEETING
- 1115 Waiver (deeper dive on where we’re at) – DEC MEETING

ACTION ITEMS:

- Ann Christian wants to see final plan for ARPA funding for enhanced FMAP for home and community-based services.

